



Workers' compensation insurance

PRODUCT SPECIFICATIONS
Valid as of 1 January 2023

 LOCALTAPIOLA

Workers' compensation insurance

The employer is obliged to take out statutory workers' compensation insurance for the employees. The workers' compensation insurance covers accidental injuries the employees have suffered at work, due to work-related circumstances or when travelling between the workplace and home. In addition, the insurance covers occupational diseases of the employees. The workers' compensation and occupational diseases insurance is based on the Occupational Accidents, Injuries and Diseases Act.

Table of Contents

Obligation to insure	3	Self-employed person's accident insurance . . .	11
Insured	3	Leisure-time insurance is a superb staff benefit	12
Premium	4	Appealing an insurance or compensation decision	13
The obligations of the employer when an accident or occupational disease occurs . .	5	Employees' group life insurance	13
Compensation	6	Good to know about processing personal and claims data	14
Compensation to be paid on the basis of the Occupational Accident and Disease Act . .	7	Our easy-to-use online service (the online service is in Finnish)	14
Commencement, amendment and termination of the insurance contract	8	Other information	15
Finns working abroad and foreigners working in Finland	10		

Obligation to insure

The employer must take out workers' compensation insurance if the employer has agreed to pay more than EUR 1,400 in remuneration in a calendar year. The limit is employer-specific, meaning that the sum of all of the remuneration paid by the employer in the same calendar year is used. The obligation to insure applies to all work that is done in Finland.

Insured

The insureds are all those working under the terms of an employment contract, or those working as a public official, with the employer. Employment relationships are interpreted in accordance with the Employment Contracts Act. Anyone in a managerial position working for remuneration at a limited liability company or at some other entity is considered equivalent to an employee, even where he or she is not working under the terms of an employment contract (for example, managing directors), if the conditions shown below are satisfied.

Owners working in limited liability companies or other corporations

A person working in a managerial role in a limited liability company is subject to statutory insurance under the following conditions:

- If he/she owns no more than 30% of the company's shares either directly or indirectly
- If he/she or any of his/her family members jointly own no more than 50% of the company's shares and his/her own ownership stake is no more than 30%
- If he/she or any of his/her family members jointly control no more than 50% of the voting rights in the company and his/her own voting rights account for no more than 30%.

An employee in a leading position in a cooperative or other organisation is subject to compulsory insurance if he/she controls voting rights in the organisation either alone or jointly with family members up to the limits referred to in the previous section.

A salaried employee who exercises decision-making powers at the company on a daily basis and whose job title and professional duties correspond to these powers is considered to be

Insurance must be taken out before work begins or, if work has already been started, when it becomes clear that the threshold will be surpassed and the employer will become obliged to take out insurance. The insurance cannot be taken out retrospectively. There is no age limit to the personnel who can fall within the scope of the insurance.

in a managerial position. At a limited liability company, those in a managerial position include the managing director and all members of the Board of Directors. A partner who works at a company under the terms of an employment contract but not in a managerial position is covered by workers' compensation insurance.

Family members of owners in managerial roles are spouses or cohabiting partners, as well as any children and parents who live in the same household. When ownership stakes are calculated, indirect ownership via a second company is taken into consideration in addition to direct ownership if the individual exercises decision-making power in the intermediate company either alone or jointly with family members.

Additionally, family members living in the same household with someone running a business as self-employed or as a trader must also be insured if they are working under the terms of an employment contract within the meaning of the Employment Contracts Act. A sole trader's spouse or unmarried partner cannot be deemed to be working under the terms of an employment contract with that self-employed trader within the meaning of the Employment Contracts Act.

Partners in partnerships and managing partners in limited partnerships

Partners in a general partnership, and general partners in a limited partnership, are not considered equivalent to an employee. That is why they do not fall within the scope of workers' compensation insurance. A partner working at a partnership may take out voluntary Self-employed persons' accident insurance, provided that he or she has YEL insurance.

Agricultural entrepreneurs and agricultural workers

Members of family businesses, managing partners of partnerships or limited liability partnerships and shareholders in limited liability companies who work on farms do not fall within the scope of statutory workers' compensation

Premium

The premium is calculated subject to the insurance company's payment bases, which are confirmed by the Board of Directors annually.

