



Critical Illness Insurance

Insurance Terms No. LJ32

The insurer is Líftryggingafélag Íslands, reg. no. 570990-1449, hereinafter "Lífis". Lífis is owned by VÍS tryggingar, reg. no. 670112-0470, hereinafter "VÍS". Lífis has authorised VÍS to handle all services to Lífis 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 document is always accessible under electronic documents 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 five compensation categories (I.-V.) as defined in clause 5 of the terms:

I.	II.	III.	IV.	V.
Cancer	Myocardial infraction	MS	Profound vision loss	HIV/AIDS
Cancer – partial compensation	Coronary artery bypass graft surgery	MND	Deafness	Transplantation
Benign brain tumor	Heart valve surgery	Dementia	Loss of speech	Third-degree burns
Benign spinal cord tumor	Surgery of the aorta	Parkinson's disease	Bacterial meningitis	Loss of limbs
Bone marrow transplantation	Stroke		Major head trauma	Paralysis of limbs
	Renal disease			
	Heart or kidney transplantation			

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 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.

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.

Please make sure to answer all questions about your health to the best of your knowledge. If you are not sure how to answer a question, **we are ready to assist you**.



- 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 compensation has been paid in respect of 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. After compensation has been paid from the insurance according to clause 5, the insurance remains in effect, but no compensation will be paid:
 - a) Again under the compensation category, see clause 5, in respect of which VÍS has already paid compensation.
 - b) For an illness or other event that can be directly or indirectly traced to events for which VÍS has already paid compensation.

5. What is covered by the insurance?

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

I. Cancer and benign tumors

5.1. Cancer

- 5.1.1. VÍS pays compensation for the diagnosis of a malignant tumor characterized by uncontrolled invasive growth and spread. The diagnosis must be confirmed by a specialist doctor with a histological examination and classified as malignant cancer according to the eighth edition of the AJCC – TNM classification.¹ This definition includes malignant lymphoma, malignant bone marrow disorders, including leukemia.
- 5.1.2. The following are exempt from coverage:
 - a) Localized cancer (CIS, TIS), non-invasive cancers, dysplasia, and all precancerous conditions.
 - b) Basal cell carcinoma and squamous cell carcinoma of the skin, cutaneous lymphoma, sarcomas, and dermatofibrosarcoma protuberans of the skin.
 - c) Prostate cancer with a Gleason score of less than 7 or staging below T2bN0M0.
 - d) Thyroid cancer with staging below T2N0M0.
 - e) Cancer diagnosed on the basis of the presence of tumor cells and/or tumor-related molecules or levels in blood, saliva, feces, urine or other body fluids without additional conclusive clinical data that can be verified.

5.2. Cancer – partial compensation

- 5.2.1. VÍS pays partial compensation for the diagnosis of pre-invasive cancer or early-stage malignancy that is confirmed by a specialist doctor with a histological examination and surgically removed.
 - a) Pre-invasive cancers shall be classified as carcinoma in situ (CIS), localized tumor (TIS), or borderline malignancy.
 - b) Early-stage malignancies shall be classified as cancer according to the eighth edition of the AJCC-TNM classification system.²
- 5.2.2. The following are exempt from coverage:
 - a) All cysts.
 - b) Basal cell carcinoma and squamous cell carcinoma of the skin, cutaneous lymphoma, sarcomas, and dermatofibrosarcoma protuberans of the skin.
 - c) Dysplasia graded as LSIL or classified as less than CIN III.
 - d) Pre-invasive cancer or early-stage malignancy diagnosed on the basis of the presence of tumor cells and/or tumor-related molecules

Here you will find a **detailed list** of the types of cancer and benign tumors 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.

Please note that you can apply to be paid 20% of the insurance amount for **early stage cancer**.

¹ American Joint Committee on Cancer, AJCC Cancer Staging manual.

² American Joint Committee on Cancer, AJCC Cancer Staging manual.



or levels in blood, saliva, feces, urine or other body fluids without additional conclusive clinical data that can be verified.

5.3. Benign brain tumor

5.3.1. VÍS pays compensation for a confirmed diagnosis of a benign brain tumor that is not defined as a malignant growth located within the cranium. The tumor must be treated with at least one of the following:

- a) Surgery that removes the tumor in whole or in part.
- b) Stereotactic radiosurgery.
- c) External beam radiation.
- d) If none of the above treatments are possible due to medical reasons, the tumor must have caused persistent impairment of brain or nerve function for at least 3 months from diagnosis. This diagnosis must be confirmed by a neurologist or neurosurgeon and supported by imaging.

