

Conditions of Supplementary Insurance for Co-insured (partner and children)

Effective from 1 September 2025



1. "danmark" Erhverv

- 1.1 "danmark" Erhverv Skadesforsikrings-aktieselskab, company reg. (CVR) no. 39 43 73 92, (in the following referred to as "danmark" Erhverv) is a subsidiary of Sygeforsikringen "danmark" GS.
- 1.2 "danmark" Erhverv offers dental cover in the form of group insurance policies taken out by companies, associations, organisations and similar as group representatives.
- 1.3 If provided for in the Group Insurance Agreement, see clause 3.1, a partner under the age of 69 and children aged 18–25 (in the following referred to as co-insured) of the person covered by the group insurance (in the following referred to as the insured), see clause 4, may take out supplementary insurance.

2 The Conditions of Supplementary Insurance for Co-insured

- 2.1 The Conditions of Supplementary Insurance for Co-insured (in the following referred to as the Conditions of Supplementary Insurance) is an addendum to "danmark" Erhverv's General Insurance Conditions for Dental Cover (applicable from 1 September 2025).
- 2.2 The Conditions of Supplementary Insurance apply to co-insured who have taken out supplementary insurance under "danmark" Erhverv's General Insurance Conditions for Dental Cover and the Group Insurance Agreement.
- 2.3 The rights and obligations of the insured under the General Insurance Conditions of "danmark" Erhverv apply mutatis mutandis to any co-insured, subject to any necessary adjustments and derogations as provided in the Conditions of Supplementary Insurance.

In the event of any discrepancy between the provisions of the General Insurance Conditions and the provisions of the

Conditions of Supplementary Insurance, the Conditions of Supplementary Insurance will prevail.

3 The Insurance Agreement

- 3.1 For co-insured covered by the Agreement on supplementary insurance, the insurance Agreement (in the following referred to as the Insurance Agreement) consists of:
 - The Group Insurance Agreement, entered into between "danmark" Erhverv and the group representative and setting out the general provisions on insured, their enrolment and disenrolment, and the scope of cover, deductible, etc.
 - The General Insurance Conditions for Dental Cover
 - The Conditions of Supplementary Insurance for Co-insureds
 - The list of treatments containing an exhaustive list of dental treatments covered under the Insurance Agreement and specifying the maximum tariffs and any special limitations of cover.

Each individual insurance Agreement has its own list of treatments according to the individual Group Insurance Agreement between "danmark" Erhverv and the group representative. Co-insureds are covered by a separate List of Treatments. A contract may have two Lists of Treatments. There is no general list of treatments.

- 3.2 The General Insurance Conditions for Dental Cover and the Conditions of Supplementary Insurance may be derogated from in the provisions set out in the Group Insurance Agreement agreed between "danmark" Erhverv and the group representative. Co-insured will be notified of any derogation.

- 3.3 "danmark" Erhverv may with full legal effect for the co-insured make agreements with the group representative on any matters relating to the Insurance Agreement.
- 3.4 "danmark" Erhverv may amend the Insurance Agreement and the agreed premium at a notice of three months to the date of renewal, see clause 5.1.
- 3.5 Any amendments to the Insurance Agreement will be notified via **danmarkerhverv.dk** or by other electronic communication means.
- 3.6 Fees may be increased and new fees may be introduced to cover costs in connection with charging premiums, sending out reminders, printing documents and other services. Notification of changes will be provided at **danmarkerhverv.dk**. A list of all fees is available at **danmarkerhverv.dk**.

4 Taking out supplementary insurance

- 4.1 Co-insured, as defined in clauses 4.2–4.3, may take out supplementary insurance according to the provisions of the General Insurance Conditions and the Group Insurance Agreement.
- 4.2 A partner means a person cohabiting with the insured in a non-marital relationship at the same home address as the insured.
- 4.3 A child means the insured's biological children and adoptive children as well as the biological children and adoptive children of the insured's partner.

The cover for the partner's children is subject to the condition that the partner is registered at the same home address with the National Registration Office as the insured.

- 4.4 A partner is required to notify "danmark" Erhverv if the partner and the insured no longer share the same registered home address.

