



Child Insurance

Insurance Terms no. LM20

The insurer is VÍS tryggingar hf., reg. no. 670112-0470, hereinafter "VÍS".

The insurance is governed by:

- The insurance policy, including endorsements and special terms.
- These insurance terms no. LM20.
- The VIS 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.

Child Insurance protects parents and guardians against loss of income and unforeseen costs due to a serious accident or serious illness of a child. The insurance also helps a child who suffers permanent medical impairment to achieve financial independence in adulthood.

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 under electronic documents at vis.is.

I. General provisions

1. Who is the insured?

- 1.1 The insured is the child named in the policy or renewal receipt in the case of disability cover, critical illness cover, life insurance and crisis counselling.
- 1.2 The policyholder is insured in the case of care cover, travel costs due to an operation abroad and costs of modification and assistive devices due to an accident or critical illness.

2. Who is the policyholder?

- 2.1 The individual who enters into an agreement with VÍS for child insurance. The policyholder can only be the person who has custody of the insured.

3. Where is the insurance valid?

- 3.1 The insurance is valid worldwide.

4. When does the insurance commence?

- 4.1 The insurance commences when VÍS has received and evaluated the requested information about the state of health and the policyholder has agreed to purchase the insurance under the terms that apply to it, although not until the child has reached the age of one month. 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.
- 4.2 The maximum age of a child when purchasing a new insurance is 17 years.
- 4.3 The insurance is renewed annually. The insurance will no longer be in effect at the first renewal after the insured reaches the age of 20.
- 4.4 Compensation is not paid unless a covered event occurs during the insurance period. 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 during the insurance period.

5. Insurance amount

- 5.1 The insurance amounts are stated in the policy or the renewal receipt.
- 5.2 Amounts will increase in line with the change in the consumer price index. A decrease in the consumer price index will not lower the amounts.

6. Payment of compensation

- 6.1 Compensation under the insurance will be paid to the policyholder, cf. however

Who is insured depends on who suffers damage. It is considered that a parent/guardian suffers the damage in the case of costs that are compensated due to care, travel or the cost of modification and assistive devices.

The insurance is valid anywhere in the world, but the terms include **conditions that are tied to Iceland**, such as confirmation of a medical diagnosis.

You can always see the maximum amounts that are paid under the insurance in the **policy** or the **renewal receipt**.



clause 6.2.

- 6.2 Compensation under the disability cover will be paid to the insured when a final disability assessment has been performed. If the insured is a minor, compensation will be paid into a bank account at a recognised financial institution in Iceland, which can be accessed when the insured reaches the age of 18.
- 6.3 If more than one child insurance policy is in effect with VÍS for the same child, disability compensation and compensation for crisis counselling will be paid proportionally from each insurance.

7. Continuation of insurance after non-payment of premium

- 7.1 If the insurance becomes invalid due to non-payment of the insurance premium after the premium has been paid for at least one year, the insurance can be revived without new health information if the outstanding premiums are paid within 3 months of the insurance becoming invalid.

8. Payment relief

- 8.1 If a policyholder who is under the age of 65 dies during the insurance period, VÍS will pay for the insurance until the insured reaches the age of 20.
- 8.2 A person who has custody of the child needs to request payment relief.

II. Accident and health insurance

9. What is covered under the insurance?

- 9.1 Disability compensation is paid if an accident or illness leads to permanent disability of the child, which is assessed at 10% or higher.

10. What is not covered under the insurance?

- 10.1 The insurance does not cover accidents:
- Caused by a motor vehicle that is subject to registration in Iceland or a motor vehicle that is registered abroad, where it is mandatory to insure for such damage.
 - That occur during mountain hiking at an altitude of over 4,000 metres or when diving at a depth of more than 10 metres, hang-gliding, paragliding, bungee jumping, parachuting and BASE jumping and/or sports that are comparable or of a similar nature.
 - That occur in a physical altercation or during participation in a criminal act.
 - Caused by the consumption of alcohol, narcotics and addictive drugs or other stimulants or sedatives.
- 10.2 The insurance does not cover illnesses:
- As a result of symptoms that became apparent before the insurance came into effect, unless VÍS knew about the illness at the time it came into effect and issued the insurance regardless.
 - As a result of indoor tanning, medical treatment, surgery or the use of medicinal products, unless the treatment is carried out on medical advice due to a covered illness at a recognised health institution.
 - As a result of toxic gases, unless the toxicity occurred suddenly and without the will of the insured.
 - As a result of the consumption of alcohol, narcotics and addictive drugs or other stimulants or sedatives.
- 10.3 The insurance does not cover any type of developmental deviations or developmental disabilities, regardless of when their symptoms first appear, such as Down's, Asperger's and Tourette's syndromes, autism, ADD, OCD, DAMP and ADHD.
- 10.4 Permanent disability of the insured if it is assessed as lower than 10%.