The insurance premium, which must be paid by the employer, consists of the following:

- A risk premium, which covers the compensation to be paid under the insurance.
- Administrative expenses, which cover the business costs incurred due to managing the insurance.
- Statutory charges, which include costs that are shared among insurance companies.

The premium for the workers' compensation insurance is based on the accident and occupational disease risk related to the performed work as well as salaries paid to the employees. The premium is also affected by the company's line of business and credit rating.

Risk premium

The risk premium is based on accident statistics that are compiled nationally and for each customer. Compensation expenses are classified as temporary and permanent compensation expenses when the statistics are compiled.

Temporary compensation expenses include the following:

- Doctors' fees
- Medical treatment and examination expenses
- Daily allowance for a period of disability.

Permanent compensation is mainly paid for serious occupational accidents, occupational diseases and deaths. They are relatively rare but large in financial terms.

Permanent compensation expenses include the following:

- Occupational accident pensions and survivors' pensions to be paid for permanent injuries

insurance if they are entitled to compensation under the Agricultural Entrepreneurs' Occupational Accident Insurance Act (MATA). Family members and agricultural entrepreneurs who do not fall within the scope of statutory insurance in accordance with MATA may take out voluntary accident insurance from the Farmers' Social Insurance Institution.

- Handicap benefits
- Compensation for rehabilitation

Statutory charges

Statutory charges consist of the following:

- Fees resulting from the distribution system that funds index-linked pension supplements and other additions to compensation
- Occupational safety charges that fund the promotion of occupational safety

LocalTapiola's rate systems

Rate systems are divided into two main groups: tariff premiums and special premiums.

The rate system is selected in accordance with the company's size, risk-bearing capacity and willingness to take risks.

The insurance premium depends on the risk of accident and occupational disease risk associated with the work done in the company. The employer's preventative occupational safety work may also affect the size of the insurance premium.

Tariff premiums

When applying the tariff rate, the customer's claims expenditure does not affect the premium, and therefore the annual premium variations are small.

The tariff rate is suitable for small employers since only national claims statistics are used when determining the premium.

Tariff premiums are based on covering the occupational accidents and diseases in accordance with joint statistical material. Different types of work are assigned to different risk categories depending on the risk inherent in the work. LocalTapiola confirms the risk ratios of various jobs annually. The risk ratio is higher for work that involves greater risks.

Experience-based premium

The special premium system involves determining the insurance premium on a customer-specific basis and the customer is able to exert some influence over which types of compensation are to be taken into account when the insurance premium is determined, along with the extent to which the customer's own losses affect the insurance premium and how much the premium may fluctuate annually. For more individualised special premiums, customer-specific accident statistics play a larger role in determining the behaviour of the insurance premium.

The insurance premium is reviewed annually.

Salaries on which the premiums are based

The premium is calculated based on the wages and salaries paid to workers. On the commencement of insurance and at the start of each new insurance period, a provisional premium is invoiced, based on the estimated annual payroll total.

Salaries are reported per occupational classes since the workers' compensation insurance premium is based on the salaries and the risk in the performed duty. The final premium is calculated based on the realized salaries.

Provisional premium

The provisional premium calculated for a new insurance period is based on the latest available salary data. The policyholder can also provide an estimate of the salaries the upcoming year.

Final premium

When the insurance period ends, LocalTapiola checks automatically the realized payrolls in the Incomes Register, and the employer does not have to send the data to LocalTapiola.

The final premium is determined based on data available for LocalTapiola. The difference between the provisional premium and final premium is collected from the customer or refunded to the customer as equalization premium. The minimum premium is collected even if no salaries have been paid during the insurance period.

The obligations of the employer when an accident or occupational disease occurs

Insurance certificate for employees

Employees must report accidents to the employer at the earliest possible opportunity. The employer completes an insurance certificate on LocalTapiola's online service or website.

The certificate information is provided to the employee either in paper form by the employer or in the form of a text message, which the employee can show to receive appropriate medical treatment for the injury or medication as prescribed by a doctor without requiring payment.

The insurance certificate enables the clinic to send doctor's statements and invoices directly to LocalTapiola so that the employee does not need to take care of this.

Notification of accident to be sent to the insurance company

Employers must report accidents and occupational diseases to the insurer within 10 working days of becoming aware of what has occurred. Serious injuries and death must also be reported to the police and the occupational health and safety authorities.

