



LICENCE OPTIONS AND FEES

1. January–31 December 2012

SPORTS COVER PRODUCT DESCRIPTION, policy code 21690

COMPENSATION PAYABLE UNDER THE INSURANCE	SPORT LICENCE for adults	SPORT LICENCE, PERSONS UNDER 1. Jan. 2012 under 19 years	DIVING INSURANCE
Medical expenses indemnity	€8,500 ¹⁾	€8,500	€8,500 ¹⁾
Deductible	€100	-	€100
Handicap benefit	€30,000	€30,000	€30,000
Death benefit	€8,500	€8,500	€8,500
Licence fee	€40	€35	€53.50

¹⁾ If the insured person is 20 years or older at the time of an accident, we will compensate for treatment expenses for a maximum of three years of the date of the accident, but no more than the sum insured valid at the time of the accident.

If the insured person is less than 20 years at the time of an accident, the maximum compensation for treatment expenses per accident will be the sum insured valid at the time of the accident.

Insurance premium portion of licence fees: Sport licence/adults = €24,
 Sport licence/young people = €19, Diving insurance = €39

THE SPORT LICENCE DOES NO COVER EXPENSES ARISING FROM HYPERBARIC OXYGEN THERAPY!

Diving licence also includes the right to participate in competitions.

Types of sport:

- Scuba diving
- Freediving
- Finswimming
- Underwater rugby
- Spearfishing
- Underwater orienteering
- Snorkelling
- Underwater photography

The licence may not be changed during the period.

THE INSURANCE IS VALID ONLY FOR THOSE WHO PAY THE MEMBERSHIP FEE OF THE FINNISH DIVERS' FEDERATION!

FIXED-TERM SPORTS INSURANCE

1. INCEPTION DATE

Insurance policy 21690 with its new coverage will take effect as of the beginning of the period on 1 January 2012, provided that the insurance premium will have been paid by the end of January. If the premium is paid at a later date, the insurance will take effect at 12.00 midnight on the payment date, provided that the payer can present a receipt indicating the time of payment. The insurance will expire on 31 December 2012.

2. VALIDITY

The insurance is valid in the following cases for members under the age of 70 of the Diversers' Federation and its member associations and for persons for whom a corporate member of the Federation pays the Federation's annual fee:

- Only during a diving, training or competition event with at least two participants in Finland or temporarily abroad (max. 3 months);
- During a training session of the Federation's member association or corporate member;
- When training in accordance with the training programme;
- In shows;
- During education, fitness and training camps in connection with the sport but not at other times;
- During outward and return journeys directly connected with the abovementioned events;
- The insurance is valid provided that the insured person holds an internationally recognised diving certification if aqualung or mixed gas equipment is used on other occasions than on courses providing training in the use of such equipment.

3. ACCIDENT AND EXCLUSIONS

An accident is a sudden, external occurrence which is beyond the control of the insured person and which causes bodily injury. The following are also considered to be accidents: unintentional drowning, heatstroke, sunstroke, frostbite, injury caused by a considerable variation in atmospheric pressure, gas poisoning sustained by the insured person, and poisoning caused by a substance taken inadvertently. In addition to accidental injuries, the insurance covers strain injuries of muscles and ligaments immediately caused by a sudden, particular and singular exertion and movement, for which medical treatment was given within 14 days of the occurrence of the injury. Indemnity is paid for a maximum of six weeks from the occurrence of the strain injury. Neither MRI scans nor surgery will be indemnified as treatment expenses following a strain injury caused by sudden exertion and movement.

The insurance does not cover

- stress injuries and other gradually developing injuries;
- injury arising from an insurance event that has caused an illness, physical defect or injury;
- hernia of the intervertebral disk, abdominal or inguinal hernia, Achilles tendon rupture, or recurrent dislocation unless the injury was caused by a travel-time accident that would also cause injury to healthy tissues.

The insurance will not cover occupational and student injuries or injuries which were or would have been coverable under the Motor Liability Insurance Act, Military Injuries Act or equivalent.

4. TYPES OF COMPENSATION

Medical expenses indemnity

If the insured person is 20 years or older at the time of an accident, we will compensate for treatment expenses for a maximum of three years of the date of the accident, but no more than the sum insured valid at the time of the accident.

If the insured person is less than 20 years at the time of an accident, the maximum compensation for treatment expenses per accident will be the sum insured valid at the time of the accident.

Treatment expenses are only covered insofar as they are not or would not have been coverable under the Health Insurance Act or under some other legislation.

Under policy options with a deductible, treatment expenses are covered only for the amount above the deductible. The deductible will be subtracted once per injury.

Treatment expenses are covered provided that the examination and treatment of the injury are prescribed by a physician. In addition, the examination or treatment procedures must be in accordance with generally accepted medical practice and necessary for the treatment of the injury in question, and the resulting expenses must be reasonable.

Coverable treatment expenses include:

- those arising from examination performed and treatment given by physicians or other healthcare professionals, from medication sold in a pharmacy under a permit issued by the Finnish Medicines Agency, Fimea, and from daily hospital charges
- any necessary costs of repairing or replacing spectacles, a hearing aid or dentures in use and broken when the accident occurred, provided that the resulting injury called for medical treatment and the repair or replacement took place within two months of the occurrence of the accident, at the latest
- those arising from treatment of and transportation related to decompression sickness, provided that it was not caused by gross negligence
- those arising from physiotherapy prescribed by a physician and given in a nursing institution if such therapy is necessary after surgical operations or plaster treatments following an injury. The insurance covers one treatment period per injury, which may include a maximum of ten treatment sessions.

Treatment expenses not covered under the policy include:

- costs of acquiring orthopaedic bandages or braces
- loss of income or other indirect losses
- The sport licence does not cover expenses arising from hyperbaric oxygen therapy

Handicap benefit

Handicap benefit is paid to the insured person for a permanent general physical handicap caused by an accident. The benefit for full handicap is the agreed sum insured, and for partial handicap a corresponding proportion of it.

Death benefit

Death benefit will be paid if the insured person dies within three years of the injuries sustained in an accident.

5. INSURANCE TERMS AND CONDITIONS, AND FURTHER INFORMATION ON

The Sports Cover insurance terms and conditions L1101 apply to this insurance. For more information on the insurance, please call on +358 10 253 1333 (English) or visit www.pohjola.fi > Henkilöasiakkaat > Vakuutukset > Urheilu.

6. IN CASE OF AN INJURY

1. Our partner nursing institutions can be found at www.pohjola.fi > Henkilöasiakkaat > Vahingot

We at Pohjola have built an extensive, high-quality network of healthcare services for the needs of athletes. Our primary goal that we share with our partners is to give you access to high-quality treatment.

2. You can file a loss report under Sports Cover by calling on +358 10 253 1333 (Mon.–Fri. 8 am–6 pm) or by visiting at www.pohjola.fi.

3. Claimants will first pay their treatment expenses themselves and file a claim for reimbursement of the expenses with Kela (Social Insurance Institution of Finland) under the Health Insurance Act. Such a claim must be filed within six months of the date on which the expenses were paid.

However, most nursing institutions deduct this Kela reimbursement from their charges and fees. In such a case, you only need to provide us with copies of the original receipts attached to your claim with us. Please note that you must show your Kela card to the nursing institution to receive this reimbursement.

After you have received the reimbursement from Kela, send us the original Kela reimbursement statement and copies of the receipts sent to Kela. Enclose the original receipts for expenses which Kela does not reimburse, and the original sales slips and prescriptions of medicines, or copies of the prescriptions.