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To obtain services, the Beneficiary must communicate within 24 hours;  
Failure to do so leads to loss of rights to claim or request any compensation. The contact information for the emergency center is in your voucher. You must have on hand:

- Voucher number
- Location, place where you are at the moment of the call.
- Phone number to contact you (Hotel and room phone number or Cell Phone)
- Your e-mail address

## EMERGENCY PHONES

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**General Terms & Conditions**

The travel assistance services contracted are provided by the emergency center. These are activated once they are requested by phone, email, or the contacts reflected in your voucher in case of any emergency. From the moment of the first assistance or service, the Beneficiary must contact the Emergency Center as many times as necessary to receive approval for new benefits or services, even if these are caused by the initial event. The General Conditions and individual warranties are delivered at the time of purchase and are also sent to your e-mail address as well as available on our website at [www.internova-assist.com](http://www.internova-assist.com)

## 1. PREAMBLE

Internova-Assist states these General Conditions to The Emergency Center to provide the services. The General Terms and Conditions define the method of obtaining benefits that a beneficiary may claim to receive with an assistance plan, in cases of emergency and urgency during the contractual period and in the valid geographical area, especially during eventual emergencies during the trip. These General Terms and Conditions together with the other documentation are provided at the time of the purchase of the plan and form the traveler assistance contract.

Before the plan becomes effective, the company reserves the right to analyze the purchase request, process the validation of information, and/or, if the contract is not viable, revoke the order/purchase. The analysis may include:

- Inconsistencies arose from the information provided by the client.
- That the rate of use (in those who have previously contracted) is proportionate to the type of coverage requested.
- That the means of payment are sufficient
- That the information provided is reliable.
- And all other controls deemed appropriate

The company reserves the right to:

- Deny coverage and proceed to the refund of what was paid only by the policy.

## 2. PRE-TRIP VERIFICATIONS

Verify that all the information on your voucher with an assistance plan is correct. Check specifically the telephone numbers indicated as contact in case of emergency, also the names and surnames of the beneficiary, the effective dates and the product purchased. If there are errors in the data, contact the issuing agent to rectify them.

Verify that the product and coverage requested are included in your voucher, otherwise it will not be covered.

## 3. ACCEPTANCE OF THE BENEFICIARY

The Beneficiary declares that he/she is aware of and accepts these General Conditions. Such acceptance is ratified by any of the following acts:

- The payment of the contracted services
- The use or attempted use of any of the contracted services.

In both cases, the Beneficiary acknowledges that he/she has chosen, read and accepts all the terms and conditions of the services expressed in these General Conditions and which govern the relationship between the parties at all times becoming a contract of adhesion.

It is clearly understood and accepted by the Beneficiary that the assistance plans do not constitute an insurance or related product for any reason. Under no circumstances constitute an insurance or related product, nor is it: a social security or prepaid medical program, a home medical service, a health care Health Care Provider or unlimited medical service. Therefore, it does not have as their main purpose the complete healing, nor the definitive treatment of the Beneficiary's ailments. The medical assistance services provided by The Emergency Center are expressly and solely limited to emergency treatment of acute conditions are only oriented to primary assistance in travel of sudden and unpredictable events where there is diagnosed a clear, testable disease that prevents normal continuation of a trip, as long as the disease is not a pre-existing illness, according to the definitions of these General Conditions, nor is it in the list of exclusions. These plans are created to ensure the passenger's primary, normal, initial recovery, and physical conditions that allow a normal continuance of the trip. They are not designed, contracted or provided for:

- Elective medical procedures,
- Routine medical check-ups, nor check-ups that have not been previously authorized by the Assistance Center
- Advance benign or long-term treatments or procedures.

**NOTE: It is clearly understood by the Beneficiary that this plan is a travel assistance product that is offered through a travel assistance company, and the fact that it is offered through an insurance company does not make it international medical insurance.**

Any assistance or treatment will cease and will not be the responsibility of The Emergency Center once the Beneficiary returns to his/her place of residence or when the validity period of the chosen plan expires. The purchase by a Beneficiary of one or more medical assistance services does not result in the accrual of the health care services and/or benefits or the time covered by them. The ceilings established in the services that are more beneficial to the consumer may only be applied in these cases.

#### **4. BENEFICIARY / AGE LIMIT**

The Beneficiary is the natural person whose name is reflected in the assistance plan and is the sole beneficiary of all its coverage until the anniversary day; including its age limit according to the type of Plan purchased; the date as of which the Beneficiary loses any right to the benefits and all assistance benefits defined therein General Conditions, as well as the right to any refund or claim, originated in events after that day.

The benefits or benefits of the respective Plan may be received exclusively by the Beneficiary and are non-transferable; therefore, the Beneficiary must prove and demonstrate his/her identity, present the corresponding printed voucher or virtual voucher (or Proof of Purchase) and travel documents to determine the validity and applicability of the benefits requested.

The Beneficiary may make use of the contracted services until zero (00:00) hours of the day of its anniversary according to the contracted plan. From that date, the Beneficiary loses all rights to the Assistance benefits defined in these General Conditions, as well as the right to refund imbursement or any claim originated in events after that day. As an example, a person is considered to be 75 years of age until the day before his or her 76th birthday.

#### **5. EFFECT - VALIDITY**

The time in which the benefits indicated in the assistance plans can be obtained is the one that elapses from zero (00:00) hours of the day of the beginning of validity of the selected plan, being the passenger in foreign territory, until 24:00 (23:59) hours on the day of the end of such validity, both dates reflected in the voucher purchased by the Beneficiary. The benefits described in the General Conditions will be valid only during the period of validity indicated on the voucher. The termination of the term will imply the automatic cessation of all benefits or services in progress or not, including those cases or treatments initiated at the time or before the end of the validity.

After this period, the Beneficiary will lose all benefits of the assistance services hired while on the trip. The Emergency Center will ask you for a copy of your passport at the time of attending you, showing the date of departure from your country of usual residence and the date of entry to the country from which you are requesting assistance. Any kind of assistance will not be provided to the Beneficiary in illegal immigration or employment situations. (Including undeclared work in the country from which assistance is required). Any kind of assistance will not be provided to a Beneficiary who does not have the required migratory documentation required for entry or exit from the corresponding country. Internova-assist will not be responsible for such breach, being the sole responsibility of the BENEFICIARY.

The assistance plans operate on a continuous daily basis; therefore, once the assistance plan is in effect, it is not possible to interrupt the trip. Unused day periods in vouchers are non-refundable. Once the trip is interrupted, the validity expires and can be reactivated later. For no reason, may a Beneficiary have two vouchers valid during the same time, and in this case, the voucher purchased at a later date will be considered automatically void. As an example, a trip is considered interrupted when the beneficiary returns to his/her country of residence before the end of the voucher's validity period.

The Annual Multi-Trip assistance plans are valid for a total of 365 days, and the Beneficiary may make an unlimited number of trips during the period of validity; however, he/she may not stay more than 30, 45, 60, or 90 days abroad for each trip made as indicated in the assistance plan of the product purchased, to make the corresponding verifications, the Emergency Center will ask for a copy of his/her passport at the

time of service, showing the date of departure from his/her country of habitual residence and the date of entry to the country from where he/she is requesting assistance. The multi-trip service cannot take effect if the passenger is in the destination country.

In all Multi-trip Annual Assistance Plans, the assistance ceilings return to the maximum value established in the indicated table of benefits Indicated on your voucher with each trip made by the beneficiary. It is important to mention that the treatments started on the first trip will not be covered on your next trip.

Long-stay plans are valid for up to 365 calendar days abroad.

On the other hand, once the validity of the voucher has begun, the Beneficiary will not be able to make changes or extension of the contracted assistance product. Nor will the voucher be canceled for any reason, or under any circumstances.

In cases where the Beneficiary is hospitalized due to an illness and/or accident covered by The Emergency Center on the date of termination of the coverage period, only the hospitalization expenses will be covered under the medical expenses' coverage due to illness and/or accident, as applicable, understanding the followings:

- Up to seven (7) additional days counted from the expiration date of the voucher, or
- Until the hired coverage has been exhausted, or
- Until the doctor signs the discharge of the Beneficiary in the course of the seven (7) days of extension of coverage. Whichever comes first

The extension of the service will only be valid until the medical coverage is exhausted or medical assistance in case of pre-existence (as applicable) and funeral repatriation, losing the benefit of other services. Any assistance or treatment will cease and will not be the responsibility of The Emergency Center once the Beneficiary returns to his/her place of residence or the validity period of the chosen plan expires, with the exceptions mentioned above. After the expiration date of the voucher, if the passenger is hospitalized, the medical assistance benefit will only be extended for up to 7 days or the passenger's discharge, or up to the coverage limit contracted in the voucher.

## 6. VOUCHER EXTENSIONS

When the Beneficiary extends his/her trip unexpectedly, he/she may request the issuance of a new voucher. The Emergency Center reserves the right to accept or deny this renewal without further explanation under the following conditions:

- a. The Beneficiary will not be entitled to renew the voucher if he/she has previously used the assistance services during the validity of the first voucher.
- b. The Beneficiary must request the issuance of a new voucher exclusively to the issuing agent with whom he/she contracted the original assistance, indicating the number of days he/she wishes to contract. The issuing agent must inform the Emergency Center that it is an extension and will request authorization for the new contract period.
- c. The request for issuance of a new voucher must be made within 5 calendar days before the expiration date of the original voucher.
- d. The Beneficiary must designate the person who will make the corresponding payment at the Issuing Agent's offices and will receive the new voucher which will be issued and delivered simultaneously.
- e. The Annual Multi-trip plans cannot be renewed while the passenger is in the destination country; this may be renewed only after 365 days of validity have expired, once the Beneficiary is back in his country of origin. This limitation is subject to the consideration of the service provider.
- f. If the Beneficiary is unable to start his/her return trip due to a delayed or canceled flight or must delay his/her return for the same reason, the voucher will be extended for up to three (3) days maximum or until the Beneficiary returns to his/her country of origin, whichever comes first. This service will not be provided in cases stated within the general exclusions. The automatic extension of the voucher only contemplates the services of medical assistance for non-pre-existing illnesses and/or medical assistance for accidents.
- g. The Beneficiary may renew his/her voucher with a plan that has the same or greater coverage than the first one. It will not be extended with less coverage than the one originally contracted.

In case the request is made after the initial voucher has expired or the passenger is already outside his/her country of origin at the time of contracting, the renewal will be issued within 5 (five) days of the grace period or up to a maximum of 10 (ten) days, only after the issuing agency or tour operator and others have received express authorization from the Assistance Center. The days of grace period must be paid.

The new assistance plan and its corresponding voucher issued under the conditions referred to in this clause cannot be referred to in this clause and may not be used under any circumstances to initiate or continue the treatment and/or assistance of problems that had already arisen during the validity of the first original and/or previous voucher or before the validity of the new plan and/or voucher, regardless of the procedures or treatments in progress have been authorized by the Emergency Center or by third parties. Any medical assistance treated in the first voucher will automatically be considered as a pre-existing condition during the validity of the second voucher and, therefore, will not be assumed by The Emergency Center.

## 7. GEOGRAPHIC VALIDITY

Depending on the type of Plan, its validity will be Worldwide including the beneficiary's country of residence from 100 km from the place of residence, understanding as usual place of residence the city of origin of the trip documented through the transportation ticket, and passport; as long as there is private or public infrastructure for the provision of the service and regional legislation allows it, always based on the geolocation of the beneficiary, and except for those countries involved in internal or international warfare.

## 8. PROCEDURE FOR REQUESTING ASSISTANCE FROM ASSISTANCE CENTERS

If assistance is required, and regardless of his/her geographical location, in strict accordance with the rest of the clauses of these General Terms and Conditions, the Beneficiary will contact the Emergency Center to be able to communicate with this center by telephone; the Beneficiary must request the call receivable or by the receiver of the call (reverse charge or collect). If the Beneficiary is not allowed to call in the previous way, he/she must call directly to the Assistance Center at the numbers provided by the countries mentioned in his/her voucher.

In case there is a charge for any call to the Emergency Center, it will be reimbursed, for this, we ask you to keep the proof of payment of the call. In case of calls made from hotels, you must keep a copy of the invoice where the charge for the call is with the corresponding number.

The Beneficiary must always call and report the emergency. In cases where the Beneficiary cannot do it personally, any companion, friend, or relative may do so, but the call or notice must always be made within 24 hours of the occurrence of the emergency. Failure to comply with this rule results in the automatic loss of any claim rights on the part of the Beneficiary.

