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IMPORTANT RECOMENDATIONS

We invite **BMITA** beneficiaries to read these conditions before the start of the trip. In the following pages, you will find the General Terms and Conditions, Special Conditions and Exclusions, and instructions that will allow better use of the benefits and contracted services.

I. PREFACE

BMITA TRAVEL ASSIST (hereinafter identified as **BMITA**). All services provided by the assistance plan, are covered through **BMITA**, a company whose principal purpose is to provide, among others, health care services, legal assistance and personal assistance only in emergencies during the course of an international trip. These general conditions define the way of obtaining the benefits to which the Beneficiary of a **BMITA** plan will be able to request in emergency cases while abroad during the period of validity of the plan.

Acceptance of the Beneficiary

These Terms together with the other documents that are made available to the Beneficiary at the time of purchase of the plan, form the contract of travel assistance provided **BMITA**. The Beneficiary acknowledges and accepts these General Conditions. This acceptance is ratified through any of the following acts:

1. Payment of contracted services.
2. The use or attempted use of any of the contracted services.

The Beneficiaries acknowledges they have read, chosen and accepted the terms and conditions contained herein, and as such, the ruling of the Particular Terms & Conditions as a binding contract between the parties.

It is clearly understood and accepted by the Beneficiary that **BMITA** plans are not, under any reason, an insurance or related product, nor is a program of social security or prepaid medicine, medical service at home or unlimited medical service program. Therefore, they don't have as main objective the complete cure or definitive treatment of the Beneficiary's condition. The medical assistance services to be rendered by **BMITA** are limited only to emergency treatment of acute cases and are only oriented to primary travel assistance for sudden and unpredictable events where a clear, verifiable and acute illness or condition or accident has been diagnosed and prevents the normal continuation of a trip, as long as the illness or condition listed in the exclusions. These plans are designed to ensure primary and normal recovery of the Beneficiary's physical conditions that allow a normal continuation of the trip. They are not designed for nor provide:

- Elective medical procedures.
- Routine medical checkups or screenings that have not been previously authorized by the Emergency Management Center.
- Start of long term treatments or procedures.

Any assistance or treatment will cease and not be the responsibility of **BMITA** once the Beneficiary is back to their place of residence or the expiry of the period of validity of the chosen plan. The acquisition of one or more plans does not produce the accumulation of services and/or benefits contemplated in them. In these cases, only the limits established in the first contracted voucher may apply.

NOTE: It is clearly understood and accepted by the Beneficiary that this plan is a product of travel assistance and in the event that is offered through an insurance company, it doesn't make it an International Insurance.

Moreover, once initiated the validity of the voucher, the Beneficiary may not make changes extend the period of validity or proceed to the cancellation of the voucher for any reason or under any circumstances. Notwithstanding the foregoing, if the Beneficiary extends the trip unexpectedly, they may request the issuance of a new voucher. **BMITA** reserves the right to accept or deny this renovation without explanations, under the following conditions:

- a. The Beneficiary will not have the right to a voucher renewal if they have used any of the services of **BMITA** during the period of validity of the first voucher.
- b. The Beneficiary shall be able to renew the voucher as long as they contract same or greater coverage as the original voucher, plans with less coverage than the original one cannot be used for renewals.
- c. The Beneficiary must request authorization of the new voucher exclusively to the issuing agent, in which the original assistance was acquired or in case it was purchased directly on the web-site, through "Contact Us", and must indicate the amount of days they want to obtain. The issuing agent is obliged to inform **BMITA**, that the new voucher is an extension and will ask for authorization for the new period.
- d. The application for this new Plan should be submitted prior to the end of the previous Plan, with the new Plan becoming effective immediately after the end of the previous one.
- e. The Beneficiary must designate the person who will make the corresponding payment in the offices of the agent, and will receive the new voucher which will be created and delivered in the same act.

Any new plan issued under the foregoing circumstances can in no way be used to initiate or continue treatment or make use of the benefits and services contained herein that may of have been incurred by the Beneficiary under the previous Plan, independently of any dealings and treatments previously authorized by **BMITA** or by third parties.

In a given case, in which the request is made once the validity has expired or the Beneficiary is outside the country of residence (already in the trip), the renewal or the new voucher can be made, but will have 5 days of grace.