5 Premium and payment

- 5.1 The cover and premium are stated in the Group Insurance Contract. The premium is determined for one insurance year at a time. "danmark" Erhverv may adjust the premium annually to take effect on the date of renewal in accordance with the development in the net price index. In addition, the premium increases in step with the age of the co-insureds according to age brackets defined in the Group Insurance Agreement.
- 5.2 The renewal date of the supplementary insurance applying to the partner and children is set out in the Group Insurance Agreement.
- 5.3 The premium for an insurance year is payable in advance. If the co-insured enrolls midway through an insurance year, the initial premium will be charged from the effective date of the insurance to the end of the insurance year. Subsequently, premium will be charged for 12 months in advance.
- 5.4 The initial and any subsequent premiums together with non-life insurance tax will be charged electronically directly to the Co-insured. Subsequent premiums may be charged by direct debit (Betalingsservice) if requested by the co-insured. However, the co-insured is responsible for ensuring that the premium is paid.
- 5.5 The initial premium together with non-life insurance tax are payable at the effective date of the insurance and must be paid within 14 days hereafter.
- 5.6 If the initial premium is not paid within the deadline set out in clause 5.5, the insurance will lapse without further notice.
- 5.7 If any subsequent premiums are not paid in due time, "danmark" Erhverv may give notice of termination of the Insurance Agreement to expire if the premium is not paid within 21 days of the date of the notice of termination. However, termination cannot be effected until 14 days have

passed since the submission of the reminder referred to in clause 5.8.

- 5.8 If any subsequent premium is not paid within the deadline set out in clause 5.7, "danmark" Erhverv will send a reminder to the co-insured. "danmark" Erhverv may charge the co-insured a fee for reminders.

6 Commencement of insurance cover

- 6.1 The insurance cover commences on the date the invitation sent by the insured is accepted. This date will be stated in the co-insured's policy.

Co-insureds are subject to a three-month waiting period for all dental treatments and a twelve-month waiting period for implant treatments. The waiting period is calculated from the commencement date of the insurance cover and applies to treatment needs arising during the waiting period. This means that the co-insured must have been covered by the insurance for a period of three or twelve months, respectively, before expenses for treatment will be covered.

- 6.2 The initial insurance year runs from the effective date of the insurance cover, see clause 6.1, until the date of renewal of the Group Insurance Contract, after which date a new insurance year of 12 months will commence, and so on.
- 6.3 If the initial insurance year is less than 12 months, the sum insured and the deductible will be adjusted accordingly.

7 Expiry of insurance cover

- 7.1 The supplementary insurance may be terminated by the co-insured at 30 days' notice to expire on the first day of any month. However, termination within the initial 12 months is subject to a fee. The amount of the fee is stated in the list of fees at danmarkerhverv.dk.

- 7.2 The cover automatically expires on or before:

1. the date when the insured leaves his/her employment or the company, association, organisation or similar qualifying for cover;
2. the date of expiry of the Group Insurance Agreement;
3. the date from which the co-insured is no longer registered at the same home address with the National Registration Office as the insured, if the co-insured is enrolled as a partner;
4. the 70th birthday of the co-insured, if the co-insured is enrolled as a partner;
5. the 26th birthday of the co-insured, if the co-insured is enrolled as a child.

- 7.3 If "danmark" Erhverv, see clauses 7.2.1 and 7.2.3, is notified that the insured's eligibility for cover has terminated at a prior date, the co-insured's cover will terminate as from the same date.

The co-insured is responsible for notifying "danmark" Erhverv that the right to insurance cover has ceased under clauses 7.2.1 and 7.2.3 of the Conditions of Supplementary Insurance.

- 7.4 During the period of notice applying to the co-insured, cover is provided only for treatments commenced prior to the notice of termination.
- 7.5 "danmark" Erhverv may terminate the cover for the co-insured without notice if the co-insured by intentional incorrect information, false or redacted documents or otherwise has claimed cover to which the co-insured is not entitled or a larger compensation than what the co-insured is entitled to.
- 7.6 The cover will cease in the event of non-payment of premium as set out in the provisions, see clause 5.

Glossary for the General Insurance Conditions of "danmark" Erhverv (in alphabetical order):

(The insurance conditions take precedence over the glossary)

Treatment, dental treatment and procedure

By treatment or procedure is meant dental treatment. Each dental treatment is deemed to be a single procedure. For example, an X-ray, an anaesthetic and a plastic filling = three dental treatments / three procedures. Each procedure is subject to an individual calculation of compensation.

Treatment need

Treatment need means the specific dental damage triggering a need for treatment, regardless of the cause of the dental damage.

Certain treatment needs which have arisen before the dental cover commenced may be excluded from cover. See the statement of cover for additional information.

Date of treatment / time of treatment

The date when the specific treatment (procedure) was performed. Compensation is determined based on the actual date of treatment.

Treatments performed before the effective date of the insurance or after the expiry of the insurance will never be covered. Nor is cover provided if the specific treatment is part of a course of treatment which commenced prior to the expiry of the insurance.

Course of treatment

A course of treatment is a dental treatment provided over a period of time.

Compensation is determined for each specific treatment based on the date and price of the individual treatment.

Cover is only available for treatments provided during an active policy period.

Double insurance

By double insurance is meant that the insured has cover through several insurance companies.