### EMERGENCY PHONES

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centralemergencia@helpcareassistance.com

## 9. OBLIGATIONS OF THE BENEFICIARY

At all times for all services the Beneficiary agrees to:

a. Request and obtain the authorization of the Assistance Center before taking any initiative or committing any expense about the benefits granted in the voucher of an assistance plan. We recommend making contact within 24 hours of the event that motivates the use of the service by any of all available means stated in your voucher and write down the names, surnames, and authorization numbers that will be given to you by the head office. The Emergency Center will not be responsible for any expenses or refunds of charges incurred in emergencies if the application procedure established in these General Conditions of Assistance Services is not strictly complied with.

b. If the Beneficiary or a third party could not communicate in case of a verifiable urgency, due to an involuntary circumstance or reason to the Assistance Center, he/she may contact the emergency medical service near the place where he/she is, and with the unavoidable obligation of notifying the incident immediately. In cases that do not allow it, you must inform no later than within 24 hours of the event, in whose case you must provide the original proofs and vouchers that justify the situation to be submitted to study for their respective authorization or denial; by omitting under any circumstance to comply with this requirement, the Emergency Center will be entitled to deny any payment or refund after the result of the evaluation performed. If this requirement is not complied with under any circumstances, the Emergency Center will be authorized to deny any payment or refund after the result of the evaluation is carried out. It is the Beneficiary's full responsibility to collect these documents to be delivered on time to the Assistance Center (including the previous one at the beginning of the trip). Failure to notify within 24 hours will result in the automatic loss of the Beneficiary's rights to claim or request compensation. In the case of "Cruise" plans, the passenger will have up to 24 hours after disembarkation to notify the incident.

c. If the Beneficiary is unable to contact The Emergency Center within 24 hours following his/her medical hospitalization and has no companion who can do so, he/she must contact The Emergency Center within 24 hours following medical discharge and submit the medical reports stating the difficulty of communication and by the clause of the Beneficiary's obligations of the General Conditions of the services of The Emergency Center.

d. The Emergency Center will not be financially responsible for cases where the Beneficiary leaves the medical center where he/she is admitted on his/her own without due medical authorization or against the medical opinion of the attending physician and the Medical Department of the Emergency Center, nor will it be responsible for any type of complications or aggravation of Beneficiary's medical condition that may result from the Beneficiary's failure to comply with the medical indications given to him/her.

e. The Beneficiary accepts that the Emergency Center reserves the right to record and audit telephone conversations that it considers necessary for the proper development of the provision of its services. The Beneficiary explicitly accepts the mentioned modality and agrees to the eventual use of the records as proof in case of disputes regarding the assistance provided.

f. Accept and comply with the solutions indicated and recommended by the Assistance Center and, if necessary, consent to repatriation to their country of origin when, according to medical opinion, their health status allows and requires it.

g. In all those cases in which the Emergency Center requires it, the Beneficiary must provide authorization to disclose his/her medical history by fulfilling the Medical Release Form (MRF) that will be sent to him/her by the Assistance Center and return it signed. Likewise, the Beneficiary absolutely and irrevocably authorizes the Emergency Center to request on its behalf any medical information from professionals, both from abroad and from the country of their residence, to be able to assess and possibly decide on the applicability of the restrictions in cases of chronic or pre-existing ailments or the condition that gave rise to your assistance. We especially recommend that Beneficiaries always fill out the MRF Form when registering at a hospital center, as this will be of great help in cases of refund and/or in making decisions on certain cases that require the study of the patient's medical history.

h. The Beneficiary must deliver to the Emergency Center the ticket(s) in his/her possession in those cases in which the Emergency Center takes charge of the difference between the original ticket(s) and the new ones issued, or when proceeding to the repatriation of the Beneficiary whatever the reason may be. If a new air ticket (previously authorized by the Emergency Center) must be purchased, an economy class ticket must be purchased with the same airline. In cases where it is not possible to purchase a new ticket on the same airline, authorization must be requested from the Emergency Center.

**NOTE: In some countries and mainly in the United States of America, and in Europe, due to computer standardization reasons most medical care centers such as hospitals, doctors' offices, clinics, and laboratories usually send invoices and/or claims for payment to the patients attended, even after the bills or invoices have been paid and settled. In case this happens, the Beneficiary must contact the Assistance Center office by dialing the numbers provided in the voucher or by writing to [info@internovaassist.com](mailto:info@internovaassist.com) and notify this situation. The Central will be responsible for clarifying this situation with the hospital center.**

## 10. OBLIGATIONS ASSUMED BY THE EMERGENCY CENTER

- a. To comply with the benefits defined in the General Conditions for events covered in the contracted plan during the validity term of the voucher.
- b. The Emergency Center is expressly released, exempted, and excused from any of its obligations and responsibilities if the Beneficiary suffers any damage or requests assistance as a result of and/or derived from acts of God or force majeure, which are mentioned by way of example and not exhaustively: catastrophes, pandemics, earthquakes, floods, storms, international war or civil war declared or not, rebellions, internal commotion, civil insurrection, guerrilla or anti-guerrilla acts, hostilities, reprisals, conflicts, embargoes, seizures, strikes, popular movements, lockouts, acts of sabotage or terrorism, labor disturbances, acts of governmental authorities, etc.; as well as problems and/or delays resulting from the termination, interruption or suspension of communication services. When factors of this nature occur, and once they have been overcome, the Emergency Center compromises to execute its commitments and obligations within the shortest possible time.
- c. The Emergency Center is obliged to analyze each request for refund to determine if it is appropriate and consequently to reimburse the amounts according to the present General Conditions and coverage amounts of the contracted Plan.
- d. All compensation and/or refunds and/or other expenses to be assumed by the Emergency Center, within the framework of this contract, will be paid in the local currency of the contracting country.

## 11. REFUNDS

Important: It is an essential requirement that the passenger has been contacted by telephone or by any means provided in your voucher with the assistance center within 24 hours after the event.

The established times for the processing of a refund are:

- The Beneficiary has up to thirty (30) continuous days from the day of expiration of the voucher to present the necessary documentation and initiate the refund process. After that period, no documents will be accepted to process any refunds. They must be sent to [reintegros@helpcareassistance.com](mailto:reintegros@helpcareassistance.com)
- Once the documents are received, the corresponding Department has up to five (5) business days to request any missing documents that the Beneficiary has not submitted.
- With all the necessary documents in hand, the corresponding Department will proceed during the following five (5) business days to analyze the case and issue a letter of approval or denial of the refund.
- If the refund is approved, the corresponding Department will proceed to make the payment within 30 business days after receipt of the complete data in writing for the transfer to be carried out.

All the detailed documents considered pertinent by the Medical Department, Refund Department, and the Emergency Department, will be the sole and absolute responsibility of the affiliate to collect and send them to the Emergency Department and/or corresponding Department for their study and approval.

**NOTE: Refunds paid directly by the Department concerned can be made by bank transfer, money order, or check.**

The corresponding Department will assume the expenses generated by the money order agency, the mailing of the check, and the direct collections from its bank; additional charges made by the holder's bank will be covered by the Beneficiary.

If the currency of origin of the expense is different from the one indicated on the assistance voucher, the conversion will be made by taking as a reference the exchange rate of the day on which the event that motivates the refund occurred.

About the payment of the refund, if the currency of Origin of the Expense is different from the Local currency, the payment of the refund will be made in the local currency corresponding to the country of residence of the beneficiary, at the official exchange rate as of the date of issuance of the refund resolution approved by the emergency center.

In cases where the currency of origin of the expense is the same as the local currency, the refund payment will be made in the same currency, without any conversion.

**Local Currency:** Refers to the currency of the passenger's country of origin.

**Multi-cause Trip Cancellation, Multi-cause Trip Cancellation PLUS and Tour Operator Breakdown:**

For these three services, if the currency of origin of the expense is different from the local currency, the official exchange rate of the date of payment of the services submitted will be used.

In cases where the currency of origin of the expense is the same as the local currency, no conversion is made.

In case of death of the holder of the voucher, the documents that the Emergency Center deems necessary must be submitted, including, but not limited to:

1. Proof of relationship (marriage certificate, birth certificates, etc.)
2. Declaration of heirs (The deadline for its presentation expires 6 months after the date of death of the voucher holder).
3. Proof of expenses that accredits the service requested and having complied with all the obligations indicated in the general conditions.

## 12. SCOPE AND CURRENCY SERVICES

The benefits offered by the Emergency Center, currencies, and maximum coverage limits are indicated in the voucher.

## 13. DEFINITIONS

The definitions of the terms used in these General Conditions are listed below for a better comprehension of the Beneficiaries.

**Central Assistance or Emergency Center:** It is the office that coordinates the provision of the services required by the Beneficiary in connection with his assistance. It is also the department of professionals that provides the supervision, control, and coordination services that intervene and decide all those benefits to be provided or rendered under these General Conditions related to medical issues and other services.

**Voucher:** This is the document that you receive at the time of purchase of the hired plan, and that includes your data to be informed to the Emergency Center in case of requesting assistance.

**Accident:** It is the generative event of bodily harm suffered by the Beneficiary, caused by unknown out-of-control and moving agents, external, violent, visible, and sudden agents. Whenever the term "accident" is mentioned, it shall be understood that the resulting injury or ailment was directly caused by such agents and independently of any other cause. If the bodily injury is produced as a consequence of causes other than those mentioned above, the Beneficiary will be covered up to the amount of Medical Assistance for Illness of the purchased plan.

**Congenital Disease:** Pathology present or existing before the moment of birth.

**Chronic Disease:** Any continuous, repetitive and persistent pathological process over time, greater than 30 days in duration.

**Acute Medical Condition or Disease:** Short and relatively severe process of alteration of the state of the body or any of its organs; which may interrupt or alter the balance of vital functions, and may cause pain or weakness.

**Sudden or unforeseen illness:** A sudden, unexpected or unpredicted illness acquired after the effective date of the travel medical assistance service voucher.

**Pre-existing Disease:** Any physical pathological process that recognizes an origin or etiology before the effective date of the plan or trip (or whichever is later) and that is feasible to be objectified through complementary diagnostic methods of usual, daily, accessible and frequent use in all countries of the world (including but not limited to: Doppler, nuclear resonance, magnetic resonance, Catheterization, radiology, etc.).

Pre-existing condition means any disease, condition of the body, or risk factors diagnosed to the beneficiary before, during, or at the time of the episode, being a process known or unknown to the Beneficiary. That has needed or required a period of training, gestation, or incubation within the Beneficiary's organism before the beginning of the trip. Clear and common examples of pre-existing



conditions or risk factors, just to name a few are: kidney or gallstones, obstructions of arteries or veins by clots or others, respiratory diseases such as asthma, lung problems, emphysema, HIV, and general problems related to blood pressure, glaucoma, cataracts, nephritis, ulcers or gastric diseases, diseases resulting from congenital deformities, genital mycosis, liver abscesses, cirrhosis, blood sugar, high cholesterol, high triglycerides, and others. These require a short or long training period, but in all cases, longer than a few hours of travel, recognizing that such pathological state or process existed within the organism before boarding the plane or the means of transport on the effective date of the assistance service, even if the symptomatology appears for the first time after the beginning of the trip.

**Recurrent disease:** Return, recurrence, or appearance of the same disease after it has been treated.

**Episode and/or Health Accident:** Acute episode or non-predictable event, decompensation resulting from known or previously asymptomatic chronic and/or pre-existing conditions. This coverage is provided exclusively for the first medical care in the acute episode, or non-predictable event, the emergency that should require assistance during the emergency and cannot be postponed until the return to the country of residence.

**Ailment and /or Affection:** The terms affection and ailment will be understood for any purpose in these general conditions as a disease.

**Maximum limits:** Maximum amounts of coverage, indicated in the voucher for each benefit and according to the contracted assistance product.

**MGEM:** Maximum global amount for multiple events.

**Assistance plan or product:** It is the detailed set of travel assistance services offered, indicating an exhaustive list of such services and their monetary quantitative, geographical, and age limits of the Beneficiary. The medical assistance plan is detailed in the certificate or voucher and is an indivisible part of it. Only those benefits are applicable for each product explicitly stated in the medical assistance plan detailed in the certificate, with the scope and limits indicated.

Only those guarantees or benefits in effect on the date of issuance of the medical assistance plan specified in this contract will be valid and govern this voucher contracted by the Beneficiary.

**Period of grace:** Interval of time during which the coverages included in the Plan are not effective. This period is computed in days counted from the effective date of the voucher, provided that the Beneficiary is already out of the usual place of residence at the time of contracting.

**Attending Physician:** Medical professional provided or authorized by The Emergency Center who assists the Beneficiary at the Beneficiary's location.

**Medical Department:** A group of medical professionals at the Emergency Center who are involved in and make decisions on all matters and/or benefits provided or to be provided under these General Conditions.

**Fortuitous event:** Event beyond the control of the obligee, which excuses the fulfillment of obligations. The event is usually harmful, and occurs by chance, without being able to impute its origin to anyone.

**Force majeure:** The one that, because it cannot be foreseen or resisted, exempts from the fulfillment of some obligation and/or that comes from the will of a third party.

**Catastrophe:** An unfortunate event that seriously disrupts the regular order of things, where many people are involved.

**Trip cancellation:** Definitive impossibility to start a scheduled trip from your country of origin. Cancellation does not mean the interruption of an initiated trip.

**Amateur:** Someone who practices sport without acting as a professional or obtaining material benefits.

**Epidemic:** It is considered a disease that spreads over a certain time in a given geographic area and affects many people.

**Essential Expenses:** Expenses incurred for the purchase of items for personal and non-transferable use. These are understood to be, solely and exclusively: clothing (outerwear, underwear), personal hygiene items (shampoo, conditioner, liquid soap, bar, powder, toothbrush, toothpaste, deodorant, shaving cream, shaving razor, feminine hygiene products), and make-up. Any other not included in the list above shall be understood as excluded from any type of coverage.

#### 14. DEFINITION OF BENEFITS / SERVICES

The following is an exhaustive list of the services that the Emergency Center provides to the beneficiary of the contracted product. Not all the benefits detailed in this chapter are included in all products. Please check the details of the benefits and their ceiling in the voucher you have been given.

The medical assistance expense limits, either for illness or accident, indicated in your voucher are not cumulative, and only one of them will be applied exclusively according to the cause of the assistance.

The medical assistance services offered by the Emergency Center include only the following exclusively treatment of acute and sudden conditions that prevent the continuation of the trip, and include:

I. Medical assistance in case of accident or

II. Medical assistance for non-pre-existing conditions:

\*Verify that your voucher includes this service.

- **Telephone Medical Consulting:** Telephone medical consulting increases the efficiency of the service. The Emergency Center takes this service as a way of telephone medical orientation. This is not the definitive treatment in acute cases. It will provide a follow-up on the evolution of the ailment. The doctor providing the service will immediately notify the Emergency Center of the type of service required for prompt referral. The passenger may or may not accept this type of service.

- **Medical Consults:** Will be provided in case of accident or acute and unforeseen non-pre-existing illness, including the option of repatriation of the Beneficiary to his/her country of origin if the Beneficiary's health condition allows it. The Emergency Center reserves the right to decide on the most appropriate treatment proposed by the medical staff and/or repatriation to the country of residence. Repatriation will be considered in cases that require long-term treatment, scheduled surgeries, or non-urgent surgeries.