11. Determination of compensation

- 11.1 Permanent disability shall be assessed as a percentage according to the tables of the Disability Assessment Committee in effect at the time of the assessment. In determining the degree of permanent disability, no consideration shall be given to occupation, special skills, or social status. Accidents and illnesses that cause only cosmetic damage will not be considered permanent disability. If the insured's condition can potentially be improved through surgery or similar interventions, such potential improvement must be considered in the assessment. If the insured's injury or the consequences of an illness is not listed in the permanent disability tables, it shall be assessed specifically with reference to those tables.
- 11.2 Compensation for permanent disability is paid in proportion to the base insurance

If the unthinkable happens and you die before the age of 65, VÍS will make sure that **your child will remain covered**.

Disability compensation are paid if an accident or illness results in permanent disability.

Since the compensation is intended to cover **future loss of income**, compensation for a minor is paid into a bank account which is restricted until the child reaches the age of 18, see clause 6.

Hopefully you will never need to understand how disability is calculated, but if you do, **we are here to help** you understand.



amount that was in effect on the day of the accident or on the day when the illness was diagnosed, such that each disability point from 26–50% is counted twice, each disability point from 51–75% is counted four times and each disability point from 76–100% is counted six times. Compensation at 100% permanent medical disability will therefore be 325% of the base insurance amount.

- 11.3 If the loss or impairment of limbs, organs, sight, or hearing is not total, permanent disability shall be assessed proportionally. The loss or impairment of a limb or organ that was previously impaired will be assessed as permanent disability with regard to the prior impairment before the accident or diagnosis of the illness.
- 11.4 If available medical records indicate permanent consequences due to the accident or illness, VÍS staff will assess their extent based on the disability tables of the Disability Assessment Committee. If VÍS staff deems it necessary, VÍS may obtain an independent specialist's assessment on the consequences of the accident.
- 11.5 VÍS is entitled to have the insured examined by a doctor appointed by VÍS.
- 11.6 The disability assessment shall not take place earlier than one year after the date of diagnosis of the illness or the accident. The insured must request an assessment by VÍS in accordance with clause 11.4 no later than three years from the date of the accident or diagnosis of the illness, failing which the right to compensation under this insurance will lapse. With the consent of VÍS, the disability assessment may be postponed as long as deemed necessary according to medical experience or due to available rehabilitation options, but not longer than 10 years from the covered event.
- 11.7 Once compensation corresponding to 50% permanent disability or more has been paid to the insured under this clause, the insurance will no longer be in effect.

12. Definitions

- 12.1 An accident is when a sudden external event causes physical injury to the insured and occurs without the insured's will. In the case of injuries to limbs, however, it is only required that a sudden event causes physical injury to the insured and occurs without the insured's will.
- 12.2 Permanent disability is a permanent impairment of the insured's physical abilities as a result of an accident or illness.

III. Critical illness insurance

13. What is covered under the insurance?

13.1 Cancer

13.1.1 VÍS pays compensation for the diagnosis of a malignant tumour characterised by uncontrolled invasive growth and spread. The diagnosis must be confirmed by a specialist doctor by histological examination and classified as malignant cancer according to the version of the AJCC – TNM classification in force on the date of diagnosis.¹ Malignant lymphoma and malignant bone marrow disorders, including leukaemia, fall under this definition.

13.1.2 Exempt from coverage:

- Carcinoma in situ (CIS, TIS), non-invasive cancers, dysplasia and all pre-malignant conditions.
- Thyroid cancer with staging lower than T2NOMO.
- Basal cell carcinoma and squamous cell carcinoma of the skin, cutaneous lymphoma, sarcoma of the skin and dermatofibrosarcoma protuberans of the skin.
- 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.

13.2 Benign brain tumor

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

- Surgery that removes the tumor in whole or in part.
- Stereotactic radiosurgery.
- Radiation therapy.

13.2.2 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 three months from diagnosis. The diagnosis must be confirmed by a neurologist or neurosurgeon and supported by imaging.

Critical illness insurance provides coverage for the 11 illnesses and events that are specified in this section of the terms.

Compensation is paid once for each illness but **the illness cover remains in effect** for the other specified illnesses and events.

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



13.2.3 Exempt from coverage:

- a) Cysts.
- b) Infections.
- c) Granuloma.
- d) Haematomas.
- e) Pituitary tumors.
- f) Angiomas.
- g) Schwannoma.
- h) Neurofibroma.

