universal assistance A company of ZURICH

IMPORTANT – Dear Traveler: In order to enjoy all the rights included in the General Terms and Conditions of the Service, you must always contact our Operations Center at the time of occurrence of the incident that prompted your assistance request. Contact the telephone number of the country where you are located at the time (toll free lines except for those numbers marked with (*) in which case you should ask the local operator for a collect call or call directly and subsequently submit your receipt to request reimbursement of the expense).
Toll free numbers can only be reached from local phone lines in each country, either land lines, or mobile or public phones depending on local restrictions. Such toll-free numbers cannot be accessed from mobile phones while on roaming. If that was the case, you must call the numbers marked with (*):

Germany	0800-182-6422	**Japan**	0053-153-0002
Argentina	0800-999-6400	**Mexico**	800-123-3363
Argentina (*)	011-4323-7777	**Mexico (*)**	55-4160-8466
Australia	1800-687-163	**New Zealand**	0800-764-910
Bolivia	800-100-717	**Panama**	00800-0540-510
Brazil	0800-555-6651	**Paraguay**	009800-542-0051
Brazil (*)	11-4040-4337	**Peru**	0800-54-248
Chile	1888-0020-0668	**Peru (*)**	1708-5361
Chile (*)	2-2583-2081	**Portugal**	800-854-006
China	4001-202-317	**Puerto Rico**	1877-274-9383
Colombia	01800-954-0511	**United Kingdom**	0808-101-2747
Costa Rica	0800-054-2044	**United Kingdom (*)**	20-3769-8777
Ecuador	1800-102-028	**Dominican Republic**	1800-751-3457
El Salvador	800-6757	**Dominican Republic (*)**	1-829-946
Spain	900-752-213	**South Africa**	0800-983-638-6401
Spain (*)	91186-8911	**Sweden**	020-127-760
United States	1844-229-4864	**Switzerland**	0800-561-349
United States (*)	1-305-590-8016	**Thailand**	1800-32020
France	0800-912-831	**Uruguay**	000-405-4085
Netherlands	20-262-2471	**Uruguay**	2903-0576
Israel	1809-455-511	**Venezuela**	0800-100-5640
Israel (*)	2374-0250		
Italy	800-874-447		

From the rest of the world call collect at +54-11-4323-7777. If you are unable to reach any of the above telephone numbers due to duly justified events beyond your control, dial +54-11-4323-7777 or +54-11-5275-5400 from abroad, or 011-5275-5400 from Argentina. Fax: +54-11-4323-7788.
E-mail: asistencias@ua.com.ar
Note: The + symbol indicates that you must dial the international access code for outgoing calls of the country from which you are placing the call. For **collect calls please request assistance from your local telephone operator.**

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TABLE OF CONTENTS

CHAPTER I – General Considerations 4
1) General Considerations and Definitions 4
2) Voucher Details: 5
3) Trip – Territorial Scope: 5
4) Duration of the Services: 6
5) How to Proceed to Use All the Services of the Provider: 6
6) Duties of the Holder: 6
7) Reimbursements: 7
8) Scope of the Benefits: 8
CHAPTER II – Benefits 8
9) Medical Assistance in Case of Illness or Accident: 8
10) Prostheses and Orthoses: 10
11) Sanitary Transportation 10
12) Sanitary Repatriation: 10
13) Accompanying Adult: 10
14) Transportation of a Family Member: 11
15) Return Trip of Holder: 11
16) Reimbursement of Expenses due to Inability to Board: 12
17) Hotel Expenses for Convalescence due to SARS COV2 (Covid 19): 12
18) Hotel Expenses for Convalescence: 12
19) Forwarding of Urgent Messages: 13
20) Assistance in case of Lost Documents and/or Credit Cards: 13
21) Assistance Hotline: 13
22) Repatriation or Transportation of Remains: 13
23) Advice and Compensation for Lost Baggage: 13
24) Requirements to be Eligible for Baggage Loss Compensation (Air, Sea or River Segments) 14
25) Advice and Compensation for Delayed Baggage: 15
26) Compensation for Damaged Baggage (Air, Sea, or River Segments) 15
27) Baggage Loss, Delay and Damage – Right to a Single Benefit per Trip – Non-Cumulative Compensation 15
28) Transportation of Executives in case of Emergency 16
29) Early Return due to Incident in Beneficiary's Home 16
30) Advance of Funds for Bail 16
31) Legal Assistance 16
32) Transfer of Funds: 16
33) Pre-Existing Condition Upgrade: 17
34) Secure Gift: 17
35) Concierge Services 18
36) Recreational Sports Activities: 19
37) Sports Upgrade 19
38) Medical Assistance for Pregnant Women: 19
39) Rental of Laptop or Similar Equipment 20
40) Conference Call 20
41) Reimbursement of Expenses for Delayed or Cancelled Flight: 20
42) VIP DELAY - Terms of Use: 20
43) Translation of Commercial Documents 21
44) Passport Replacement 21
45) Insurance Policies: 21
46) General Exclusions to the Assistance Services 22
CHAPTER III – Additional Considerations 25
47) Deductible or Excess Payable by the Holder 25
48) Subrogation 25
49) Exceptional Circumstances 25
50) Reservation 25
51) Additional Services 26
52) Non-Cumulative Services 26
53) Statute-of-Limitations 26
54) Direct Agents 26
55) List of Applicable Services 26

56) International Sanctions: 26
57) Certificate 26
58) Offices of the Provider: 26
Notes: 27

CHAPTER I – General Considerations

1) General Considerations and Definitions:

a) These General Terms and Conditions shall govern the provision of travel assistance services rendered by **the Provider** during the trips made by the Beneficiary, the scope of which shall be as defined **herein** and up to the limits and as detailed in the **voucher's table of Benefits**.

b) It is hereby expressly stated, and the Beneficiary so agrees, that the assistance provided is not that of a medical insurance or similar, or an extension or substitution of social security plans or private health insurance policies.

c) Notwithstanding the above, **the Provider** may purchase a personal accident insurance as part of its products available to its beneficiaries. In such cases, the benefit will be detailed on the **voucher's table of Benefits**.

d) It is herein expressly stated that the services and benefits included herein have medical assistance expense limits as defined for each product and in every respect per trip. The expense limits for assistance in case of illness or accident are mutually exclusive.

e) These General Terms and Conditions and the scopes and limits of the benefits pertaining to each type of **voucher** as detailed in the **table of Benefits** shall be considered to be known and accepted in whole by the Beneficiary as from the purchase and effective payment of the services.

f) For all purposes of the contract, the following definitions shall apply:

i) **VOUCHER:** the instrument pertaining to the Travel Assistance Services contract delivered to the traveler which specifies the type of product purchased and the applicable **table of Benefits,** sets out the conditions under which the parties to the contract have agreed to fulfill their respective duties and sets out the name, age and address of the beneficiary/ies, period of cover, maximum trip duration, date of issue and name of the travel agency or issuing entity.

ii) **THE PROVIDER:** Universal Assistance and/or its affiliated or related companies, as per the country where the **voucher** was issued, and for the purposes of these General Terms and Conditions, hereinafter "**the Provider".**

iii) **HOLDER:** means the individual or individuals (consumer/s) included in the **voucher** for whom **the Provider´s** services are purchased and who shall enjoy the benefits of the Travel Assistance Services contract. Accordingly, all Beneficiaries included in the **voucher** shall be considered, for the purposes of the benefits, as primary holders.

iv) **REAL DOMICILE OF THE HOLDER:** The domicile declared on the **voucher.** Any communication addressed to the **Holder** shall be held valid if sent to this domicile. **The Provider** may request from the **Holder** any documentation necessary to verify such domicile. Refusal by the **Holder** to submit such documentation shall release **the Provider** from any obligation to provide services.

v) **ACCIDENT:** Any event that causes a body injury to the **Holder** as a result of an external agent that, in a sudden, unexpected and violent manner causes such body injury or affects the person's state of health, or causes his/her death beyond the person's will and occurs when a blunt object in motion hits the person or when the person hits the object.

vi) **PRE-EXISTENT:** Any physiopathological process the origin or etiology of which is prior to the **voucher**'s cover start date or trip start date (whichever occurs later) and that can be determined through complementary diagnostic tests of regular, ordinary, accessible and frequent use. For the purposes of this Travel Assistance Services contract, pre−existent illnesses or ailments are those that the **Holder** suffers from before the **voucher's** cover period start date as well as those that are manifested after such date, but, nonetheless, needed a period of incubation, development or progress inside the **Holder**'s body prior to the **voucher's** cover period start date or trip start date, as well as those suffered during the cover period of a previous **voucher**.

vii) **INTERNATIONAL TRIP:** means the trip involving transportation between the territories of two or more countries, or between two points within the same country that includes a temporary stop in the territory of a second country. For all purposes, any local or domestic leg of the journey required to reach the final destination shall be considered part of the international trip, provided that this second leg of the journey is commenced within 24hs of arrival at the first point.

viii) **TABLE OF BENEFITS:** the detail of the benefits offered for each Travel Assistance product, being this list of a restrictive nature with regard to the benefits and monetary, quantitative, geographic and age limits of the **Holder**. The **table of Benefits** is printed out together with the **voucher** and is an integral part of the same. Only such benefits explicitly set out in the **table of Benefits** for each product shall apply within the indicated scope and limits.

ix) **SPOUSE:** The natural person who is part of a marriage or civil union or persons who can provide a cohabitation certificate, in accordance with the applicable law of the country where the union was established.

x) **AGE LIMIT:** means the traveler's required maximum and/or minimum age at the time the **voucher** is issued. Notwithstanding the above, certain benefits may have special conditions, which shall be detailed in the **voucher** under the specific condition section.

xi) **COMPETENT GOVERNMENT AUTHORITY:** means the government body responsible for issuing regulations related to immigration, tourism and health matters, both in the country of origin and in the country of destination of the traveler who has purchased the travel assistance **voucher**.

xii) **FULL VACCINATION SCHEDULE:** a **Holder** shall be considered fully vaccinated against the disease known as COVID-19 caused by the SARS-COV2 virus as follows:
(1) Fourteen calendar days after receiving the second dose of a two-dose vaccine series, or , o
(2) Fourteen calendar days after receiving a single-dose vaccine.

xiii) **LINEAR KILOMETERS**: Linear kilometers shall be understood as the minimum distance traveled, as opposed to the straight-line distance between points.
Coverage Upgrades: Upgrade covers increase the monetary sub-limit of a benefit and/or modify its scope as set forth herein. It is clarified that the upgrade amount replaces the base coverage amount, that is to say, these amounts are not cumulative.