- **Home Doctor:** In cases where the clinical condition does not require a visit to an emergency room, the Emergency Center will proceed to coordinate a home doctor who will attend to the Beneficiary's medical needs at the place where he/she is staying.

**NOTE: Service subject to availability of: Providers in the geographic area where the service is requested**

- **Specialist Care:** Medical care will be provided by specialists and only when indicated or required by the emergency medical team and authorized by the emergency medical team and previously authorized by the Emergency Center.

- **Complementary Medical Examinations:** Any type of medical examination, upon admission or during the assistance, either for hospitalization or ambulatory in case of illness and/or accident, must be reported to the assistance center for its respective evaluation and, in this way, request the authorization of the corresponding medical procedure.

- **Hospitalization:** According to the nature of the injury or illness, and as long as the Medical Department of the Emergency Center so prescribes, the Beneficiary shall be admitted to the nearest health center to the place where he/she is. It applies only to the Beneficiary of the assistance plan, and under no circumstances shall bed and/or food at the hospital be covered for the companion.

- **Surgery:** When authorized by the Medical Department of the Emergency Center and in emergency cases requiring immediate treatment that cannot be deferred or postponed until the patient's return to his/her country of origin. If in the judgment of the regulating doctors at the Central Care Center, it is the return to the place of origin to receive the necessary surgical treatment, the Beneficiary will be repatriated and is obliged to accept such a solution losing in case of refusal all the benefits granted by his/her assistance plan. Those surgical interventions that are included as elective procedures and do not prevent the normal course of the trip, and therefore may be performed upon the Beneficiary's return to his/her country of origin, shall not be included in this benefit.

- **Intensive Care and Coronary Unit:** When the nature of the illness or injury so requires, and always with the previous authorization of the Medical Department of the Emergency Center, this service will be authorized.

In cases where the Beneficiary is hospitalized due to an illness and/or accident covered by The Emergency Center on the date of termination of the period of coverage, only the hospitalization expenses will be covered under the coverage for medical expenses due to illness and/or accident as corresponds, being understood as follows:

- Up to seven (7) additional days counted from the expiration date of the voucher, or
- Until the contracted coverage has been exhausted; or
- Until the doctor signs the Beneficiary's discharge within seven (7) days of the extension of coverage. Whichever occurs first.

Any assistance or treatment will cease and will not be the responsibility of The Emergency Center once the Beneficiary returns to his/her place of residence or the validity period of the chosen plan expires, except for the exceptions mentioned above.

### III. COVID-19 Integrated Medical Assistance

\*Verify that your voucher includes this service.

Definitions and services included.

#### PSYCHOLOGICAL ORIENTATION BY COVID-19

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

Internova-assist's Emergency Center will handle the coordination of the care needed to the cases of positive diagnoses of COVID-19 of the BENEFICIARIES that require it, through the benefits provided for this purpose, with the aim of providing the necessary care required, to stabilize the medical condition of the BENEFICIARY.

1) The COVID-19 coverage will only apply if the BENEFICIARY is infected while at the destination and the contracted plan is valid. Internova-assist will cover only 1 (one) positive diagnosis of COVID-19 per hired voucher.

2) If the BENEFICIARY has contracted an international plan and his/her voucher contemplates it, in those situations where the BENEFICIARY requests while in his/her country of origin or residence, the coverage will be activated after 100km with a maximum of USD 3,000.00 provided that the BENEFICIARY has an international destination and the assistance voucher is in force, up to the amount indicated in the voucher.

3) COVID-19 coverage will apply from 100km from the place of residence for national plans, up to the maximum amount established in the voucher.

The provision and each of the benefits of ASSISTANCE BY COVID-19 are subject to the legislation and/or jurisdiction of the geographic area where the BENEFICIARY is located; therefore, Internova-assist will not be responsible in case of non-compliance with the provision of these benefits as it is impossible by government regulations.

All the benefits marked with two asterisks (\*) are included within the monetary limit indicated for COVID-19 INTEGRAL ASSISTANCE in the voucher, according to the plan or product purchased by the BENEFICIARY. Each one of the benefits will vary depending on the product contracted. The monetary cap indicated for INTEGRAL ASSISTANCE FOR COVID19 is included within the monetary cap indicated for MEDICAL ASSISTANCE FOR ILLNESS, according to the plan or product purchased by the BENEFICIARY.

#### MEDICAL ATTENTION FOR COVID19 SYMPTOMS:

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

BENEFICIARIES who present a pathological process suspicious of COVID-19 will be able to count on medical attention coordinated by the Emergency Center, to alleviate the symptoms and achieve a stabilization of the reported health condition.

Note: Internova-assist will reimburse only one (1) PCR positive result for COVID-19 that confirms the infection of the BENEFICIARY. In no case will Internova-assist take any responsibility for the costs of COVID-19 PCR with negative results, nor will they be covered when they are required for travel due to the immigration requirements of each country (either to leave, enter or return) these being the exclusive responsibility of the BENEFICIARY. Neither will antigen tests or other tests different than PCR be covered.

#### HOSPITAL CHARGES PER COVID-19:

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

In case of requiring hospitalization to stabilize those serious cases where the health condition of the BENEFICIARY so warrants, Internova-assist will assume the expenses related to the hospitalization of the BENEFICIARY who is diagnosed positive for COVID-19, up to the amounts indicated in the product.

In cases where the BENEFICIARY is hospitalized by COVID-19 on the expiration date of his/her contracted voucher, the COVID-19 ASSISTANCE coverage will cease as follows:

1. Up to seven (7) additional days counted from the day of expiration of the voucher, or
  2. Until the coverage contracted by COVID-19 is exhausted, or
  3. Until the doctor signs the BENEFICIARY's discharge within seven (7) days of the extension of coverage.
- Whichever comes first

It is clarified that the Assistance Center will not assume any hospitalization expenses when the hospitalization is due to a pre-existing illness or is part of the exclusions, except for the products that include pre-existing conditions, which will be included within the limit of coverage for pre-existing conditions.

In these scenarios, the Emergency Center will perform the corresponding breakdown of coverage and assign coverage depending on the etiology of the diagnoses and/or medical procedures performed to treat certain pathologies.

#### **MECHANICAL VENTILATION EXPENSES:**

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

Internova-assist will assume the costs generated by the concept of a mechanical ventilator, provided that this procedure is derived from a COVID-19 condition, and is strictly ordered by the treating doctor and authorized by Internova-assist's internal medical staff.

Internova-assist's Assistance Center will not assume any hospitalization expense when this is due to a pre-existing illness or is part of the exclusions, except for products that include pre-existing conditions, which will be included within the coverage limit for pre-existing conditions.

Note: This coverage is exclusive to the service of using a mechanical ventilator. It does not cover costs for the purchase of a mechanical ventilator. The equipment necessary for this service is expressly limited to the sanitary availability of the country where the passenger is located.

#### **PENALTY FOR CHANGE OF DATE DUE TO COVID-19:**

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

If as a consequence of a positive diagnosis of COVID-19 the BENEFICIARY is unavoidably unable to return to his/her domicile or country of habitual residence, Internova-assist will reimburse the penalty (not the difference in fare) of the BENEFICIARY's original return air ticket, only when your ticket is a reduced fare due to a fixed or limited date of return.

The BENEFICIARY will have up to fourteen (14) continuous days from the date of the positive result by COVID-19, to set the new date of the return flight to his/her country of residence and make the benefit effective. The COVID-19 DATE CHANGE PENALTY coverage will be available one (1) time per hired voucher. Upon returning to your country of origin, present the following documentation:

- Original travel itinerary.
- Photocopy or legible images of all pages of the passport.
- Certificate of the medical procedure performed that certifies the positive result of COVID-19.
  - Photocopy or legible images of the original return ticket.
- Penalty invoice for change of date of the return air ticket.
- Certificate of the medical procedure performed certifying the negative result of COVID19.
- Any document that The Central deems necessary.

Note: Tickets subject to space availability, discount, or redemption of miles will not be refundable, as well as the penalty resulting from the total or partial rescheduling of the trip, nor those tickets that are non-refundable.

#### **TRANSFER OF A FAMILY MEMBER FOR POSITIVE COVID-19**

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

If the hospitalization of a BENEFICIARY traveling with children under 15 years of age or over 75 years of age, is longer than ten (10) days due to a positive diagnosis of COVID-19, previous notification and authorization of Internova-assist's Emergency Center, the cost of the most economical economy class

round trip ticket will be reimbursed, subject to availability of space to be assigned to one (1) family member who can accompany the BENEFICIARY. To obtain this benefit, the BENEFICIARY must have complied with the stipulations of the following point:

#### 8. PROCEDURE FOR REQUESTING ASSISTANCE - ASSISTANCE CENTERS.

NOTE: This benefit applies only to those products that are expressly indicated in the list of benefits of the product contracted according to these General Conditions.

#### HOTEL FOR MEDICAL QUARANTINE (\*\*)

\*Verify that your voucher includes this service\*

If as a consequence of a positive diagnosis of COVID-19, the BENEFICIARY must obligatorily rest or be in forced isolation as prescribed by the attending doctor, and in agreement with the medical department of the Assistance Center and the local health authorities, Internova-assist will reimburse the hotel accommodation expenses, accommodation only, will not cover extras or meal systems, for up to fifteen (15) continuous days counted from the day of termination of the voucher, with a maximum ceiling amount of USD 133 per day (international plans) or USD 70 per day (national plans), except for Costa Rica where the maximum ceiling amount shall be USD 143 per day, previously agreed upon with the emergency center. This benefit will be activated as long as the period to be reimbursed for the hotel is the original expiration date of the voucher, and this prevents the return of the BENEFICIARY to his domicile (national plans) or country of habitual residence (international plans).

For those cases in which the BENEFICIARY, during the validity of his/her voucher, must obligatorily remain in rest or forced isolation by prescription of the treating physician as a result of a positive diagnosis by COVID19 and according to his/her original itinerary has multiple destinations, Internova-assist will reimburse the hotel lodging expenses, accommodation only, and will not cover extras or meal systems, for up to fifteen (15) continuous days counted from the day the BENEFICIARY is unable to continue with his/her original travel itinerary. The BENEFICIARY must present the original travel itinerary (airline ticket, hotel, transfers, etc.) to be able to obtain the mentioned service. This service is only available for those passengers who have a contracted hotel in another city or destination, but as a result of the positive result, cannot travel to that destination. This service does not apply if there is no hotel previously contracted in your original itinerary. The amount of this service is USD 143 per day (international plans) or USD 70 per day (Nacional plans), except that the maximum amount will be USD 143 per day, previously agreed with the emergency center.

Internova-assist will cover only 1 (one) mandatory quarantine per voucher contracted.

In case the BENEFICIARY is tested within the approved 15 days of HOTEL expenses FOR COVID-19 QUARANTINE, and the result is negative, coverage will be discontinued immediately.

The terms and conditions to obtain this benefit are:

- That the BENEFICIARY has been medically assisted with the authorization of the Internova-assist Assistance Center.
- The BENEFICIARY must notify the Emergency Center within 24 hours after becoming aware of the infection to activate the coverage. Failure to This condition will result in the loss of the benefit.

Upon returning to your country of origin, present the following documentation:

- Original travel itinerary.
- Photocopy or scanned images of all passport pages.
- Certificate of the medical procedure performed that certifies the positive result of COVID-19.
- Certificate of the medical procedure performed certifying the negative result of COVID-19 and certifying the medical discharge from isolation.
- Original receipts of payment at the hotel (invoices). In case the payment was made by card (debit or credit), please send the bank statement reflecting the same.
- Any document that The Central deems necessary.

Note: No lost/unused service will be covered as a result of the mandatory quarantine, for example: Transfers, hotels, and excursions, among others.

#### CREMATION EXPENSES:

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

In case of death of the BENEFICIARY diagnosed positive for COVID-19, as long as local health allows it, and by the health and safety protocols of each country, Internova-assist will reimburse the expenses corresponding to the cremation of the body up to the limit of coverage indicated in the product or assistance plan contracted for this pathology.

#### REPATRIACIÓN DE RESTOS POR COVID-19:

-Service is included in the Covid19 comprehensive medical assistance coverage cap.

In case of death of the BENEFICIARY as a result of COVID-19, if so provided by the current legislation and sanitary processes in force in the country where the death occurred, the family members may opt within the Medical Assistance limit for COVID-19, so that the Central Assistance Center will take care of the expenses of cremation and transfer of ashes only by the means it deems appropriate to the airport of entry to the country of residence of the deceased, up to the maximum amount specified in the Assistance Plan for COVID COVID-19 ASSISTANCE.

This benefit will only apply if the main reason for the death of the BENEFICIARY is COVID-19.

The Assistance Center will not be responsible for funeral repatriation or funeral expenses in cases of death caused by:

- A consequence of a pre-existing, chronic, recurrent, or epidemic disease or any other disease suffered by the BENEFICIARY. Except for products that contemplate pre-existing conditions.
- Suicide.
- Narcotics or drugs.

It is clarified that the Assistance Center will not assume any expense for repatriation of a pre-existing condition or that is part of the exclusions, except for the products that contemplate pre-existing conditions, which will be included within the coverage limit for pre-existing conditions.

