

Instructions in case of injury

1. Submit a claim

- Submit a claim immediately in the online service at www.adis.fi. After submitting a claim, you will receive a claim number in your email (remember to also check your spam folder). You will need the claim number so that Suomen Terveystalo can invoice ADIS at the agreed prices.

2. Seek treatment

- Inform that you are an insurance customer and tell the claim number/claims handler ADIS , so that Suomen Terveystalo can invoice ADIS at the agreed prices.
- Go to a public medical clinic or a partner clinic, Suomen Terveystalo, no later than two weeks (14 days) after the injury occurred in order to apply for compensation from the insurance.
- You can find the partner clinic closest to you on the list: [ADIS Partner Clinics](#).

3. What to do at a medical clinic

- Pay for the first doctor's appointment yourself (please note that the insurance has a deductible of €100–300, depending on the insurance cover)
- Suomen Terveystalo will send invoices for any follow-up visits and examinations directly to ADIS when you present your claim number.
- For surgeries and physiotherapy, you will need a payment commitment issued by ADIS.
- Please note that the insurance does not cover the service fees charged by the clinic.
- Please note that if you undergo treatment somewhere other than Suomen Terveystalo, you will need to pay for the treatment yourself first. You will then be reimbursed for the costs according to the terms of the insurance, up to the amount corresponding to the partner clinic's agreed rates.

SCHEDULE FOR INSURED BENEFITS AND PREMIUMS
POLICY PERIOD 1.1.-31.12.2026

Player status and Age groups	COMPETITION ACTIVITY / ADULTS - Born 1956 - 2007					COMPETITION ACTIVITY / YOUTH AND CHILDREN - Born 2008 or later					HOBBY ACTIVITY		
	Professional V12 / cover according to law ^{a)}		Amateur V10 / V11		Referees and coaches	Youth B Born 2008-2010	Youth C Born 2011-2012	Youth D Born 2013-2014	Children Born 2015 or later	Adults * Born 1956 - 2008	Hobby pass insurances		
	Amateur (Under Contract) V12 / V13										Youth Born 2008-2014	Children Born 2015 or later	
Types of compensation Sums insured per claim	V12 Extended	V13 Restricted	V10 Extended	V11 Restricted	V50	V20 b	V21 c	V21 d	V22	V40 Restricted	V30	V31	
A. Treatment - Dental injuries excluded (covered in D) - Surgery in private clinics excluded (covered in B) - Medical treatment up to 2 years	3,000 €	1,500 €	3,000 €	1,500 €	3,000 €	3,000 €	3,000 €	3,000 €	3,000 €	1,500 €	3,000 €	3,000 €	
Deductible for treatment/ claim	300 €	150 €	300 €	150 €	100 €	150 €	150 €	150 €	100 €	100 €	100 €	100 €	
B. Surgery Private Clinics	14,000 €	-	14,000 €	-	14,000 €	14,000 €	14,000 €	14,000 €	14,000 €	-	14,000 €	14,000 €	
C. Physiotherapy After or instead of surgery or plastering	800 €	800 €	800 €	800 €	800 €	800 €	800 €	800 €	800 €	800 €	800 €	800 €	
D. Dental injury - Caused by accident injury - Treatment on sound teeth	3,000 €	500 € Emergency treatment	3,000 €	500 € Emergency treatment	3,000 €	3,000 €	3,000 €	3,000 €	3,000 €	500 € Emergency treatment	3,000 €	3,000 €	
E. Progressive disability indemnity The indemnity is paid progressively according to table of disability	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	30,000 €	
F. Athletic death / accidental death Caused by accident injury	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	
Additional indemnity in case of accidental death on the field during match	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	15,000 €	
Premium #)	695 €	325 €	395 €	150 €	50 €	230 €	95 €	70 €	10 €	70 €	30 €	10 €	

^{a)} Athlete, whose taxable salary during the playing season or during a year-long period is at least 13,790 euros (in 2026) from sports mainly practiced in Finland, is to be insured according to the law of Athlete's accident- and pension cover.

* Adult hobby insurance is not valid in adult competition series organized by the Finnish Football Federation.

#) Premium includes insurance premium 91 % + administration and service fee 9 %.

In case you are buying the insurance on behalf of a group, please make sure they all know which insurance cover they have and that they get Product description, schedule for Insured Benefits and premiums as well as insurance terms and conditions.

Voluntary extra covers for above insurances (policy period calendar year)	Additional premium #)
* Extension to cover leisure time accidents (born 2015 or later)	40 €
* Extension to cover leisure time accidents (born 1956 - 2014)	80 €

Insurer: Zurich Insurance Europe AG, branch in Finland

The Football association is acting as Zurich's insurance intermediary for the sport accident insurance

Insurance Broker: Aon Finland Oy

Football Association of Finland (FAF) licence insurance

Insurance Product Information Document

Insurer: Zurich Insurance Europe AG, Finland branch, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1996555-8, visiting address Eteläesplanadi 22A, 00130 Helsinki

Product: Football licence insurance, **Insurance wording:** version 01.01.2026



Insurance Broker: Aon Finland Oy. Complete pre-contractual and contractual information can be found in the terms and Conditions that can be found at www.palloliitto.fi.