2) Voucher Details:

a) The **voucher** is personal and non-transferable, and it benefits the **Holder** (one or more as specified in the **voucher**) who, in order to enjoy the assistance services herein included, shall in all cases show his/her **voucher**, Official Passport or any other documents with which the **Holder** has been granted permission to enter the country where the services shall be used, travel tickets and/or any other documentation that establishes his/her identity and the start and end dates of his/her trip.

b) Residential Exclusion: **The Provider** shall not be responsible for, nor obliged to provide coverage to, persons who habitually reside in Cuba, Iran, Syria, North Korea, or the regions of Crimea, the Donetsk People's Republic (DNR), or the Luhansk People's Republic (LNR) of Ukraine. Therefore, any coverage issued for residents of these countries is null and void.

c) The coverage limits are defined in the **voucher**'s **table of Benefits** per trip for each of the **voucher** holders, unless expressly stated otherwise.

d) Note that when the amounts for the same benefit are stated in different currencies in the **voucher**'s **table of Benefits**, such amounts shall not be cumulative, therefore, the total expenses incurred may not exceed altogether the maximum sub-limit. Limit amounts in Euros apply in such cases where the services are provided in countries that are signatories to the Schengen Agreement.

e) The **Holder** shall not be entitled to make use of the services indicated in the **voucher** in case of illegal entry and/or stay in the country where the services are to be provided.

3) Trip – Territorial Scope:

a) For the purposes of these General Terms and Conditions, the term trip shall be understood as follows:
i) For **vouchers** that grant international coverage: the Beneficiary's departure abroad from the country of his/her real domicile and his/her subsequent return thereto.
ii) For **voucher**s that grant the right to assistance within the national territory of the **Holder**'s country of residence, it shall mean the **Holder**'s departure beyond a radius of 100 linear kilometers (or the distance indicated in the **voucher**) from the city of his/her real domicile, and subsequent return thereto.

b) In all cases, the **Holder** must provide reliable proof of the date of departure and the duration of the trip, and **the Provider** may request the submission of any documentation necessary for such verification. The **Holder**'s refusal to provide such documentation releases **the Provider** from any obligation to render services.

c) It shall be an essential condition for the validity of the **voucher** that the **Holder** has purchased it prior to the start of the trip. **The Provider** may request from the **Holder** any documentation necessary to corroborate this. The **Holder**'s refusal to provide such documentation **releases the Provider** from any obligation to render services.
d) The **voucher** may be used by the **Holder** for all the trips he undertakes whilst his voucher is valid, as defined in clause 4)a).
e) In all cases, countries involved in domestic or international armed conflicts, or those lacking the appropriate infrastructure, shall be excluded

4) Duration of the Services:

a) Services shall be valid from the effective start date and up to the ending date, indicated on the **voucher.** During this period the **Holder** is entitled to make an unlimited number of trips, but the Provider's services will only be delivered provided the trip duration does not exceed the consecutive days per trip that apply according to the type of Voucher purchased, that is informed in the **table of benefits**.
b) No changes to the cover period may be made, nor shall the **voucher** be subject to cancellation for any reason or under any circumstances once it has entered into effect or has been used. The **Holder** may request cancellation of the **voucher** within ten (10) calendar days from the date of issuance, provided that it has not entered into effect and no services have been used. (In Argentina, Law No. 24.240)
c) The expiration of the cover period shall automatically result in the cessation of all services, including cases already initiated and ongoing at the time of expiration, except where the **Holder** is undergoing hospitalization in a healthcare institution for covered medical reasons. In such case, services shall cease either upon discharge from the healthcare institution or when the maximum coverage limit has been reached, whichever occurs first.

5) How to Proceed to Use All the Services of the Provider:

Assistance services must, in all cases, be requested from **the Provider** by telephone and must be previously authorized by **the Provider**. To request such services, the **Holder** must:

a) Contact **the Provider's** Operations Center using the indicated telephone numbers, and state:
   i) **Holder**'s full name and type of product held;
   ii) **Voucher or document number,** cover period, and travel departure and return dates;
   iii) The exact location, including address and telephone numbers;
   iv) The reason for the call.
b) To contact the Operations Center by telephone:
   i) Dial the toll-free number provided for the country where he or she is located, or;
   ii) Request a collect call through the international operator to the designated number, or;
   iii) Verify the procedure for making international calls from the country of location, and dial the number indicated in these General Terms and Conditions preceded by the applicable international access codes. Upon the **Holder**'s return, the cost of such calls shall be reimbursed in accordance with clause 7)g).
c) If for some reason the Beneficiary was verifiably unable to contact **the Provider,** they must proceed as indicated in article 6)a).
d) For security and quality reasons, all communications received by the Operations Center may be recorded and registered. If the **Holder** does not wish his/her voice to be registered he/she should inform so to the operator receiving the call. Such refusal shall be duly noted. Call recordings and written messages shall be used as admissible evidence in the event of disagreements and/or disputes between the parties.

6) Duties of the Holder:

In all cases and for all services, the **Holder** undertakes to:

a) Place the telephone call to request assistance and obtain prior authorization from **the Provider** before taking any action or incurring any expense, in accordance with the procedure indicated in clause 5). If, due to duly justified force majeure, the **Holder** is unable to obtain prior authorization from **the Provider**, he or she must contact **the Provider** to receive assistance, they must contact **the Provider** in due manner within the non−extendable period of 24 hours of its occurrence. This can be done either by the person directly requesting the assistance or by another individual designated by him/her. In the case of passengers on board a cruise ship, the maximum period for registering the case with **the Provider's** Operations Center

shall be up to the fifth calendar day following the expiration of the **voucher**'s validity. Once these deadlines have lapsed, **the Provider** shall be exempt from acknowledging or assuming responsibility for any medical expenses incurred and reported late. Should **the Provider**, by way of exception, decide to cover partially or fully the medical services received by the **voucher Holder** and reported late, such coverage shall be made according to **the Provider's** agreed rates with local service providers.

b) Accept the solutions proposed by **the Provider**.
c) Authorize the professionals or medical institutions involved to disclose to **the Provider**, or to any of its duly accredited representatives, the Medical Record as well as any information necessary to process payment for hospitalization and/or treatment, and to examine all elements related thereto. **The Provider** undertakes not to disclose to third parties any documentation required from the **Holder** (such as medical audit reports prepared by **the Provider**, Medical Record, examinations, etc., carried out in relation to the **Holder**), except with the **Holder**'s express authorization or upon court order.
d) Provide the documentation necessary to determine the applicability of the case, as well as all original expense receipts to be reimbursed by **the Provider,** and any medical information, including that prior to the trip, or of any nature that **the Provider** may consider necessary for the provision of its services
e) Deliver to **the Provider** or its local agent all travel tickets in his/her possession in those cases where **the Provider** is requested to cover any difference over the original travel tickets. **The Provider** shall only be liable for the greater difference, where applicable.
f) Accept the denial of Concierge Service requests at the sole discretion of **the Provider**, as long as such denial is duly justified.
g) Provide any documentation of any kind necessary to carry out the requested procedures.

Failure to comply with any of these obligations shall release **the Provider** from all liability under this agreement.

7) Reimbursements:

The Provider shall reimburse the expenses incurred in the following cases and situations, always within the limits established for each type of expense and subject to full compliance with these General Terms and Conditions:

a) When prior authorization has been granted by **the Provider's** Operations Center.
b) Upon submission of original invoices from professionals or medical centers clearly indicating diagnosis, medical history, admittance form in case of hospitalization issued by the health care institution, details of services rendered, pharmacy receipts describing the medications purchased, which shall be consistent in quality and quantity with those prescribed by the attending physician at that time.
c) Upon submission of the Passport with the stamps of the Immigration Authorities corresponding to the dates of departure from and return to the country of origin, as supplementary documentation, or equivalent proof of departure and return to the country of origin if a passport is not required by immigration authorities.
d) In the event that the **Holder**, due to force majeure, was unable to obtain prior authorization before independently contracting services, and without prejudice to compliance with the obligation set forth in clause 6)a), the **Holder** must provide **the Provider** with all requested information in order to verify the service received, the legitimacy of the emergency giving rise to it, and the impossibility of prior communication. The foregoing is a sine qua non condition to obtain authorization or reimbursement of the expenses incurred. Failure to meet this requirement for any reason shall entitle **the Provider** to:
   i) deny the reimbursement according to the assessment resulting after auditing such expense; or
   ii) proceed with reimbursement subject to a maximum monetary limit equivalent to what **the Provider** would have paid had it contracted the service directly through its network of providers.
e) In all cases, explicit reference must be made to the authorization granted by **the Provider** during the emergency. All documentation related to a reimbursement claim must be submitted within sixty (60) calendar days from the expiration date of the service and/or end of the trip, whichever occurs first; or, in case of cancellation, from the date of the incident. Submissions beyond this period will not be accepted, and **the Provider** will be released from all responsibility.
f) In the event of an accident, reimbursement claims must be accompanied by the corresponding police report, without prejudice to obtaining **the Provider's** prior authorization
g) For reimbursement of telephone calls made to **the Provider's** Operations Center, the **Holder** must submit the original invoice, which must indicate the telephone number called. Only the costs of calls to **the Provider's**, as well as any additional expenses incurred due to calls made by the Operations Center to the **Holder**'s contact number, shall be reimbursed.

h) **Form of payment: The Provider** shall reimburse the **Holder** in the legal currency of the country where the reimbursement is paid, at the official exchange rate in force on the day prior to payment.
i) **Means of payment:** Payments shall be made in accordance with the laws and/or tax regulations of the country where the reimbursement is paid.
j) **Amounts not covered:** Reimbursement shall not apply to amounts withheld and/or collected as taxes.
k) Reimbursement requests: Requests for reimbursements must be submitted through the app, website at https://www.universal-assistance.com, or at **the Provider's** or its local representatives' offices, prior scheduling an appointment. Postal addresses may be consulted at www.universal-assistance.com.
l) **Resolution timeframes: The Provider** will endeavor to resolve reimbursement requests within a maximum of 45 days from the moment the Reimbursements Department receives all the documentation required and necessary to assess the applicability of the case. If the **Holder** has not received the authorized payment by the end of this period, he/she must immediately contact **the Provider** by email at reintegros@ua.com.ar or by phone at (54-11) 4323-7800. The information entered by the **Holder** through the app or website shall be deemed a sworn statement, and the **Holder** is responsible for its authenticity and accuracy. **The Provider** shall not be liable for failure to credit reimbursable amounts in the event of omission and/or error by the **Holder**.

8) Scope of the Benefits:

The obligations undertaken by **the Provider** shall only apply to accidents and/or sudden and acute illnesses contracted after the start date of the **voucher**'s cover period or the start date of the trip, whichever occurs later. All symptoms and/or congenital or pre-existing illnesses, whether chronic or not, known or unknown to the **Holder**, as well as illnesses under treatment, together with their consequences and exacerbations, are expressly excluded, even if they appear for the first time during the trip and manifest after its start. In such cases, **the Provider** shall only cover, if at its sole discretion it deems appropriate, the first medical consultation during which the pre-existing condition is determined.

CHAPTER II – Benefits

Not all of the benefits detailed in this chapter are included in all products. Please verify the list of benefits and their limits in the **voucher** delivered to you.

