



Critical Illness Insurance

Insurance Terms No. LJ31

The insurer is Líftryggingafélag Íslands, reg. no. 570990-1449, hereinafter "Lífís". Lífís is owned by VÍS tryggingar, reg. no. 670112-0470, hereinafter "VÍS". Lífís has authorised VÍS to handle all services to Lífís customers in connection with Critical Illness Insurances in accordance with these terms.

The insurance is governed by:

- The insurance policy, including endorsements and special terms.
- These insurance terms no. LJ32.
- The VÍS general terms and conditions no. YY10.
- Act No. 30/2004 on Insurance Contracts.

The provisions of the insurance policy and the renewal receipt take precedence over the provisions of the insurance terms. The provisions of the insurance policy, the renewal receipt and the insurance terms take precedence over the non-mandatory provisions of law.

Critical Illness Insurance provides financial protection and ensures that you will receive compensation if you are diagnosed with any of the illnesses covered by the insurance. No one expects to lose their health due to a serious illness, but the fact is that it can happen to all of us.

The **terms** describe the rights and obligations of you and VÍS. The **policy** confirms that you have purchased insurance from VÍS. The policy is accessible by signing in at vis.is.

The insurance covers the following illnesses, procedures and other insurance events according to the provisions of the terms, divided into the following four compensation categories (I.-IV.) as defined in clause 5 of the terms:

I. Cancer	II. Cardiovascular and renal diseases	III. Neurological and degenerative diseases	IV. Other insurance events
Cancer	Myocardial infraction	MS	HIV / AIDS
Bone marrow transplantation	Coronary artery bypass graft surgery	MND	Transplantation
	Heart valve surgery	Alzheimer's	Third-degree burns
	Surgery of the aorta	Parkinson's disease	Loss of limbs
	Stroke	Benign brain tumor	
	Renal disease	Deafness	
	Heart or kidney transplantation	Bacterial meningitis	
		Blindness	
		Major head trauma	
		Loss of speech	
		Paralysis of limbs	

Here you will find a list of **the illnesses and procedures covered by the insurance** with more details found in clause 5 of the terms.

1. Who is insured?

- 1.1. The insured is the person named in the insurance policy or the renewal receipt.
- 1.2. Also insured are the insured's children, as well as the insured's stepchildren and foster children who have the same domicile and live in the same place as the insured.

2. Where is the insurance valid?

- 2.1. The insurance is valid worldwide.

3. When does the insurance commence and when does it expire?

- 3.1. The insurance commences when VÍS has received and evaluated the requested health information and the insured has agreed to purchase the insurance on the terms that apply to it. VÍS is not responsible for the consequences of incidents that had already occurred when information about the state of health was provided if

When you purchase Critical Illness Insurance for yourself, you are both **the policyholder and the insured**. Your insurance also covers **your children** from the age of 3 months to the age of 18 years, see clause 3.



these incidents would have become apparent during VÍS's examination and resulted in the application being rejected.

- 3.2. The insurance is renewed annually. The insurance expires at the next renewal after the insured turns 70 years old. The maximum age for purchasing a new insurance is 59 years.
- 3.3. The insurance covers the insured's children, stepchildren and foster children from the age of three months and ends when the child reaches the age of 18.
- 3.4. Compensation is not paid unless a covered illness is diagnosed during the period that the insurance is in effect or if another event covered by the insurance occurs during the period that the insurance is in effect. If an illness is diagnosed after the insurance has expired, VÍS shall not be liable for compensation, even if it may be considered probable that the illness was present while the insurance was in effect.
- 3.5. Once the insured has been paid compensation, the insurance policy will expire. This does not apply if compensation was paid for a child, stepchild or foster child, the child in question will no longer be covered under the insurance.

4. Continued cover after payment of compensation

- 4.1. When the insurance policy expires in accordance with Article 3.5 due to the payment of compensation, the insured is entitled to revive the insurance policy without the disclosure of new state of health information, provided that the policy is revived in writing within three months from the date of expiry. When the insurance policy is revived, compensation is not paid:
 - a) Again from the compensation category, cf. Article 5, from which VÍS has already paid compensation.
 - b) For illness or other insurance events that can be directly or indirectly traced to insurance events for which VÍS has already paid compensation.
- 4.2. The insured is not entitled to an increase in the insurance amount according to Article 8 after the insurance has been reinstated under this article.