What type of insurance is this?

The insurance is valid for football players, coaches, referees and officials under 70 years of age who have a valid license from FAF and who have paid the insurance premium. For children under 12 years old the license insurance covers all licensed sports organized by Finnish sports associations for which the children have an active license. The Insured person can extend the Insurance to cover also personal accidents during leisure time for an additional premium. The insurance is a fixed term policy.



What is insured?

- ✓ Accidental injury, sudden external, unforeseen, bodily injury due to physical incident.
- ✓ Immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury.
- ✓ The insurance covers the following types of compensation depending on the chosen insurance product. The insurance products available for each license category are presented in a separate document Schedule for insured benefits and premiums.
- ✓ Treatment expenses covered
 - medical expenses, according to the Finnish National Health Insurance act, hospital stay, medicine and supports given by medical doctor.
 - cost for plastering, medical bandages, and supports.
 - surgery in public healthcare.
- ✓ Surgery in private healthcare (if included in the chosen insurance option).
- ✓ Dental injury is covered for the acute treatment to sound and permanent teeth. In Extended insurance also follow-up treatment is covered within 2 years from date of injury.
- ✓ Lifelong medical invalidity is to be paid if injury results within 2 years in permanent lifelong medical invalidity. Full compensation is paid for full invalidity, partial compensation for corresponding partial invalidity.
- ✓ If injury causes death within a year, benefit according to the policy is paid. Any invalidity benefits already paid for the same injury will be deducted.
- ✓ Local travel expenses related to treatment are covered by the least expensive way of transportation limited to one round trip only. The condition of the injured is to be taken into consideration concerning travel expense compensation.
- ✓ Physiotherapy covers necessary treatment on requisition by medical doctor after a surgery, plastering, or use of orthopedic support or in case an orthopedic recommends physiotherapy as an alternative to surgery.



What is not insured?

- ✗ Treatment costs that exceed the contract rates of the claims handler's contract medical center.
- ✗ Office/admin/service fees charged by private clinics are not seen as medical treatment costs to be compensated
- ✗ Insurance does not cover injury relating to illness, or predisposition.
- ✗ Insurance does not cover a player playing against medical advice or whilst signed off by a doctor.
- ✗ Injury is only covered if the insured person is wearing protective equipment as set out in the sports association rules.
- ✗ Damage to glasses or contact lenses, hearing aid or denture.
- ✗ Damage to clothes or damaged sports equipment.
- ✗ Physiotherapy is covered with limitations (see section "What is insured?").
- ✗ Loss of income or indirect losses.
- ✗ Injuries that have occurred when participating in Men's or Ladies' National A Team practices or games.



Are there any restrictions in the cover?

- ! The insurance does not cover injuries gradually emerging as a result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.
- ! The insurance does not cover occupational accidents, student accidents or other accidents that grant entitlement or would have granted entitlement to compensation under the Third-Party Motor Liability Insurance Act, the Military Accidents Act, Workers Compensation Act or some other equivalent Act.
- ! Treatment expenses are covered only for the part which is not or would not be covered by Health Insurance Act or some other Act.
- ! The reimbursements paid by KELA (The Social Insurance Institution of Finland) are subtracted from compensations.

! Initial place to receive treatment is claims handler's contracted medical center at negotiated rates for medical doctors, or a municipal medical center. Use of other private clinics is allowed where considered necessary for the timely healing of the patient and where no alternative is available from claims handler's contract medical centers at agreed risk rates for medical doctors. Other private clinics need to be pre-approved by claims administrator.



Where am I covered?

The insurance covers in Finland and abroad when participating in by FAF and its clubs organized:

- Games
- Practice specific to the sport conducted under the supervision by an instructor.
- Training-, physical- and coaching camps in the sphere of sporting activity but not at other times
- And during immediate travel to and from the aforementioned events as well as when participating abroad as a Finnish team under the member club of the sports federation in similar events.

The insured can for an additional premium extend the insurance to cover also personal accidents during leisure time.



What are my obligations?

- Claim needs to be reported as soon as possible after the injury or after the first doctor's visit. Claims form must be confirmed/signed by a representative.
- It is an absolute condition of the policy that the insured follows the rules and regulations set by the FAF.
- Any claim based on the insurance contract shall be made in writing to the insurer within one year from the date at which the claimant becomes aware of an in-force insurance policy, of the occurrence of an insured event and of the loss, damage or injury that resulted from the occurrence. In any event, the claim shall be made within ten years from the occurrence of the insured event.
- Individuals putting forward a claim must provide all accessible information they have to the Claims handler to enable them to process the claim and pay the benefit taking into account possibilities of the insurance company to acquire clarification.



When and how do I pay?

