

Reservation Declaration SAS – Health Insurance for Ground Personnel

As an employee of Scandinavian Airlines System NUF, you are covered by a mandatory health insurance scheme with a right of reservation effective from 01 April 2026. The insurance is taken out by the employer on your behalf and is administered through payroll deduction. The insurance provides fast access to private medical treatment in the event of illness or injury, in accordance with the agreement between the employer and the insurance company.

Health Insurance

The health insurance covers you as an employee and provides rapid access to private treatment when the waiting time in the public healthcare system exceeds the agreed treatment guarantee. The insurance includes, among other things:

- Consultation with a medical specialist,
- Diagnostic imaging
- Surgery and follow-up treatment
- Medication and medical aids following surgery
- Psychological crisis support
- 6 hours of physiotherapy - Co-payment NOK 250 per treatment
- 12 hours of psychologist - Co-payment NOK 350 per session

The insurance applies to planned treatment with healthcare providers in Scandinavia with whom Euro Accident has an agreement with. The coverage is valid until the end of the calendar year in which the employee turns 70 years of age.

Please note: Return the completed form by e-mail to post@sasforsikring.no. If, for personal reasons, you do not wish to return the form by e-mail, you may send it by regular mail to Söderberg & Partners Medlemsforsikring, P.O. Box 553, 1327 Lysaker, Norway.

Reservation Declaration:

I hereby confirm that I do not wish to be covered by the mandatory agreement SAS – Health Insurance for Ground Personnel.

I further confirm that I waive all rights pursuant to the insurance agreement between Euro Accident and Scandinavian Airlines System NUF.

I acknowledge that, should I wish to join the insurance scheme at a later date, satisfactory health information must be provided on a form determined by Euro Accident.

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| Employee number: |
| Name: |
| Address: |
| Postal code / City: |
| Date / Employee signature: |