9) Medical Assistance in Case of Illness or Accident:

The medical assistance services offered by **the Provider** exclusively cover urgent treatment of acute conditions that prevent the **Holder** from continuing the trip, namely:

a) **Medical consultations: the Provider** may coordinate home visits provided that: i) the nature of the emergency justifies such visit, ii) there are physicians within **the Provider's** network who deliver these type of services in the location the assistance is needed; and iii) the physicians are available at the requested time.
b) **Telemedicine:** depending on the nature of the assistance, **the Provider** may coordinate and arrange this benefit to offer guidance and general health information. Depending on the country where the **Holder** is located, the service may include writing a medical prescription and/or prescribing medications always related to the diagnosis that motivated the consultation. Even in such cases where a medical prescription can be issued, there will be limitations regarding all medications regulated by local laws and/or containing psychotropic substances, in which case a prescription may only be issued through an in−person medical consultation
c) **Consultation with a specialist:** whenever indicated by the emergency team of physicians and previously authorized by **the Provider's** Operations Center.
d) **Complementary medical exams:** any tests ordered by the professionals designated by **the Provider** and authorized by the related Operations Center.
e) **Physical rehabilitation therapy: i**n cases of trauma, if authorized by **the Provider's** Medical Department and prescribed by the treating physician, **the Provider** shall cover up to ten (10) sessions of physio-kinesiotherapy, according to medical prescription, up to a maximum of USD 150 (one hundred fifty U.S. dollars) per session.

f) **Medications**: **the Provider** shall cover the cost of prescribed medications for the condition that required outpatient treatment assistance, up to the maximum limit per trip corresponding to the type of **voucher** purchased, as specified in the **table of Benefits**. In case of hospitalization, medications supplied will be included without limit within the overall medical assistance coverage for illness or accident.

g) **Dental care: the Provider** shall cover expenses for emergency dental care limited to pain relief and/or extraction of the affected tooth, up to the maximum limit per trip corresponding to the type of **voucher** purchased, as specified in the **table of Benefits**. The mentioned maximum limit includes medications related to dental care. Expenses for prosthetics of any kind and endodontic treatments (e.g., root canal treatments) are excluded from this benefit

h) **Hospitalization: w**hen prescribed by physicians designated by **the Provider**, hospitalization will be arranged at the nearest and most suitable healthcare center, at the sole discretion of **the Provider**. Such hospitalization shall be covered by **the Provider** during the entire cover period of the **voucher**, and always within the medical assistance expense limit corresponding to the purchased **voucher**, as specified in the **table of Benefits**.

i) **Additional days for hospitalization:** when the **Holder** requires hospitalization and is not discharged by **the Provider's** medical team while the **voucher** has already expired, coverage shall be extended for the additional period indicated in the **table of Benefits**, provided the medical assistance limit has not been exhausted. If the **Holder** has been discharged but is not cleared to board the originally scheduled means of transportation, **the Provider** shall cover up to a maximum of USD 1,000 (one thousand U.S. dollars) for expenses corresponding to post-discharge outpatient check-ups until the **Holder** is fit to travel or up to a maximum of 30 days (whichever occurs first). Only urgent and necessary outpatient consultations, as well as prescribed medications and laboratory tests, shall be covered.

j) **Surgical procedures:** when authorized by **the Provider's** Medical Department and Operations Center, in emergency cases that urgently require such treatment.

k) **Intensive Care and Coronary Care Unit:** when the nature of the illness or injuries so requires, and always with authorization from **the Provider's** Medical Department and Operations Center, this type of treatment shall be provided.

l) **Medical assistance for pre-existing conditions: w**hen indicated in the **voucher**, **the Provider** shall cover the assistance for pre-existing health conditions up to the amount specified in the **table of Benefits**, provided these are acute episodes or unforeseeable events requiring urgent care during the **Holder**'s trip and which cannot be postponed until his/her return to the country of residence. Consequently, for the purposes of this benefit, the exclusions stated in clauses **46)iii), 46)iv), 46)v)** and **46)viii)** shall not apply. Genital herpes and human papillomavirus (HPV), are excluded from this coverage. Dialysis procedures, transplants, oncological treatments, diseases with immune system compromise (whether as a consequence of the illness itself or the drugs used for its treatment), and psychiatric treatments are also excluded from coverage. Periodic or routine monitoring and/or check-ups of the health condition are excluded from **the Provider's** responsibility for assistance, as well as treatments intended for the definitive resolution of the condition.

m) **Expense limits**:
   i) **Expense limits for medical assistance due to illness:** the amount of expenses for all the services set forth in this clause has a maximum limit per trip, including taxes, the amount of which is specified in the **table of Benefits.**
   ii) **Expense limits for medical assistance due to accident:** when medical treatment is required as a result of an accident, as established in clause **1)f)v)**, the maximum limit per trip, including taxes, shall be the amount specified in the **table of Benefits**.
   iii) The limits for medical assistance expenses due to illness and accident indicated in the immediately preceding items are not cumulative; only one of them shall apply, depending on the cause of the assistance.
   iv) **Aggregate for multiple events:** in case of an accident involving and affecting more than one **voucher Holder**, the maximum liability of **the Provider** shall not exceed, jointly and for all affected Holders, the per-event amount indicated in the **table of Benefits**, which shall be distributed among all Holders on a pro-rata basis, and which in no case may exceed the accident medical assistance limit per **Holder**.

n) It is established that all expenses incurred during the same trip under any of the items set forth above shall be included within the maximum limit established in sub-clause m), regardless of whether the **Holder** has more than one **voucher** or service issued by Universal Assistance. Once the applicable maximum limit has

been exhausted, **the Provider's** responsibility shall cease, and the **Holder** shall not be entitled to any benefit or reimbursement related to services for which the expense limit has been exhausted, regardless of the remaining period of coverage of the **voucher**(s) that may apply or of other **voucher**s issued in his/her name for the same trip. In such cases, Universal Assistance will choose to allocate the expenses to the product that most benefits the **Holder**.

10) Prostheses and Orthoses:

The Provider shall bear the expenses for prostheses and orthoses, only in such cases when indicated in the **voucher**'s **table of Benefits voucher** and up to the monetary sub-limit indicated therein. Therefore, the exclusion set forth in **46)xxvii)** shall not apply. Expenses for this benefit shall be charged against the Expense Limit for Medical Assistance indicated in the **table of Benefits**.

11) Sanitary Transportation:

In emergency cases, **the Provider** shall make arrangements for the transportation of the injured or sick **Holder** to the closest health care institution to receive medical assistance. Should the attending physician recommend that the patient be transferred to a more appropriate health care institution, the necessary arrangements shall be made for such transfer, taking into consideration the possibilities of the case, prior approval of **the Provider's** Medical Department and under the conditions and by the means approved by the Operations Center involved.

Only medical reasons shall be taken into consideration when deciding the applicability and/or urgency of the **Holder**'s transfer, which shall be assessed exclusively at the sole discretion of **the Provider's** Medical Department. When the attending physician recommends the sanitary transportation of the **Holder**, such transportation shall be supported in writing on medical and scientific grounds.

If the **Holder** or his/her traveling companions should decide to proceed with the transportation disregarding the opinion of **the Provider's** Medical Department, no responsibility shall fall upon **the Provider** for such conduct. Consequently, the transportation, the costs and consequences thereof shall be borne at the sole expense and risk of the **Holder** and/or his/her traveling companions, with no right of recourse against **the Provider**.

This service shall be subject to limitations that may vary according to the type of **voucher** purchased. Expenses for this benefit shall be charged against the Maximum Expense Limit for Medical Assistance indicated in the **table of Benefits,** except for medical assistance for pre-existing conditions (or Upgrade thereof). In such cases, expenses shall be charged against the expense limit for such concepts.

12) Sanitary Repatriation:

When **the Provider's** Medical Department deems it necessary to carry out the sanitary repatriation of the **Holder** as a consequence of illness or serious accident, the repatriation of the injured or ill party shall be carried out, with prior authorization from **the Provider's** Medical Department, according to the possibilities of the case, under the conditions and means authorized by the intervening Operations Center, up to the country of the **Holder**'s real domicile. This repatriation must also be medically and scientifically justified and authorized by the attending physician. If the **Holder** or his/her travel companions decide to proceed with the repatriation disregarding the opinion of **the Provider's** Medical Department, no responsibility shall fall upon **the Provider** for such conduct, and the repatriation, its costs, and consequences shall be borne solely at the expense and risk of the **Holder** and/or his/her travel companions, with no right of recourse against **the Provider**.

The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**, except in the case of Medical Assistance for Pre-Existing Conditions (or its Upgrade), in which case the expenses shall be charged against the expense limit established for such concepts.

13) Accompanying Adult:

If a **Holder** is traveling as the sole companion of one or more minors under 15 (fifteen) years of age, who are also Holders of a **voucher**, and the adult **Holder** becomes unable to care for said minor(s) due to illness or accident requiring hospitalization of the adult **Holder** for a period exceeding 5 (five) calendar days, **the Provider** shall arrange, at its sole discretion, the free-of-charge transportation of an accompanying adult solely to escort the minor(s) back to their real domicile. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits.**

14) Transportation of a Family Member:

a) In the event of a medical isolation prescribed by a professional physician for a **Holder** with a positive COVID-19 diagnosis caused by the SARS-COV2 virus, provided that the assistance has been coordinated by **the Provider**, **the Provider** shall cover the cost of a round-trip economy class airline ticket from the **Holder**'s country of residence, so that a family member may accompany the **Holder**, provided that the **Holder** had traveled without companions (or only with minors) and was alone at the destination at the time of hospitalization. Airline tickets shall be subject to seat availability. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**.

b) In the event that the hospitalization of a **Holder**, as authorized by **the Provider**, exceeds 5 (five) calendar days, **the Provider** shall cover the cost of a round-trip economy class airline ticket from the **Holder**'s country of residence, so that a family member may accompany the **Holder**, provided that the **Holder** had traveled without companions (or only with minors) and was alone at the destination at the time of hospitalization. Airline tickets shall be subject to seat availability. This benefit shall only be granted insofar as the first 5 (five) days of hospitalization fall within the cover period of the **Holder**'s **voucher**. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**.

15) Return Trip of Holder:

a) **The Provider** shall cover the cost difference of the **Holder**'s return air ticket due to a change of date, when the ticket is round-trip with a fixed or limited return date, or the penalty charged by the airline, when it is not possible to comply with the original return date due to illness or accident of the **Holder**, provided that the **Holder** has been assisted by **the Provider** and with authorization from the relevant Operations Center. In cases where the **Holder** has purchased a ticket that does not allow changes even upon payment of a penalty, **the Provider** shall reimburse a maximum amount of USD 200 (two hundred United States dollars) in the case of international air tickets. The foregoing also applies to other means of transportation and to domestic air tickets under products with national scope.

b) **The Provider** shall cover the cost difference of the **Holder**'s return air ticket when, for medical reasons, the **Holder** must change the original mode of travel. Only medical reasons, as evaluated at the exclusive discretion of **the Provider's** Medical Department, shall be taken into account in deciding the eligibility for this benefit.

c) Without prejudice to the provisions of sub-clause a) above, if the **Holder** of a **voucher** is on a Cruise trip and is unable to continue the scheduled itinerary due to illness or accident, **the Provider** shall cover the cost of a return ticket to the port of embarkation or to the next scheduled port (by the most appropriate means). For this benefit to apply, it shall be necessary that the has been involved in coordinating the assistance from the outset and that there is medical authorization for such purpose.

d) **The Provider** shall bear the costs of penalties for change of ticket date, under the same criteria detailed in sub-clause a), when, due to the death or serious illness of a family member of the **Holder** (exclusively father, mother, spouse, sibling(s), or child(ren)) in the **Holder**'s country of residence, the **Holder** must return early. To be eligible for this benefit, the **Holder** must provide documentation evidencing the family relationship, as well as the patient's medical records.

e) This benefit shall also apply to the **Holder** of a **voucher** whose travel companion (also a **Holder** of a **voucher** or Universal Assistance service) must unexpectedly interrupt his/her trip for one of the following reasons: i) death or serious illness requiring the companion to return to his/her place of residence, or ii) death or serious illness of the companion's spouse, child, mother, father, or sibling(s) requiring early return to the place of residence. **The Provider** shall assume the penalties for change of date of the **Holder**'s return ticket. **The Provider** shall only assume the costs corresponding to the return of one companion, regardless of the number of people traveling together. In the case of minors, the provisions set forth in clause 13) shall apply. Travel companions shall be considered those persons who, at the time of the event, can prove that they are traveling together, with coinciding travel dates, destinations, hotels, etc.

f) Specific Exclusions: For sub-clause e) above, **the Provider** shall pay the penalty cost for change of ticket date only if the original ticket class is maintained. For sub-clauses a) and c) above, the pathologies listed in clause 51) of these General Terms and Conditions are excluded. The circumstances giving rise to this benefit shall be verified and accepted at **the Provider's** exclusive discretion. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits.**

16) Reimbursement of Expenses due to Inability to Board:

The Provider shall reimburse hotel expenses (excluding extras, i.e., lodging only) of the **Holder** who, for medical reasons verifiable by **the Provider's** Medical Department, is unable to board the return flight to his/her country of residence. This benefit shall be provided from the original boarding date and shall be subject to the monetary limit indicated in the **table of Benefits**. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**.