Definitions

A

- **Accident:** The event which generates body damage to the Beneficiary caused by unexpected agents, out of control, in motion, external, violent and visible. Every time the term "accident" is used it is understood that the wound or injury resulting for such event has been provoked directly by those agents besides any other cause. Nevertheless, if the body damage has been produced as a consequence of different causes of the before mentioned, then the maximum amount of the "Medical Assistance in case of Accident", will be automatically reduced up to the amount determined in the respective purchased plan in cases of "Medical Assistance in case of Illness".

- **Acute illness or acute medical condition:** Short process and relatively severe alteration of the body condition or any of its organs that could interfere or change the normal balance of the vital functions, generating pain, weakness or any other strange symptom to its normal state.
- **Accidental Death:** If during the period of the travel assist plan the insured person sustains bodily injury which is caused by accident and results in death of the insured person, the company will pay the legal heirs the corresponding benefit.
- **Amateur Sports:** It is practiced by amateurs, for leisure and / or recreational activities.

C

- **Catastrophe:** Unfortunate event that seriously alters the normal order of things, were many people are involved.
- **Chronic illness or chronic medical condition:** Any continuous and persistent pathological process lasting more than 30 days.
- **Congenital illness:** Pathology present or existing since before birth.

D

- **Days of grace:** The period of time that the coverage will not be effective in the plan. The mentioned period will be calculated by days from the initial coverage date, provided that the Beneficiary is not in their place of habitual residence in the moment of purchase.

E

- **Emergency management center:** The office which coordinates the services to be provided to the Beneficiary in case of an Emergency.
- **Expenses of first necessity:** costs incurred for the purchase of personal and non-transferable items. Understood solely as: clothing (outerwear, underwear), shoes, personal care items (shampoo, conditioner, soap-liquid, stick in dust-, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and makeup. Any other items not considered in the list given above, shall be construed as excluded from any coverage.

F

- **Force majeure:** Events which cannot be anticipated or resisted, and exempts from any obligation a third party.

M

- **Maximum coverage:** Maximum coverage amounts given by **BMITA**, indicated in the voucher for each of the benefits and according to the contracted assistance plan.
- **Medical department:** Group of professionals from **BMITA** that intervene and make decisions in every issue and/or benefits given or that will be given according to the present general conditions.

P

- **Preexistent illness or preexistent medical condition:** any pathological physical process that recognizes an origin or an earlier etiology of the effective date of the plan or the trip (or whichever is later) and is likely to be objectified through complementary methods diagnostic routine, daily accessible and frequent use in all countries of the world (including, but not limited to: Doppler, nuclear resonance, magnetic, catheterization, radiology, etc.). It is understood as preexistent any disease or condition of the body, known or not by the Beneficiary, that needs or requires a formation or incubation period within the body of the Beneficiary before effective date of the plan or the trip (or whichever is later). Common examples of preexistences, just to name a few: kidney or gallstones, obstruction of arteries or veins by blood clots or other, respiratory diseases such as asthma, lung problems, emphysema, HIV, usually related problems blood pressure, glaucoma, cataracts, nephritis, ulcers or gastric diseases, diseases resulting from congenital malformations, genital mycosis, liver abscess, cirrhosis, blood sugar, high cholesterol, high triglycerides, and others. They require a period of short or long incubation, but in all more than a few hours' flight cases, recognizing that such state or pathological process existed within the body before getting on the plane or the means of transport at the time of the effective date of plan of assistance, even if the symptoms are present for the first time after starting the trip.
- **Product or Plan:** Set of services acquired by the Beneficiary, for which maximum coverage amounts for each service is specified in the voucher.
- **Professional Sports:** It is practiced with or without profit, performed in any type of competition such as intercollegiate, tournaments, championships, sports that pose a high risk, among others

R

- **Recurrent illness or medical condition:** Return of the same treated illness usually over 3 or more times in a year.

S

- **Serious Accident:** One that results in amputation of any body segment; fracture of long bones (femur, tibia, fibula, humerus, radius and ulna); head trauma; second and third degree burns; severe hand injuries, such as crushing or burns; severe spinal cord injuries with spinal cord involvement; eye injuries that compromise acuity or visual field or injuries that compromise hearing ability. In general, any accident in which the patient's life is at risk.
- **Serious Disease:** It is an alteration or deviation of the physiological state in one or several parts of the body, manifested by symptoms and characteristic signs, and whose evolution is more or less foreseeable, that is, any disease or injury with permanent or non-permanent sequels that partially limit or totally prevent the usual occupation or activity of the affected person, or incapacitate them for any activity and require or not the assistance of other people for the most essential activities of life
- **Stable Patient:** Patient that does not have any variation in his health status and usually refers to symptoms and signs changing recently.