5.3.2. The following are exempt from coverage:

- a) All cysts.
- b) Abscesses.
- c) Granuloma.
- d) Haematomas.
- e) Pituitary tumors.
- f) Angiomas.
- g) Schwannoma.
- h) Neurinoma.

5.4. Benign spinal cord tumor

5.4.1. VÍS pays compensation for a confirmed diagnosis of a benign spinal cord tumor that is not defined as a malignant growth located within the spinal cord. The tumor must be treated with at least one of the following:

- a) Surgery that removes the tumor in whole or in part.
- b) Stereotactic radiosurgery.
- c) External beam radiation.
- d) If none of the above treatments are possible due to medical reasons, the tumor must have caused persistent impairment of nerve function for at least 3 months from diagnosis. This diagnosis must be confirmed by a neurologist or neurosurgeon and supported by imaging.

5.4.2. The following are exempt from coverage:

- a) All cysts.
- b) Abscesses.
- c) Granuloma.
- d) Haematomas.
- e) Pituitary tumors.
- f) Angiomas.
- g) Schwannoma.
- h) Neurinoma.

5.5. Bone marrow transplantation

5.5.1. 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. Cardiovascular and renal diseases

5.6. Myocardial infarction

5.6.1. VÍS pays compensation for myocardial infarction. Myocardial infarction is necrosis of part of the cardiac muscle tissue due to ischaemia. The diagnosis must be confirmed by a cardiologist. The diagnosis entails that the myocardial infarction is confirmed by an indicative increase and/or decrease in cardiac enzymes (troponin or CKMB) and at least two of the following:

- a) Acute symptoms of ischaemia, e.g. chest pain.
- b) New characteristic changes in the electrocardiogram that indicate ischaemia, such as new ST-T changes or a new left bundle branch block.
- c) Imaging shows new loss of viable myocardium or regional wall motion abnormality.

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) Stable or unstable angina pectoris.
- b) Elevated troponin without myocardial infarction, e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism and drug toxicity.
- c) Myocardial infarction caused by the use of narcotics.
- d) Myocardial infarction that occurs within 14 days of coronary angioplasty or bypass surgery.

5.7. **Coronary artery bypass graft surgery**

5.7.1. 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.

5.7.2. The following are exempt from coverage:

- a) Percutaneous coronary interventions such as coronary angioplasty and all intra-arterial techniques, catheter-based techniques and laser procedures.

5.8. **Heart valve surgery**

5.8.1. 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.

5.8.2. 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.

5.8.3. The following are exempt from coverage:

- a) Transcatheter mitral valve clipping.

5.9. **Surgery of the aorta**

5.9.1. VÍS pays compensation for surgery to repair a narrowing, obstruction, aneurysm or dissection of the aorta. Less invasive procedures such as endovascular repair are also covered. The procedure must be defined as medically necessary by a cardiologist and supported by imaging. Aorta refers to the actual aorta in the thoracic and abdominal cavity and not to its collateral vessels.

5.9.2. The following are exempt from coverage:

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

5.10. **Stroke**

5.10.1. VÍS pays compensation for necrosis of brain tissue following ischemia or bleeding in the brain, which leads to the following:

- a) Sudden onset of new neurological symptoms which are indicative of a stroke.
- b) New objective neurological symptoms that appear during clinical examination and persist continuously for at least 60 days following the diagnosis of a stroke.
- c) Recent changes on a CT scan or MRI, if taken, provided that the results are consistent with the clinical diagnosis.

5.10.2. The following are exempt from coverage:

- a) Transient ischaemic attack (TIA).
- b) Injury to brain tissue or brain arteries.
- c) Secondary haemorrhage into a pre-existing cerebral lesion.
- d) Incidental diagnosis of abnormalities on imaging without clear associated clinical and neurological symptoms.

5.11. **Renal disease**

5.11.1. 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.



- 5.11.2. The following are exempt from coverage:
- Acute reversible renal failure requiring short-term dialysis.

5.12. **Heart or kidney transplantation**

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

III. Neurological and degenerative diseases

5.13. **Multiple sclerosis (MS)**

- 5.13.1. VÍS pays compensation for a definitive diagnosis of MS confirmed by a neurologist and supported by all of the following criteria:

- Objective clinical motor or sensory impairment, which must have been present continuously for at least 6 months.
- Demyelination lesions in the brain or spinal cord confirmed by MRI:
 - In different locations in the central nervous system (diffuse location).
 - At different times (diffuse timing) either as new lesions in the brain or spinal cord confirmed by MRI or new clinical motor or sensory impairments.