LocalTapiola will issue a decision on whether a claim is eligible for insurance compensation. That is why employers must make a loss report whenever an employer notifies the employer of any loss, damage or injury.

Compensation

The compensation payable from this insurance is determined in accordance with the Workers' Compensation Act.

The insurer must issue a claim settlement decision within 30 days of reception of the adequate information and documents that are needed to decide the claim.

Reimbursement of medical treatment

Medical treatment expenses of occupational accidents are eligible for insurance reimbursement on the same medical grounds regardless of whether treatment is administered at a private or a public hospital/clinic. The aim is that injured persons get quick access to treatment.

A single medical consultation and any possible related minor care measure, as well as urgent medical care, are covered without a payment commitment. If a payment commitment is necessary, the hospital/clinic will request it directly from LocalTapiola.

Usually, reimbursement of medical treatment expenses is provided directly to hospitals and clinics, while injured persons are paid compensation for the periods when they are unfit to work.

An employer may be awarded compensation if the employer covers medical treatment expenses of an injury or pays any sick pay. Compensation and reimbursements are not subject to a maximum EUR limit.

Lost earnings compensation

The compensation payable for lost earnings laid down in the Workers' Compensation Act comes either in the form of a daily allowance, a workers' compensation pension or a rehabilitation allowance. A daily allowance will be paid for the period when you are incapacitated for work if incapacity for work lasts for a minimum of three consecutive days, excluding the day on which incapacity begins. If incapacity for work still persists one year after your occupational accident or onset of an occupational disease, you will be paid a workers' compensation pension. A rehabilitation allowance will be paid for periods of vocational rehabilitation.

Examples of accidents for which compensation was paid or not paid

At the end of a working day, on her way home, a person steps into a pothole in the street. She falls down, spraining her knee. LocalTapiola covers the costs arising from this sprain, but the costs of arthrosis, which is also diagnosed in the knee, are not covered by insurance.

While driving on a journey that was ordered by a customer, a taxi driver was involved in a traffic accident and sustained an injury. She received compensation for medical expenses and loss of working capacity under occupational accident insurance, but compensation for broken clothing, pain and discomfort was paid under motor liability insurance.

A person has paid his neighbour to clean the windows of his house. A fee of EUR 100 is agreed. The neighbour falls off a ladder and injures himself. The person who commissioned the work did not have insurance because he was not obliged to take out insurance. The accident insurance centre pays compensation to the worker.

A cleaner discovered a rash on her hand. An occupational health physician said that the worker should undergo examinations to state whether the rash was due to the cleaner's work. The examinations showed that the rash was due to a bracelet and not work-related factors.

Compensation is paid for examination expenses. The worker receives compensation for the loss of income due to the time taken by the examinations. Alternatively, the employer receives compensation for salary that is paid while the examinations are carried out. The maximum compensation is for seven days of absence from work.

On his way home from the workplace, whilst driving a bicycle, a worker collides with another cyclist, falling off his bike and scratching his face and knee on the ground. The worker is covered by workers' compensation insurance for his medical treatment expenses and incapacity for work. Additionally, his spectacles also get broken. The broken spectacles are covered by insurance.

If, in order to treat an accidental injury, it is necessary to break any clothing, footwear or a ring, this will be covered by insurance.

An occupational accident occurred in the morning of 1 February. Due to his injuries, the employee was unable to work until 5 February. There were four days of lost working capacity following the day of the accident so daily expenses allowance was paid for four days following the day of the accident.

Compensation to be paid on the basis of the Occupational Accident and Disease Act