13.3 Kidney failure

13.3.1 VÍS pays compensation for chronic and irreversible kidney failure of both kidneys, which leads to the need for regular kidney dialysis or peritoneal dialysis or a kidney transplant. The dialysis must be medically necessary and confirmed by a nephrologist.

13.3.2 Exempt from coverage:

- a) Acute reversible kidney failure requiring short-term dialysis.

13.4 Organ transplant

13.4.1 VÍS pays compensation for organ transplantation where the insured has received any of the following from another person:

- a) Heart, lungs, liver, pancreas, or small intestine.
- b) Composite tissue allograft transplantation of the face, hand, arm or leg, in whole or in part.

13.4.2 A condition leading to a graft or transplant must be determined to be completely incurable and confirmed as such by a medical specialist.

13.5 Multiple sclerosis (MS)

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

- a) Objective clinical motor or sensory impairment, which must have been present continuously for at least six months.
- b) Lesions in the brain or spinal cord confirmed by magnetic resonance imaging:
 - At different sites in the central nervous system (dissemination in space); and
 - At different times (dissemination in time), either as new lesions on MRI or new clinical motor or sensory impairments.

13.6 Third-degree burns

13.6.1 VÍS pays compensation for third-degree skin burns, covering at least 10% of the total body surface area in accordance with the Rule of Nines or the Lund and Browder Chart. The diagnosis must be confirmed by a specialist with extensive experience in the treatment of burns.

13.7 Juvenile and chronic arthritis

13.7.1 VÍS pays compensation for juvenile arthritis diagnosed before the age of 16 and confirmed by a rheumatologist. Arthritis in this context means joint inflammation and at least two of the following symptoms: limitation of movement, increased heat and pain. The symptoms must have been present for more than six weeks and arthritis must affect more than one joint.

13.7.2 VÍS pays compensation for arthritis diagnosed after the age of 16 if at least four of the following symptoms are present:

- a) Morning stiffness lasting more than one hour.
- b) Arthritis in three or more of the following joints concurrently: wrist, proximal phalanx finger joint, middle phalanx finger joint, elbow, knee joint, ankle joint and metatarsophalangeal joint.
- c) Arthritis in the following joints of the hand: wrist, proximal phalanx finger joint or middle phalanx finger joint.
- d) Symmetrical arthritis (arthritis in the same joints on the right and left side of the body at the same time).
- e) Rheumatic nodules.
- f) Positive rheumatoid factors.
- g) Typical changes on radiographs of the hand and wrist.
- h) Symptoms a–d must have been present for at least six weeks. Symptoms b–e must have been identified by the doctor who diagnosed the disease.

13.7.3 Exempt from coverage:

- a) Symptoms resulting from arthritis associated with infection, infectious joint disease, degenerative joint disease, trauma, abnormal tissue growth, immune rejection, and vasculitis.



13.8 Insulin-dependent diabetes (type 1 diabetes mellitus)

13.8.1 VÍS pays compensation for a definitive diagnosis of type 1 diabetes made by a specialist in paediatrics or internal medicine, and appropriate treatment must have commenced.

13.9 HIV/AIDS

13.9.1 VÍS pays compensation for infection with the HIV virus or a confirmed diagnosis of AIDS which can be attributed to any of the following:

13.9.1.1 Transfusion of blood or blood components that was medically necessary and performed after the insurance took effect, and where the following conditions are met::

- a) The institution or blood bank that supplied and transfused the blood or blood components is officially recognized as such by the health authorities.
- b) The healthcare institution where the blood or blood transfusion was performed acknowledges its responsibility.
- c) The HIV virus must be detectable in the blood 12 months after the transfusion of blood or blood components.

13.9.1.2 Assault suffered by the insured in Iceland during the insurance period and where the following conditions are met:

- a) The assault must have been reported to the police within five days.
- b) A blood sample must be taken within five days from the assault.
- c) A second antibody test must be provided within 12 months confirming that HIV has become detectable or that HIV antibodies are present.

13.9.2 HIV infection or AIDS due to a needle-stick accident suffered by the insured caused by a needle that has been left in playgrounds, parks or other public areas.

13.9.3 HIV infection arising from other transmission routes, e.g. due to drug use or sexual activity, is exempt from coverage.

13.10 Bacterial meningitis

13.10.1 VÍS pays compensation for an unequivocal diagnosis of meningitis caused by bacterial infection that has resulted in permanent impairment of neurological function. The diagnosis must be confirmed by a neurologist and supported by culture of the causative bacteria from cerebrospinal fluid.