5. What is covered by the insurance?

Illnesses and other events covered by the insurance are defined in the following four compensation categories (I.-IV.) depending on their nature and type:

I. Cancer

5.1. Cancer

- 5.1.1. VÍS pays compensation for malignant tumors characterized by uncontrolled growth, spread of malignant cells, and invasive growth into tissues. This definition also includes leukemia, malignant lymphoma, and myelodysplastic syndrome, unless otherwise stated. The diagnosis must be confirmed by a cancer specialist and supported by a specific histological examination.
- 5.1.2. VÍS pays compensation for microscopically invasive breast cancer (microinvasive carcinoma of the breast), histologically defined as T1mic, if the condition requires mastectomy, chemotherapy, or radiation therapy.
- 5.1.3. VÍS pays compensation for microscopically invasive cervical cancer, histologically defined as IA1 (microinvasive carcinoma of the cervix uteri), if the condition requires hysterectomy, chemotherapy, or radiation therapy.
- 5.1.4. VÍS pays compensation for cutaneous lymphoma if the condition requires chemotherapy or radiation therapy.
- 5.1.5. VÍS pays compensation for prostate cancer if it is histologically defined with a Gleason score higher than 6 or has progressed to TNM stage T2N0M0.
- 5.1.6. The following are exempt from coverage:
 - a) All tumors that are histologically defined as pre-malignant, non-invasive, or localized (carcinoma in situ), including ductal and lobular carcinoma in situ of the breast and cervical intraepithelial neoplasia (CIN-1, CIN-2, and CIN-3).
 - b) Chronic lymphocytic leukemia unless it has progressed to at least Binet stage B.
 - c) Basal cell carcinoma of the skin, squamous cell carcinoma of the skin, and malignant melanoma stage IA (T1aN0M0), unless there is evidence of metastasis.

Make sure to request in time if you want to **keep the insurance valid** after receiving compensation.

Here you will find a **detailed** list of the types of cancer that are covered by the insurance and what is excluded from coverage.

Unless you are medically educated, it is quite likely that you will **need help** in understanding whether a description applies to a particular diagnosis.



- d) Thyroid cancer less than 1 cm in diameter and histologically defined as T1N0M0.
- e) Primary polycythemia (polycythemia rubra vera) and essential thrombocythemia.
- f) Monoclonal gammopathy of undetermined significance (MGUS).
- g) Gastric MALT lymphoma if the disease can be treated by eradication of *Helicobacter pylori*.
- h) Gastrointestinal stromal tumors (GIST) stages I and II according to the AJCC Cancer Staging Manual, Seventh Edition (2010).
- i) Cancer when the HIV virus is present.

5.2. Bone marrow transplantation

- 5.2.1. VÍS pays compensation for bone marrow transplantation where the insured has received bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation).

II. Heart, vascular and renal diseases

5.3. Myocardial infarction

- 5.3.1. VÍS pays compensation for myocardial infarction. A myocardial infarction is the death of part of the heart muscle due to lack of blood supply. The diagnosis must be confirmed by a cardiologist. The diagnosis requires confirmation of the infarction through a significant rise and/or fall in cardiac enzymes (troponin or CKMB) and at least two of the following criteria:
 - a) Symptoms of ischemia, e.g., chest pain.
 - b) New characteristic changes on an electrocardiogram (ECG) indicating ischemia, such as new ST-T changes or new left bundle branch block.
 - c) Development of pathological Q waves on the ECG.
- 5.3.2. The following are exempt from coverage:
 - a) Acute coronary syndrome (ACS), i.e., stable or unstable angina.
 - b) Elevated troponin levels without coronary artery disease, e.g., myocarditis, apical ballooning syndrome (Takotsubo), cardiac contusion, pulmonary embolism, and drug toxicity.
 - c) Myocardial infarction caused by drug abuse.
 - d) Myocardial infarction occurring within 14 days after coronary angiography or coronary artery bypass surgery.

5.4. Coronary artery bypass graft surgery

- 5.4.1. VÍS pays compensation for heart surgery to correct a narrowing or blockage of one or more coronary arteries with the use of bypass grafts. Compensation is paid for heart surgery where the sternum is split and less invasive procedures (partial sternotomy or thoracotomy). The need for surgery must be demonstrated based on the conclusions of cardiologists supported by coronary angiography.
- 5.4.2. The following are exempt from coverage:
 - a) Coronary angioplasty or stent placement.