17) Hotel Expenses for Convalescence due to SARS COV2 (Covid 19):

a) **Holder:** When the **Holder** of a **voucher** must postpone his/her return trip to his/her city of residence due to being diagnosed positive for COVID-19, **the Provider** shall reimburse the necessary hotel accommodation and meal expenses when the treating physician prescribes mandatory bed rest or medical social isolation as a result of: 1) a positive COVID-19 diagnosis caused by the SARS-COV2 virus, or 2) after a hospitalization, provided that authorization from **the Provider's** Medical Department has been obtained and such hospitalization was organized and borne by **the Provider**. This reimbursement only applies to the additional hotel days to those originally booked for the Beneficiary's trip. In addition, transportation expenses between the healthcare center or treating physician and the lodging facility shall be covered.

b) **Accompanying family member:** Likewise, **the Provider** shall cover the hotel accommodation expenses (excluding extras, i.e., lodging only) of the **Holder**'s travel companion, also a **voucher Holder** from **the Provider** (or a beneficiary of the benefit provided for in clause 14), when the treating physician prescribes mandatory bed rest or medical social isolation as prescribed by a medical professional for the **Holder** as a result of: 1) a positive COVID-19 diagnosis caused by the SARS-COV2 virus, or 2) after a hospitalization, provided that authorization from **the Provider's** Medical Department has been obtained, and provided that such hospitalization was organized and borne by **the Provider.**

c) Both benefits shall have a maximum total limit per trip and per day as specified in the **table of Benefits**. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits.**

d) **Aggregate for multiple events:** In the event of multiple events arising from the same causing incident (an occurrence that results in a positive COVID-19 diagnosis caused by the SARS-COV2 virus and leads to an extension of stay for one or more Holders of the group), whereby a plurality of Holders of the service are affected by the same event, **the Provider** shall not be bound to pay and/or reimburse to the different Holders as a whole any amount exceeding the aggregate limit for multiple events established in the **voucher's table of Benefits**. In such cases, **the Provider** shall pay up to the limit indicated for such aggregate per event, which shall be distributed on a pro rata basis among all affected beneficiaries, and always up to the maximum amount defined per person for such cover. A "group" shall be understood as the set of Holders included and identified in a group **voucher** issued, or, even if issued under multiple **voucher**s, forming part of an associated group by virtue of sharing the same travel itinerary, being lodged in the same hotel, and/or sharing the same means of transportation to and from the destination.

18) Hotel Expenses for Convalescence:

a) **Holder: The Provider** shall reimburse hotel accommodation and necessary meal expenses when the treating physician prescribes mandatory bed rest for the **Holder** after hospitalization (which must have lasted a minimum of five consecutive days), under the condition that authorization from **the Provider's** Medical Department has been obtained and such hospitalization was organized and borne by **the Provider**. In addition, transportation expenses between the healthcare center or treating physician and the lodging facility shall be covered.

b) **Accompanying family member:** Likewise, **the Provider** shall cover the hotel accommodation expenses (excluding extras, i.e., lodging only) of the **Holder**'s travel companion, also a **voucher Holder** from **the Provider**, or a beneficiary of the benefit provided for in clause **14)**, when the treating physician prescribes mandatory bed rest for the **Holder** after hospitalization (which must have lasted a minimum of five consecutive days), under the condition that authorization from **the Provider's** Medical Department has been obtained, and provided that such hospitalization was organized and borne by **the Provider.**

c) Both benefits shall have a maximum total limit per trip and per day as specified in the **table of Benefits**. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits.**

19) Forwarding of Urgent Messages:

The Provider shall be responsible for transmitting urgent and justified messages from the Holders relating to any of the events covered under this type of assistance**.**

20) Assistance in case of Lost Documents and/or Credit Cards:

The Provider shall advise the **Holder** on how to proceed in the event that he/she has lost his/her documents and/or credit cards.

21) Assistance Hotline:

The Provider shall provide the **Holder**, through its Operations Center and on a 24/7 basis, 365 days a year, with information regarding:

a) Hotels, weather, currency, consulates, embassies, etc., at the **Holder**'s destination.
b) General pre-travel advice in relation to the **Holder**'s pathologies and/or needs.
c) Information on equivalent medications in case the **Holder** loses or forgets his/her regular medication.

22) Repatriation or Transportation of Remains:

In the event of the death of the **Holder** of a **voucher** during the trip, **the Provider** shall organize and cover, by the means it deems most appropriate, the costs of a transport casket or cremation at the place of death, administrative formalities (to the extent possible), and transportation to:

a) For **vouchers** with international coverage: the point of entry into the country of the **Holder**'s real domicile. Transfers within the **Holder**'s country of residence shall not be covered by **the Provider**;
b) For **voucher**s with national coverage: the place of burial determined by the **Holder**'s direct relatives, in the city of the **Holder**'s real domicile;
c) In the event of the **Holder**'s death, if the **Holder** had traveled without companions and was alone (or with minors) at the destination, **the Provider** shall cover the travel and lodging expenses of one family member (from the **Holder**'s place of residence) so that such person may carry out the necessary procedures and arrangements for repatriation. Tickets shall be in economy class and subject to availability of the passenger transport company. For hotel expenses (lodging only, without extras), **the Provider** shall cover up to USD 150 (one hundred fifty United States dollars) per night, for a maximum of three nights.

The costs of the definitive casket, funeral arrangements, and burial shall in no case be borne by **the Provider**.

The Provider shall not be responsible for the transportation of remains nor shall it reimburse any related expenses if funeral companies or other third parties become involved before **the Provider**. This service shall only be provided if **the Provider's** assistance is requested immediately upon the death.

Transportation assistance shall not be covered if the death is related to or caused by any of the pathologies set forth in clause **46)** of these General Terms and Conditions.

Expenses for this benefit shall be charged against the Maximum Expense Limit for Medical Assistance indicated in **the table of Benefits**.

23) Advice and Compensation for Lost Baggage:

a) **Losses occurring on air segments:**
   i) Loss of entire piece of baggage: If upon arrival from an international flight or its immediate connecting flight, or from a domestic flight (only for products with National coverage including this benefit), the airline does not deliver to the **Holder** of a **voucher** one or more pieces of his/her checked and duly dispatched registered baggage, **the Provider** shall pay the **Holder** a compensation which shall be calculated depending on the type of **voucher** purchased as indicated below:
      (1) For **vouchers** granting Supplementary compensation: **the Provider** shall pay a supplementary or additional compensation to that paid by the airline, of USD 80 (eighty United States dollars) per kilogram of lost baggage compensated by the airline, up to the maximum limit indicated in the **table of Benefits**.

(2) For **voucher**s granting Complementary compensation: **the Provider** shall pay a complementary compensation to that paid by the airline, calculated as follows: the difference between the amount paid by the airline per kilogram of lost and compensated baggage and the maximum of USD 80 (eighty United States dollars) per kilogram, up to the maximum limit for each type of **voucher** indicated in the **table of Benefits.**

ii) **Special baggage:** Compensation for lost baggage duly checked in the hold shall be calculated as specified above, regardless of the replacement value of the lost items and regardless of whether they were included in the airline's free baggage allowance.

iii) When the airline has not recorded the weight of the baggage, **the Provider** shall consider the maximum weight allowed per piece by the airline, according to the fare class of the ticket.

iv) Payment method: **The Provider** shall compensate the **Holder** in the legal currency of the country where reimbursement is made, at the official exchange rate in effect on the day prior to payment.

v) **Immediate connection:** Immediate connection means the domestic air segment undertaken as part of an international trip, with this second flight departing within 24 hours of arrival of the first, without the **voucher Holder** leaving the airport.

vi) **Declared amount:** In no case shall the compensation for baggage loss, added to the airline's compensation, exceed the amount declared or claimed in the complaint submitted to the airline by the **Holder**. If this occurs, the supplementary or complementary compensation by **the Provider**, depending on the type of **voucher** purchased, shall be limited accordingly.

b) Losses occurring on maritime segments:
If upon arrival of an international cruise/ship, one or more pieces of duly registered and dispatched baggage are not delivered to the **Holder** of a **voucher**, **the Provider** shall pay the **Holder** compensation in the amount specified in the **table of Benefits**. The calculation and method of payment shall be subject to sub-clauses a)i)(1), a)i)(2), a)iii), a)vi), and a)iv) above.

24) Requirements to be Eligible for Baggage Loss Compensation (Air, Sea or River Segments):

a) **The Provider** must be notified of the event by the **Holder** within 48 hours of the issuance of the P.I.R. (Property Irregularity Report) or of an equivalent complaint files with the carrier.

b) The **Holder** must have checked his/her baggage in the hold of the same unit on which he/she traveled, as evidenced by the boarding pass, and must have filed a complaint for non-delivery upon arrival at the destination with the company responsible for failing to return his/her baggage.

c) The baggage loss must occur between the time it is handed over to the airline's or maritime company's authorized personnel for boarding and the time it should have been delivered to the passenger at the end of transport.

d) In the event that the missing baggage is under the names of multiple **voucher** Holders, compensation shall be prorated among them, provided that they are listed as affected parties in the airline's non-delivery report, which must include the relevant passenger ticket numbers (name and ticket number) of each affected party.

e) It is hereby stated that, since the compensation offered by **the Provider** is supplementary or complementary to the compensation granted by the carrier to the **Holder**, depending on the type of **voucher** purchased, it shall be a sine qua non condition for payment that the **Holder** submit the original document issued by the carrier proving that the corresponding compensation has been paid to the affected **Holder**, as well as a copy of the complaint (P.I.R. or equivalent), issued in the **Holder**'s name and including the **Holder**'s ticket number and the number of missing kilograms, the travel ticket(s), baggage claim tags indicated in the documentation, and the relevant **voucher**. **The Provider** shall be unable to pay such supplementary or complementary compensation, as the case may be, if the passenger has not previously received compensation from the carrier.

f) Exclusions of the benefit:

i) Under no circumstances shall **the Provider** be liable for missing and/or total or partial damage to the contents of baggage, or to the suitcase(s) or any other container used to transport it (except for **vouchers** explicitly including this benefit).

ii) The **Holder** shall be entitled to only one compensation per trip, regardless of the number of **vouchers** issued in his/her name and/or the number of losses suffered.

iii) If the claim filed by the **voucher Holder** has been fully compensated by the carrier, the **Holder** shall not be entitled to any supplementary benefit from **the Provider**.

iv) Losses verified on domestic or cabotage flights or cruises, except for the compensations explicitly included in the **table of Benefits** of **vouchers** with National scope.
v) Persons who are not entitled to transport baggage.
vi) When the airline company compensates with a Miscellaneous Charges Order (M.C.O.) for airline tickets, lodging, or other services, **the Provider** shall compensate the **Holder** once such services have been used. The compensation criterion in these cases shall be that of The Hague, Warsaw, and/or Montreal conventions, as set forth in the travel tickets of airlines adhering to I.A.T.A.