- Sports insurance is bought from FAF web pages. It can be paid with any provided payment methods.



When does the cover start and end?

- The insurance comes in force when the insurance premium is paid. If the insurance premium is paid before the beginning of a new license period and the player has a valid insurance for the current license period, the insurance will come in force from the beginning of the new license period.
- For players who do not have valid license insurance for the current license period, and pays the insurance premium during previous moth for the upcoming season, the insurance will come in force when the insurance premium is paid. If the insurance premium is paid after the beginning of the license period, the insurance will come into force from the payment date.
- The insurance will terminate at the end of the license period i.e. 31.12. Extended insurance with the leisure time cover has the same policy period.



How do I cancel the contract?

- The insurance can be cancelled in writing at FAF webpages www.palloliitto.fi/pelipaikka

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Eteläesplanadi 22 A
00130 Helsinki
Register number: FI1996555-8

Zurich Insurance Europe AG a public limited company incorporated in Germany
Registered office: Platz der Einheit 2, 60327 Frankfurt a.M, Germany
Reg. no. HRB 133359 in the Register Court of Frankfurt a.M, Germany



ZURICH[®]

Sport Accident Insurance for Football

Product specification 2026

version: 01.01.2026



SCHEDULE FOR INSURED BENEFITS AND PREMIUMS POLICY PERIOD 1.1.-31.12.2026

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* Adult hobby insurance is not valid in adult competition series organized by the Finnish Football Federation.

#) Premium includes insurance premium 91 % + administration and service fee 9 %.

In case you are buying the insurance on behalf of a group, please make sure they all know which insurance cover they have and that they get Product description, schedule for Insured Benefits and premiums as well as insurance terms and conditions.

Voluntary extra covers for above insurances (policy period calendar year)	Additional premium #)
* Extension to cover leisure time accidents (born 2015 or later)	40 €
* Extension to cover leisure time accidents (born 1956 - 2014)	80 €

Insurer: Zurich Insurance Europe AG, branch in Finland

The Football association is acting as Zurich's insurance intermediary for the sport accident insurance

Insurance Broker: Aon Finland Oy

Football Association of Finland (FAF) represents its club members in agreeing with Insurer the contents of the Group Benefit Insurance Scheme under which any voluntary Individual license insurance is issued.

Aon Finland is the insurance broker of the Group Benefit Insurance Scheme and Zurich Insurance Europe AG, branch office in Finland (1996555-8) is the Insurer.

Inception of insurance

The insurance will come in force when the insurance premium is paid. If the insurance premium is paid before the beginning of a new license period, and the player has a valid license insurance for the current license period, the insurance will come in force from the beginning of the new license period. For players who do not have valid insurance for the current license period and who pay the insurance premium during previous month for the upcoming season, the insurance will come in force when the insurance premium is paid. If the insurance premium is paid after the beginning of the license period, the insurance will come into force from the payment date. Same policy period is applied to the leisure time extension cover.

Validity of insurance

The insurance is valid for football and futsal players, coaches, referees and officials under 70 years of age who have registered according to Sports Associations rules and paid the individual license insurance. For children under 12 years old the licence insurance covers all sports organized by Finnish sports associations, whereby the child has acquired a license. Insurance covers in Finland and abroad games, practices and training organized by FAF including districts, affiliated clubs and teams or when participating abroad as a Finnish team under a member club of the Football Association of Finland in similar events:

- Games.
- Practice organized by the team and carried out under a training supervision.
- Training, physical exercise and coaching camps in the sphere of sporting activity but not at other times.
- Round trips directly relating to above-mentioned activity events.

The insured person can extend the insurance to cover also personal accidents during leisure time for an additional premium.

What is covered

- Accidental injury, injury on the body arising from a sudden external physical occurrence and
- Immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury.

Types of compensation

Treatment costs

The insurance covers the following types of compensation depending on the chosen insurance option. The insurance options are presented in the separate Schedule for Insured Benefits and Premiums. Compensation for treatment costs is paid based on the contractual rates of claims handler's contract medical center, but not exceeding the sum insured and limits specified in the insurance schedule. Any applicable deductible will be deducted from the compensation.

a) Treatment costs

The following costs are compensated as treatment costs:

- Examinations carried out and treatment given by a doctor or some other health care professional, medicinal products prescribed by a doctor and sold by pharmacies based on authorization by the National Medicines Agency and hospital bed-day charges
- Costs of plastering and obtaining necessary orthopaedic supports due to an injury
- Surgery in public health care
- NOTE! Office/admin/service fees charged by private clinics are not seen as medical treatment costs to be compensated.

b) Surgery

Benefit for a surgery by a private clinic(in case the chosen insurance option includes this cover).

c) Physiotherapy

Expenses caused by necessary physiotherapy prescribed by a doctor after surgery, plastering, or use of orthopaedic support or in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is however necessary after the compensated physiotherapy, post-surgery physiotherapy costs will be compensated up to the sum insured available having deducted the pre-surgery physiotherapy costs.

d) Dental injury

Dental treatment costs are compensated to sound teeth up to two (2) years, in basic coverage only acute treatment is covered.

e) Handicap benefit

A handicap benefit is paid for a permanent general physical injury caused by an accident. The agreed sum is paid for full invalidity. For partial invalidity partial insurance value is paid based on the degree of medical invalidity.

f) Death benefit

If injury causes death within a year, indemnity according to the policy is paid. Any invalidity indemnity due to the same injury already paid will be deducted.

g) Travel expenses

Travel expenses related to treatment are covered by least expensive way of transportation limited to one local round trip only. Condition of the insured is to be taken into consideration concerning travel expense compensation.