5.5. Heart valve surgery

- 5.5.1. VÍS pays compensation for surgery performed to repair a heart valve or replace one or more heart valves with artificial valves. The procedure must be defined as medically necessary by a cardiologist and supported by an echocardiogram or the results of cardiac catheterisation.
- 5.5.2. The following procedures fall under the above definition:
 - a) Valve replacement or repair with full sternotomy, partial sternotomy or thoracotomy.
 - b) Ross procedure.
 - c) Valvuloplasty.
 - d) Transcatheter aortic valve implantation.
- 5.5.3. The following are exempt from coverage:
 - a) Transcatheter mitral valve clipping.

5.6. Surgery of the aorta

- 5.6.1. VÍS pays compensation for surgery to correct narrowing, obstruction, aneurysm, or dissection of the aorta. Endovascular repairs are also covered. The procedure must be deemed medically necessary by a cardiac surgeon and supported by imaging studies. The term "aorta" refers specifically to the main aorta in the thoracic and abdominal cavities, not its branches.
- 5.6.2. The following are exempt from coverage:

This lists the cardiovascular and renal diseases that are covered by the insurance and what is excluded from coverage. We know this is not easy to understand, but it is **important that the descriptions are thorough and technical** to avoid any doubt.



- a) Surgery on the aorta due to hereditary connective tissue diseases, such as Marfan syndrome and Ehlers-Danlos syndrome.
- b) Surgery following injury to the aorta caused by an accident.

5.7. Stroke

- 5.7.1. VÍS pays compensation for brain tissue damage resulting from acute ischemia (lack of blood supply) or hemorrhage in the brain, including subarachnoid hemorrhage or embolism originating outside the skull. Neurological impairment must persist for at least 3 months following diagnosis, which must show the sudden onset of new neurological symptoms and new objective neurological signs upon clinical examination. The diagnosis must be confirmed by a neurologist and supported by imaging studies.
- 5.7.2. The following are exempt from coverage:
 - a) Transient ischemic attack (TIA) and prolonged reversible ischemic neurological deficit.
 - b) Brain or cerebral vessel injuries due to trauma.
 - c) Neurological impairment caused by general ischemia, infection, inflammatory diseases, migraine, or medical intervention.
 - d) Incidental findings of abnormalities on imaging without clear associated clinical symptoms (silent stroke).

5.8. Renal disease

- 5.8.1. VÍS pays compensation for chronic and irreversible renal failure of both kidneys, which leads either to regular dialysis or peritoneal dialysis or kidney transplant. The dialysis must be medically necessary and confirmed by a nephrologist.
- 5.8.2. The following are exempt from coverage:
 - a) Acute reversible kidney failure that requires dialysis for a short period.

5.9. Heart or kidney transplantation

- 5.9.1. VÍS pays compensation for organ transplantation where the insured has received a heart or kidney.

III. Neurological and degenerative diseases

5.10. Multiple sclerosis (MS)

- 5.10.1. VÍS pays compensation for a definitive diagnosis of MS confirmed by a neurologist and supported by all of the following criteria:
 - a) There is persistent clinical impairment of motor or sensory functions, which must have been present continuously for at least 6 months.
 - b) MRI imaging shows at least two demyelinating lesions in the brain or spinal cord that are characteristic of MS.
- 5.10.2. The following are exempt from coverage:
 - a) Unconfirmed MS and neurological or imaging findings that suggest MS but are not diagnostic of the disease.
 - b) Isolated optic neuritis and neuromyelitis optica.

5.11. Motor Neuron Disease (MND)

- 5.11.1. VÍS pays compensation for a definitive diagnosis of MND, i.e. amyotrophic lateral sclerosis (ALS), primary lateral sclerosis (PLS), progressive muscular atrophy (PMA), and progressive bulbar palsy (PBP). The diagnosis must be made by a specialist in neurological diseases and confirmed that the disease has lasted for at least 3 months with very limited prospects for recovery.

5.12. Alzheimer's

- 5.12.1. VÍS pays compensation for a definitive diagnosis of Alzheimer's disease before the age of 60, along with all of the following criteria:
 - a) Loss of cognitive ability, including memory impairment and reduced executive functioning (e.g., connecting, initiating, organizing, integrating, and managing), resulting in significant decline in mental and social capacity.
 - b) Personality change.
 - c) Progressive cognitive decline.
 - d) No impairment of consciousness.
 - e) Typical findings from neuropsychological testing or imaging, such as CT scans.
 - f) The insured requires continuous 24-hour supervision. The diagnosis

Certain neurological and degenerative diseases are covered by the insurance. Please note, however, that a **specific diagnosis must have been made** for compensation to be paid.



and care requirement must be confirmed by a neurologist or geriatric specialist.