**Note: Religious services and special coffins are not covered under any circumstances, nor the return expenses of accompanying relatives of the deceased, therefore, the Assistance Center will not pay for any third-party expenses.**

#### SPECIAL EXCLUSIONS:

1. Internova-assist will not assume in any case vaccinations against COVID-19, or any other type of medical or sanitary procedure that does not derive from the acute episode and that involves a preventive medicine process, nor any events or conferences for the implementation of vaccines or antidotes on a massive scale, whether given by the public, governmental, private or private-public, or of any nature.
2. Internova-assist will not be responsible for any process or assistance that is intended to obey sanitary, migratory, or tourist procedures that are stipulated as requirements regardless of their nature. Example: PCR test as a migratory requirement, among others.
3. Internova-assist will not take responsibility of any kind for side effects of any nature, infectious processes, or allergies resulting from the application of the COVID19 vaccine.
4. Internova-assist will not take responsibility for acts of Health or Governmental authorities that restrict the return of the BENEFICIARY to his/her country of residence.
  - 4.1. For plans with national coverage, Internova-assist will not take responsibility for acts of health or governmental authorities which restrict the BENEFICIARY's return to his/her place of residence.

#### IV. Medical assistance for pre-existing conditions

\*Verify that your voucher includes this service\*

In those cases where the Beneficiary specifically contracts coverage for emergencies suffered due to a pre-existing and/or chronic condition, it will be covered up to the amount clearly specified on your voucher. The coverage provided for chronic and/or pre-existing conditions contemplates the following:

An acute episode or unpredictable event, chronic disease decompensation, and/or known pre-existing or previously asymptomatic. This coverage is provided exclusively for the first medical care in the acute episode, or unforeseeable case; the emergency should require assistance during the trip and cannot be

postponed until the return to the country of residence; the Emergency Center reserves the right to decide on the most appropriate treatment from among those proposed by the medical staff and/or repatriation to your country of residence. Repatriation will be a solution in cases where treatments require long-term evolution, scheduled surgeries, or non-urgent surgeries; the Beneficiary is obliged to accept this solution, losing in case of refusal of the solution all the benefits offered by the assistance plan. Health repatriation will be included within the coverage for pre-existing illness for the maximum amount specified in your voucher.

Excluded from this benefit is the initiation or continuation of treatments, procedures, research diagnoses, or diagnostic and therapeutic behavior, which are not related to the acute and unpredictable episode.

Excluded from this coverage are all illnesses related to:

-Sexual transmission, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus, vaginal trichomonas, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), cancer, and all its derivatives, among others.

-Dialysis procedures.

-Transplantation

-Oncology.

-Psychiatric care

-The following are excluded from this coverage: replacement, acquisition, or repair of hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, and specific disposable equipment, this list is not exhaustive.

-Illnesses and/or episodes/epicrisis caused by the ingestion of drugs, narcotics, mismanaged medications, alcohol, etc.

These exclusions are enunciative and not exhaustive.

#### **Beneficiary's Medical Obligations:**

- The Beneficiary must follow all medical instructions given by the attending doctor assigned by the Emergency Center and take all medications as prescribed and as required.
- A beneficiary who begins his or her trip after receiving a terminal diagnosis will not be covered.
- In the event it is determined that the reason for travel was treatment abroad for a chronic or pre-existing condition, the Emergency Center will deny coverage

#### **V. Coverage in case of epidemic disease**

\*Verify that your voucher includes this service\*

In case this service is included in your voucher, the Emergency Center will cover up to the amount indicated in the assistance plan contracted by the beneficiary, for illnesses caused by an epidemic. The beneficiary is obliged to accept the solutions offered by the medical department of the Emergency Center, losing in case of refusal of the solution all benefits offered by the assistance plan. Excluded from this benefit is the initiation or continuation of treatments, procedures, research diagnostics, or diagnostic and therapeutic behavior, which are not related to the acute and unpredictable episode.

#### **VI. Medicines**

\*Verify that your voucher includes this service\*

Within the limits of coverage, the Emergency Center will pay for the cost of medicines prescribed by the Medical Department of the Assistance Center up to the amounts established in the coverage limits of the contracted plan. The disbursements made by the Beneficiary for the purchase of medicines previously authorized by the Emergency Center will be reimbursed, within the limits of coverage, and upon presentation of the original purchase vouchers or invoices, the original copy of the medical report or diagnosis describing or mentioning the name of the illness suffered by the Beneficiary, the supply of the medical prescription or formula and the invoices. We recommend that Beneficiaries do not forget to request these documents from the treating doctor, failure to submit these documents may result in non-reimbursement of expenses.

It is recorded and reported that the expenses of medicines for pre-existing diseases will not be assumed by the Emergency Center, except for those beneficiaries who acquire benefits through pre-existing coverage. Medications for the treatment of mental, psychic, or emotional illnesses are excluded, even in those cases in which the medical consult has been authorized by the Medical Department of the Emergency Center.

Contraceptive pills, contraceptive injections, intrauterine devices, or any other method of family planning will also not be covered.

**Note: Prescriptions for the initial recovery of symptoms only will be authorized for the first 30 days of treatment.**

#### VII. Dentistry Emergency

\*Verify that your voucher includes this service\*

Within the limits of coverage, the Emergency Center will pay for dental care expenses arising from an emergency, due to or caused by trauma, accident, or infection, limited to the treatment of pain and/or extraction of the tooth resulting from infection or trauma only. Dental treatment for root canal therapy, root canal replacement, crowns, prosthesis, sealings, dental cleanings, smile designs, or any other treatment not clearly specified in these conditions are excluded from benefits.

#### VIII. Hotel expenses for convalescence

\*Verify that your voucher includes this service\*

When the treating doctor and in agreement with the medical department of the Central Emergency; the Beneficiary has been hospitalized in a hospital for at least (7) seven days, and upon leaving the hospital the Beneficiary is obliged to rest forcibly, the Emergency Center will cover hotel expenses for a maximum of 5 (five) days up to a limit of USD 120.00 per day, up to the amount indicated in your contracted voucher, whichever comes first.

**NOTE: Such rest must be ordered by the doctors of the center exclusively and will only include the cost of the room without any food or other expenses such as laundry, and telephone calls (except those made to the Emergency Center), minibars, etc. This is an indicative and non-exhaustive list. It is clarified that the Emergency Center will not assume any hospitalization expense when this is due to a pre-existing disease or is part of the exclusions, except for products that include pre-existing conditions will be included within this coverage. Expenses for the companion will not be covered.**

#### IX. Delayed or cancelled flight expenses (minimum 6 hours)

\*Verify that your voucher includes this service\*

If the Beneficiary's flight is delayed for more than six (6) consecutive hours after the originally scheduled flight and provided that there is no other alternative transportation; the Emergency Center will reimburse up to the coverage limit only for the hotel, meals, and communications expenses incurred during the delay. It will be necessary to present the original receipts of expenses, with a certificate from the airline company reflecting the cause of the delay or cancellation suffered by the beneficiary's flight.

This service will not be provided if the beneficiary travels with a ticket subject to space availability, discount, or mileage redemption, nor when the airline has assumed the costs of such expenses. This compensation will only apply to those plans or products that have it included in them and is effective from 100km from the place of residence.

**NOTE: No service lost / not consumed as a result of flight delay or cancellation will be covered, for example: Transfers, hotels, and excursions, among others. This service does not apply if the cancellation is due to the bankruptcy and/or cessation of services of the airline.**

#### X. Late Arrival

\*Verify that your voucher includes this service\*

As a consequence of any reason beyond the airline's control that has caused the loss of direct flights and/or connections to international destinations, the Emergency Center will reimburse the maximum coverage of the contracted plan, the payment of penalties, purchase of new airline tickets, food, calls, and hotel. This coverage applies even for domestic flights abroad and flights within the country of residence, excluding flights originating in the passenger's city of usual residence or those originating less than 100 km away from it. The beneficiary must notify the Emergency Center of this event on the same day of the late arrival.

**NOTE: Tickets subject to space availability, discount or mileage redemption will not be reimbursed, nor will the service be applied in case of not having the required documentation for entry into the country.**



## XI. Multi-cause trip cancellation

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the Beneficiaries of the plans that establish it, a guarantee of early cancellation of the contracted trip and paid in full. In the case of partial payments, the guarantee is reduced as a percentage equal to what was paid on the total of the Package up to the coverage limit.

The Emergency Center will reimburse up to the maximum coverage limit the penalties for complete, early and definitive cancellation of a trip known as tours, hotel, tour packages, train and bus tickets, excursions, tourist entry visas for a trip in a specific or determined period (does not apply for visas that remain active for 2 or more years), airline tickets or cruises that have been organized or contracted by a travel agency (tour operator), shipping company or professional company related to tourism properly accredited. It does not include rescheduling or postponement of travel. This service does not apply to the trip interruption.

This trip cancellation guarantee will not reimburse values if the expenses have been refunded by the travel agency, tour operator, hotel, shipping company, or the responsible for the service.

The value of the voucher will not be reimbursed for the use of this service.

To be eligible for this benefit, the Beneficiary of the voucher must:

1. To contract the plan with a difference of up to 72 hours after contracting the tourist services and/or cruise. Services contracted after the issuance of the plan will be under cover. Tourist services contracted before 72 hours will not be covered, as long as the penalty period published by the travel agency or shipping company has not started.

2. Give notice to the Assistance Center within 72 hours after the occurrence of the event causing the cancellation.

3. In the case of "Annual Multi-Trip" plans, this benefit will apply only once and corresponds to the passenger's initial trip, not apply to all trips that the beneficiary may make during the total validity of the voucher.

4. Submit all documentation deemed necessary by the Emergency Center to evaluate this benefit, including, but not limited to:

a) Your medical history.

b) Copy of the document proving the occurrence of the accident (medical history, death certificate, firefighters report, police report, court summons, ownership of the property, among others, as appropriate). This document must reflect the date of occurrence (hospitalization, death, claim, among others). This must coincide with the date of the loss that motivated the cancellation.

c) Invoice and/or receipts of the payment of the trip to the agency, as well as, a copy of the travel credit note issued by the agency, Tour Operator, or shipping company, among others.

d) Invoice for cancellation expenses or credit note of the invoice issued by the travel agency, Tour Operator, among others.

e) Chart or document showing the period of penalties published by the travel agency or shipping company, Tour Operator, among others.

f) Account statements reflecting the amounts paid for packages, tickets, etc.

g) Letter of penalties showing what was recovered by the passenger.

h) Further documentation may be requested.

Once the plan has been acquired under the conditions indicated above, and if the benefit is applicable, the term of the benefit begins at the moment in which the Beneficiary receives his/her assistance plan and ends at the moment the trip starts.

**NOTE: Tickets subject to space availability, airline employee discount, or mileage redemption will not be refundable, nor will the penalty result from the total or partial rescheduling of the trip. This service is intended to reimburse penalties not recovered; it does not contemplate the penalties applied by the travel agency.**

There are justified causes for accessing the cancellation service:

1. The death, accident, or serious non-pre-existing illness of the Beneficiary, (except for products that contemplate pre-existence), serious illness is understood as an alteration of health that, in the opinion of the Medical Department of the Emergency Center, makes it impossible for the Beneficiary to start the trip on the date originally contracted.

2. The death, accident, or serious non-pre-existing illness of a relative of the Beneficiary in the first degree of consanguinity (parents, children, or siblings), or spouse, and who is hospitalized, serious illness is understood as an alteration of health that, in the opinion of the Medical Department of the Emergency Center, makes it impossible for the Beneficiary to start the trip on the date originally contracted.
3. The summons as a party, witness, or juror in a court of law (excluding cases in which the beneficiary is summoned as a defendant in proceedings commenced before the trip and the insurance was taken out).
4. Damage caused by fire, robbery, theft, or force of nature to their usual residence or in the professional facilities that make them uninhabitable and justify inescapably their presence.
5. Medical quarantine declared by a competent authority, as a consequence of an accidental event or illness after the trip has been contracted.
6. Verified termination of employment, with a date after the assistance plan was contracted.
7. Emergency call for military, medical or public service.
8. Epidemic, natural catastrophes, or volcanic ash, declared after the date the assistance plan is contracted. In the case of Cruise, products will not be considered as one of the justified causes to access this benefit, cancellations caused by volcanic ash emanations.
9. If the person (people) accompanying the Beneficiary on the trip, being understood as such person(people) sharing the same hotel room or cruise cabin with the Beneficiary, or being a relative(s) of first degree of consanguinity (parents, children or siblings) or spouses, also holder(s) of an assistance plan under the same conditions as the Beneficiary, and such person(people) should be obliged to cancel the trip for any of the reasons listed above.

**WITH 10% DEDUCTIBLE**

They are justified causes for this benefit and contemplated at 90% of the cap marked on the voucher:

1. Change of job position in a different company with a contract of more than 3 months. The change of employment must necessarily take place after the correct contracting of the trip and therefore, to the contracting of the assistance.
2. Surrender of child for adoption.
3. The beneficiary is requested for an organ transplant (public health waiting list) of the insured or any of their direct relatives (mother, father, siblings, children) or spouse. This list is exhaustive and not enunciative.
4. Calling as a member of a polling station of a National or Provincial Government elections that requires attendance during travel dates (not contemplated as a volunteer).
5. Geographical relocation of the job, provided that it involves a change of the insured person's residence during the planned dates of the trip and is a worker in a relationship of dependency. The beneficiary must be notified of the transfer after the assistance has been contracted.
6. Complications of pregnancy (as long as they are not related to pre-existing pathologies) or miscarriage, which by their nature prevent the realization of the trip. Such complications must be after the contracting of the assistance is correctly issued. Excluded are births and complications from the 28th week of pregnancy onwards.
7. Citation for divorce proceedings occurring after the assistance is contracted and coinciding with the travel date.
8. The kidnapping of the beneficiary or any of the following members of the family group: father, mother, sibling, spouse, and children (the list is exhaustive and not enunciative) which event occurred within the 30 days before the beginning of the trip.
9. Cancellation of vacations with a formal and certified letter from the company where you work in a relationship of dependence on the beneficiary.
10. Cancellation of the Beneficiary wedding. It is necessary to present proof of effective wedding planning (civil or church certificate issued before the date the assistance is contracted). This cancellation must be made after the contracting of the assistance.
11. If within 15 days before the beginning of the trip the Beneficiary loses his or her Visa to enter the country of the destination. The Beneficiary must prove using a consular certificate that he/she had such a visa.