- **Sudden or unpredicted sickness (disease, illness):** None predicted sickness, acquired after the effective date of validity of the plan.

T

- **Treating physician:** Medical professional provided or authorized by the **BMITA** Emergency Management Center that assists the Beneficiary in the area the before mentioned is located.

U

- **Upgrade:** Improve or optional increase on the product chosen, subject to contract (additional)

V

- **Voucher:** Document validly assigned by the company which indicates the contracted product.

II. BENEFICIARY/AGE LIMITATION

The Beneficiary is the person whose name appears on the **BMITA** Plan and is the sole Beneficiary of the benefits and services that occur during the period of eligibility, inclusive up to the anniversary day of their age limitation according to the acquired plan, date after which coverage ceases and the Beneficiary loses all rights to the benefits and services contained herein, as well as those that may otherwise be valid including any right to reimbursement or claim.

The benefits and services contained herein are for the exclusive use of the Beneficiary and are nontransferable. The Beneficiary may be asked to show proper identification as well as their **BMITA** Plan as well the necessary travel documents in order to verify eligibility when services are required.

The Beneficiary may use the acquired services up to 00:00 hours of their birthday according to the acquired plan. From that date on the Beneficiary loses all rights and benefits regarding assistance services defined in these general conditions, as well as the right to reimbursement or any claim originated in events after the before mention date. As an example, a person is considered to be 84 years old until the day before they turn 85 years old.

III. EFFECTIVE DATES / ELIGIBILITY

The benefits and services described herein will only be valid during the effective dates shown on the Voucher and begins at 00:00 Hrs. on the date indicated and terminate at 23:59 Hrs. on the date indicated, provided that the Beneficiary has already started the trip overseas. As a general rule no unilateral changes, modifications, extensions or cancellations will be possible once the effective date on the voucher has begun.

Plans in the category "Short Trips" will have a maximum duration of 90 consecutive days of travel, while plans "Long Stay", will have a total duration of 365 consecutive days of coverage for the beneficiaries until 65 years old. After these periods, the Beneficiary will lose any benefit from the assistance services contracted while on that trip.

"Multitrip" plans are valid for 365 days in total, however, the Beneficiary may not remain on every trip, as indicated in the plan, more than 30, 45, 60 or 90 days abroad for every trip. **BMITA** Emergency Management Center will ask for a copy of the passport by fax or e-mail, showing the departure from their country of habitual residence or the date of entry into the country from which the Beneficiary requests assistance.

FAMILY PLAN: have a maximum duration of 90 consecutive days of travel. This plan consists of two (2) adults (spouses or not) over 21 years of age, and up to (3) three children under 21 years. (3 people minimum purchase for this plan).

STUDENT PLAN: will have a total duration of 365 consecutive days of coverage for the beneficiaries until 45 years old.

BMITA plans, operate in the form of calendar days, therefore, once initiated the validity of a plan, the Beneficiary cannot stop it and the periods of unused days in the voucher are not refundable. Once interrupted the validity of a plan, it expires and cannot be reactivated later.

The purpose of the trip will have to be tourist and at no time can cover any people exercising a professional activity abroad. If the reason for the trip was the execution of works or tasks that involve professional risks or performing tasks highly specialized where life is exposed, exposition to hazardous substances, handling heavy machinery or working with gases, air pressure or fluid hydropneumatic, which require special physical abilities, or being exposed to danger and as a result suffering an accident or consequential disease, **BMITA** will be absolved of all responsibility to provide services or assume costs arising from such circumstances, and in such cases employers will be obliged to assume them through their accountability professional risk plan. This regulation also applies to those who are not occupationally linked with a company and who act on their own as independent workers or illegal immigration or illegal employment status.

As soon as the validity ends, all benefits will automatically cease, services in course or not, including the cases when these are initiated in the moment or before the term of validity, except in the cases that the Beneficiary is hospitalized by an illness, condition and/or accident covered by **BMITA** by the end date. In these cases, the coverage will only include hospitalization expenses within the coverage of illness and/or accident whichever is applicable understood as follows:

1. Up to 8 additional days that start counting from the end date, or
2. Until the maximum coverage is reached, or
3. Until the treating physician discharges the Beneficiary during the period of the 8 days in which the coverage is extended.