Existing limitations

- Insurance does not cover injury relating to illness, or predisposition
- Insurance does not cover a player playing against medical advice or whilst signed off by a doctor
- Insurance does not cover injury as a result of neglecting the use of safety gear according to the sports' rules
- Repair or replacement expenses of spectacles, contact lenses, hearing aid or dental prostheses broken in connection with an injury are not covered
- Repair or replacement expenses of clothing or sports equipment are not covered
- Physiotherapy is compensated after surgery , use of orthopaedic support or plastering. Physiotherapy can also be compensated in case orthopaedic recommends physiotherapy as an alternative to surgery.
- Loss of earnings or other consequential losses are not covered
- The insurance does not cover participation on Men's or Ladies' National A Team
- The insurance does not cover injuries gradually emerging as result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.
- The insurance does not cover professional sports.

The insurance does not cover occupational accidents or student accidents that grant entitlement or would have granted entitlement to compensation. The insurance does not cover injuries for which entitlement to compensation is granted under the Third Party Motor Liability Insurance Act, the Military Accidents Act or some other equivalent act. Treatment expenses are compensated to the extent that they do not or would not have granted entitlement to compensation under the Sickness Insurance Act or some other act.

The insurance does not cover injury to the mind, for instance shock and the like are not characterised as accidental injury. The insurance does not cover injuries occurring during parties, end of season celebrations or the like organized by FAF including districts, affiliated clubs and teams

It is expected that prior claiming compensation from this insurance, compensation from Social Insurance Institution has been claimed. Most medical centres will claim this using power of attorney directly from Social Insurance Institution.

The compensation for immediate muscle or tendon strain or sprain injury caused by individual exertion or movement must be treated by a doctor within 14 days of the injury. The compensation is paid for maximum six weeks starting from the date of the injury and it does not cover surgery.

Primary place to get treatment is an Claims Administrator's contract medical centre or alternatively a municipal medical centre. If treatment for surgery or plastering is given to individuals by a private hospital or clinics other than a contract medical centre, a pre-approval for treatment needs to be received from the claims administrator.

Medical treatment costs are compensated up to two (2) years from time of injury. In case of alternatives involving a deductible, treatment expenses are compensated only for the proportion exceeding the deductible or the deductibles.

Notification of injury

Injury is to be reported using claim report as soon as possible after the injury or after the first doctor visit. Reported claim caused by an injury needs to be confirmed/signed by team leader or coach.

General terms and conditions, sums insured and deductibles

General terms and conditions and terms and conditions can be found on the internet pages of Football Association of Finland. Sums insured and deductibles are presented in the separate Schedule for Insured Benefits and Premiums, which equally can be found on the internet pages of Football Association of Finland.

Insurer

Zurich Insurance Europe AG, branch office in Finland, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1996555-8, and the visiting address Eteläesplanadi 22 A, 00130 Helsinki

Insurance terms and conditions

Sports Accident Insurance, version 01.01.2026

Endorsement 1

Extended license insurance for leisure time accidents

An individual insured can extend the accident insurance to also cover personal accidents during leisure time by paying an additional premium indicated in the Schedule of insured benefits and premiums for Sports in question. This endorsement cover is bought by an individual insured. The leisure time endorsement will come in force when the payment is made. It has the same policy period as the original license cover, and it is automatically terminated at the end of the license period.

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Reg. no. HRB 133359 in the Register Court of Frankfurt a.M. Germany



Sports Accident Insurance Wording

Terms and Conditions of Sports Association's license insurance

version: 01.01.2026



Terms and Conditions

This is a translation of the Finnish terms and conditions and if there are differences between the contents, it is the Finish version that applies.

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1 Insured

The insurance is valid for players, coaches, referees and officials under 70 years of age who have registered according to Sports Associations rules and paid the Individual license insurance. For children under 12 years old the licence insurance covers all sports organized by Finnish sports associations, whereby the child has acquired a license.

The Sports Association represents its club members in agreeing with Insurer the contents of the Group Benefit Insurance Scheme under which any voluntary Individual licence insurance is issued.

In case the Insured and the Insurance Buyer are separate persons, it is the responsibility of the Insurance Buyer to inform the Insured about the terms and conditions and validity as well as possible changes in them.