Acquired the plan under the conditions indicated above, and if the benefit is applicable, its term begins at the moment in which the Beneficiary acquires his or her assistance plan and ends at the moment the trip begins.

#### **XII. Multi-cause trip cancellation PLUS**

\*Verify that your voucher includes this service\*

#### **This service counts WITH 25% DEDUCTIBLE**

The Emergency Center will reimburse the Beneficiaries of the plans that establish it, an early cancellation guarantees for a trip contracted and paid in full. In the case of partial payments, the guarantee is reduced by a percentage equal to the amount paid on the total of the package up to the limit of coverage.

The Emergency Center will reimburse up to the limit of coverage of the penalties for complete, early, and definitive cancellation known as tours, hotel, tour packages, train and bus tickets, excursions, tourist entry visas for a trip in a specific period (does not apply for visas that remain active for 2 or more years), airline tickets or cruises that have been arranged by a travel agency, (tour operator), shipping company or professional company related to tourism duly accredited. Does not include rescheduling or postponement of travel. This service does not apply to trip interruption.

This Multi-Cause Plus Trip Cancellation Guarantee will not reimburse values if the expenses have been reimbursed by the travel agency, Tour operator, hotel, shipping company, or responsible for the service.

#### **AGE LIMIT for this service 85 YEARS OLD.**

The value of the voucher will not be reimbursed for the use of this service.

To be eligible for this benefit, the Beneficiary of the voucher must:

1. To hire the plan with a difference of up to 24 hours after contracting the tourist services and/or cruise. Services contracted after the issuance of the plan will be under cover, as long as the penalty period published by the travel agency or shipping company has not begun.
2. Give notice to the Assistance Center within a maximum of 24 hours after the event that motivates the cancellation.
3. In the case of "Annual Multi-Trip" plans, this benefit will apply only once and corresponds to the passenger's initial trip; it may not be considered applicable to all trips that the Beneficiary may make during the total term of the voucher.
4. The Multi-cause Plus cancellation fee may not be used 5 days before the start of the trip.
5. Submit all documentation deemed necessary by the Emergency Center to evaluate this benefit, including, but not limited to:
  - a) Invoice and/or receipts of the payment of the trip to the agency, as well as, a copy of the travel credit note issued by the agency, Tour Operator, and shipping company, among others.
  - b) Invoice for cancellation expenses or credit note of the invoice issued by the travel agency, Tour Operator, among others.
  - c) Chart or document showing the penalty period published by the travel agency or shipping company, Tour Operator, among others.
  - d) Bank statements showing amounts paid for packages, tickets, etc.
  - e) A Letter of penalties showing what was recovered by the passenger.
  - f) A letter stating the reason for denial.
  - g) Further documentation may be requested.

**NOTE: Tickets subject to space availability, airline employee discount, or mileage redemption will not be refundable, as well as the penalty as a result of total or partial rescheduling of the trip. This service is intended to reimburse penalties not recovered; it does not contemplate the penalties applied by the travel agency.**

The following are justified causes for this benefit and are considered at 75% of the voucher limit:

#### **1. Customer's Willingness to Cancel for Any Reason**

This reason does not apply to the trip interruption. The Card Holder, under penalty of nullity of the guarantee, must provide Internova-assist with a letter indicating the reasons for the cancellation, to which all the required documentation must be attached.

Clause 15) of these General Terms and Conditions (General Exclusions) does not apply to this benefit, except for the situations listed below:

EXCLUSIONS that apply to item 1.

1. Bankruptcy of Service Provider Companies.
2. When the cancellation of the trip occurs as a consequence of the participation of the Beneficiary in a criminal enterprise, alcoholism, or drug addiction.
3. Self-inflicted injuries.
4. When cancellation is due to a cancelled charter flight.

**NOTE: In case the trip cancellation coincides with any of the above exclusions, the service will not be applicable.**

**Deductible:**

The amount of the benefit will be calculated by taking the amount established in the contracted voucher minus the percentage corresponding to the applicable deductible.

Time for cancellation:

Once the plan has been purchased under the conditions indicated above, cancellation may be requested from the moment the Holder contracts the service and up to 5 days before the beginning of the trip or before the voucher comes into force (whichever occurs first).

The sum insured is per Policy Holder. Likewise, in case of multiple events involving more than one Holder, up to a maximum of 10 Holders, the maximum Liability for all affected Holders will not exceed a total amount of USD 10,000 as a maximum amount for the same cause.

**XIII. Sports**

\*Verify that your voucher includes this service\*

The Emergency Center will only assume expenses for events caused by the practice of sports when the same is carried out exclusively as an AMATEUR activity. Provides coverage for Practice of: Field hockey, Volleyball, Soccer, Rugby, Polo, Rafting, Horseback Riding, Rappel, Skiing, Snowboarding, Mountaineering, Diving (up to 29 meters), Swimming, Water Skiing, Skydiving, Parachuting, Hang Gliding, Paragliding, Surfing, Windsurfing, Kitesurfing, Taekwondo all Amateur sports, snow sports, and adventure tourism. It will be contemplated, all sport of Olympic activity practiced in authorized places or on regulatory tracks. The enunciation is taxative and not enunciative.

EXCLUSIONS: Motorcycling, Cycling, Motorsport, Bobsleigh, Skiing and Snowboarding outside of regulation slopes, Olympic Luge, Hunting of dangerous animals, Mountaineering, hiking, trekking more than 6000 meters above sea level, Skeleton, Spelunking, caving, mountaineering, aerial sports, cave exploration, bungee jumping, scuba diving deeper than 30 meters or requiring decompression/recompression, archery, rifle shooting, climbing, bungee jumping, Boxing, Karate Do, Kung Fu, Judo and other combat sports.

EXCLUSIÓN PARTICULAR: Se excluyen la práctica de deportes por profesionales en competencias o entrenamientos para dichas competencias profesionales (Son considerados deportistas profesionales las personas que viven de la práctica de su deporte sin ejercer otra actividad profesional o reciban remuneración alguna por la práctica de dicho deporte).

PARTICULAR EXCLUSION: The practice of sports by professionals in competitions or training for such professional competitions are excluded. (Are considered professional athletes those persons who make a living from the practice of their sport without exercising another professional activity or receiving any remuneration for the practice of such sport).

**XIV. Tour Operator or Travel Agency bankruptcy expenses**

\*Verify that your voucher includes this service\*

Definitions:

**Tour Operator:** A tour operator is considered to be a company that has its file by the current state regulations legally established, which offers tourist products or services, generally contracted by them, and composed of more than one of the following items: transportation, lodging, transfers, excursions, etc.

**Travel agency:** A travel agency is a legally established company that has its file by the current regulations of the state associated with tourism, whose business is the intermediation, organization, and realization of projects, plans and itineraries, elaboration, and sale of tourist products between its clients and certain travel suppliers, such as, for example: carriers (airlines, cruises), and lodging services (hotels), to make tourism goods and services available to those who wish and can afford them.

**Bankruptcy:** Bankruptcy is a legal situation in which a person (natural person), company, or institution (legal entity) is unable to meet the payments it must make (enforceable liabilities) because these are greater than its available economic resources (assets).

**Benefit description:**

In case of bankruptcy demonstrated before the competent entities of the country where the tour operator or travel agency is legally established and that for this reason the passenger's trip is modified or canceled; Internova-assist will reimburse up to the maximum limit contracted in the plan, the expenses that are accredited made as long as they have no other way for their recovery in the head of the benefit holder, such as: airline tickets not flown, hotel reservations that allow a cancellation, car rental reservations, transportation, lodging, transfers, excursions, etc.

In order for this benefit to be valid, it is essential that the travel agency or tour operator (legally established) and with whom the beneficiary proves to have made the contract and to have been operating in the market for more than 5 years, which will be counted from the date of granting of the authorization/license to operate.

**Benefit cap:**

The maximum limit contracted in the plan will be affected in the case of multiple events, provided that more than 30 beneficiaries are involved. In this case, the global maximum amount for various events must be prorated among all beneficiaries.

**To be eligible for this benefit, the Beneficiary of the voucher must:**

1. The plan must be contracted within 72 hours after the first tourist service is purchased.
2. Those services that have been purchased within the term that do not admit refunds and/or cancellations will be excluded from this benefit.
3. Notify the Assistance Center within a maximum of 72 hours after the bankruptcy order of the tour operator and/or travel agency in question has been issued.
4. Submit all documentation deemed necessary by the Emergency Center to evaluate this benefit, including, but not limited to:
  - A. Invoice counted and/or receipts of the payment of the trip to the agency, as well as, a copy of the travel credit note issued by the agency, Tour Operator, among others.
  - B. Judicial documentation verifying the process and final resolution of the tour operator's bankruptcy.

**NOTE: Tickets subject to space availability, discount or mileage redemption will not be refundable, as well as the penalty as a result of total or partial rescheduling of the flight.**

**Considerations:**

This tour operator or travel agency bankruptcy protection only covers financial losses arising as a direct result of the insolvency of those companies up to the maximum amount of coverage contracted in the plan. Internova-assist is not obliged to reimburse expenses in the following cases:

- If the cost of the tour operator's bankruptcy protection service has not been paid in full.
- If the travel agency or tour operator provides a guarantee or is otherwise insured against insolvency.
- If the airline, hotel, or tour company makes any reimbursement for the expenses incurred by the owner will not be considered for reimbursement of amounts related to these expenses.
- If the bankruptcy is caused, arises out of, or is attributable, directly or indirectly, to the following:
  1. Actual or threatened war or invasion by foreign hostile powers, hostilities or military operations (regardless of whether war has been declared), civil war, rebellion, revolution, riot, civil disturbance arising out of or amounting to a military or other coup, state of emergency, order of confiscation, nationalization or claim for damage or destruction, or damage to property by or following orders of public or local governments or authorities.
  2. Civil commotion arising out of or amounting to a popular uprising, strikes, lockouts, martial law, or act of any lawfully constituted authority.

3. Any loss not directly related to the Event.
4. Any loss you suffered at the time of the tour operator bankruptcy protection was effective after the first threat of insolvency, as defined above.
5. Any fraud, misrepresentation, misdescription, or nondisclosure of any particular material will render this protection for bankruptcy of tour operator or travel agency null and void and all claims that may be filed in this regard will be rejected.
6. If the customer files a claim knowing that the claim is false or fraudulent, this tour operator or travel agency's bankruptcy protection will become null and void and all claims and rights will be rejected.

**The documents required for the reimbursement study will be:**

- a) Documents certifying that the travel agency or tour operator is legally established and with its documentation up to date at the time of bankruptcy.
- b) Judicial declaration of bankruptcy of the agency or tour operator.
- c) Contract and proof of payment for services not enjoyed that were purchased through the travel agency or tour operator.
- d) Proof of payment for expenses incurred by the beneficiary of an Internova-assist policy that has this benefit.

Internova-assist reserves the right to request any additional information and/or documentation it deems relevant for the reimbursement study.

**XV. Compensation for lost luggage**

\*Verify that your voucher includes this service\*

For the pertinent purposes, the Emergency Center will indemnify the Beneficiary of a plan that provides for this service, in addition to the same amount paid or recognized by the airline up to the maximum amount specified in the voucher. The amount that would have been paid to the Beneficiary for Compensation for Baggage Delay shall be deducted from the amount to be indemnified to the Beneficiary for Baggage Loss Compensation.

**The following terms and conditions apply to obtain this benefit:**

- This service is only valid for air transfers.
- That the airline and the Emergency Center have been notified of the event by the Beneficiary before leaving the airport where the loss occurred following the instructions described below.
- That the baggage has been lost during transportation on a domestic scheduled flight, provided that the final destination of the Beneficiary's trip is within his/her country of residence. This item is only contemplated for domestic plans. This benefit does not apply when the loss originates on chartered flights, private or military aircraft, or any flight that does not have a fixed published itinerary that operates regularly.
- The baggage was lost while being transported on a scheduled international flight, this benefit does not apply when the loss originates in chartered flights, private or military airplanes, any flight that does not or military aircraft, or any flight that does not have a fixed published itinerary that operates regularly.
- That said baggage has been duly registered, labeled, and checked in the hold of the aircraft and has been duly presented and delivered to the airline personnel at the terminal dispatch. The Emergency Center will not indemnify the Beneficiaries of a plan, for the loss of carry-on or cabin baggage or any other baggage that has not been duly registered with the airline and has been transported in the hold of the aircraft.
- That the loss of the baggage occurred between the time the baggage was handed over to the authorized personnel to be embarked and the moment at which it should have been returned to the passenger at the end of the trip.
- That the airline has assumed its responsibility for the loss of the aforementioned baggage and has paid to the Beneficiary the compensation foreseen provided for therein. Losses incurred in ground transportation between airports and hotels or homes are not eligible for this compensation. The Emergency Center cannot indemnify the Beneficiary when the Beneficiary has not yet received the compensation from the airline.
- Compensation for a total loss of baggage will be limited to one whole and complete piece of baggage missing and only one damaged Beneficiary. If the missing package is in the name of several Beneficiaries, the compensation will be prorated among them, provided it includes the corresponding ticket numbers of each Beneficiary. No partial missing or broken luggage will not be compensated.

- If the airline offers the Beneficiary as indemnity the possibility to choose between receiving a cash value or one or more tickets or any other means of compensation, the Emergency Center will proceed to pay the Beneficiary the economic compensation for loss of luggage, once the such option is executed.
- It is important to note that in cases of lost luggage, the direct responsible parties are the airlines or transport companies, therefore, the Emergency Center will act as an intermediary facilitator between the airline or carrier and the passenger and cannot be considered or held directly responsible for such loss, nor for the search of the baggage. Airlines reserve the right to accept or not to accept claims to The Emergency Center and in general terms may require that claims be made directly by passengers and not allow the intermediation of The Emergency Center.
- Compensation will always be for the loss of the entire baggage. The Emergency Center and its insurance and reinsurance companies will not compensate for partial loss of baggage.
- Compensation for a total loss of baggage will be paid only in the country where the assistance was purchased. Upon purchase of this agreement, the Beneficiary to be compensated accepts that the values corresponding to the bank and financial expenses resulting from such transactions will be deducted. It is expressly noted that baggage delays are not entitled to any compensation.
- The actual content and/or value of the baggage will not be taken into consideration.