Each assistance or treatment will cease and will not be responsibility of **BMITA** once the Beneficiary returns to their place of residence or the validity period of the plan expires not including the before mentioned exceptions.

Note: in cases where the Beneficiary is already in the destination country and requests the authorization to issue a travel assistance plan, as long as it is authorized by the Emergency Central, said plan will have a 5-day grace period.

IV. GEOGRAPHICAL VALIDITY

The geographical coverage is global or exclusively for Europe, depending of the plan purchased. Regardless of where the Beneficiary is, coverage will be given if assistance is required according to

the respective plan purchased. In any case, the country of habitual residence of the Beneficiary or country where the Assistance Plan was issued is excluded.

V. PROCEDURE FOR REQUESTING ASSISTANCE

If in need of assistance, regardless of their geographical location, the Beneficiary should contact the Emergency Management Center.

To communicate with said central via telephone, the Beneficiary must request collect call or call directly to the numbers authorized by the countries listed below. If the Beneficiary is charged for any calls to the Emergency Management Center, **BMITA** will refund such the cost; the Beneficiary is advised to keep proof of payment of the call to request reimbursement, the Beneficiary must keep a copy of the invoice in which is reflected the charging for the call to the specified numbers.

It is the obligation of the Beneficiary to always call to report the emergency. In case the Beneficiary cannot do it personally, any companion, friend or relative can do it, but the call or notice must be made no later than within 24 hours after the emergency occurred. For cases in which the beneficiary is at openseas, and therefore prevented from communicating with the Assistance Center, he must report the medical fact up to 24 hours after disembarking at the first port he arrives at. Failure to comply with this rule entails automatic loss of any right to claim by the Beneficiary.

Country	Phone Number	Country	Phone Number
Argentina	08009999945	Spain	900938795
Brazil	08008924203		900948737
Chile	12300201286	United Kingdom	08000148224
China (North)	108007131195	United States	13053283891
China (South)	108001301164		18558843487
Colombia	018005182860	Rest of the World (Collect call)	+ 19543492547
Dominican Rep.	18887518475		
France	0805080268	Skype	asistencia.internacional
Germany	08001817591	E-mail	asistencia@bmitravelassist.com
Italy	800786073	WhatsApp	+ 57 3168510533
Mexico	018002694391	Reimbursements	reembolsos@bmitravelassist.com
Portugal	800863389	Claims	reclamos@bmitravelassist.com

Note: The Toll frees shall be dialed as they appear in the voucher. In case the Beneficiary is in a country where there is no toll free, they shall call through the international operator of the country where they are located asking to make a collect call in the United States telephone indicated in the table above, likewise, the Beneficiary can communicate through electronic media such as E-mail, WhatsApp and Skype.

VI. BENEFICIARY’S OBLIGATIONS

In all cases, the Beneficiary must:

1. Request and obtain authorization from the Emergency Management Center before taking any step or incurring any expenses in relation to the benefits provided by the plan. In cases where authorization has not been obtained by the Central, refunds shall not some, or give rights to claims.

2. It is clearly understood that the notification to the Emergency Management Center is essential, even if the issue is completely resolved, as **BMITA** cannot take over the cost of any assistance without previous knowledge and authorization to the Emergency Management Center.
3. The Beneficiary accepts that **BMITA** reserves the right to record and audit telephone conversations as needed for the proper development of the provision of services. The Beneficiary expressly accepts the established procedure and agrees on the eventual use of the records as evidence in case of existence of disputes concerning the assistance provided.
4. If the Beneficiary or a third person could not communicate by any circumstance or involuntary reason with the Emergency Management Center before being assisted, the Beneficiary or a third party, with the inescapable obligation, shall inform the latest within 24 hours of the event. Failure to notify within 24 hours leads to the automatic loss of the rights of the Beneficiary to claim or request compensation.
5. Agree to abide the solutions indicated and recommended by the Emergency Management Center and, if necessary, consent to repatriation to their country of origin when, according to medical opinion, as long as the Beneficiary's health condition allows it and requires it.
6. Provide documentation that confirms the merits of the case and all original receipts for expenses to be evaluated for possible reimbursement by **BMITA** and all medical information (including prior to departure), which allows the Central an assessment of the case.
7. Provide all necessary authorizations and releases to **BMITA** in order to obtain the Beneficiary's medical history, by filling and signing the RECORD RELEASE FORM which will be sent by the Emergency Management Center and faxed back to it. The Beneficiary authorizes in an absolute and irrevocable manner **BMITA** to request on their behalf, any medical records and information from professional overseas and in their country of residence, in order to evaluate and eventually decide about the applicability of the restrictions in case of chronic or preexistence illness, affections or diseases that could derive in the request of assistance.