Type of compensation	Compensation
Compensation for loss of income	<p>Lost earnings compensation Lost earnings compensation may come in the form of a daily allowance, a workers' compensation pension or a rehabilitation allowance. A daily allowance can be paid for a period of up to one year. A workers' compensation pension will be paid no sooner than one year after injury or onset of an occupational disease. A full pension is equal to 85 per cent of the annual earnings. From age 65 years, the pension is equal to 70 per cent of the annual earnings.</p> <p>A rehabilitation allowance will be paid for periods of vocational rehabilitation. The amount of a rehabilitation allowance is equal to a daily allowance and a workers' compensation pension.</p>
Medical examination costs	Compensation can be paid for necessary examinations even if the examinations show that the employee has not been injured in an accident or contracted an occupational disease. Compensation can be paid for loss of earnings due to examinations. Compensation can also be paid for salary that is paid to an employee while he/she undergoes examinations. The maximum compensation in these cases is seven days of absence from work.
Compensation for medical expenses	Medical treatment expenses, such as medication prescribed by a doctor, daily hospital treatment fees, doctors' fees and unavoidable travel expenses.
Additional home care costs	Reasonable and unavoidable additional expenses for up to one year.
Care allowance	Paid if, following an injury, illness or disease, an injured person needs assistance, monitoring or guidance.
Clothing allowance	Covers expenses due to clothing related to a prosthetic or other aid
Material damage	Full compensation for items that are broken during an accident, including glasses, hearing aids, false teeth and prostheses
Compensation for loss of income during a period of physical treatment	Up to 30 days per calendar year.
Handicap benefit	Compensation corresponding to the handicap classification is paid for permanent general handicaps resulting from injuries or illnesses. The compensation does not depend on the employee's occupation or earnings. Paid after at least one year has elapsed since the accident. Payment takes the form of a lump-sum payment or a continuous payment for the remainder of the employee's life.
Survivors' pension	Up to 70 per cent of the employee's annual earnings. Widows'/widowers' pensions may cease when the widow/widower enters marriage or cohabitation as specified in the Occupational Accidents, Injuries and Diseases Act. Children receive payments until they turn 18. Children who are studying or are unable to work receive payments until they turn 25.
Vocational rehabilitation	A rehabilitation allowance will be paid for periods of vocational rehabilitation.
Rehabilitation of independent capacity	For the severely injured, aids needed in day-to-day activities, changes to the home and additional costs of assisted living, as well as interpretation services due to vision, hearing or speech impairment caused by the occurrence.
Funeral grant	A fixed lump-sum payment to the estate of the deceased.

Survivors' pension is paid to the widow/widower and children

The maximum amount of a survivors' pension is limited to 70 per cent of the deceased's annual earnings. A spouse or an unmarried partner may be eligible for a surviving spouse's pension, subject to certain requirements.

Registered life partnerships are considered equal to a marriage. A full pension will be paid for up to one year from the date of death. After this, the widow(er)'s own income may affect the amount of the pension.

An orphan's pension will be paid to a child who is under the age of 18 years. A child who studies or is incapacitated for work can be paid a pension up to age 25 years.

Rehabilitation back into working life

Vocational rehabilitation promotes the return of employees to their previous work or into new work. Compensation is paid for rehabilitation if an occupational accident or disease has caused an employee's working capacity, independent capacity or earning opportunities to decrease or if the need for such rehabilitation arises at a later date.

Rehabilitation may take the following forms:

- Procurement of aids and devices that facilitate work
- Returning to work under a work trial programme, work arrangements or work coaching
- Undergoing additional training or retraining for a new profession
- Support for establishing or developing a business

Compensation is paid for loss of earnings in the period during which the need for rehabilitation is being assessed and a rehabilitation plan is being prepared. Compensation is also paid for reasonable costs incurred during studying, such as travel expenses and the costs of study material.

Precedence of workers' compensation insurance and relationship with other forms of compensation

Workers' compensation insurance takes precedence over all other forms of social insurance. The possibility that compensation may also be received from other sources does not affect the amount of compensation paid for occupational accidents. However, the compensation paid for occupational accidents may reduce the compensation that can be paid from other sources.

For example, motor liability insurance companies only pay compensation to parties who are injured in traffic accidents that occur while commuting – and are, as such, occupational accidents – to cover the amount that is not paid under occupational accident insurance.

Workers' compensation insurance also takes precedence over occupational pensions and sickness allowance. Occupational pension institutions and the Social Insurance Institution of Finland are to reach an agreement regarding benefits that are paid for the same period as compensation is paid under workers' compensation insurance. Such agreements also apply to compensation that is paid for accidents under self-employed persons' occupational accident insurance.

Commencement, amendment and termination of the insurance contract

Entry into force of the insurance

At the earliest, the insurance policy takes effect when the application is received by LocalTapiola.

An insurance contract is made for the insurance period. The insurance period is a calendar year. When a new insurance policy enters into force in the middle of a calendar year, the first insurance period covers the period from the date on which the insurance policy took effect until the end of the following full calendar year.

Continuous insurance is valid for one calendar year at a time. Work that is seasonal in nature and that recurs annually, such as picking strawberries in the summer, asphaltting and work at summer restaurants, is also considered continuous work.