2 When the cover is valid

The Insurance is a fixed term policy and valid for one licence period of the Sports Association at a time and ends at the same time as the licence period. The same insurance period is applicable to Extended license insurance for leisure time accidents.

The insurance will come in force when the insurance premium is paid. If the insurance premium is paid before the beginning of a new license period and the player has valid license insurance for the current license period, the insurance will come in force from the beginning of the new license period. For players who do not have valid license insurance for the current license period and who pay the insurance premium during previous month for the upcoming season, the insurance will come in force when the insurance premium is paid. If the insurance premium is paid after

the beginning of the license period, the insurance will come into force from the payment date.

3 Where the cover is valid

The insurance is valid worldwide for games, practices and game/training trips organized by the Finnish Sports Association, its districts and clubs/teams, or when participating abroad as a Finnish team under a member club of the Football Association of Finland in similar events.

4 What activities are covered

4.1 Organized sport

The insurance covers organized sports of the type of sport the agreement covers, including exercises/drills which is natural to this sport:

- a) During games, competitions, exhibitions/shows.
- b) During recognized practice on sports fields/hall.
- c) During mutual practice outside sports fields/hall by instructor.
- d) During practice outside field/hall which is a natural part of officially organised exercise program.
- e) All warming up/down during any of points a through above.
- f) During training, physical exercise and coaching camps in the sphere of sporting activity but not at other times.

During organized sport the insurance covers accidental injury (see point 5.a) and immediate individual exertion or caused by movement of a muscle or tendon strain or tear injury (see point 5.b).

4.2 Travel

During direct travel to/from organized sports event/participation and during a stay there, insurance covers Accidental injury, see point 5.a.

4.3 Stay

During stay at place of organised sport event/practice, see point 4.1, Accidental injury see point 5.a is covered.

5 What injuries are covered

- a) Accidental injury, sudden external, unforeseen, bodily injury due to physical incident during organized sports (see point 4.1), travel (see point 4.2) and stay (see point 4.3). Accidental injury is an injury on the body arising from a sudden external physical occurrence – during the insurance period, or during travel and stay in connection with organised sports.
- b) During organised sports (see point 4.1), in addition to the accidental injury, the insurance covers immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury. The compensation is paid for maximum six weeks starting from the date of the injury and it does not cover surgery.

6 Benefits covered

The detailed scope of coverage is defined in the specific insurance amount and premium table for each type of insurance. This table provides information about the types of coverage/compensation, insurance amounts, and deductibles. The amount of compensation is calculated according to the insurance/liability amounts in effect at the time the accident occurs. Compensation for medical expenses (sections 6.4 – 6.6) is paid only based on the contracted rates of designated partner healthcare providers, and not exceeding the insurance amounts specified in the insurance amount and price table. The applicable deductible will be subtracted from the compensation.

Medical expense compensation is paid for up to two (2) years from the date the injury occurred (see also 5 b) and 9.4 b)).

6.1 Benefit in the event of accidental death.

6.2 Benefit in the event of permanent injury of medical invalidity of more than 5%.

6.3 Benefit in the event of dental injury to sound and whole teeth. (see also 9.4b))

6.4 Benefit in respect of physiotherapy/ chiropractor if necessary after a surgery, plastering, or use of orthopaedic support. Physiotherapy can be also compensated in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is however necessary after the compensated physiotherapy, the post-surgery physiotherapy costs will be compensated up to the sum insured available having deducted the pre-surgery physiotherapy costs.

6.5 Benefit in respect of medical treatment, plastering, orthopaedic support, surgery proceeded in a public hospital, medicines and travel.

6.6 Benefit for a surgery by a private medical center (if included in the chosen insurance policy type)

6.7 Deductible
The deductible according to the Schedule for insured benefits and premiums will be deducted from the compensation.

7 Limitations (what is not covered)

7.1 Strain, wear and tear

The insurance does not cover injuries gradually emerging as a result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.

7.2 Injury influenced by illness, illness like condition or predisposition.

The insurance does not cover stroke, fainting or other illness like condition including heart attack. If it is believed illness like condition or predisposition together with injury can have had a contribution cause to the death, invalidity or treatment costs, the benefit can be reduced. It will be reduced accordingly to the extent of the illness like condition or predisposition has had to the death, invalidity or treatment costs.

7.3 Injury by medical treatment or use of medical drugs

The insurance does not cover injury caused by medical examination or treatment or by the use of medical drugs unless the Insured is being treated for an injury already covered by the Insurers. Under no circumstances does the insurance cover injuries caused by drugs on the List of Prohibited Substances and Prohibited Methods in Sports by the Finnish Anti-doping Agency FINADA.

7.4 Deliberately causing of injury

The Insurers are not liable if the Insured has deliberately caused the injury. However, it is liable if the individuals could not be blamed for the bodily injury due to his/her age or mental state.

The Insurers are not liable to suicide or attempted suicide due to mental disease. The claimant must prove the suicide or attempted suicide was caused by sudden mental illness – due to age or mental state could not understand the circumstances of his/her action – and not a mental disease.