25) Advice and Compensation for Delayed Baggage:

a) Loss exceeding eight hours of checked baggage in the hold:

If any entire piece of baggage of a **voucher Holder** has been lost by the airline during an international flight or its immediate flight connection, and has not been made available to the **Holder** within 8 (eight) hours from the arrival time of the aircraft, the **Holder** shall receive a compensation for expenses incurred in purchasing essential items and/or services due to the absence of baggage, up to the limit indicated in the **table of Benefits**.

b) Requirements to qualify for this benefit:
   i) Notify **the Provider** of the loss within 48 (forty-eight) hours of issuance of the P.I.R. or complaint form filed with the airline and before returning to the country of the **Holder**'s real domicile.
   ii) The **Holder** must remain abroad for the stipulated minimum period of 24 (twenty-four) hours.
   iii) The **Holder** must submit the following documentation at **the Provider's** offices: **voucher**, passport, travel tickets, the original complaint filed with the airline (P.I.R. form or equivalent), and original receipts for expenses incurred in purchasing essential items up to the amount of the compensation requested. Such receipts must correspond to purchases made by the **Holder** at the place where the baggage was lost, from the moment this benefit applies until the baggage is made available to the passenger. In the event of permanent loss, the provisions of clauses 23), 25) and 26) of these General Terms and Conditions shall apply.

c) Specific exclusions:
   i) If the baggage is delayed on the return flight to the country of the **Holder**'s real domicile, no compensation shall be granted.
   ii) **The Provider** shall not be bound to compensate expenses under this benefit when the delay is caused by natural disasters or acts of God as set forth in clauses 46)xvii) and 46)xviii)

d) In the event of delay in the delivery of checked baggage, **the Provider** shall advise the **Holder** on the steps to take in order to formally file a claim with the airline and to subsequently process the request for reimbursement of expenses incurred as a result of the delay.

26) Compensation for Damaged Baggage (Air, Sea, or River Segments):

If any of the baggage checked in by the **Holder** in the airline hold suffers damage that prevents its normal use, **the Provider** will pay the **Holder** a compensation for baggage damage, up to the limit indicated in the **table of Benefits**. Excluded are cosmetic damages, those that do not affect the functionality of the item, and damages resulting from normal wear and tear.

For this benefit to apply, the following must be verified:

a) The **Holder**'s **voucher** includes this benefit for the means of transport giving rise to the claim;
b) The damage occurred between the moment the baggage was handed over for boarding and the moment it should be returned to the passenger upon disembarking;
c) The **Holder** must file the relevant claim with the carrier and present it to **the Provider**;
d) The **Holder** must notify **the Provider** within 48 hours of issuing the claim form with the carrier;
e) Reimbursement will be made according to the amount detailed in the **table of Benefits**, provided that the damage is such that it caused total breakage or is irreparable.

The Provider's guarantee will cover the total cost of repairing the baggage and, at most, the purchase price, provided it does not exceed the maximum compensation indicated in the **table of Benefits.**

The Provider may require the **Holder** to send the baggage to a specific location in order to verify and assess the damage. Shipping costs shall be borne by the **Holder**.

27) Baggage Loss, Delay and Damage – Right to a Single Benefit per Trip – Non-Cumulative Compensation:

The **Holder** shall be entitled to a single compensation per trip for baggage loss and/or delay and/or damage under the terms and conditions set forth in clauses 23), 25) and 26), regardless of the number of **vouchers** issued in this/her name and regardless of the number of delays and/or baggage losses that may occur during the **voucher's** cover period.

Compensations for baggage loss and/or delay and/or damage per trip indicated in clauses 23), 25) and 26) above are **not cumulative**, applying only one of them per event.

28) Transportation of Executives in case of Emergency:

If the **Holder** is on a business trip and is hospitalized, with authorization from **the Provider**, due to a serious medical emergency preventing him/her from continuing the business trip, **the Provider** shall cover the cost of a travel ticket for the person designated by the **Holder**'s company to replace the hospitalized **Holder**. This ticket shall be purchased in the same class in which the executive to be replaced traveled and shall be subject to availability. The replacement must also be a **Holder** of a valid **voucher** at the time of travel.

In no event shall this benefit be granted if the **Holder** has used the benefits established in clause 14) of these General Terms and Conditions. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**.

29) Early Return due to Incident in Beneficiary's Home:

In case of breaking of dwelling through doors or windows, fire or explosion in the **Holder**'s real domicile, with risk of further damage, **the Provider** shall cover the **voucher Holder**'s return expenses to the affected domicile. If the dwelling belongs to two or more **voucher** Holders, **the Provider** shall cover only the return of one of the Holders. Return expenses shall be understood as the penalty for changing the date of the return ticket or the difference in cost of a return ticket from the place where the **Holder** is located to the affected domicile. In cases where the passenger has purchased a ticket that does not permit changes, even upon payment of a penalty, **the Provider** shall reimburse up to a maximum of USD 200 (two hundred U.S. dollars) for international airline tickets. **The Provider** shall require the **Holder** to return the unused ticket, for refund in favor of **the Provider**. The **Holder** shall submit the corresponding police report.

30) Advance of Funds for Bail:

In cases where civil and/or criminal proceedings are initiated against the **Holder** for a traffic accident, **the Provider** shall post bail before the competent Court up to the maximum amount indicated in the **table of Benefits** to release the **Holder** from jail on probation in case he/she was arrested.

The sum advanced shall be considered a loan, and the **Holder** undertakes to repay it to **the Provider** as soon as possible and always within thirty (30) calendar days of its granting. The loan shall be granted to the **Holder** upon real or personal collateral to the satisfaction of **the Provider**.

31) Legal Assistance:

At the **Holder**'s request**, the Provider** shall make available to the **Holder** a lawyer to assist him/her with his/her defense in a criminal or civil lawsuit where the **Holder** is held liable for a traffic accident. **The Provider** shall cover an amount to pay such lawyer's fees up to the maximum limit detailed in the **table of Benefits**. Assistance shall not be provided, nor shall any amount be reimbursed, if the **Holder** uses a lawyer other than one designated or duly authorized by **the Provider**.

32) Transfer of Funds:

In the event of a justified emergency and at **the Provider's** discretion, the **Holder** may request the transfer of a sum of money consistent with the type of emergency and up to the maximum limit per trip applicable to the type of **voucher** purchased, as indicated in the **table of Benefits**. The cost of the fund transfer shall be borne by **the Provider**. It is understood that the **Holder** shall arrange for **the Provider** to receive, prior to the transfer, the total amount to be transferred at its offices or at a location designated by **the Provider. The Provider** shall not manage the purchase or sale of foreign currency and shall not be held responsible in cases where the legal and/or tax regulations of the countries involved in the transfer restrict or impose conditions different from those requested by the **voucher Holder**.

33) Pre-Existing Condition Upgrade:

In the event that a product with a **Pre-Existing Condition Upgrade** is purchased, **the Provider** shall grant coverage for any symptomatology arising from the list of exclusions under clauses 46)iii), 46)iv), 46)v), 46)viii) and 46)ix) of these General Terms and Conditions, up to the financial limit specified in the **table of Benefits**. Accordingly, symptomatic manifestations of these conditions shall be covered both during the diagnostic phase and throughout treatment. Coverage includes both acute presentations and exacerbations of its chronic condition, the onset of congenital diseases, and conditions resulting from medical treatments initiated prior to the trip. The list includes: genital herpes, human papillomavirus, hepatitis of any etiology (whether in an acute phase or exacerbated chronic phase), and diseases with immunological compromise (whether due to the disease itself or the medications used for its treatment). In the case of oncological and immunological diseases, coverage shall apply until stabilization of the condition or until the amount specified in the **table of Benefits** is reached. Exclusions: chronic dialysis procedures and any variations or alternations thereof, transplantation of any organ at any stage of disease (acute or chronic), psychiatric conditions, routine or periodic monitoring and/or check-ups of covered diseases, and treatments intended to definitively resolve the underlying problem.

34) Secure Gift:

The Provider shall reimburse the **Holder**, up to the maximum amount indicated in the **table of Benefits**, in the event of theft or material damage to any personal property purchased by the **Holder**, provided that the property was acquired during the trip and paid for with a Credit Card.

a) **Conditions to qualify for this benefit:** The following are necessary and essential conditions to access this benefit:
   i) The property must have been purchased during the **Holder**'s trip and within the **voucher's** cover period.
   ii) The property must have been purchased using a Credit Card belonging to the **Holder**.
   iii) The theft or damage must have occured during the **Holder**'s trip and within the **voucher's** cover period**.**

b) **Specific Exclusions:**
   i) **Exclusions to covered causes: The Provider** shall not reimburse the **Holder** in the event that theft or damage occurs as a result of declared or undeclared war, invasion, rebellion or insurrection, hostilities of any kind, confiscation or seizure by order of public authorities or governments, lawful or not, smuggling, or other unlawful acts; normal wear and tear; radioactive contamination; defects inherent to the item; flooding or earthquake; direct material damage caused to the items by gross negligence or intentional misconduct of the **Holder**; direct material damage to items acquired unlawfully; theft, loss, and/or misplacement of items.
   ii) **Exclusions to personal property:** For the purposes of this benefit, the following shall not be considered personal property under any circumstances: cash or any cash equivalents, travelers' checks, banknotes, and travel tickets; live animals and plants; food and beverages; jewelry, precious stones, and watches inside baggage, unless kept with the **Holder** and under his/her custody or that of known companions at all times; items checked for air transport, even when checked on international flights.
   iii) **Other exclusions:** The benefit shall not cover purchases made under extortion and/or any other vitiated will and/or consent of the **Holder**; defects inherent to the product resulting from faulty manufacturing or that generate manufacturer and/or seller warranty liability are not covered; in no case the benefit shall apply within the **Holder**'s country of residence, the country of issuance of the **voucher**, or the country where the **Holder** is located at the time of purchasing the **voucher.**