Notifications of changes in the insurance

Insurance should always correspond to the actual conditions. Always inform LocalTapiola of any changes related to the following:

- The name of the policyholder
- The address of the company
- The person who handles insurance affairs
- Material changes in salaries
- Material changes in the work that is subject to insurance (new occupations)
- Changes in ownership
- Changes in the YEL income of entrepreneurs who are insured under self-employed persons' accident insurance

A new insurance policy will be drafted if the form of incorporation of the company changes subject to the following conditions:

- A sole trader's business changes into a limited liability company, partnership or limited partnership
- A partnership or limited partnership changes into a limited liability company and there are new shareholders in the newly established limited liability company
- A limited liability company changes into a partnership or limited partnership

Under all other circumstances, the insurance policy will remain in force despite the change in the company's form, providing that the company ID remains the same.

Changes can be reported informally in writing or in the Corporate Online Service. The Online Service is in Finnish. Minor changes, e.g. change of address, can be reported by phone.

Termination of insurance

Continuous insurance

- the obligation to insure ends, or the company closes down. The policyholder must inform LocalTapiola in writing of the reason for and date of termination.
- in the course of collecting the accident insurance premium, an enforcement authority declares the policyholder insolvent or unknown, or the policyholder is declared bankrupt. Insurance terminates on the day of this declaration. In the event of bankruptcy, if working continues on behalf of the insolvency estate, the employer's obligations will transfer to the insolvency estate from the beginning of the insolvency period.

In the event of bankruptcy, the employer's obligations are transferred to the bankruptcy estate as of the date of bankruptcy.

Transferring the insurance policy to a different insurance company

A valid continuous accident insurance policy can be transferred from another insurance company to LocalTapiola providing that it has been valid at the other insurance company for at least one full calendar year. Changes in insurance company can take place on the following dates: 1 January, 1 April, 1 July and 1 October. The insurance will take effect at the new insurance company within three months of the final date of the transfer period.

Changes in self-employed persons' accident insurance and termination of insurance

Changes of the YEL income shall be reported to LocalTapiola since the changes are not automatically communicated by the pension company.

Expiry or termination of YEL insurance shall also be notified to LocalTapiola since the self-employed persons' accident insurance cannot be in force without YEL insurance. Entrepreneurs that are over 68 years old are an exception, and they can continue the self-employed persons' accident insurance even if the YEL insurance expires.

Self-employed persons' accident insurance can be cancelled from a desired point in time by submitting a written notice of cancellation, even if YEL insurance is in force. Insurance will terminate no sooner than when LocalTapiola becomes aware of the cancellation.

The online service is a convenient way to handle insurance affairs

It is possible to handle changes related to insurance policies using the online service. Such changes may include payroll reports, notifications of accidents and occupational diseases and other insurance-related changes. The service is free of charge and is available as soon as an online service agreement is concluded. The user information management section enables you to authorise other personnel or companies such as accountancies to use the online service on your behalf.

The Online Service is in Finnish.

Finns working abroad and foreigners working in Finland

Working in EU, EEA or social security agreement countries

In addition to EU and EEA countries, Finland has agreements with Israel and Quebec.

Work duration less than two years

If an employee of an employer operating in Finland is sent to work in another unit or a parent, sister or daughter company of the employer and the employee is a permanent resident of Finland and a Finnish citizen before his/her departure, he/she will remain within the scope of Finnish legislation for two years following the commencement of the work abroad. A certificate (A1) of the employee's eligibility for Finnish social security should be applied for from the Finnish Centre for Pensions so that insurance premiums need not be paid in the destination country.

When an employee falls within the scope of Finnish social security legislation, the employee also falls within the scope of Finnish workers' compensation insurance. The remuneration paid to the employee for his/her work abroad is to be reported as part of the insurance policy's payroll report.

Foreign workers or Finns living abroad

If an employee is hired in the destination country or if an employee is a Finnish citizen who is permanently resident abroad, he/she does not fall within the scope of Finnish statutory workers' compensation insurance and the employee's remuneration should not be reported as part of the payroll report. Insurance should be taken out for the employee in the destination country.

Working in countries with no social security agreement

Workers posted from Finland to work in another country must, where the relevant conditions are met, be insured by Finnish workers' compensation insurance.