- 5.12.2. The following are exempt from coverage:
- a) Other types of dementia caused by brain disorders, systemic diseases, or psychiatric conditions.

5.13. Parkinson's disease

- 5.13.1. VÍS pays compensation for a definitive diagnosis of idiopathic Parkinson's disease (of unknown cause) before the age of 60, made by a neurologist. The diagnosis must be supported by at least two of the following clinical symptoms:
- a) Muscle stiffness.
 - b) Tremor.
 - c) Bradykinesia – i.e., abnormal slowness of movement, delayed physical and mental responses.
- 5.13.2. In addition, the disease must have caused persistent inability to independently perform three or more of the following activities of daily living: bathing, dressing/undressing, moving between rooms, transferring between bed and chair, controlling bowel and bladder function, and eating. It must be medically confirmed that these conditions have lasted for at least 3 months, despite appropriate medication.
- 5.13.3. The implantation of a neurostimulator (intended to control symptoms through brain stimulation) is independent of the activities of daily living defined in section 5.13.2. The implantation must be deemed medically necessary by a neurology specialist.
- 5.13.4. The following are exempt from coverage:
- a) Secondary parkinsonism, including that caused by medications or toxins.
 - b) Essential tremor.
 - c) Parkinsonism associated with other neurodegenerative diseases.

5.14. Benign brain tumor

- 5.14.1. VÍS pays compensation for a confirmed diagnosis of a benign brain tumor that is not defined as a malignant growth located within the skull and localized in the brain, meninges, or cranial nerves. The tumor must be treated with at least one of the following:
- a) Surgical removal of the tumor, either partially or completely.
 - b) Stereotactic radiosurgery using radiation.
- 5.14.2. If none of the above treatments are medically possible, the tumor must have caused persistent impairment of brain or neurological function for at least 3 months following diagnosis. The diagnosis must be confirmed by a neurologist or neurosurgeon and supported by imaging studies.
- 5.14.3. The following are exempt from coverage:
- a) All cysts.
 - b) Granuloma.
 - c) Malformations of brain arteries or veins.
 - d) Haematomas.
 - e) Pituitary tumors.

5.15. Deafness

- 5.15.1. VÍS pays compensation for a definitive, permanent and irreversible hearing loss in both ears due to an illness or accident. The diagnosis must be confirmed by an otorhinolaryngologist and confirmed by a hearing test where the hearing threshold is above 90 decibels on average at 500, 1000 and 2000 Hz in the better hearing ear.

5.16. Bacterial meningitis

- 5.16.1. VÍS pays compensation for a definitive diagnosis of a bacterial infection in the membranes surrounding the brain or spinal cord that results in permanent neurological damage confirmed to have lasted for at least 3 months following diagnosis. The diagnosis must be confirmed by a neurologist and supported by the growth of disease-causing bacteria in cultures from cerebrospinal fluid.

5.17. Profound vision loss

- 5.17.1. VÍS pays compensation for a definitive, permanent, and irreversible loss of vision in both eyes due to illness or accident, which cannot be corrected by laser surgery, medication, or surgical intervention. Definitive vision loss is



confirmed by either a visual acuity of 3/60 or less (0.05 or less in decimal) in the better eye after best correction, or a visual field of less than 10° in diameter in the better eye after best correction. The diagnosis must be confirmed by an ophthalmology specialist.

5.18. Major head trauma

5.18.1. VÍS pays compensation for a definitive diagnosis of major head trauma that causes brain dysfunction. The diagnosis must be confirmed by a neurologist and supported by neuroimaging using either a CT scan or MRI. The head trauma must cause the insured to be permanently unable to independently perform three or more of the following activities: bathing, dressing/undressing, getting from room to room, moving between bed and chair, controlling bowel movements and urination and eating. It must be medically confirmed that these conditions have persisted for at least 3 months with very little chance of recovery.

5.18.2. The following are exempt from coverage:

- a) Major head trauma attributable to self-harm or the use of alcohol or narcotics.

5.19. Loss of speech

5.19.1. VÍS pays compensation for a total and permanent loss of speech due to an accident or an illness. The loss of speech must have been persistent for a continuous period of 6 months. The diagnosis must be confirmed by a medical specialist.

5.19.2. The following are exempt from coverage:

- a) Loss of speech attributable to psychological disorders.