13.11 Blindness

13.11.1 VÍS pays compensation for a permanent and irreversible loss of sight in both eyes due to illness or accident which cannot be corrected by laser surgery, medication or surgery. Loss of sight is confirmed by either a visual acuity of 3/60 or less (0.05 or less in decimals notation) 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 ophthalmologist.

13.12 After compensation has been paid under the critical illness insurance in accordance with clauses 13.1 to 13.12, the insurance remains in effect, but no further compensation will be paid under any benefit item from which VÍS has already paid compensation. This applies even if the insured is later diagnosed with another illness falling under the same benefit item.

14. What is excluded from critical illness insurance?

14.1 The insurance does not cover:

14.1.1 Congenital illnesses or the consequences of an illness if it can be considered probable according to medical research that it was present at birth or has its roots in an illness that occurred during the first month of life. This does not apply if symptoms of the illness first appear when the insured has reached the age of six.

14.1.2 Cancer, multiple sclerosis or meningitis diagnosed in the first three months after the insurance takes effect. This does not apply if the insured was previously covered by an equivalent insurance, both in terms of scope of cover and sums insured, which is terminated concurrently with this insurance coming into effect.

14.1.3 Illness for which there is no confirmation of diagnosis by a specialist in Iceland in the relevant field.

14.1.4 Illness, procedure or other covered event if the insured does not live for at least thirty days from the time that the insured was diagnosed with an illness, a procedure was performed or other covered event occurred.



IV. Life insurance

15. What is covered under the insurance?

- 15.1 VÍS pays compensation for the death of the insured.
- 15.2 If compensation is paid under this clause, the insurance will no longer be in effect.

Life insurance is intended to provide financial support if the unthinkable happens.

V. Care and support

16. Care

- 16.1 VÍS pays daily compensation to the policyholder if the child needs care from a person having custody due to an accident or illness in the following cases:
 - 16.1.1 The child must stay in hospital for five consecutive days or longer. Compensation is paid for each day from the date of admission. If the insured is hospitalised again within 12 months from the end of the previous hospital stay due to the same illness or accident, the policyholder is entitled to compensation from the date of admission until the maximum compensation period according to clause 16.3 is reached.
 - 16.1.2 The child needs care following a hospital stay for 10 consecutive days or longer. Compensation is paid for each day from the start of the care period.
 - 16.1.3 The child needs care following a serious fracture for 10 consecutive days or longer. Compensation is paid for each day from the start of the care period.
- 16.2 A confirmation by a doctor is required that care is needed for at least the minimum periods specified in clauses 16.1.1–16.1.3. No compensation is paid for shorter periods.
- 16.3 The maximum compensation period is 365 days under clause 16.1.1 and 30 days under clauses 16.1.2–16.1.3 for the same illness or accident. Illnesses and other disease symptoms with a medical connection are considered one and the same illness incident.

Care compensation for or following a stay in hospital is intended to cover the loss of income suffered by parents/guardians.

17. Operation abroad

- 17.1 VÍS pays compensation in the form of a lump sum payment for an operation that must be performed abroad.
- 17.2 The payment of compensation requires a confirmation from a doctor in Iceland who has treated the insured, which shows that it was necessary to perform the operation abroad.
- 17.3 Only one compensation payment is made under this clause.

The unexpected can result in unforeseen costs, and it is good to have Child Insurance to fall back on to cover such costs.

18. Cost of modification and assistive devices

- 18.1 VÍS pays the cost of necessary modifications to the policyholder's home and/or necessary assistive devices as a result of a covered accident or illness under this insurance.
- 18.2 When claiming compensation, the originals of receipts must be submitted, specifying which modifications were carried out on the home and what kind of assistive devices were purchased.
- 18.3 Only one compensation payment is made under this clause.

19. Crisis counselling

- 19.1 VÍS pays for psychological services if the child suffers a crisis. It is a requirement that a psychologist confirms the need for treatment due to the crisis event. Treatment must be completed within six months from when it began.
- 19.2 VÍS will pay the cost of up to five sessions with a psychologist in Iceland, however not exceeding the maximum compensation specified in the policy. Compensation is paid upon submission of payment receipts. Other costs of psychological services such as travel costs will not be paid.
- 19.3 If compensation has been paid in full under this clause, the crisis counselling cover will no longer be in effect.

A crisis is a strong stress reaction to certain unexpected events. These are events such as natural disasters (storms and avalanches) and accidents (car and aircraft accidents). A crisis can also be caused by human activity (violence, robbery and rape) and chronic stress (domestic violence, bullying and sexual abuse).

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.