7.5 Gross negligence caused by Insured

If the insured has shown gross negligence or increased the frame of the injury, the Insurers might reduce or cancel its liability. Same if the Insured by gross negligence has caused the injury by neglect of a safety regulation.

7.6 Other limitations

a) The Insurer reserves the right to designate the location for any examinations and medical procedures pertaining to the Insured, provided that such designation does not result in unreasonable inconvenience to the Insured. The primary place of treatment is claims handlers' contract medical center at negotiated rates or municipal medical centre. If the insured chooses a medical center outside the ones with a contract with claims handler at negotiated rates, the insurance will cover medical expenses up to the

amount that the corresponding procedure would have cost at the claim handler's contracted medical center. If a surgery is treated by private medical center other than claims handler's contract medical center, pre-approval for treatment need to be received from claims handler. Any administrative or service fees charged by private healthcare providers are not reimbursable medical expenses under this insurance.

b) Insurance does not cover injury relating to illness, or predisposition.

c) Insurance does not cover a player playing against medical advice or whilst signed off by a doctor.

d) Insurance does not cover injury as a result of neglecting the use of safety gear according to the sports' rules.

e) Property damage (for example damage to glasses, contact lenses, or equipment) is not covered.

f) The insurance does not cover participation on Men's or Ladies' National A Team.

g) The insurance does not cover injuries where the insured person can directly claim from the perpetrator of the injury or their insurance company, this does not apply to injuries occurred in normal playing situations.

h) The insurance does not cover occupational accidents, student accidents or other accidents that grant entitlement or would have granted entitlement to compensation under the Third-Party Motor Liability Insurance Act, the Military Accidents Act, Workers Compensation Act or some other equivalent act.

i) The Insurers do not cover injury obtained during participation of scuba diving with oxygen or breathing gas, speed racing by motor vehicle/ vehicle, air sports, mountain climbing and expedition like events.

j) The insurance does not cover personal accidents in professional sport that grant entitlement or would have granted entitlement to compensation under the Finnish Act for sportsmen's personal accident and pension cover (2009/276).

k) Injury to the mind for instance shock and the like, is not characterised as accidental injury unless the accident simultaneously causes bodily harm resulting in permanent invalidity.

l) The insurance does not cover injuries occurring during parties, end of season celebrations or the like organized by Sports Association including districts, affiliated clubs and teams.

8 Change of risk and safety regulations

8.1 Liability limitations due to change of risk.

The Insurers are not liable to accident, see point 5., caused by:

- a) Voluntary participation in any criminal activity.
- b) Hang gliding, flying by micro light and ultra-light airplanes, sky diving, paragliding and ballooning.

8.2 Safety regulations

It is an absolute condition of the policy that the insured follow the rules and regulations set by the Sports Association.

If the insured deliberately does not follow the rules and regulations set by the Sports Association the right to benefit may be lost or reduced.

9 Claims

9.1 Combined rules

- a) When injured the insured must see a medical doctor immediately, attend regular follow ups, and follow the doctor's orders.
- b) Individuals putting forward a claim must provide all accessible information they have to the Claims handler to enable them to process the claim and pay the benefit.
- c) Information is submitted on claims form developed by the Claims handler. The claims form must include among others the insured birth date, social security number and player number.
- d) Claims form must be confirmed/ signed by team leader or coach.
- e) Anyone giving false or wrong information, might lose any claim right by the Insurers in this or any other case. Both the insured and Claims handler has the right to collect medical- and specialty statements significant to the amount of benefit. If the Claims handler finds it necessary

to collect new statement from specialist this should be argued thoroughly in writing.

f) If an improvement of the injury by surgery is possible, but the insured without reasonable cause does not want to have the surgery, the final level of invalidity will be established accordingly to the improvement the surgery might have caused.

Claims will be time-barred according to:

g) Claim to be reported as soon as possible after the injury or after the first doctor visit.

h) Any claims based on an insurance contract shall be made to the insurer within one year from the date at which the claimant becomes aware of an in-force insurance policy, of the occurrence of an insured event and of the loss, damage or injury that resulted from the occurrence. In any event, the claim shall be made within ten years from the occurrence of the insured event or, if the insurance has been taken out to cover against bodily injury or liability for damages, from the occurrence of the loss, damage or injury. Reporting the occurrence of an insured event is considered to equal the making of a claim for this purpose.

If no claim is made within the period provided under Subsection 1, the claimant loses his entitlement to compensation. (Finnish Insurance Contracts Act 14.5.2010/426 Section 73)

9.2 Death

If injury causes death within a year, benefit according to the policy is paid. Any invalidity benefits already paid will be deducted. If the insured should die by any other cause, neither death nor invalidity benefit will be paid. No death benefit will be paid after one year, only invalidity benefit. Death benefit not to named spouse/child is paid in accordance with Finnish inheritance law.