5.20. Paralysis of limbs

5.20.1. VÍS pays compensation for complete and irreversible paralysis of two or more limbs caused by an accident or disease affecting the spinal cord or brain. Limbs are defined as the entire arm or leg. The paralysis must have lasted more than 3 months. The diagnosis must be confirmed by a neurology specialist and supported by clinical assessments.

5.20.2. The following are exempt from coverage:

- a) Paralysis due to self-harm or psychological disorders.
- b) Guillain-Barré syndrome.
- c) Temporary or hereditary paralysis.

IV. Other insurance events

5.21. HIV / AIDS

5.21.1. VÍS pays compensation for infection of HIV or a confirmed diagnosis of AIDS that can be traced to blood or blood components transfusions and meets all of the following conditions:

- a) The infection occurred following a medically necessary blood or blood product transfusion that was performed after the insurance policy took effect.
- b) The institution or blood bank that provided and administered the blood or blood products is officially recognized by health authorities.
- c) The healthcare institution where the transfusion was performed acknowledges its responsibility.
- d) The HIV virus must be detectable in the blood within 12 months of the transfusion.

5.21.2. VÍS pays compensation for HIV/AIDS infection resulting from an incident during mandatory duties in healthcare services, ambulance/fire services, prison services, or police work, occurring during the validity period of the insurance, and meeting all of the following conditions:

- a) All incidents that may potentially lead to a claim under section 5.21.2 must be formally reported to the employer.
- b) A blood sample must be taken within 5 days of the incident.
- c) A second antibody test must confirm the presence of HIV antibodies within 12 months.

5.21.3. The following are exempt from coverage:

- a) HIV infection resulting from other transmission routes than those mentioned in sections 5.21.1 and 5.21.2 above, e.g., drug use or sexual activity.
- b) HIV infection from blood or blood product transfusion due

If you are uncertain whether a diagnosis is covered by any of the compensation categories, **we are always ready to assist you.**



to hemophilia or hereditary blood disorders (e.g., thalassemia).

5.22. Transplantation

- 5.22.1. VÍS pays compensation for organ transplantation where the insured has received:
- Lung, liver, pancreas, or small intestine.
 - Face, hand, arm or leg, partially or entirely (composite tissue allograft transplantation).
- 5.22.2. A condition leading to a graft or transplant must be determined to be completely incurable and confirmed as such by a medical specialist.

5.23. Third-degree burns

- 5.23.1. VÍS pays compensation for third-degree burns that are full-thickness burns extending into underlying tissues. The third-degree burn must cover at least 20% of the body surface area, as defined by the Rule of Nines or the Lund and Browder Chart, and must have occurred without the insured's intent. The diagnosis must be confirmed by a specialist with extensive experience in the treatment of burn wounds.

5.24. Loss of limbs

- 5.24.1. VÍS pays compensation for the permanent loss of two or more limbs above or at the wrist or ankle joint due to an accident or due to amputation for medical reasons. The diagnosis must be confirmed by a medical specialist.
- 5.24.2. The following are exempt from coverage:
- Loss of limbs due to self-inflicted injury.

6. Special limits of liability

6.1 VÍS does not pay compensation for:

- 6.1.1. No compensation will be paid for illness, surgery, or any other insurable event that can be directly or indirectly attributed to a condition of the child, stepchild, or foster child that existed before the insurance took effect, and which the insured knew or ought to have known about. Likewise, no compensation will be paid for illness, surgery, or other insurable events that can clearly be traced to a condition of the child before the insurance became effective, i.e., at three months of age, cf. item c, paragraph 1, Article 86 of the Insurance Contracts Act No. 30/2004, provided that VÍS did not obtain information about the child's health.
- 6.1.2. Cancer, multiple sclerosis, hearing loss or meningitis diagnosed in the first three months after the insurance takes effect.
- 6.1.3. Illness, procedure or other insurance event if the insured does not live for at least thirty days from the time the insured was diagnosed with an illness, a procedure was performed or other insurance event occurred. The same applies to insured children, stepchildren and foster children.
- 6.1.4. Illness, procedure or other insurance events directly or indirectly caused by nuclear reaction, ionizing radiation, contamination by radioactive substances, nuclear fuel and nuclear waste or by war, invasion, riot, strike or similar events.
- 6.1.5. Illness, procedure or other insurance event directly or indirectly caused by earthquakes, volcanic eruptions, landslides, avalanches or other natural disasters.
- 6.1.6. Illness, unless the diagnosis has been approved by a specialist in Iceland in the relevant field.
- 6.1.7. An insurance event if it is the result of a suicide attempt that occurs within a year of the insurance taking effect.