- 5.13.2. The following are exempt from coverage:

- Unconfirmed MS and neurologically or imaging isolated symptoms that are suggestive of MS but not diagnostic of the disease.
- Isolated optic neuritis and neuromyelitis optica.

5.14. **Motor Neuron Disease (MND)**

- 5.14.1. VÍS pays compensation for a definitive diagnosis of MND, i.e. amyotrophic lateral sclerosis (ALS), primary lateral sclerosis (PLS), progressive muscular atrophy (PMA), progressive bulbar palsy (PBP) and spinal muscular atrophy (SMA). The diagnosis of the disease must be carried out by a neurologist.

5.15. **Dementia**

- 5.15.1. VÍS pays compensation for a definitive diagnosis of Dementia, including Alzheimer's disease, before the age of 60. The disease must have caused a permanent decline in cognitive ability, leading to a progressive deterioration of memory, reasoning, comprehension, perception, and communication. Additionally, the insured must require continuous care and supervision by a healthcare professional.

- 5.15.2. The following are exempt from coverage:

- Other types of dementia caused by brain, physical or mental disorders.

5.16. **Parkinson's disease**

- 5.16.1. VÍS pays compensation for a definitive diagnosis of Parkinson's disease of unknown origin before the age of 60. The diagnosis must be confirmed by a specialist in neurology or geriatric medicine. The disease must present with permanent clinical symptoms of bradykinesia along with at least one of the following: tremors, muscle stiffness or instability.

- 5.16.2. However, the insurance does not cover Parkinsonian syndromes, including but not limited to those caused by alcohol or drugs.

IV. Vision loss, deafness, loss of speech and related events

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 an illness or accident. The vision impairment must be confirmed by an ophthalmologist after the best possible correction in the better eye. The condition must meet one of the following criteria:

- A visual acuity measurement of 3/60 or less (0.05 or less in decimal notation).
- A visual field of less than 10° in diameter.

5.18. **Deafness**

- 5.18.1. 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.

5.19. **Loss of speech**

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

Did you know that after the payment of compensation from one compensation category, you can request to have the insurance remain in effect so that you will be **entitled to payment from other compensation categories**, see clause 4.



- 5.19.1. VÍS pays compensation for a total and permanent loss of speech due to an accident or an illness. 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. **Bacterial meningitis**
- 5.20.1. VÍS pays compensation for a definitive diagnosis of meningitis caused by a bacterial infection that has led to permanent neurological impairment. The diagnosis must be confirmed by a specialist in neurology and supported by the cultivation of pathogenic bacteria from cerebrospinal fluid.
- 5.21. **Major head trauma**
- 5.21.1. 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.
- 5.21.2. The following are exempt from coverage:
- a) Major head trauma attributable to self-harm or the use of alcohol or narcotics.

V. Other insurance events

- 5.22. **HIV / AIDS**
- 5.22.1. VÍS pays compensation for infection of HIV or a confirmed diagnosis of AIDS that can be traced to any of the following:
- 5.22.1.1. Blood or blood components transfusions that were a medical necessity, performed after the insurance took effect and meets the following criteria:
- a) The institution or blood bank that provided and administered the blood or blood components is officially recognized as such by health authorities.
 - b) The healthcare institution where the transfusion took place acknowledges its responsibility.
 - c) The HIV virus must be detectable in the blood 12 months after the transfusion.
- 5.22.1.2. Event occurring during the insurance period in the line of duty when working in healthcare services, nursing, fire brigade, prison guard duties or police force, and meets the following criteria:
- a) The employer must be formally notified of the incident.
 - b) A blood sample must be taken within 5 days of the incident.
 - c) Another antibody test must be submitted within 12 months confirming that the HIV virus has appeared or that HIV antibodies are present.
- 5.22.1.3. Assault suffered by the insured in Iceland during the insurance period and meets the following criteria:
- a) The assault must have been reported to the police within 5 days.
 - b) A blood sample must be taken within 5 days of the assault.
 - c) Another antibody test must be submitted within 12 months confirming that the HIV virus has appeared or that HIV antibodies are present.
- 5.22.2. The following are exempt from coverage:
- a) HIV infection due to other means of transmission such as due to the use of narcotics or sexual activity.
- 5.23. **Transplantation**
- 5.23.1. VÍS pays compensation for organ transplantation where the insured has received the following from another human being:
- b) Lung, liver, pancreas, or small intestine.
 - c) Face, hand, arm or leg, partially or entirely (composite tissue allograft transplantation).
- 5.23.2. A condition leading to a graft or transplant must be determined to be

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



completely incurable and confirmed as such by a medical specialist.