Legislation in the country where the employee is working may also oblige the employer to take out additional insurance in that country. The employer may apply to LocalTapiola for exemption from the obligation to insure if an employee has worked abroad for more than two years and the work is not temporary in nature.

Foreign workers in Finland

Foreign employees working in Finland must be covered in Finland by workers' compensation insurance.

Employees who are from EU or EEA countries or countries with which a social security agreement exists and who have been sent to Finland by a foreign employer or a Finnish parent, daughter or sister company of a foreign employer are subject to insurance in the country from which they were sent. The employer may apply for a seconded employee certificate to gain exemption from the obligation to insure. If the certificate is not granted, insurance must be taken out in Finland.

If an employee is engaged in road-based transport where Finland is not the origin or destination country and the employee and employer are both from a country that is not within the social security decree, such as Russia, it is not necessary to insure the employee under Finnish statutory accident insurance.

Example

A Russian lorry driver who works for a Russian company and who fetches cars from Hanko, Finland for delivery to Russia is not insured in Finland.

Self-employed person's accident insurance

In terms of scope of cover and validity, self-employed persons' accident insurance is the most comprehensive voluntary accident insurance available. That is why it is the most highly recommended option for self-employed persons. Where self-employed persons sustain an accident in the course of work, on the way to or from work, or in leisure time, or in the event of an occupational disease, and if they have no voluntary accident insurance, they will only be eligible for the compensation awarded under public health insurance. However, that compensation is not enough to cover the lost earnings or the other costs that are due to the accident.

Self-employed persons' accident insurance covers the costs and lost earnings, arising from accidents and occupational diseases, to which the self-employed are exposed. Compensation is determined in accordance with the Workers' Compensation Act.

Self-employed persons' accident insurance is a voluntary insurance valid during work and leisure time all over the world.

In addition, the self-employed person can take out a limited accident insurance. The voluntary occupational accident insurance is valid only during working hours.

The insurance can cover:

- Self-employed persons with YEL insurance
- Self-employed persons under the age of 18
- Self-employed persons that have reached the age of 68 and can apply to continue a valid insurance.

The premium is based on the YEL income and the accident risk in the self-employed person's work. The premium for self-employed persons younger than 18 and self-employed persons that have turned 68 and continues working as a self-employed person is based on the agreed annual earnings.

Compensation for loss of income is based on the YEL income or agreed annual earnings.

Insurance validity

The insurance is valid at all times of day during working time and leisure time. The insurance covers accidents that occur during working and leisure time, as well as occupational diseases

caused by work. The insurance is valid during international trips but it should be noted that compensation is only paid for accidents. Travel insurance can be taken out against illnesses and diseases.

The insurance is valid during work abroad when a person covered by self-employed persons' accident insurance works abroad temporarily. However, when working in another EU country, the self-employed person needs a posted self-employed person certificate (A1). The certificate is issued by the Finnish Centre for Pensions.

What is not covered by self-employed persons' accident insurance?

Self-employed persons' accident insurance does not cover the following:

- Accidents that occur while working for another employer if the insured is entitled to compensation in accordance with the Accident Insurance Act
- No compensation is paid for accidents that occur during leisure time for the following:
 - Traffic accidents in accordance with the Motor Liability Insurance Act
 - Injuries or illnesses caused by assault or other intentional act by another person
- Patient injuries as defined in the Patient Injuries Act
- Accidents subject to compensation on the basis of the Military Accidents Act or if there is an entitlement to compensation for the accident on the basis of other legislation
- Accidents that occur during sporting activities for which the insured receives remuneration
- Muscle or tendon pain during leisure time but caused by work-related movement

Sports accidents

Compensation is paid under the insurance for sports accidents. The insurance shall not cover

- Accidents that occur during motor sport, as these are generally considered traffic accidents in accordance with the Motor Liability Insurance Act
- Professional sporting activities with the purpose of earning money.

Leisure-time insurance is a superb staff benefit

In addition to statutory workers' compensation insurance, workers can be insured against leisure accidents by taking out voluntary leisure-time insurance. Compensation is determined in accordance with the Workers' Compensation Act. All compensation is secondary to any compensation paid by, for example, the Social Insurance Institution of Finland (Kela) or by an employee pension insurer.

The premium is calculated as a premium rate based on the payroll. The premium is determined separately for each year. The premium is tax-deductible for the company.