When returning to your country of origin: Present the following documentation:

- Original P.I.R. Form (or Lost Luggage Claim)
- Document or Passport
- Acquired plan
- Original copy of the receipt of the compensation from the airline (Check, proof of payment of the same), airline tickets.

Important: The Emergency Center will only be able to proceed with the reimbursement for lost baggage compensation after the Airline responsible for the loss has duly compensated the Beneficiary.

The Beneficiary cannot be indemnified without proof of payment from the airline.

#### **XVI. Compensation for baggage delay**

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the Beneficiary, whose Plan so provides, upon presentation of the original purchase vouchers, for expenses incurred in the purchase of necessities made during the delay in the delivery of his/her luggage. This benefit will be provided only if the baggage is not located within six (6) hours from the arrival of the flight, except for flights longer than four (4) hours in which expenses may be incurred immediately after notifying the assistance center and obtaining the number of your claim. If the delay or loss of baggage occurs on the return flight to the country of ticket issuance and/or the Beneficiary's usual residence, no compensation will be granted.

If the total loss of the lost luggage is definitively declared by the airline responsible for its handling and the airline proceeds to indemnify the Beneficiary, the amount paid to the Beneficiary for compensation for lost luggage as established in this section will be deducted from the amount to be indemnified by the Emergency Center.

By basic necessities we mean:

- Personal hygiene items
- Underwear
- Daily clothing (Clothing)
- Excluded are food and leisure items.

When returning to your country of origin: Present the following documentation:

- Original P.I.R. Form (or Lost Luggage Claim)
- Document or Passport
- Acquired plan
- Original copy of receipts of expenditures for necessities.

**XVII.** Assistance in case of loss of documents and/or luggage.

\*Verify that your voucher includes this service\*

The Emergency Center will advise the Beneficiary for the report of the loss or theft of their luggage and personal effects, for which the services of the Emergency Center will be made available to the Beneficiary. Likewise, the Emergency Center will advise the Beneficiary in case of loss of travel documents and credit cards, giving instructions for the Beneficiary to file the respective complaints, and process the recovery of the same.

**XVIII.** Sanitary transfer and sanitary repatriation

\*Verify that your voucher includes this service\*

In case of emergency or urgency and if the Emergency Center deems it necessary, the Beneficiary will be transferred to the nearest health center by the means of transportation deemed most appropriate by the Medical Department of the Emergency Center and according to the nature of the injury or illness. It is also established that even in the case of treatments and surgeries that occur in cases classified as urgent or emergency, the medical transfer must be previously requested and authorized by the Emergency Center. Failure to comply with this rule exempts The Emergency Center from taking charge of the coverage of such transfer.

Medical repatriation is understood to mean the transfer of the sick or injured Beneficiary from the place where he/she is to the airport of entry of the country of usual residence and where the voucher should have been issued. Only the Medical Department of the emergency center may authorize the taking of all the measures mentioned in this clause, and the Beneficiary or family member is forbidden to do so on his/her own without the prior written authorization of the emergency center. In addition, the repatriation must be authorized and justified medically and scientifically by the attending physician of the Emergency Center. If the Beneficiary or his relatives or companions decide to repatriate without requesting the opinion of the Medical Department of the Emergency Center, the Emergency Center will not be responsible for the repatriation and all other expenses and consequences will be borne by the sick or injured Beneficiary or his relatives or companions, with no right of recourse or claim against the Emergency Center.

When the Medical Department of the Emergency Center, in agreement with the treating doctor deems it necessary and recommends the medical repatriation of the Beneficiary, this will be carried out in the first instance by the most convenient means of transportation available, and by commercial airline, in economy class and subject to availability of air space, to the airport of entry of the country of residence or purchase of the voucher. The Emergency Center will pay for the differences due to the change of date of the ticket, the expenses for this medical benefit will be computed on account of the limited amount of costs for transfer and repatriation indicated in the coverage box, as long as it is within the effective dates of the voucher. If the voucher expires and you continue to be hospitalized, repatriation is not covered.

This assistance includes your transportation by ambulance or other means of transportation that is compatible with your state of health and approved by the Medical Department of the Emergency Center from the place of hospitalization to your country of residence with the necessary support structure including stretcher, wheelchairs, walker, etc.

No expense will be recognized for repatriation when the cause of repatriation is a consequence of a pre-existing illness or is due to an event included in the general exclusions, except in plans that include pre-existing conditions, which will be included in the pre-existence coverage. The Beneficiary will be entitled to these services always within the term of his/her voucher.

Also, when the repatriated Beneficiary is under 15 years of age or over 75 years of age (for those over 75 years of age a medical recommendation is required), the Emergency Center will organize and pay for the travel of one (1) companion to return to the Beneficiary's country of permanent residence, provided that such companion is also a Beneficiary of an assistance plan and is traveling with the Beneficiary at the time of the assistance causing the medical repatriation. The choice of the way(s) to be used will be at the sole discretion of the Emergency Center.

**Important:** In those products in which the benefit: of Health Transfer and Repatriation is "included", the expenses will be charged against the limit of medical assistance or accident expenses indicated in the voucher chosen and purchased by the beneficiary, as applicable.



**XIX. Funeral repatriation**

\*Verify that your voucher includes this service\*

In the event of the Beneficiary's death during the term of his or her voucher, the family members may opt for one of the following two alternatives:

The Emergency Center will organize and pay for the repatriation of the mortal remains of the Beneficiary by the means it deems most convenient to the airport of entry to the country of residence of the deceased, taking at its own expense the mandatory coffin expenses for air transportation up to the maximum amount specified in the contracted Assistance Plan, including administrative procedures and transportation of the mortal remains.

The Emergency Center will cover the cost of cremation and transfer of ashes by the most convenient means to the airport of entry to the country of residence of the deceased up to the maximum amount specified in the contracted Assistance Plan.

Under no circumstances are expenses for the return of the deceased's accompanying family members contemplated; therefore, the Emergency Center will not pay for any third-party expenses.

The Emergency Center will not pay for funeral repatriation or funeral expenses in cases of death caused by:

- Narcotics or narcotic drugs
- Suicide
- If the death has been the result of a pre-existing disease suffered by the Beneficiary, the treatment of the same being the cause of the trip

To access this benefit, the following documents must be submitted as deemed necessary by The Emergency Center, including, but not limited to:

1. Proof of relationship (marriage certificate, birth certificates, etc.)
2. Declaration of heirs (The term for its presentation expires 6 months after the date of death of the voucher holder).
3. Proof of expenses for repatriation of the mortal remains of the beneficiary or expenses for cremation and transfer of ashes.

**Important:** In those products in which the benefit: Funeral Repatriation coverage is "included", the expenses will be charged against the limit of medical assistance or accident expenses indicated in the voucher chosen and purchased by the beneficiary, as applicable

**XX. Transfer of a family member due to hospitalization of the beneficiary.**

\*Verify that your voucher includes this service\*

If the hospitalization of a Beneficiary, traveling alone and unaccompanied, is longer than ten (10) days, the Emergency Center will reimburse an economy class air ticket, subject to the availability of space for a first-degree relative. If contemplated in the table of benefits of the products, the Beneficiary may be entitled to hotel expenses for his/her accompanying relative for the amount specified in the voucher for a maximum of seven (7) **seven days** or until the patient is discharged, whichever comes first, up to an amount of **USD 80 per day**.

**Important:** For this clause as well as for any other clause that covers hotel expenses, it is understood that these are limited to simple lodging, without restaurant expenses, laundry, telephony, or any other such as mini bar, food taken in the room, among others.

**XXI. Early return due to death of a family member**

\*Verify that your voucher includes this service\*

If the beneficiary must return to his/her country of habitual residence due to the death (regardless of the reason for death) of an immediate family member (parent, spouse, child, or sibling) residing there, the Emergency Center will pay the penalty for the beneficiary's return airfare, only when the ticket is a reduced fare ticket for a fixed or limited return date. To grant this service, proof must be provided using the following documents death certificate of the family member and a document proving the relationship. The return trip benefit will only be provided within the period of validity of the Voucher. For this clause as well as for any other clause that entails the non-use of the transportation ticket initially foreseen by the

beneficiary, the Emergency Center will always recover such ticket and will only pay for the difference between it and the one imposed by the benefit.

**XXII. Early return due to serious loss at home**

\*Verify that your voucher includes this service\*

In case of fire, explosion, flood, or robbery with damage and violence at a beneficiary's home, while the beneficiary is traveling, if no one can take care of the situation, and if the beneficiary's original return ticket does not allow for a free change of date, the supplier will pay the penalty for the beneficiary's return air ticket, only when the ticket is a reduced fare ticket for a fixed or limited return date. This request for assistance must be evidenced by the presentation to the supplier's Assistance Center of the original corresponding police report, within 48 hours following the event. The beneficiary must contact the Emergency Assistance Center to be authorized. Requests for reimbursement will not be accepted without any justification. It will not be entitled to this benefit if the voucher has expired.

**NOTE: The beneficiary must provide the Emergency Center with a reliable document that proves the ownership of the property (rented or owned).**

**XXIII. Substitution of executive**

\*Verify that your voucher includes this service\*

If the Beneficiary is on a business trip abroad and is hospitalized due to a serious medical emergency that prevents him/her from continuing with his/her professional duties.

The Emergency Center will pay for economy class airfare, subject to availability, for the person your company designates as a substitute and hotel expenses up to a maximum of US\$ 80 (eighty U.S. dollars) per day for five (5) days.

**NOTE: The Beneficiary must submit to the Emergency Center the documents that support the disability and documents that accredit him/her and the substitute as employees of the company.**

**XXIV. Accompaniment of minors and adults**

\*Verify that your voucher includes this service\*

If a beneficiary is traveling accompanied only by minors under 15 years of age and/or over 75 years of age who are also holders and beneficiaries of a plan and, due to illness or accident ascertained by the Medical Department of The Emergency Center, is unable to take care of them, The Emergency Center will organize at its expense the transportation of such minors or elderly persons to their usual domicile in their country of origin, by the means, it deems most appropriate (using the tickets in possession of the passengers or the means the Emergency Center deems most appropriate).

**XXV. Transmission of urgent messages**

\*Verify that your voucher includes this service\*

The Emergency Center will send urgent and justified messages related to any of the events that are the object of the benefits contemplated in these general conditions.

**XXVI. Funds transfer**

**XXVII. Transfer of funds for legal bail in case of a traffic accident.**

\*Verify that your voucher includes this service\*

During the trip, in case of urgent and unforeseen need and against prior deposit at the office of The Emergency Center, The Emergency Center will arrange the delivery, to the Beneficiary in the country where he/she is, of amounts up to the limit specified in these general conditions. This coverage will be applied only once, regardless of the period of validity of the assistance voucher plan. Should the Beneficiary be incarcerated as a consequence of a traffic accident, The Emergency Center will arrange for the remittance of the amounts specified in these general conditions to cover the payment of the criminal bail, and the amount referred to shall be previously deposited at the office of The Emergency Center by the Beneficiary's family. The assumed cost will correspond only to the value of the transfer/administrative costs or taxes incurred by the Emergency Center to the Beneficiary.

The granting of this service is subject to the laws in force in the country of occurrence of the event and will be subject to the conditions established by the Emergency Center in each case, which the Beneficiary must accept.

**XXVIII. Legal assistance in case of traffic accident**

\*Verify that your voucher includes this service\*

The Emergency Center will pay, up to the limits indicated in the plan, the expenses of fees incurred for the civil, criminal, or penal defense of the Beneficiary, if he/she is held responsible for a traffic accident.

**XXIX. 24-hour accidental death insurance**

\*Verify that your voucher includes this service\*

This benefit has no indemnity for natural death, illness, or medical pathologies. This benefit only covers instantaneous death as a consequence of an accident. The benefit only covers instant death as a consequence of an accident while the Beneficiary is traveling as a passenger in a means of public, land, sea, or air transportation or while traveling in a cab or limousine, provided that he/she is not a member of the crew, pilot or driver of the transportation. The amount of such insurance is specified within the coverages of each plan. The insurance will be valid as long as the Beneficiary who has contracted an assistance plan is traveling by public transportation and will be valid worldwide.

Beneficiaries must be registered within the databases of The Emergency Center as a Beneficiary with a valid and current assistance voucher at the time of the accident, provided that the Beneficiary is 75 years of age or younger at the time of the accident. It should be clarified that accidental death in public transportation occurring in war zones is excluded from coverage. Family members in the first degree of consanguinity (parents, children, or siblings) or spouses will be entitled to this benefit. This assistance must be evidenced using the Beneficiary's death certificate and a document evidencing the relationship.

It is expressly understood by the parties that this extension of accidental death coverage will not be interpreted as coverage for a disability during such period and even more so as the right to receive an additional amount indicated in the contracted Assistance Plan.

To report this incident, the representatives of the deceased Beneficiary must contact the Assistance Center of the Emergency Center no later than 72 hours after the occurrence of the event.

**XXX. Compensation for medical assistance**

\*Verify that your voucher includes this service\*

This service protects using an indemnity and complementary coverage to the creditor of an Internova-assist travel assistance service. It provides cash to the passenger for surgical interventions performed during his/her trip within the first 30 days from the beginning of the validity of his/her voucher with maximum coverage of up to US\$ 2,700, depending on the surgical intervention suffered by the passenger. This service contemplates up to 642 surgical interventions and is complementary to the usual benefits of the contracted plans.