9.3 Lifelong medical invalidity

a) To be paid if injury results within 2 years in permanent lifelong medical invalidity. Occupation, individual predisposition or social rank is not to be allowed for. By full invalidity the full insurance value is paid. Partially invalidity is partially paid.

b) Invalidity is based on table of invalidity at the time of settlement. In determining the handicap, only the nature of the injury is taken into account. The individual circumstances of the injured person, such as their profession or leisure-time pursuits, do not affect the determination of the handicap. The degree of handicap is determined in accordance with the handicap classification decree based on the Workers' Compensation Act and valid when the accident occurred. Injuries are divided into handicap classes 1–20, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap. The benefit for full, permanent handicap according to class 20 is paid as a lump sum equal to the sum insured valid at the time the sudden event occurred. For partial, permanent handicap, the benefit is paid as a lump sum equal to as many twentieths of the sum insured as indicated by the handicap class. The Insurers are only liable to invalidity of 5% or above, for each insurance event.

c) For combined injury in one body part/ organ, the whole loss of function is estimated according to rates of total loss of function in that body part/ organ. The level of invalidity in one insurance case cannot exceed 100%, even if more than one body part/ organ is injured.

d) Loss or damage on body part or organ completely inoperative before the injury does not give right to benefit. If partly useless a deduction of the same grade/size is made. When illness like condition or predisposition is a significant cause of increase of invalidity level regulation in point 7.2 is in use.

e) Dental injury does not apply to invalidity benefit.

9.4 Treatment expenses

a) General about treatment expenses

The Insurers will pay necessary medical treatment of injury within 2 years from date of injury. Insurance covers expenses

according to claims handler's risk rates for medical expenses, according to the Finnish National Health Insurance act, hospital stay, bandages, medicine and supports given by medical doctor.

Expenses for medical procedures performed in private medical centers, clinics, or by private physicians will be covered based on the claims handlers negotiated rates with contracted medical centers, subject to the maximum benefit limits specified in the insurance schedule and pricing table. If the insured seeks treatment at a medical center that does not have a contractual agreement with the claims handler, reimbursement will be limited to the rates agreed upon with contracted facilities. The insured is responsible for any difference in cost if the chosen facility charges more than the negotiated rate with contracted medical centers. The claims handler recommends using contracted medical centers as a priority. An up-to-date list of these medical centers is available on the claims handler's website.

Local travel expenses related to treatment are covered by least expensive way of transportation limited to one round trip. The condition of the insured is to be taken into consideration concerning travel expense compensation. Expenses covering private hospitals/medical centers/medical doctors are covered according to the Schedule for insured benefits and premiums and based on claims handler's contract medical centres at agreed risk rates for medical doctors. Copies of original receipts must be provided to claims handler.

b) Dental injury

The Insurers cover dental injury to sound and whole teeth within 2 years from date of injury with insurance value according to insurance policy. The Insurers also cover first permanent treatment even if this is later than 2 years from date of injury subject to recommendation from dentist or dental technician that treatment should be delayed. Final dental settlement is based on quote by dentist or dental technician within 2 years of date of injury. Dental injury due to eating is not covered.

c) Physiotherapy

Covers necessary treatment on requisition by medical doctor after a surgery, plastering, or use of orthopaedic support. Physiotherapy can be compensated in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is however necessary after the compensated physiotherapy, post-surgery physiotherapy costs will be compensated up to the sum insured available having deducted the pre-surgery physiotherapy costs.

d) Non-agreement private medical centers

Use of private medical centers is allowed where considered necessary for the timely healing of the patient and where no alternative is available from another source at chosen claims handler's contract medical centres at agreed risk rates for medical doctors. Other private medical centers need to be pre-approved by claims handler.

10 Compensation procedure

The claimant shall submit all documents and information necessary to determine the Insurer's liability. The documents shall be submitted as soon as possible to claims handler who will handle the claims and claims payment on behalf of the Insurer.

A notification of claim shall include at least the following information:

- Name of the Insured;
- Short description of the loss event;
- Receipts or other evidence of the medical expenses and service charges; and
- Appropriately dated and signed doctor's certificate where necessary

The claims handler may request other information and documents where needed.

A written claim must be presented to the claims handler within one year of the date on which the claimant was informed on her/his right to compensation, and at the latest, within ten years from the occurrence of the loss event.

11 Complaints procedure

Insurance broker

Aon Finland Oy
Mannerheimintie 18
00100 Helsinki

Aon has assisted with the terms of group benefit insurance on behalf of the group representative. Aon is not the broker of the insured/policyholder. The fee is agreed between Aon and the group representative.