7. Insurance amount

- 7.1 The insurance amount is stated in the policy or the renewal receipt.
- 7.2 The insurance amount for a child is 50% of the amount stated in the policy or the renewal receipt. The maximum compensation for each child is ISK 12,350,000¹, even if more than one insurance policy is in effect with VÍS under which the child could be entitled to compensation.
- 7.3 Payments of compensation under the insurance for children, stepchildren and foster children do not affect the amount of insurance for other insured persons.
- 7.4 The amount of insurance will increase upon renewal in line with the change in the

Please note that compensation will not be paid for a **condition that existed before the insurance took effect** and that **time limits** and **external events** may in certain cases limit liability.

The insurance amount indicates the maximum compensation that will be paid if you are diagnosed with an illness covered by the insurance.

You choose this amount yourself, but of course we will help you to choose a suitable amount.

¹ Based on the CPI in July 2015, 430.0 points.



consumer price index. A decrease in the consumer price index will not lower the insurance amount.

8. The right to an increase in the insurance amount

- 8.1 If the price for the insurance is not higher than the base price according to the VÍS premium schedule, the insured can apply for an increase in the insurance amount without providing further information about his/her health status within 6 months of having a child or adopting a child younger than 18 years of age during the insurance period. This right expires when the insured reaches the age of 45. The maximum increase is 25% of the insurance amount, up to a maximum of ISK 4,659,000² for each child and this right can only be exercised for four children.
- 8.2 Upon an increase in the insurance amount, the price for the insurance will increase according to the VÍS premium schedule with the increase taking effect on the next due date.
- 8.3 This right cannot be exercised when a claim has been made for compensation or the insured has been diagnosed with any of the illnesses or has undergone any of the procedures defined in clause 5.

Learn about your right to an **increase** in the insurance amount if you have a child.

9. Price

- 9.1 The price of the insurance is based on VÍS's risk assessment, which takes into account factors such as age and whether the insured smokes or engages in hobbies that involve particular risks.
- 9.2 The insurance price changes upon renewal in proportion to changes in the consumer price index. If the insured amount increases by more than 35% within a year due to consumer price index adjustments, VÍS reserves the right to increase the insurance price beyond that threshold.
- 9.3 VÍS reserves the right to change the price of the insurance upon renewal to account for a general change in risk and other factors that affect the basis for compensation.

10. Payment relief

- 10.1 If the insured has lost their work capacity or it has been reduced by at least half, they become entitled to payment relief for the duration of the loss of work capacity beyond six months, but not beyond the age of 65, and not due to insured events that are already covered under Article 5 of the terms. Payment relief is not granted for more than one year retroactively from the time the request for payment relief was submitted to VÍS.
- 10.2 Total loss of work capacity entitles the insured to a full payment relief, and a reduction of work capacity by 50% or more entitles them to a proportional reduction in premium payments. However, the insured does not become entitled to payment relief if the loss of work capacity is due to abuse of alcoholic beverages or addictive substances.
- 10.3 A request for payment relief must be submitted. It needs to be accompanied by a copy of the disability card or confirmation of disability and the period of disability from the Icelandic Social Insurance Administration or a similar institution abroad, at no cost to VÍS. The assessment of loss of work capacity shall be based on the insured's ability to perform their previous job and their potential for other employment.
- 10.4 The insured must notify VÍS as soon as there is a change in the assessed disability. VÍS can always require information about the insured's health status while the insured is receiving payment relief as well as a medical examination at its own expense.

Learn about your right to have the insurance premium **temporarily suspended** if you are assessed as disabled.

11. Psychological assistance

- 11.1 The insured is entitled to psychological assistance in the case of covered damage. VÍS will pay the cost of up to two sessions with a psychologist in Iceland. VÍS will only pay the cost of the sessions themselves; other costs, such as travel costs, will not be paid. The consent of VÍS must be obtained before assistance is sought. Treatment must be completed within 6 months from the date of the insured event.

It is important to look after your **mental wellbeing** in times of difficulties. That is why we will help you get appropriate psychological assistance.

The information provided on the right margin is for the guidance of customers only and is not part of the terms themselves and is not intended to be used for interpreting specific clauses of the terms.

This is a translation of the authoritative Icelandic text. In the event of any discrepancies between the translation and the original Icelandic text, the original text shall prevail.

² Based on the CPI in July 2015, 430.0 points.