Each of the 642 surgical procedures is quantified by a particular amount. The operations and compensation amount table can be found on our website at [www.internova-assist.com](http://www.internova-assist.com) or our sales offices.

This service has been duly contracted with a legally constituted insurance company and Internova-assist provides this service in the plans that include this benefit in their particular conditions.

Check the particular benefits of your voucher to see if it includes the Medical Assistance Indemnity benefit.

Service activation:

To request the Medical Assistance Indemnity service, the beneficiary of an Internova-assist voucher, which includes this benefit, must send an e-mail to [reintegros@internova-assist.com](mailto:reintegros@internova-assist.com) activating the service.

The refund department will ask you for the following information:

- Medical report including surgical protocol;
- Or Medical history or proof of service;
- The service request cannot exceed 30 calendar days after the expiration date of your voucher.

**XXXI. Protected Purchases**

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the beneficiary for the cost of purchases made at the destination, such as technological devices, cameras, video cameras, smartphones, tablets, and computers, which have been stolen during the trip, deducting depreciation due to wear and tear and use up to the coverage limit of the voucher contracted.

This benefit includes up to US\$250 for an item of value, a set or a pair.

To access this benefit, the beneficiary must present the documents that The Emergency Center deems necessary, including, but not limited to:

- a. The police report was filed within 24 hours of the occurrence of the event, evidencing the theft of the purchases made at the destination.
- b. Proof of ownership of valuables
- c. Proof or receipt of the beneficiary's credit card, showing the purchase made for the protected item.
- d. The original invoice for the replacement of the stolen item. The replacement must be for an equal or equivalent item.

Exclusions to this coverage are considered:

1. Not covered if the loss occurs in the custody of an airline or other means of transportation and the airline or other means of transportation indemnifies the beneficiary for such loss.
2. Personal belongings or luggage stolen from a parked vehicle will not be covered unless they are in the trunk of the car out of public view and locked in the case of caravans or if there is evidence that the theft was affected by violence or force.
3. Unattended baggage will not be covered unless it is in a hotel room and a secure location and there must be evidence of forcible and violent entry.
4. Wheelchairs, strollers, tricycles, bicycles, motorcycles, and jet skis.
5. Contact lenses, dentures, and hearing aids.
6. Stamps, documents, business goods, and samples.
7. Custody or detention of items by customs authorities.
8. Cases in which the Beneficiary does not take the necessary security precautions. This guarantee does not cover or accumulate payments for personal belongings and Tech Protection.
9. Theft, robbery, or loss of cash will not be covered.
10. Shipping charges and shipping damage of the Protected Purchase will not be covered. to your country of residence.

**Important benefits of Protected Purchase: Personal Items, and Tech. Protection.**

**These 3 benefits are not cumulative for the same object or item and, therefore, in case of coverage for any of them, it will be automatically invalid and no other payment indicated in this observation will be applicable.**

**XXXII. Coverage of sports teams**

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the replacement cost up to the maximum indicated on the voucher up to a maximum of 10 units (not to exceed the amount indicated on your voucher), in case the sports equipment has been stolen from the time of arrival in the destination country to the hotel and from the hotel to the sports / recreational field or vice versa.

Excluded from coverage is the theft of sports equipment at the place of lodging and equipment shipped by a regular or private airline. It is understood as sports equipment: Golf, Tennis, Diving, Ski, snowboarding, Surf, Rugby, Baseball, Soccer, and Basketball. This list is exhaustive and not enunciative.

Documents required:

- a. A police report was filed within 24 hours of the event's occurrence, attesting to the theft of the sports equipment.
- b. Proof of ownership of the sports equipment.
- c. Declaration in customs or in the transport company that accredits the ownership of the sports equipment, must be in the beneficiary's name.
- d. Invoice for replacement of the stolen object, dated after the police report.

**XXXIII. Return to Country of Origin due to Airline Breakdown**

\*Verify that your voucher includes this service\*

If the airline with which the Beneficiary has contracted the round-trip tickets to and from his/her country of origin (round trip) has declared bankruptcy and for such reasons cannot continue its operations and cannot take care of the Beneficiary's return, the Emergency Center will be in charge of the purchase of a new economy class ticket with another airline to the passenger's country of origin, as long as the original

airline does not resolve the situation by other means. The bankruptcy status of the airline must be fully certified by the competent authorities of the country in which the beneficiary is located.

#### XXXIV. Inquiries line

\*Verify that your voucher includes this service\*

The Beneficiaries of a plan may ask the Emergency Center of their geographical area for information regarding consular, health, tourist, and other obligations concerning the country of destination. The concierge service will also be available to passengers.

#### XXXV. Future Mom

\*Verify that your voucher includes this service\*

The benefit applies basically to emergencies that arise during the trip, including emergency check-ups, emergency ultrasounds, medical assistance for illnesses caused by your pregnancy, emergency deliveries due to illness or accident that puts the life of the mother or child at risk, or miscarriages.

Particular exclusions to this benefit:

- Check-ups, ultrasounds, medical consultations in general, medical studies, etc., that are part of the routine controls of the pregnancy process and are not emergencies.
- Normal and full-term deliveries and cesarean sections.
- Medical expenses related to the newborn.
- When it is proven that the reason for the trip is to deliver a baby abroad.

**This benefit will only be provided up to and including the 32nd week of gestation.**

#### XXXVI. Coverage in case of illness or accident during a cruise.

\*Verify that your voucher includes this service\*

This benefit is grouped and its amount of coverage is derived from items I and II Medical Assistance due to accident or Medical Assistance due to non-pre-existing condition. You may be required to pay for medical services that have been pre-authorized by the head office on a cruise. Please keep all documentation for later reimbursement. To activate this service, it is necessary to communicate with the emergency center. Otherwise, the service will not be valid.

#### XXXVII. Personal items

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the Beneficiary for the replacement cost of personal belongings or luggage which are detailed below and which have been stolen, or lost during the trip, deducting the depreciation due to wear and tear and use up to the coverage limit of the contracted plan. Additionally, expenses of purchases or necessities that the beneficiary was forced to acquire as a consequence of the event will be reimbursed. Coverage will be up to the maximum amount of coverage of the voucher contracted.

This benefit includes up to:

- Up to US\$250 for a valuable item, a set, or a pair.
- Loss of medication or medical equipment considered necessary and vital by the medical department to maintain the beneficiary's health.
- Handbag / Briefcase **USD 200**
- Cell phone / Smart **USD 250**
- Writing instruments and cosmetics **USD 200**
- Eyeglasses **USD 150**
- Wallet **USD 180**
- Documents **USD 80**

To access this benefit, the Beneficiary must submit such documents as The Emergency Center deems necessary, including, but not limited to:

- a. Police reports were filed within 24 hours of the event's occurrence, evidencing the theft, robbery, or loss of personal belongings.
- b. Invoice of purchase of personal belongings or luggage and/or Invoice of purchase of necessities, (see definition of BASIC NECESSITIES) or customs declaration in case of stolen object dated before the loss, theft, or robbery.
- c. Proof of ownership of the valuables.

d. Receipts for the purchase of replenishment items.

Exclusions to this coverage:

1. Not covered if the loss occurs in the custody of an airline or other means of transportation and the airline or other means of transportation indemnifies the beneficiary for such loss.
2. Personal belongings or luggage stolen from a parked vehicle will not be covered unless they are in the trunk of the car out of public view and locked in the case of caravans or if there is evidence that the theft was affected by violence or force.
3. Unattended baggage will not be covered unless it is in a hotel room and a secure location and there must be evidence of forcible and violent entry.
4. Wheelchairs, strollers, tricycles, bicycles, motorcycles and jet skis.
5. Contact lenses, dentures and hearing aids.
6. Stamps, documents, business goods and samples.
7. Custody, or detention of items by customs authorities.
8. Cases in which the beneficiary does not take the necessary safety precautions.
9. Theft, robbery or loss of cash will not be covered.
10. Shipping costs and damages for shipping the Personal Item to your country of residence will not be covered.

**NOTE: This benefit complements the replacement of up to one (1) single unit of each product included in personal property.**

Important note of the benefits of: Protected Purchase, Personal Items and Tech Protection.

These 3 benefits are not cumulative for the same object or item, and, therefore, in case of coverage for any of them, it will be automatically invalid, and no other payment indicated in this observation will be applicable.

#### XXXVIII. Tech Protection

\*Verify that your voucher includes this service\*

The Emergency Center will reimburse the Beneficiary for the replacement cost due to theft, robbery, or loss of cameras, video cameras, smartphones, tablets, and computers up to the maximum coverage of the voucher contracted. To access this benefit, the Beneficiary must present the documents that The Emergency Center deems necessary, including, but not limited to:

- a. A police report was filed within 24 hours of the occurrence of the event, evidencing the theft of personal items.
- b. Invoice of purchase or customs declaration of the lost, stolen or robbed object. If the loss occurs in the custody of an airline or other means of transportation, you must present the P.I.R. form or report obtained from the transportation company.
- c. Invoice for replacement of the object. The relief must be for an equal or equivalent object.

Are considered exclusions to this coverage:

1. Not covered if the loss occurs in the custody of an airline or other means of transportation and the airline or other means of transportation indemnifies the beneficiary for such loss.
2. Personal belongings or luggage stolen from a parked vehicle will not be covered unless they are in the trunk of the car out of public view and locked in the case of caravans or if there is evidence that the theft was effected by violence or force.
3. Unattended baggage will not be covered unless it is in a hotel room and a secure location and there must be evidence of forcible and violent entry.
4. Wheelchairs, strollers, tricycles, bicycles, motorcycles, and jet skis.
5. Contact lenses, dentures, and hearing aids.
6. Stamps, documents, business merchandise, and samples.
7. Custody or detention of the items by customs authorities.
8. Cases in which the beneficiary does not take the necessary safety precautions.
9. Theft, robbery or loss of cash will not be covered.
10. Shipping costs and damages for shipping the Technological Object to your country of residence will not be covered.

**NOTE:** This benefit complements the replacement of up to one (1) single unit of each product included in personal property.

**Important benefits of the following benefits: Protected Purchase, Personal Items, and Tech Protection.**

These 3 benefits are not cumulative for the same object or item, and, therefore, in case of coverage for any of them, it will be automatically invalid, and no other payment indicated in this observation will be applicable.

**XXXIX.** Sending of forgotten items

\*Verify that your voucher includes this service\*

In case this service is included in your voucher, and if the beneficiary has forgotten luggage or personal belongings during the trip, the Emergency Center will reimburse the cost of shipping them to the beneficiary's country of origin. This guarantee is also extended to those objects that have been stolen during the trip and subsequently recovered. The maximum limit for this coverage shall be up to the maximum of the coverage of the assistance plan purchased.

**NOTE:** If the object has been stolen, the beneficiary must present a police report filed within 24 hours of the occurrence of the theft of the personal belongings. The Emergency Center is limited only to the reimbursement of expenses and not to the coordination of the shipment, nor will it be responsible for missing or lost object(s).

**XL.** Concierge

\*Verify that your voucher includes this service\*

The Concierge service is available 24 hours a day, 365 days a year to assist the Beneficiary in obtaining information on show tickets, travel arrangements, car rentals, theater reservations, and any other information the Beneficiary may need in major cities around the world. The Beneficiary will be responsible for all costs and expenses associated with requesting Concierge assistance services; this service is for information purposes only.

**XLI.** Loss of Passport

\*Valid for vouchers issued from 12/2/2020, Verify that your voucher includes this service\*

Internova-assist will reimburse up to USD 50 to the Beneficiary for the cost of the Provisional Passport (laissez-passer) that has been lost or stolen during the duration of the trip. To access this service, the Beneficiary must present the documents deemed necessary by the Assistance Center, including, but not limited to:

1. Police report filed within 24 hours of the occurrence of the theft or loss. If the theft occurred in a hotel, the report filed by the hotel management must be included.
2. Proof of payment of Provisional passport (safe conduct).

## **15. EXCLUSIONS APPLICABLE TO ALL SERVICES AND BENEFITS OF THE EMERGENCY CENTER PLANS**

**The following events are expressly excluded from the assistance service:**

1. Chronic or pre-existing, defined or recurrent illnesses, suffered before the beginning of the effective date of the plan and/or of the trip, whether known or not by the Beneficiary, as well as their aggravations, sequelae, and direct or indirect consequences (even when they appear for the first time during the trip).

Pre-existing illness is understood to be any illness or pathological condition that required a previous period of incubation, formation, gestation or development, or similar, within the organism before the commencement of the trip, as an example of typical cases of pre-existing conditions as far as these General Conditions are concerned: Lithiasis, renal or biliary calculus, diseases or crises resulting from intestinal infections due to amoebiasis, giardiasis and similar diseases, venous diseases, gastric diseases such as ulcers, gastritis, gastralgia, irritable bowel syndrome, Khron's disease, mental or nervous diseases, panic attacks, stress, total or partial obstructions of arteries or veins, diabetes in all its phases, blood pressure problems and directly related diseases such as strokes, aneurysms, thrombosis, phlebitis, lupus, respiratory diseases such as asthma, pulmonary emphysema, and others, cancer in all its stages, HIV, cystitis, allergies whatever their origin, cataracts, glaucoma, recurrent mycosis or not, among others. In the case of coverage: Medical assistance for pre-existing conditions, sexually transmitted diseases are excluded, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human

papillomavirus, vaginal trichomonas, trichomoniasis, human immunodeficiency virus (HIV), an acquired immunodeficiency syndrome (AIDS), cancer and all its derivatives, among others.

- Dialysis procedures.
- Transplants.
- Oncology.
- Psychiatric treatment.

The following are excluded from this coverage: replacement, acquisition, or repair of hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, and specific disposable equipment, this list is not exhaustive.