c) **Duties of the Holder:**
   i) Notify **the Provider** as soon as possible, and in any event within a maximum period of 24 hours (twenty-four hours), under penalty of loss of guarantee, of the existence or potential existence of a loss, providing the exact circumstances in which the theft or damage occurred.
   ii) Submit the detailed invoice from the store where the purchase was made when more than one item is acquired using a single purchase receipt.
   iii) In the event of theft, submit the following documentation: Original Police Report filed at the location of the loss, Original Purchase Invoice**,** Credit Card Statement, Passport, and **voucher** from **the Provider**.
   iv) In the event of damage, submit the following documentation: Repair Estimate, Original Purchase Invoice, Credit Card Statement, Passport, and **voucher** from **the Provider.**

d) **Benefit amount:**
   i) The maximum compensation offered by **the Provider** shall be the amount established in the **table of Benefits.** Should multiple losses derive from a single event, **the Provider** shall not be liable to pay an aggregate amount greater than USD 5,000 (five thousand U.S. dollars), regardless of the number of individuals affected
   ii) **The Provider** reserves the right to either replace the insured item or compensate the **Holder** monetarily for its loss.
   iii) **The Provider's** guarantee for material or accidental damage to any item shall include the total cost of repair and, at most, the purchase price of the item, provided that it does not exceed the maximum compensation specified in the **table of Benefits**.
   iv) Claims for items forming part of pairs, sets, or collections shall be settled based on the total purchase price of the pair, set, or collection where the damaged items cannot be individually replaced and render the remaining items unusable.
   v) This coverage shall apply solely and exclusively in the absence of, or in the event of insufficiency of, any other insurance covering the same insured items, whether purchased by the **Holder** as the policyholder or by any other policyholder for the benefit of the **Holder**.
   vi) **Note:** In the event of material damage to the items, **the Provider** is entitled to require the **Holder** to send the damaged items to a location specified by **the Provider** to verify and assess the damage. Shipping costs, provided they are not disproportionate to the value of the items, shall be borne by the **Holder**.

e) **Method of payment:** as per clause 7)h).

35) Concierge Services: the Holder shall be entitled to the following Concierge services:

a) **Travel information:** the **Holder** may request information on visa requirements, passports, entry permits, vaccinations and other travel documentation; weather conditions; foreign currency exchange rates; details about the destination country of his/her trip and its main cities, and customs and local practices at the places to be visited.
b) **Travel Assistance and Arrangements: The Holder** may request reservations for domestic and international flights; coordination of itineraries and excursions; hotel bookings; vehicle rentals (including standard or luxury cars, limousines, chauffeur services, and taxis); and translation services.
c) **Shows and Events: The Provider** will provide information on schedules and ticket availability for special shows, including opera, ballet, theaters, concerts, museums, and other cultural events and activities, as well as sporting events.
d) **Restaurants:** The **Holder** will have access to information and/or reservation services for restaurants and may request advice regarding:
   i) Types of cuisine;
   ii) Price range;
   iii) Directions to the restaurant;
   iv) Group reservations.

All reservations are subject to restaurant availability and provided no extra charge is required.

e) **Entertainment Information: The Provider** will provide information on excursions and visits to points of interest; advice on scheduling and booking tennis courts, golf courses, spas, gyms, and sports clubs; and information on special sports activities available in the area.
f) **Gifts and Shopping Assistance: The Provider** shall provide suggestions and ideas for gifts; assist the **Holder** with information on well-known shopping locations and help locate items that may be difficult to find.
g) **Specific exclusions and restrictions of the service:**
   i) **The Provider** may deny any request which, in its sole discretion, it considers it is:
      (1) made for resale, professional, or commercial purposes;
      (2) impossible to perform or obtain;
      (3) subject to risk (e.g., if it originates in or must be processed by illegal means);
      (4) violates national or international laws, regulations, or rules, as applicable;
      (5) violates the privacy of others;
      (6) immoral or unethical;
      (7) intended solely for price comparison.

ii) Except for services listed in a) above, services shall only be provided once the **voucher** has become effective.
iii) **The Provider** reserves the right to deny any request or terminate a service in progress at any time, without liability for the consequences of such action. If a request is denied, **the Provider** shall inform the **Holder** and attempt to provide one or more alternatives.
iv) **The Provider** shall under no circumstances make financial transactions on behalf of or for the **Holder**, limiting its role to providing relevant information. **The Provider** assumes no responsibility for incorrect or improper use of the service, nor for the quality, warranty, compliance with specifications, functionality, customs procedures and/or duties if applicable, or the applicability of any third-party product or service purchased by the **Holder** under the Concierge Service recommendation.

36) Recreational Sports Activities:

a) **Application**: **The Provider** shall bear the costs of medical assistance requests derived from the practice of sports for recreational purposes up to the maximum amount established in the **voucher's table of Benefits**, provided that:
   i) They are practiced for recreational purposes, that is to say, the sport is not the main reason motivating the **Holder**'s trip, instead, it is an activity that occurs spontaneously and occasionally (illustrative and not exhaustive). The practice of snow sports shall be considered valid only when carried out on designated ski slopes intended for recreational use and not reserved for expert or professional athletes.
   ii) They are carried out in appropriate environments and under the necessary safety measures.
b) **Specific exclusions:**
   i) Assistance arising from the**Holder's** participation in sports competitions, whether amateur or professional.
   ii) Assistance arising from the **Holder's** participation in training sessions, practice, or similar activities, whether amateur or professional.
   iii) Assistance arising from participation in hazardous sports.

37) Sports Upgrade: exclusively for **vouchers** that include a SPORTS upgrade, and in accordance with the provisions set forth in these General Terms and Conditions, **the Provider** shall offer the following additional services to the **Holder**:

a) **Search and rescue expenses: The Provider** shall cover up to a maximum limit of USD 5,000 (five thousand United States dollars) for expenses incurred in the search and rescue of the **Holder** as a result of engaging in amateur sports activities, provided that the location where the event occurs lacks the necessary means for such rescue. These expenses shall be charged against the Medical Assistance Expense Limit set forth in clause 9)m).
b) **The Provider** shall cover medical assistance services required as a consequence of the **Holder's** practice or participation in any sports competitions (whether amateur or professional), provided such activities are carried out in expressly appropriate and/or authorized facilities to that effect. Accordingly, for the purposes of this benefit, the exclusions set forth in Clauses 51)xiv) and 51)xv) shall not apply. The expenses for this benefit shall be charged against the Medical Assistance Expense Limit set forth in clause 9)m).
c) **Specific Exclusions:** whether in case of accident or illness, treatments derived from the following events shall be excluded from the assistance cover:
   i) consequences arising from the practice of either professional or amateur parachuting, base jumping, wingsuit flying, mountaineering at altitudes above 3,000 meters above sea level, rock climbing, diving, boxing, motorcycling, automobile racing, downhill mountain biking, bungee jumping, and so-called extreme sports in general.
d) All other provisions of these General Terms and Conditions remain fully valid, except where expressly modified by this clause.

38) Medical Assistance for Pregnant Women:

The Provider shall cover expenses arising from emergency care related to the pregnancy of **the Holder**, up to the monetary sub-limit specified in the **table of Benefits** of the **voucher**, provided the pregnancy does not exceed the 26th week of gestation and the **Holder** is not older than 40 years of age at the start date of the trip

or the **voucher's** cover period (whichever occurs first). In the event of premature delivery, the stated sub-limit shall apply jointly to both the **Holder** and the newborn. These expenses for this benefit shall be charged against the Medical Assistance Expense Limit indicated in the **table of Benefits**.

39) **Rental of Laptop or Similar Equipment:** In the event that the **Holder** suffers the theft and/or loss of his/her laptop, tablet, iPhone, or similar device during the trip, **the Provider** shall reimburse the expenses incurred for the rental of a computing device with characteristics comparable to the lost or stolen item, up to the maximum amount specified in the **table of Benefits**, provided that the following conditions are met:
   a) The theft and/or loss must have occurred during the **Holder's** trip.
   b) The **voucher's** cover period must comprise both the date of the event and the date of the rental.
   c) The equipment must have been duly declared to Customs upon departure from the **Holder's** country of residence and upon entry into the destination country of the trip.
   d) The **Holder** must submit all documentation evidencing the occurrence of the event (police report, customs declaration, rental receipt, etc.)

40) **Conference Call**: **The Provider** shall coordinate a telephone conference with up to three (3) participants and a maximum duration of ten (10) minutes, at the **Holder's** request, in connection with any event covered under the benefits of this assistance.

41) **Reimbursement of Expenses for Delayed or Cancelled Flight:** If, upon arrival at the airport, the **Holder's** flight (or connecting flight) was unexpectedly delayed for more than six (6) consecutive hours from the originally scheduled departure time, and no alternative means of transportation was available within that period, **the Provider** shall reimburse the **Holder** up to the limit specified in the **table of Benefits** for expenses such as hotel accommodation, meals, taxis, communications, and essential items incurred during the delay. Reimbursement shall be made upon submission of proper receipts and a certification from the airline confirming the delay or cancellation. Applicable Conditions:
   i) The **Holder** must contact the Operations Center from the Airport to request authorization and case opening. Reimbursement of expenses shall also apply in cases where the **Holder** misses an immediate connecting flight due to such delay or cancellation.
   ii) This benefit shall not apply if the **Holder** is traveling on a ticket subject to flight availability.
   iii) This benefit shall not apply if the airline reschedules the **Holder's** flight and notifies the passenger at least six (6) hours prior to the original departure time.
   iv) **The Provider** shall not be bound to reimburse expenses under this benefit if the delay or cancellation is caused by unforeseen weather phenomena or force majeure, as set forth in clauses 46)xvii)and 46)xviii).

42) **VIP DELAY - Terms of Use:**
   a) Scope of service: VIP Delay provides free access to airport VIP lounges if the **Holder**'s flight is delayed by more than 60 minutes or is definitively canceled. The **Holder** must register all flights purchased for the trip under which the services of the Provider were purchased, as the Provider does not have prior knowledge of such flights. This service applies to Holders whose product includes this item in the **table of Benefits**.
   b) Terms of use: To access this service, the **Holder** must register at https://universalassistance.smartdelay.com/vipdelay and agree that his/her personal details and information entered therein will be shared with third parties for the only purpose of providing the Service. The **Holder** declares being aware that not all flights are eligible for registration. To access this Service, the **Holder** needs to register his/her flight at least two hours before the scheduled departure of the flight at https://universalassistance.smartdelay.com/vipdelay. The **Holder** is allowed to register up to 4 flights dated within the **voucher**'s cover period.
   c) **The Provider** reserves the right to deny the Service if the **Holder** or Beneficiary fails to accurately enter his/her details. The departure of the **Holder**'s flight will be monitored by a flight tracking system of **the Provider** of the service**.**
   d) Subject to VIP lounge availability and the necessary conditions for this benefit to apply, if the **Holder** has registered successfully, he/she shall gain access to a VIP airport lounge. If the airline announces a delay of 60 minutes or more (this delay may be caused by one single delay or an accumulation of smaller delays that

sum up to 60 minutes), or if the flight was cancelled, the registered **Holder** will receive an email with a bar code that will give him/her access to the lounge. The coupon will be valid for 90 days and can be used only once during that period of time.

e) **The Provider** will rely solely on the above-mentioned flight tracking system to determine if the **Holder** is eligible for the service. The **Holder** accepts that **the Provider** does not warranty the accuracy of the flight tracking system and the **Holder** or Beneficiary shall not rely on it to track his/her flight departure time.

f) Only those persons named in the email confirmation shall be eligible to receive the Service. The Service is provided on a non−transferable, non−refundable and non−changeable basis. No cash or credit alternatives will be offered. Upon entering the VIP airport lounge, the **Holder** agrees to abide by the rules and policies of the lounge. The terms and conditions for lounge access can be found here: **https://loungefinder.loungekey.com/pass/conditions-of-use/**

g) **Liability: The Provider** shall not be liable for losses that result from any of the following: loss of income or revenue; loss of business opportunities; loss of profits or loss of expected earnings. The Provider shall not be liable for any failure to perform, or the delay in the performance of, any of its obligations arising from these terms and conditions, that is caused by an event of force majeure that prevents the Provider from rendering the service as set forth in clause 46)xvii) Where the **Holder** uses any of the participating VIP airport lounges, any losses or liability arising out of, or in connection with using such lounge shall be the liability of the participating lounge. The Provider provides no guarantee for goods and services accessed through the participating lounges.