For example, the insured may have dental insurance through "danmark" Erhverv and at the same time be covered by accident insurance taken out with another insurance company.

Scope of cover

The scope of cover comprises the following: sum insured, deductible, treatments covered by the group insurance Agreement, maximum treatment tariffs and any limitations such as waiting periods.

Statement of cover

A statement of the sum insured, deductible, treatments (list of treatments) covered and special terms and conditions applying to coverage during the insurance year.

The statement of cover is updated for each insurance year at the date of renewal of the group insurance Agreement.

Compensation

The amount paid out by "danmark" Erhverv to cover a treatment. The maximum compensation for a treatment is specified in the list of treatments.

EU/EEA/UK

Countries and regions in Europe which are members of the EU/EEA or situated in the United Kingdom comprising: Belgium, Bulgaria, Cyprus (Greek part), Denmark, Estonia, Finland, France, Greece, Ireland, Italy, Croatia, Latvia, Lithuania, Luxembourg, Malta, the Netherlands (Holland), Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the Czech Republic, Germany, Hungary, Austria, Iceland, Lichtenstein, Norway, England, Scotland, Wales and Northern Ireland.

Overseas islands, departments, colonies and regions belonging to the European countries are not included in the territories covered.

Force majeure

An external factor which exceptionally exempts both the insured and "danmark" Erhverv from the insurance Agreement.

Insured

A person covered by dental insurance. This may be a person covered by group insurance or a co-insured.

Sum insured

The sum insured is the maximum compensation available to an insured in an insurance year. The sum insured is specified in the group insurance Agreement. The amount is subject to adjustment each insurance year.

If the insured obtains dental cover during the insurance year of the group insurance Agreement, the sum insured for the initial insurance year will be adjusted on a prorated basis until the next renewal date of the group insurance Agreement.

Insurance year

An insurance year equals 12 months.

The insurance year is consistent with the renewal date of the Group Insurance Agreement (i.e. the effective date of the Group Insurance Agreement). A new insurance year commences after 12 months.

If the insured is covered by dental insurance during the insurance year of the group insurance Agreement, the initial insurance year applying to the insured will run from the date of enrolment until the next renewal date of the group insurance Agreement. Subsequently, the cover will coincide with the insurance year of the Group Insurance Agreement.

Pre-existing treatment needs

If your insurance contract stipulates that the insurance does not cover pre-existing treatment needs, it means that the insurance does not cover any treatment which was recommended or planned or of which you were aware or ought to have been aware prior to the effective date of the insurance. This exclusion implies, among other things, that no compensation will be paid for teeth missing at the effective date of the cover.

Limitation periods

In the event of expiry of the Insurance Agreement, any claim for cover must be notified within six months at the latest. After that date, the right to compensation will lapse.

Treatments performed after the expiry of the insurance will not be covered.

Group insurance Agreement

An insurance Agreement entered into between "danmark" Erhverv and a company, association, organisation or similar.

Person covered by group insurance

An employee or member of a company, an association, an organisation or similar covered by dental insurance with "danmark" Erhverv.

Group representative

The company, association, organisation or similar which has entered into a Group Insurance Agreement and taken out dental insurance with "danmark" Erhverv.

Waiting period

The waiting period is a qualifying period commencing on the date when the insurance takes effect. It implies that you will not receive compensation for any treatment until the waiting period has expired. Treatment needs arising during the waiting period are not covered, even if the treatment is provided after the expiry of the waiting period.

Co-insured

A co-insured is a person who has taken out dental insurance via a person covered by group insurance. A co-insured is either a partner registered at the same home address as the person covered by group insurance or a child of the person covered by group insurance aged 18-25 (may also be a child of the partner registered at the same home address as the person covered by group insurance).

Policy

The policy is the document in which "danmark" Erhverv confirms the insured's dental insurance cover.

Recourse

The distribution of compensation between insurance companies if an insured is entitled to compensation under several insurance policies / from several insurance companies; for example if a person has accident insurance as well as dental insurance.

Self-service

"danmark" Erhverv's on-line self-service platform at **danmarkerhverv.dk**. Use MitID or NemID to log on.

Deductible

The deductible is an annual lump sum deducted from the insured's compensation prior to disbursement. The amount of the deductible is agreed in the group insurance Agreement. The amount is subject to adjustment each insurance year.

If the insured obtains dental cover after commencement of the insurance year of the group insurance Agreement, the deductible for the initial insurance year will be adjusted on a prorated basis until the next renewal date of the group insurance Agreement.

Claims Processing

Claims processing commences when "danmark" Erhverv receives your bill and calculates your compensation. For purposes of the claims processing, we may need supplementary information from your treatment provider.

List of treatments

An exhaustive list of the dental treatments covered under the Insurance Agreement as well as the maximum tariffs for each treatment.

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