Similarly to working hours insurance, the compensation awarded under the leisure-time insurances is not subject to any time limit or maximum EUR ceiling. Treatment administered at both the public and the private sector is eligible for compensation from leisure-time insurance. Insurance compensates the employer the relevant daily allowance if the employer pays the affected worker any sick pay for a sick leave that is due to a leisure incident.

Off-working-hours group insurance

Off-working-hours group insurance can be taken out for the entire personnel. The insurance is valid worldwide covering leisure time accidents. The minimum number of insured is two persons.

Personal off-working-hours insurance

Personal off-working hours insurance covering accidents can be taken out separately for named persons. The premium and compensations are based on the total payroll.

The insurance is valid worldwide covering leisure time accidents.

The scope of coverage in off-working-hours insurance based on the Occupational Accidents, Injuries and Diseases Act is very extensive, and there is no time or amount ceiling regarding compensations. However, the personal accident insurance does not cover accidents occurred in sports mentioned in the insurance terms and conditions. Such sports are e.g. hang gliding and floorball. However, if you want, you can take out an insurance that does not have sports exclusions.

Sports insurance covering sports at work

The sports insurance is valid in sports and exercise events organized by the employer or employees club and covers accidents that have occurred during such events. The insurance pays compensation also if an employee has an accident when representing the employer or workplace club in a sports competition. Other sports accidents are not covered by the sports insurance. In addition, this insurance is in force in employees' self-organised recreational leisure sport which is supported financially by the employer and in which employees can engage from a place, at a time and in a manner individually chosen by them. This insurance is not in force in any travel undertaken because of employees' self-organised recreational leisure sport supported financially by the employer.

The sports insurance compensations are based on the Occupational Accidents, Injuries and Diseases Act apart from the exceptions separately listed in the terms and conditions.

Sports insurance can be taken out for the entire personnel. The number of insured must be at least two persons covered by the workers' compensation insurance.

The insurance content including exclusions are determined in the insurance terms and conditions.

Expiry of off-working-hours insurance

Off-working-hours insurance expire without separate notice of termination together with the workers' compensation insurance or based on a separate written notice of termination during the insurance period.

If the policyholder decides to transfer workers' compensation insurance to another company, leisure-time insurance will also transfer.

Appealing an insurance or compensation decision

Applying for changes to the insurance premium

The employer may contact LocalTapiola if there is a lack of clarity regarding the insurance premium. If the premium has been calculated wrongly, LocalTapiola will correct the invoicing.

If the employer believes that the insurance premiums contravene legislation or the contract, the employer is legally entitled to make a reasoned appeal to the Employment Accidents Appeal Board within two years of the beginning of the following year during which the receivable falls due or has been paid.

The reasoned appeal is to be delivered directly to the appeals body. The verdict issued by the body includes instructions on appealing the verdict. The appeals procedure applies to accident insurance, as well as insurance premiums paid for voluntary insurance in accordance with the Accident Insurance Act and employee's group life insurance. Appealing does not result in the discontinuation of debt-collection proceedings relating to insurance premiums.

Verdicts of the Employment Accidents Appeal Board can be appealed in the Insurance Court.

Permission to appeal a verdict of the Insurance Court may be granted upon application to the Supreme Court.

Appealing a compensation decision

Any party who is dissatisfied with a compensation decision made by LocalTapiola should primarily contact LocalTapiola.

In case the decision is found to be incorrect on the basis of your appeal, additional information or due to other circumstances, the decision can be rectified by LocalTapiola.

The claimant can always appeal to the Employment Accidents Appeal Board. The appeal period is 30 days from the date on which the claimant received information about the decision. The appeal is to be sent to LocalTapiola, who will deliver it to the Employment Accidents Appeal Board.

Decisions of the Employment Accidents Appeal Board can be appealed to the Insurance Court, and leave to appeal decisions of the Insurance Court can be submitted to the Supreme Court.

The appeal process is free for private persons.

Employees' group life insurance

The purpose of employees' group life insurance is to safeguard the immediate livelihood of families in the event of the death of a spouse or guardian. National labour market organisations have made agreements regarding the arrangement of death cover for employees.

The insurance is taken out by the employer, who is also liable for the costs of the insurance. The insurance premium is charged together with the workers' compensation insurance premiums. The basis for the premium is the same payroll sum as is used to calculate the premium for the workers' compensation insurance.