43) Translation of Commercial Documents: If the **Holder** requires translation of a commercial document during the trip, from Spanish to English, French, or Portuguese, or vice versa, **the Provider** will provide the translation within 72 hours of the request. The **Holder** is entitled to translation of a single document per trip, up to the cost limit specified in the **table of Benefits**. **The Provider** assumes no responsibility for the content of the original document or the accuracy of the translation.

44) Passport Replacement: if the **Holder's** passport is lost, misplaced or stolen during his/her trip, **the Provider** shall reimburse upon his/her return a sum of money for the expenses incurred in the issuance of a provisional Passport, up to the limit specified in the **table of Benefits, as long as** the following conditions are met:

a) The theft, loss or misplacement must have occurred during the **Holder's** trip.

b) The date of the mishap and the date of the provisional Passport request must fall within the **voucher's** period of cover.

c) The **Holder** must submit all the documentation proving the occurrence of the event and the validity of the expenses incurred.

d) The **Holder** must report the mishap to **the Provider's** Operations Center within 48 (forty eight) hours immediately after occurrence.

45) Insurance Policies:

Certain products of **the Provider** include an insurance policy against accidental death without any additional charge for the **voucher Holder**. These insurance policies are hired from an insurer and are subject to local applicable insurance regulations, Specific and General Terms and Conditions. The Beneficiary is aware that the complete text contents are available at **the Provider's** offices upon request. The type of risk covered as well as the insured amount shall be stated in **voucher.**

a) Insured risks:

i) Accidental death 24 hours: covers the accidental death of the insured while on a trip that maybe either national or international depending on the product purchased.

ii) Accidental death in public transport: covers the accidental death of the insured occurred while traveling as a passenger on a passenger public means of transport duly licensed by competent authority and as long as the insured had paid for his/her travel ticket.

iii) Accidental death in regular airline flight: covers the beneficiary's death occurred while traveling onboard a regular airline flight.

iv) Total and permanent accidental disability 24 hours: covers total and permanent disability caused by an accident suffered by the insured while on a national or international trip, depending on the type of product purchased.

v) Total and permanent accidental disability in public transport: covers total and permanent disability caused by an accident suffered by the insured while traveling as a passenger on a passenger public means of transport duly licensed by competent authority and provided that the insured had paid for his/her travel ticket.

b) **Insured Person:** The Holders of **vouchers** that include this benefit are insured free of charge during their trip to foreign countries (for international **voucher**s) or within the country where such **voucher** was issued (for national **voucher**s) and throughout the **voucher's** cover period.

c) **Uninsurable persons:** the maximum age limit for each covered risk shall be detailed in the **voucher**. However, under no circumstances shall people over 85 years old be eligible to be insured. Deaf, blind, short-sighted graded over 10 diopters, amputees affected with a disability of over 10%, paralytic, epileptic, drug addicts, mentally ill persons or those who due to physical disabilities or serious illnesses suffering at the time or the sequels they might have suffered, constitute an aggravated accident risk. In compliance with Law N° 20.667, published on May 9, 2013 in the Republic of Chile, minors and disabled people shall not be insured.

d) **Insured Amount**: As specified in the **table of Benefits**. If an accident involves more than one insured in the same incident, the maximum liability of the company for all the insured combined shall not exceed USD 1,500,000 (one million five hundred thousand U.S. dollars) as a whole, while the maximum insured amount per **Holder** shall remain as indicated. In addition, it is hereby stated that individuals under 18 years of age shall be insured for an amount of USD 30,000 (thirty thousand U.S. dollars) – regardless of the type of **voucher** purchased- provided such **voucher** includes coverage for this risk.

e) **Report of Loss:** The **Holders** must report the loss within three (3) consecutive days of its occurrence.

f) **Exclusions to the risks under a)i) to a)v):** This insurance does not cover deaths caused by:

i) The consequences of diseases of any nature.

ii) Injuries caused by the action of X-rays or the like, and of any radioactive element, or arising from nuclear reactions, injuries caused by physical strain, sunstroke, sunburns, chills and remaining effects of atmospheric or environmental conditions; temporary or permanent psychopathic disorders, and surgical procedures or treatments.

iii) The accidents that the Insured Person or the beneficiaries may, by act or omission, cause by criminal intent or gross negligence, or that the Insured Person may suffer in a criminal act.

iv) Notwithstanding the above, any action carried out to prevent a mishap, to attenuate its consequences or as a result of a generally accepted sense of humanity shall be covered.

v) Accidents caused by vertigo, staggers, lipothymia, convulsions or paralysis and those occurring due to absence of mind, or being drunk or by being the Insured Person under the effects of narcotic drugs or alkaloids.

vi) Accidents that occur while the Insured Person participates in races, acrobatic practices or those involving extremely exceptional twists and turns or while taking part in trips or tours to unexplored regions.

vii) Accidents caused by air navigation not carried out in regular airline carriers.

viii) Accidents caused by the use of motorcycles and similar vehicles.

ix) Accidents caused by civil or international war, whether declared or undeclared.

x) Accidents caused by: guerilla, rebellion, terrorism, riots or popular turmoil, strike or lockout, whenever the Insured Person actively participates in such activities.

xi) Accidents caused by seismic events, floods and other natural disasters (a tragic and serious incident).

Losses occurring at the location and at the time of the events listed in this clause shall be presumed to result from such events, unless the Insured Person proves otherwise.

g) **Beneficiary of the risks under a)i)** to **a)i)**: Life insurance benefits shall be paid to the **Beneficiary** designated in writing by the Insured or, in the absence of such designation, to the legal heirs. Benefits for permanent disability shall be paid to the Insured Person once total and permanent incapacity due to an accident has been verified.

46) General Exclusions to the Assistance Services:

Treatment and/or expenses derived from the events listed below shall be excluded in from all assistance coverage:

i) Tests or examinations (RT−PCR type or similar) prescribed or requested as migratory requirement from a specific country, whether as a prior requirement to start a trip, to enter a certain territory or to return to the country of origin, or as a requirement to board an air, sea or land means of transport.
ii) Benign diseases or minor injuries that do not prevent the normal course of the trip.
iii) Pre-existent diseases according to the definition and scopes set forth in clauses 8) and 9)l), except for acute myocardial infarction and cerebrovascular accidents which shall be covered under any circumstance.
iv) Relapses and convalescence related to any illness contracted before the start of the **voucher's** period of cover or of the trip, whichever is later.
v) Chronic and/or acute diseases contracted before the trip, whether their follow-up or consequences.
vi) Homeopathic and chiropractor treatments, acupuncture, physio-kinesiology therapy – except for what is expressly indicated in clause 9)e), massage therapy, thermal cures, podology, non-conventional or alternative medicines treatments, cosmetic or repair plastic surgery, rest cure.
vii) Treatments related to psychological disorders, mental or psychopathic diseases, diseases or accidents caused by intake of any type of drugs (narcotics, barbiturates, as well as any self-medication without medical prescription), alcoholic drinks, addictions of any nature.
viii) Treatment of contagious infectious diseases that must be reported to Public Health Authorities in order to isolate or put in quarantine.
ix) Diseases affecting the immune system, whether resulting from the underlying condition or from medications used for its treatment; oncological conditions; chronic hepatitis; dialysis procedures; transplants; all types of endemic, epidemic, and/or pandemic diseases, whether known or unknown to the Beneficiary.
In the event the Beneficiary has tested positive for COVID−19 caused by virus SARS−COV2, it shall be exempt from this exclusion if:
    (a) The product establishes in the **table of Benefits** that such disease is covered; and
    (b) The destination of the trip does not fall within the locations that are not recommended or are included in the list of potentially high-risk places in terms of this disease by the National Government of the country where the **voucher** was issued, whether at the time of purchasing the **voucher** or when starting the trip.
x) Childbirth and pregnancy-related conditions occurring after the 26th week of gestation, regardless of the cause requiring treatment, or involving Holders over 40 years of age.
xi) Induced Abortion.
xii) Diseases or injuries caused by the **Holder's** extremely dangerous or risky, negligent or criminal actions, whether they are performed directly or indirectly; suicide and self-destruction attempts, self-inflicted injuries or any attempt thereof, whether or not in possession of his/her mental faculties and its consequences, **Holder's** suicide, carelessness, negligence, lack of skill and/or reckless attitudes while driving any type of vehicle, violating the traffic and/or safety rules, whether they are international or domestic, regardless of whether the vehicle was being driven by the **Holder** or by a third party, including hired tours.
xiii) Diseases or injuries resulting from treatments performed by professionals or healthcare institutions that do not belong to a medical team indicated by **the Provider** and/or medical or pharmaceutical treatments that were initiated before the trip and bring about consequences during the travel.
xiv) Consequences arising from the participation of the **Holder** in any sport tournament (either professional or amateur).
xv) Consequences arising from the practicing of hazardous sports (whether amateur or professional) such as scuba diving, alpinism or mountain climbing, parachuting, gliding, car racing, motorcycling, boxing, hang-gliding, skydiving, jet-skiing, water skiing and the use of water motorcycles, surfing, navigating the rapids (rafts, inflatable boats, etc.), bungee-jumping, aviation, as well as winter sports such as ski, snowboard, etc. practiced beyond the allowed trails.
xvi) Accidents or consequences derived from any type of exercise or acrobatic practices or those involving extremely exceptional turns, or while taking part in trips or tours to unexplored regions; any type of competition or exhibition involving skill or speed with mechanical vehicles.
xvii) Accidents, diseases and any situation caused by natural disasters of any type, unforeseeable weather catastrophes or force majeure events such as seismic events, earthquakes of any magnitude, floods,

hurricanes, avalanches and other atmospheric phenomena, catastrophes caused by atomic energy, and other large-scale events, such as interruptions in the supply of electricity or interruptions and/or failures of computer systems, that render normal operations impossible.

xviii) Accidents, diseases and any situation caused by acts that imply alteration of public order whatever its cause, declared or undeclared civil or international war; rebellion, sedition, riot, popular turmoil, invasion; hostilities (declared or undeclared war); revolution, military insurrection or usurpation of power, vandalism, guerilla or terrorism, both individually or collectively irrespective of how it is manifested (physical, chemical or biological), mobilizations of a political or union nature (strikes, lockouts), kidnappings, duels, fight.