5.24. **Third-degree burns**

5.24.1. VÍS pays compensation for third-degree burns, that cover at least 20% of the body surface according to definition of The Rule of Nines or Lund and Browder Chart. The diagnosis must be confirmed by a medical specialist.

5.25. **Loss of limbs**

5.25.1. VÍS pays compensation for total and permanent loss of two or more limbs above or at the wrist or ankle joint.

5.26. **Paralysis of limbs**

5.26.1. VÍS pays compensation for total and irreversible loss of muscle function of two or more limbs due to physical injury or disease of the spinal cord or brain. The diagnosis must be confirmed by a specialist doctor in neurology and classified as diplegia, hemiplegia, tetraplegia or quadriplegia.

6. **Special limits of liability**

6.1. VÍS does not pay compensation for:

- 6.1.1. Illness, procedure or other insurance event that can be directly or indirectly attributed to the condition of a child, stepchild or foster child that existed before the insurance took effect, as VÍS does not obtain information about the health status of the insured's children. In the case of adopted children, VÍS shall not be liable for compensation if an illness can be attributed to the condition of a child that existed prior to adoption.
- 6.1.2. Cancer, multiple sclerosis, hearing loss or meningitis diagnosed in the first three months after the insurance takes effect. This does not apply if the insured was covered by a comparable insurance, both in terms of the scope of coverage and the insured amounts, which is terminated simultaneously with the commencement of this insurance.
- 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.

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.

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 12,350,000.³ If there is more than one critical illness insurance for parents in effect with VÍS which provides for a right to compensation for an insurance event, compensation will be paid proportionally according to the amount of insurance up to the above-mentioned maximum.
- 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. Benefits are paid directly to children, stepchildren, and foster children if they have reached the age of 18 at the time of payment.
- 7.4. Partial compensation under clause 5.2.1 amounts to 20% of the insured amount and can only be paid once, provided that the conditions outlined in the policy are met. However, the compensation can never exceed ISK 3,000,000. If the insured person later becomes entitled to full compensation under clause 5.1, the remaining balance of the insured amount will be paid.
- 7.5. If an insured has received compensation under the insurance in accordance with clause 5.2.1, that payment does not affect the amount of insurance for other insured

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.

³ Based on the CPI in July 2015, 430.0 points.



persons.

- 7.6. The amount of insurance will increase upon renewal in line with the change in the consumer price index. A decrease in the consumer price index will not lower the insurance amount.
- 7.7. The maximum compensation corresponds to the insured amount in effect when the incident occurred, plus an increase in accordance with changes in the consumer price index from the last renewal to the diagnosis date.

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 5,000,000⁴ for each child and this right can only be exercised for four children.
- 8.2. If the insured purchases real estate during the insurance period, the insured has the right to increase the insurance amount up to the maximum amount. This right can be exercised once by providing the requested information about health status together with confirmation of the real estate purchase. This right expires at the age of 50.
- 8.3. 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.
- 8.4. 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 or purchase real estate.

9. Price

- 9.1. The price of the insurance will change upon renewal in line with the change in the insurance amount according to the consumer price index.
- 9.2. 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 is assessed as being at least 50% disabled for 6 months or more by the Icelandic Social Insurance Administration or a similar institution abroad, the insured will become entitled to payment relief in respect of the insurance from that point in time and for as long as the disability persists.
- 10.2. The right to payment relief can last for a maximum of 5 years; however, not beyond the age of 65 and not in respect of events which are covered under clause 5 of the terms. Payment relief for the insurance will not be granted for a longer period than one year retroactively from the time when the request for payment relief was received by VÍS.
- 10.3. Full disability provides the right to full payment relief for the insurance and 50% disability or more provides the right to a proportional reduction in the payment for the insurance.
- 10.4. 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.
- 10.5. 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 settlement of the compensation.

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

12. Notification about loss event

- 12.1. Notwithstanding the provisions in VÍS general terms YY10, the insured does not lose the right to compensation if he notifies VÍS of his claim within two years of becoming aware of the circumstances on which the claim is based.

⁴Based on the CPI in July 2021, 503.5 points.



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.