Insurance company

Zurich Insurance Europe AG, Finland branch (1996555-8)
Eteläesplanadi 22 A
00130 Helsinki

Complaints procedure

If the Insured is not satisfied with any aspect of the claims service, any complaint should be addressed in the first instance to:

Zurich Insurance Europe AG, Finland branch (1996555-8)
Eteläesplanadi 22 A
00130 Helsinki
E-mail: asiakaspalvelu@zurich.com
Tel: 09 6866 630

If the Insured is not satisfied with the way a complaint has been dealt with, they should contact:

Zurich Complaints officer
Zurich Insurance Europe AG, Finland branch (1996555-8)
Eteläesplanadi 22 A
00130 Helsinki
E-mail: asiakaspalvelu@zurich.com
Puh: 09 6866 630

Please state the nature of the complaint. Quote the policy and/or claim number, the name of any claim handling organization with whom they have been dealing and their reference number.

If the matter is still not resolved to the Insured's satisfaction, they may request assistance from:

Kuluttajariitalautakunta
Hämeentie 3
PL 306
00531 HELSINKI
Tel: 029 566 5200
kril@oikeus.fi
www.kuluttajariita.fi

or

Vakuutuslautakunta
Porkkalankatu 1
00180 HELSINKI
Tel: 09 6850 120
Fax: 09 6850 1220
info@fine.fi

The Insured may also bring a suit against the Insurer in the Finnish courts in accordance with the applicable Finnish laws.

12 Insurance company information

Zurich Insurance Europe AG, Finland branch, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1996555-8, and the address Eteläesplanadi 22 A, FI-00130 Helsinki, Finland. Zurich Insurance Europe AG is a public limited company incorporated in Germany, registered under no. HRB 133359 in the Register Court of Frankfurt a.M and has its registered office at Platz der Einheit 2, 60327 Frankfurt a.M, Germany. Zurich Insurance Europe AG is regulated by the German insurance regulator, BaFin, Graurheindorfer Str. 108, 53117 Bonn. The branch's operations are also subject to supervision by the Finnish FSA (Finanssivalvonta).

13 Data protection

General Data Protection Regulation (GDPR) is a regulation for the collection and processing on data protection and privacy. Its purpose is to protect individuals' fundamental rights and personal integrity. To fulfil this insurance agreement and our commitment thereto Zurich requires to process data regarding the insured and co-insured as well as data received from the Policy Holder in accordance with GDPR. For more information on how Zurich handles your personal data see www.nordic.zurich.com/privacy.

You can learn more about the security measures in place concerning data transfers outside of the EU by requesting such information via sending an e-mail to tietosuoja.fi@zurich.com

14 Sanctions clause

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

15 Force majeure

Zurich shall not be liable for loss occasioned by Zurich due to measures taken by public authorities, acts of war, industrial disputes – notwithstanding that Zurich is itself the object of or takes such measures – or any other similar circumstance. Where any such circumstance precludes Zurich from performing any measure under the insurance, such measure may be postponed until the impediment has ceased, without Zurich being subject to any sanctions.

16 Applicable law

The policy is subject to the terms and conditions of the Insurance Policy Wording as well as the Finnish Insurance Contract Act (543/1994) and other Finnish law.

17 Cover extensions

The insured person can extend the insurance with additional covers shown in the Schedule for insured benefits and premiums. In addition to above terms and conditions following endorsements are applied.

17.1 Endorsement 1 / Extended license insurance for leisure time accidents

An individual insured can extend the accident insurance to cover also personal accidents during leisure time by paying an additional premium indicated in the Schedule of insured benefits and premiums for Sports in question. This endorsement cover is bought by an individual insured. The leisure time endorsement will come in force when the payment is made. It has the same policy period as the original license cover, and it is automatically terminated at the end of the license period.

The extended license insurance covers the treatment following a personal accident occurred during the period of this insurance as defined in the terms and conditions of section 6. Accidental injury is an injury on the body arising from a sudden external physical, unexpected and unwanted occurrence. Also frostbite, heatstroke or drowning are accidental injuries.

The above insurance terms and conditions are applied to the extended license insurance with the following exceptions:

- the extended insurance is valid at all times excluding the circumstances covered by the license insurance
- The extended insurance does not cover licensed sports events or tournament trips in Finland or abroad organized by Finnish sports associations or equal foreign associations or their districts, affiliated clubs and teams except for the leisure time while travelling.
- the insurance does not cover participation on Men's or Ladies' National A Team
- the clauses 8.2 and 9.1(d) are not applied.
- the insurance does not cover any costs related to possible ambulance flights.
- insurance is valid worldwide excluding destinations that the Ministry of Foreign Affairs does not recommend traveling to. If the conditions at the travel destination change to those mentioned above after the start of the trip, the insurance is valid at the travel destination during 7 days, during which the insured must evacuate to the nearest safe travel destination.

17.2 Endorsement 2 / Participation on Men's or Ladies' National Team

If specifically noted in writing in the Schedule for insured benefits and premiums for the Sports in question, the terms and conditions of this insurance are also valid during participation on Men's or Ladies' National A Team and the exclusion 7.6 g is not valid.

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Register number: FI1996555-8

Zurich Insurance Europe AG a public limited company incorporated in Germany
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Reg. no. HRB 133359 in the Register Court of Frankfurt a.M, Germany