xix) Diseases contracted during a trip that was against medical prescription.

xx) Treatments undergoing any experimental or research phase without any limitation (for example: drugs, prosthesis, procedures, etc.).Therefore, the **Holder** should cease from choosing to undergo such treatments even if the health care provider performing such treatment was hired by **the Provider**.

xxi) Accidents that the **Holder** may, by act or omission, cause by criminal intent or gross negligence, or that the **Holder** may suffer due to a criminal act. For the purposes of this clause, “gross negligence” is the extremely negligent action committed by the **Holder** which, if actually committed, its result could have been anticipated by any reasonably diligent person.

xxii) Illegal acts committed by the **Holder** against the Law of the country where the disease or injury takes place, including driving any type of vehicle with blood alcohol levels higher than allowed.

xxiii) Accidents, diseases and any event derived from the **Holder**’s participation in the test drive of prototypes of airplanes, automobiles or other mechanical propulsion vehicles; taking part in ascents in the air (except for chair lifts or funiculars) or in underwater procedures or travels under the sea; use of airplanes, including helicopters, unless as passenger paying the ticket fare in an airplane of an airline carrier or in an airline company holding due authorization for frequent transportation of passengers, or in a helicopter operating only to and from commercial airports or heliports holding due authorization for the frequent transportation of passengers paying a fare.

xxiv) Accidents, diseases and any event caused by the performance of the following professions: acrobats, horse-breakers or wild beast tamers and jobs involving handling of explosives or exposure to atomic radiation.

xxv) Check-ups and long term treatments, and medical check-up consultations other than those arising from the pathology that originated the consultation and/or those related to pre-existing medical conditions or expressly excluded as provided in clauses 8) and 9)l) and in items ii), iii) and iv) of this clause, regular medical check-ups or any other test where there is no indication of health disorders.

xxvi) Visits to professionals or specialists for the sole purpose of replacing medication, eyeglasses, contact lenses, etc., due to loss, theft or misplacement; pre-school/university medical check-ups, vaccination, disposable medical supplies, any type of nursing care (including accompanying person, injection applications, nebulizations, drainages, bandages, wound dressings, glucose and blood pressure checks, etc.).

xxvii) Expenses resulting from prostheses and orthoses of any kind. For the purposes hereof, prostheses shall mean internal and permanent implants, as well as any devise intended to replace a part or function of an organ or limb in the human body. Prostheses include, but are not limited to, osteosynthesis of any kind, all type of stents, vascular endoprostheses, orthopedic prostheses, etc. Orthoses shall mean an external devise that provides support to a musculoskeletal system. Orthoses include, but are not limited to, splints of any type or class, walker boots, wheelchairs, crutches, etc.

xxviii) Expenses related to dental prostheses, hearing aids, eyeglasses, contact lenses, and competitive functional prostheses, as well as expenses resulting from breakage, wear and tear, maintenance, loss, or replacement of prostheses, orthoses, synthesis materials, or mechanical aids required due to the passage of time or for any non-accidental reason. This also includes external mechanical aids such as nebulizers, respirators, among others.

xxix) Hotel and transportation costs that have not been expressly authorized by **the Provider**, as well as restaurant expenses.

xxx) In cases of hospitalization, additional expenses are excluded (including the price difference between a private room and a shared room), as well as expenses for companions.

xxxi) Any expenses of any nature incurred by the **Holder** as a result of default or bankruptcy of transportation companies (sea, air, or land), travel agencies, or tour operators with which the **Holder** purchased the tour or excursion.

xxxii) Should it be established that the purpose of the trip was the treatment of a pre-existing condition, and/or that the current treatment is directly or indirectly related to a prior illness, **the Provider** shall be released from its obligation to provide services, in accordance with the provisions of clauses 8) and 51). To this end, **the Provider** reserves the right to examine the connection between the current event and the pre-existing condition.

xxxiii) Accidents arising from the use of aircraft, including helicopters, except where the **Holder** is a fare-paying passenger on a commercial airline flight, or on a duly authorized passenger air carrier engaged in the regular transport of fare-paying passengers, or on a helicopter operating exclusively between commercial airports or heliports and duly authorized for the regular transport of fare-paying passengers.

CHAPTER III – Additional Considerations

47) Deductible or Excess Payable by the Holder:

Assistance services may be subject to a deductible or excess payable by the **Holder** for each event related to medical assistance (whether due to illness or accident) occurring during the trip, the amount of which is specified in the **table of Benefits**. Accordingly, for each event occurring during the trip, the deductible or excess amount shall be borne by the **Holder**. Once this amount has been deducted, **the Provider** shall assume expenses up to the assistance limit established in the **table of Benefits**. To pay the deductible, the **Holder** may choose to:

a) Seek reimbursement, in which case the **Holder** must submit a reimbursement request (as per clause 7) for the amount exceeding the deductible set in the **table of Benefits**. If the **Holder** must continue treatment and the cost exceeds the deductible, he/she must contact the Operations Center for case follow-up. **The Provider** may request proof of payment.

b) Pay the deductible directly to **the Provider** in the amount specified in the **table of Benefits**, prior to coordination of the assistance.

48) Subrogation:

When the benefits established under these General Terms and Conditions are also covered in whole or in part by an insurance policy, workers' compensation, or any other mechanism, the **Holder** undertakes to pursue all necessary claims and actions against the insurer or the relevant third party so that such entity responds directly and primarily for the corresponding obligations. The benefits granted by this **voucher** shall operate as excess coverage beyond the payments received by the **Holder** from insurers or other providers. Furthermore, **the Provider** succeeds by subrogation in the **Holder's** rights and actions, against any third party that has caused its intervention, which are hereby irrevocably assigned by the **Holder** or his/her heirs, up to the total cost of the services rendered by **the Provider**. The **Holder** undertakes to formalize the subrogation or assignment in favor of **the Provider** within forty-eight (48) consecutive hours of being formally notified to do so.

49) Exceptional Circumstances:

If the **Holder** is unable to follow the procedure set forth in clause 5) of these General Terms and Conditions due to communication difficulties, **the Provider** shall fulfill its obligations within the shortest possible timeframe, subject to the delays caused by such difficulties.

50) Reservation:

The Provider reserves the right to require reimbursement from the **voucher Holder** of any expenses improperly incurred, whenever **the Provider** delivered assistance services that were not purchased, and/or fell outside the

voucher's cover period as established in clause 4) and/or in a way that is different to that established in these General Terms and Conditions.

51) Additional Services:

In addition to the services herein described, **the Provider** may periodically introduce additional services that may be consulted at the time of purchasing the **voucher**. As these additional services will not affect the prevailing rates of the **voucher**, **the Provider** reserves the exclusive right to alter, modify, cancel, and/or discontinue such additional services without prior notice.

52) Non-Cumulative Services:

Under no circumstances shall **the Provider** render the travel assistance services set forth in these General Terms and Conditions, nor reimburse expenses of any kind, where the **Holder** requests or has requested benefits for the same condition and/or event from another company, whether before, during, or after having requested them from **the Provider**.

53) Statute-of-Limitations:

Any action arising from the relationship between the **Holder** and **the Provider** shall be time-barred pursuant to the period established under the applicable law.

54) Direct Agents:

The persons and/or professionals designated by **the Provider** shall be deemed to act as direct agents of the **Holder** of the **voucher**, without any recourse whatsoever against **the Provider** by reason of such designation.

55) List of Applicable Services:

Only those benefits expressly listed in the **table of Benefits** of the **voucher** shall apply, subject to the scope and limits indicated therein.

56) International Sanctions:

Notwithstanding the provisions of this document, the Parties agree and acknowledge that UA shall not be liable for, nor obligated to provide services, make any payment, or recognize any benefit under the purchased services if the provision of such services or benefits would expose UA, its shareholders, or ultimate controlling entities to any sanction, prohibition, or restriction, including but not limited to those arising from resolutions issued by the United Nations and/or from commercial or economic sanctions imposed under the laws or regulations of the European Union, the United States of America, the United Kingdom, Switzerland, and/or any other applicable law or regulation. The Parties agree that this clause shall prevail over any other included herein.

57) Certificate:

THE PURCHASER OF THE SERVICE HAS REVIEWED AND BEEN EXPLAINED THE CONTENT AND SCOPE OF THE PURCHASED SERVICES PRIOR TO ACQUISITION, THE SALES TICKET OR INVOICE SERVING AS PROOF THEREOF.

58) Offices of the Provider:

Country	Address

Argentina	Av. Córdoba 820 PB (C1054AAU), Ciudad Autónoma de Buenos Aires
Chile	Av. Apoquindo Nro. 6419 Piso 4, Santiago de Chile, Las Condes
Colombia	Calle 116 Nr. 7 - 15 Of. 405 Torre Cusezar, Bogotá - DV
Mexico	Viaducto Rio Becerra 27, Piso 4, Int 402, Col Nápoles, Alcaldía Benito Juárez - (03810)
Panama	PH Street Mall, vía Brasil esquina vía Israel, Oficina 401 San Francisco, ciudad de Panamá

Likewise, the list of local representatives may be consulted at www.universal-assistance.com

Notes:

Medical Care in the United States of America: If you have received treatment from a physician, hospital, or Emergency Room in the United States, you should not be surprised if, upon returning to your country, you receive invoices for emergency room charges, X-rays, specialized tests, etc. According to the administrative procedures of the U.S. healthcare system, invoices are first sent to the patient and only afterwards to the service provider, in this case Universal Assistance. This administrative process may take a month or longer before the hospital forwards the invoices to our Operations Center. In the meantime, should you receive such invoices, we kindly request that you contact our local representative office by telephone to verify their status in our records.

Valid in the Republic of Costa Rica: This Comprehensive Travel Assistance product does not constitute an insurance product, nor is it regulated by the Superintendency of Insurance (SUGESE). All consumer rights are protected under the Law on the Promotion of Competition and Effective Consumer Protection No. 7.472 and its regulations, where the client is the final recipient of the service.

Valid in the Republic of Argentina: The **Holder** of personal data has the right to access such data free of charge at intervals of no less than six months, unless a legitimate interest is demonstrated pursuant to Article 14, paragraph 3 of Law No. 25,326. The Agency for Access to Public Information, as the regulating authority of Law No. 25,326, is authorized to address complaints and claims filed by individuals whose rights have been infringed due to non-compliance with current personal data protection regulations.

Personal Data Protection: The personal data provided will be used for the purpose of coordinating and delivering the assistance services requested during your trip and will be incorporated into a database under the responsibility of Universal Assistance. For such purposes, administrative, technical, and physical measures considered necessary and sufficient to ensure the security, confidentiality, and preservation of personal data shall be applied, in accordance with the applicable regulations.

The **Holder** of personal data may exercise all rights granted under applicable personal data protection laws through the channels indicated in the corresponding privacy notice.

The processing of data shall be carried out in compliance with the applicable local laws in each jurisdiction where the company operates. Likewise, the competent regulatory authorities in each country may receive complaints in the event that the **Holder** considers that his/her rights have been violated.