2. Illnesses and/or episodes/epacrisis caused by the ingestion of drugs, narcotics, improperly administered medications, alcohol, etc.
3. Illnesses, injuries, conditions, or medical complications resulting from treatments performed or carried out by persons or professionals not authorized by the Medical Department of Emergency Center.
4. Homeopathic treatments, acupuncture treatments, kinesiotherapy, thermal cures, chiroprody, manicure, pedicure, etc.
5. Conditions, illnesses, or injuries resulting from the enterprise, attempt, or criminal or penal action of the Beneficiary, directly or indirectly, such as fights, quarrels, flagellations, etc.
6. Burns or injuries concurrent with and resulting from prolonged exposure to sun or heat sources, chemicals, and UV rays.
7. Treatment of diseases or pathological states produced by the intentional ingestion or administration of intoxicants (drugs), narcotics, alcohol, or by the use of medications without the respective medical order.
8. Expenses incurred for any type of prosthesis, including dental, glasses, eyeglasses, hearing aids, wheelchairs, crutches, eyeglasses, Oximeter, blood pressure cuff, thermometer, etc.
9. Events occurring as a consequence of simple training, simple practices, or active or non-active participation in (professional) sports competitions. Also expressly excluded are occurrences resulting from the practice of dangerous or extreme sports, including but not limited to Motorcycling, Motor racing, Boxing, Polo, Water skiing, Diving, Diving, Hang gliding, Kartism, Quad biking, Mountaineering, Skiing, Football, Canoeing, Paragliding, Kayaking, Badminton, Basketball, Volleyball, Handball, Karate-do, Kung fu, Judo, Archery, Rifle shooting, Tejo, Rappel, Torrentismo, Mountaineering, Hiking, Climbing, Bungee jumping, Athletics, Cycling, Luge, Speleology, Skeleton, Hunting, Bobsleigh, Rugby and other sports practiced outside of regulatory tracks and authorized by the respective sports federations. Except for the product with Sports coverage, which is only excluded for the following sports: Motorcycling, Cycling, Motorcycling, Motoring, Torrents, Bobsleigh, Skiing and Snowboarding outside regulatory tracks, Olympic Luge, Hunting of dangerous animals, Mountaineering over 6000 meters, Skeleton, Speleology, Andinism, Aerial sports, Cave exploration, Bungee Jumping, scuba diving deeper than 30 meters or requiring decompression/recompression, Rifle shooting, Climbing, Bungee jumping, Boxing, Karate-Do, Kung Fu, Judo, Archery, and other combat sports. Excluded are sports practiced by professionals in competitions or training for such professional competitions (Professional sportsmen and women are those who live from the practice of their sport without exercising any other professional activity or receiving any remuneration for the practice of such sport).
10. Births and cesarean sections of normal course and at term, states of pregnancy, gynecological controls, or their related examinations, and also all contraceptive methods. Induced abortions, acts of malice or bad faith. Medical and any other type of expenses related to the newborn (such as, for example, and without this list being exhaustive: nursing and neonatology, feeding, etc.).
11. All types of mental, nervous or psychological illnesses, including nervous breakdowns, panic, stress or similar crises, eating disorders such as bulimia, anorexia, vigorexia, megarexia, among others.
12. Conditions, illnesses or injuries derived from the consumption of alcoholic beverages of any kind.
13. Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) in all its forms, sequels, and consequences. Venereal diseases and/or in general any type of benefit, examination, and/or treatment that has not received prior authorization from the Assistance Center.
14. Events and consequences of natural forces, tsunamis, tremors, earthquakes, storms, tempests, hurricanes, cyclones, floods, nuclear radiation, and radioactivity events, as well as any other natural



phenomenon or not, with extraordinary character or event that, due to its proportions or severity, is considered as a national or local disaster or catastrophe, earthquakes, hurricanes, floods, etc.

15. Suicide attempted suicide or self-inflicted injury by the Beneficiary and/or his/her family, as well as any act of gross irresponsibility or gross negligence on the part of the Beneficiary of the travel assistance.

16. Events resulting from acts of war, invasion, acts committed by foreign or domestic enemies, terrorism, hostilities or war operations (whether war has been declared or not), civil war, rebellion, insurrection or military, naval or usurped power, the Beneficiary's intervention in riots, demonstrations or tumults whether or not in the nature of civil war, whether the intervention is personal or as a member of a civil or military organization; terrorism or other serious disturbance of public order.

17. Malicious and/or bad faith acts on the part of the Beneficiary or its attorneys-in-fact.

18. Expenses for a second medical consultation not previously requested and authorized by the Emergency Center.

19. Routine medical examinations, laboratory examinations for medical check-ups, diagnostic and/or control examinations, laboratory or radiological examinations or other means, the purpose of which is to establish whether the disease is a pre-existing condition, such as radiology examinations, doppler, magnetic resonance, tomography, ultrasound, imaging, scanner of all kinds, etc. The medical examinations practiced to establish whether the ailment corresponds to a pre-existing disease or not. If the result is a pre-existing condition and the Beneficiary has not contracted a plan with pre-existing a plan that includes pre-existing medical assistance, he/she will bear such costs.

20. Expenses corresponding to public or private transportation or travel paid by the Beneficiary from his/her hotel or place of stay to the hospital, medical center, or doctor's office. Unless such expenses have been expressly authorized in writing or verbally by the Emergency Center. Except for those medical centers that are more than 15 KM away, provided that the Beneficiary has been referred by the Emergency Center.

21. Diseases derived from or due to or consequent to congenital deformities known or unknown to the Beneficiary.

22. Injuries or accidents resulting from airplane crashes in aircraft not intended or authorized as public transportation, including private chartered flights.

23. Conditions, illnesses, or injuries resulting directly or indirectly from quarrels or fights (unless it is a case of legitimate self-defense proven with a police report), strikes, acts of vandalism, or riots in which the Beneficiary has participated as an active element. The attempt or commission of an illegal act and, in general, any malicious or criminal act of the Beneficiary, including the provision of false or different information from reality.

24. Endemic, pandemic, or epidemic diseases that have been declared by the WHO or reported by the country or provider. Assistance for these diseases in countries with or without sanitary emergency in case the beneficiary has not followed the suggestions and/or indications on travel restrictions and/or prophylactic treatment and/or vaccination issued by sanitary authorities. Except for products that include coverage for epidemics.

25. The Emergency Center will not take charge of examinations or hospitalization to evaluate the medical condition of pre-existing illnesses and/or to rule out their relationship with the condition that motivates the assistance. In these cases, the expenses will be borne by the Beneficiary; unless they have been previously authorized by the Emergency Center in writing to the medical assistance center.

26. Any medical expenses or assistance that has not been previously consulted and authorized by the Emergency Center.

27. Illnesses or indisposition resulting from disorders of the menstrual period, such as early or late menstrual periods, as well as bleeding, flow, and others.

28. Thyroid-related problems.

29. Liver diseases, such as Cirrhosis, Abscesses, and others.

30. Examinations and/or hospitalizations for stress tests and all types of preventive check-ups.

31. Any type of hernia and its consequences. Except for products that include pre-existing medical assistance.

32. Kidnapping or its attempt.

33. Risks arising from situations that are not included in the concept of personal accident, such as consequential injuries, predisposed or facilitated by repetitive stress or cumulative micro-traumas, or that have a cause-and-effect relationship with them, as well as injuries classified as repetitive stress injuries, work-related musculoskeletal diseases, continuous or continuous trauma injuries, etc., or similar, as well as their consequences after treatment, including surgery at any time.
34. Occupational risks: if the reason for the Beneficiary's trip was the execution of work or tasks involving an occupational risk.
35. Situations recognized or equated by the official bodies of social action or similar, to disability due to accident, in which the event causing the injury does not fall entirely within the characterization of disability due to personal accident.
36. Injuries to driver or passenger due to the use of any type of vehicle, including bicycles, motorcycles, and mopeds without a driver's license, without a helmet, or contracted insurance.\
37. Diseases with immunological compromise, whether as a consequence of the disease itself or the drugs used for its treatment; oncological diseases, cardiovascular disorders, chronic respiratory diseases, chronic renal infections or not, or hepatitis; all types of endemics, epidemic, and/or pandemic diseases, etc., whether known or unknown to the Beneficiary, except for products with epidemic coverage.
38. Accidents and illnesses occurring in countries in civil or foreign war are excluded. Example: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc. (this list is not exhaustive).
39. No assistance of any kind will be provided to the Beneficiary in an illegal immigration or labor situation (including undeclared work in the country from which assistance is required or to students caught working in a foreign country without the respective authorization of the local authorities).
40. Dermatologic And aesthetic treatments, including but not limited to alopecia, acne, seborrhea or psoriasis, and candidiasis, among others.
41. The Emergency Center will not pay for physiotherapy costs referred for the treatment of ailments related to work-related accidents, repetitive tasks, or chronic and/or degenerative diseases of the bones or muscles.
42. Theft, robbery or loss of cash will not be covered.
- If it is established that the reason for the trip was treatment abroad for a basic illness and that the current treatment is directly or indirectly related to the previous illness for which the trip was made; the Emergency Center will be exempted from rendering its services. To this end, the Emergency Center reserves the right to investigate the connection of the current event with the previous ailment.

## 16. SUBROGATION

Until the concurrence of the sums disbursed in compliance with the obligations arising from these General Conditions, the assistance plans and/or insurance companies that assume the risk as a result of the assignment of The Emergency Center shall be automatically subrogated in the rights and actions that may correspond to the Beneficiary or his heirs against third parties, whether natural or legal persons, by the event that motivates the assistance rendered and/or benefit paid. Furthermore; the Beneficiary of the Plan undertakes to pay immediately to the Emergency Center any amount received from the party causing the accident and/or its Insurance Company(ies) as advance payment(s) on account of the settlement of the final indemnity to which the Beneficiary is entitled, up to the amount of the payments received from the insurance companies in the event of the occurrence of the accident. Without this enumeration being understood as exclusive, the rights and actions susceptible to be exercised against the following persons are expressly included in the subrogation:

Third parties responsible for an accident and their insurance companies.

Transportation companies, concerning the total or partial restitution of the price of the unused ticket, when the Emergency Center has taken charge of the transportation of the Beneficiary or his/her remains.

Other companies that cover the same risk.

If the Beneficiary refuses to cooperate or to subrogate such rights to the Emergency Center and/or the insurance companies that assume the risk as a result of the assignment of the Emergency Center, it will be released from the obligation to comply with the services offered and/or due. Likewise, The Emergency Center reserves the right to assign, in whole or in part, all or part of its rights arising from the contractual

relationship with the Beneficiary, as well as the performance, provision of services, and other obligations at its expense to third party professional legal entities in the field of assistance to companies in the industry. In such a sense, the Beneficiary is aware of such right and therefore expressly waives to be notified or communicated in advance of such assignments.

#### **17. EXCEPTIONAL CIRCUMSTANCES OF NON-IMPUTABLE NON-EXECUTION.**

Neither the Emergency Center nor its network of service providers will be liable, enforceable, or executable for acts of God, which cause delays or non-compliance due to natural disasters, strikes, wars, invasions, acts of sabotage, hostilities, rebellion, insurrection, terrorism or pronunciations, popular demonstrations, radioactivity, or any other cause of force majeure. When elements of this nature intervene, the Emergency Center undertakes to execute its commitments within the shortest possible period and provided that once such provision of services is feasible, the contingency that justifies it is maintained.

#### **18. RESOURCE**

The Emergency Center reserves the right to demand from the Beneficiary the reimbursement of any expenses unduly incurred by the Beneficiary, in case of services not contemplated by this contract or outside the period of validity of the assistance plan contracted, as well as any payment made on behalf of the Beneficiary.

#### **19. RESPONSIBILITY**

The Emergency Center shall not be liable and shall not indemnify the Beneficiary for any damage, harm, injury, or illness caused by providing the Beneficiary, at his/her request, with persons or professionals to assist him/her medically, pharmaceutically, or legally. In such cases, the person or persons designated by The Emergency Center will be considered as agents of the Beneficiary without recourse of any nature or circumstance whatsoever against The Emergency Center because of such designation. The Emergency Center strives to make available to the Beneficiaries the best health professionals and the best means; however, they can never be held totally or partially responsible for the bad services or malpractice of such professionals or entities.

#### **20. JURISDICTION**

For all legal matters relating to the contractual relationship between the Beneficiary and the Emergency Center, it is expressly agreed that the jurisdiction of the courts will be that of the legal domicile of the Emergency Center.

#### **21. DEDUCTIBLE OR EXCESS**

If the assistance plan contemplates a deductible or excess, the beneficiary should pay the amount of the deductible or excess for any type of service. In case of using the assistance services a second time for an event unrelated to the first one, the beneficiary must pay this deductible a second time at the time of being attended.

#### **22. EXPIRATION - RESOLUTION – MODIFICATION**

Any claim to enforce the obligations assumed by the Emergency Center through these General Conditions must be made in due form and in writing within a maximum non-extendable period of thirty (30) continuous calendar days, counted from the date of the event that gave or should give rise to the indemnity or benefits. Once this period has elapsed, all rights not exercised promptly will automatically lapse. The Beneficiary may request the unilateral termination of an individual assistance plan exclusively using a written note addressed to the Emergency Center, provided that such request is made at least 48 hours before the start date of the scheduled trip as reflected in the corresponding voucher.

**IMPORTANT**

If the legislation of a particular country where an assistance plan is acquired considers null, unenforceable, regulated, or illegal, the parties agree that such benefit will be considered unwritten, inapplicable, or non-existent, and the rest remaining benefits remain in full force and effect. In any case, the Emergency Center has the unilateral right to terminate the contracted plans and reimburse or return to the beneficiaries the amount paid for such a concept. In those cases, in which the beneficiary or the issuing agent of an assistance plan provides false information as to the identity, origin, or data that induces the Emergency Center to unduly compensate a natural or legal person, they will automatically produce the cancellation of the plan in question and the loss of its rights.