The insurance takes effect in conjunction with the workers' compensation insurance and ends without separate notification when the workers' compensation insurance is terminated. If the policyholder transfers the workers' compensation insurance policy to another company, the group life insurance policy will also be transferred.

An insurance sum is paid on the basis of the insurance in the event of the death of an employee who was working for an employer who had taken out the insurance. The beneficiaries of the death benefit are the spouse of the deceased and all children of the deceased aged under 22.

If the deceased has not named any beneficiaries in the insurance terms and conditions, no death benefit will be paid. The amount of insurance coverage depends on the age of the deceased employee and the number of children in the employee's care. The insurance is valid during the employee's working time and leisure time.

Employees' group life insurance is managed by the Accident Insurance Centre, which also handles claims functions.

Good to know about processing personal and claims data

LocalTapiola processes personal data of the customers by following the data protection legislation and a good data management and processing practice. The customer privacy protection is secured when processing personal data. Personal data is processed in order to offer LocalTapiola products and services and manage customer relationships. In addition, data can be used for customer marketing.

The personal data processing and decision-making in LocalTapiola can be partially automatic. If the decision-making is based on automatic data processing, such processing is notified in connection with the service channel in question. The customer is entitled to demand that data relating to the customer is processed by a physical person. In such case, the matter is transferred to manual data processing. The customer is entitled to appeal a decision by following the appeal instructions enclosed to the decision.

Information is collected from the customer, parties the customer has authorized, public registers of authorities and the credit information report database. The privacy statements relating to saved personal data describe the data saved in the register. You can read the privacy statements at LocalTapiola's website or request them by sending e-mail to tietosuoja@lahitapiola.fi.

Customer data is given to third party only with the consent of the customer or if required by law. Identification data relating to the customer and other personal data can be used to unravel, reveal and prevent money laundering and terrorist financing. In addition, data can be given to the authorities in order to investigate money laundering and terrorist financing as well as investigate criminal acts carried out to get property or recover the proceeds of crime relating to money laundering or terrorist financing.

Further information on personal data processing can be found at LocalTapiola's website.

Data relating to claims made to LocalTapiola is saved in the mutual claims register of the insurance companies. In addition, LocalTapiola can check claims made to other insurance companies. The data is used in connection with the claims handling in order to prevent crime against the insurance companies.

LocalTapiola records telephone calls and chats with customers in order to verify and secure the quality of the service.

Our easy-to-use online service (the online service is in Finnish)

LocalTapiola's online service shows you which types of insurance your company has and how much you pay for them. You can also make minor changes to the insurance cover and report for instance a change in the company's address. You can chat with our experts in the online service in a secure environment. In most cases, the quickest way to claim compensation is to use the online service.

The LocalTapiola online service is open

You can log in to our online service using online banking codes issued by any Finnish bank or a user ID issued by LocalTapiola at www.lahitapiola.fi/verkkopalvelu. You can read about the service and make an online agreement at www.lahitapiola.fi/esittely (in Finnish).

Other information

In connection with the insurance application process, we will request the insurance applicant's credit rating from Suomen Asiakastieto Oy. If there are records of bad debts on the register, insurance may not be granted.

Insurance agreements are subject to the law of Finland.

About LocalTapiola

Your own insurer will be stated on the quotation and in your insurance policy.

The insurer's employee or representative will be paid a potential compensation for the sales of products and services. The compensation can be based on the annual insurance premium or the number of products bought.

The insurance company acting as the insurer can give its customers personal recommendations on insurances on offer if this has been separately agreed with the customer.

The insurer is on the trade register.

Advance information on distance selling is provided on the basis of Finnish legislation.

We serve our customers in Finnish and Swedish.

You are one of our owners

In a mutual insurance company, the customers are also the owners. As a policyholder, you are one of our owners. Ownership of a mutual insurance company cannot be bought – ownership arises through the use of insurance services. Mutual companies do not distribute dividends. Instead, we use our profits to develop our business and to promote the financial security of our owner-customers. You have the opportunity to make a difference by means such as participating in general meetings.

**We offer
the customers
lifelong security**

Grantor of insurance
LocalTapiola General Mutual Insurance Company
(0211034-2)
www.lahitapiola.fi



LOCALTAPIOLA