Note: In some countries, mainly in the United States and Europe, due to reasons of computer standardization most medical facilities such as hospitals, doctor's offices, clinics and laboratories, often send invoices and/or payment claims to patients attended, even after the bills or invoices have been paid and settled. If this happen, the Beneficiary should contact the Emergency Management Center to the numbers provided above or by writing to reclamos@bmitravelassist.com and notify this situation. The Central will clarify the situation with the provider.

VII. BMITA OBLIGATIONS

1. Comply with the benefits and services described herein in events within coverage in the obtained plan during the valid period of the voucher.

2. **BMITA** is expressly released, extent and excused of any obligations and responsibility in any case that the holder suffers any harm or requests assistance as a result of a major force or fortuitous event, the following events are an example and are not a limitation: catastrophes, earthquakes, floods, storms, International or civil war declared or not, rebellions, disturbances, civil insurrections, guerrilla or anti-guerrilla acts, hostilities, retaliation, conflicts, embargoes, constraints, strikes, popular movements, lockouts, acts of sabotage or terrorism, labor disturbances, acts of governmental authorities, etc.; as well as delay that may result in the termination, interruption or suspension of communication services. When elements of this nature intervene and once overcome, **BMITA** agrees to comply its commitments and obligations within the shortest possible time.
3. **BMITA** agrees to analyze each reimbursement request to determine whether it is appropriate and thus repay the amounts that may correspond in accordance with these terms and amounts of coverage of the contracted Plan. All compensation and/or reimbursement and/or other costs to be assumed by **BMITA**, under this contract, shall be paid in local currency.

Established timeframes for processing a reimbursement are:

- a. The Beneficiary has up to thirty (30) calendar days from the day end of the term of the voucher to present documentation and support necessary to start the reimbursement study. After that time, no documents will be accepted for processing any claim.
- b. Upon receipt of the documents, **BMITA** has up to five (5) calendar days to request any missing document that has not been delivered by the Beneficiary.
- c. With all the necessary documents in hand, **BMITA** shall within five (5) working days to review the case and issue a letter of approval or denial of reimbursement.
- d. If approved, **BMITA** will proceed to make the payment within 30 days after the date of receipt of complete bank information by written for the completion of the transfer.

Note: Reimbursements are paid directly by BMITA and they can be made through bank transfer, international money transfer or check. BMITA bear the expenses incurred by the agency, the cost for sending the check, as well as all direct charges from BMITA bank; any additional charges made by the bank of the Beneficiary will be covered by the Beneficiary itself.

VIII. CURRENCY

The benefits offered by **BMITA** detailed in point IX and maximum limits of coverage are reflected in the contracted plan expressed in US Dollars (USD) or Euros (EUR), depending on the chosen plan and its geographic coverage.

IX. BENEFITS

Some benefits are included only in some **BMITA** plans. Check your voucher benefits and amounts. If any item is not listed in the voucher, it is because the chosen product doesn't have this service.

Medical assistance in case of accident or non-preexistent illness/condition

- **Medical Consultations:** these will be provided in case of an accident or acute illness.
- **Specialist Care:** when indicated by the Medical Department of **BMITA** of the area where the Beneficiary is located.
- **Additional Medical Tests:** when indicated by the Medical Department of **BMITA**.
- **Hospitalizations:** According to the nature of the injury or disease, and whenever the medical department of **BMITA** prescribes it, the hospitalization of the Beneficiary will proceed in the nearest medical facility. This item applies only to the Beneficiary, and under no circumstances bed or food will be covered in the hospital or clinic for an accompanying person.
- **Surgical Interventions:** When authorized by the medical department of **BMITA** and in the cases where treatment is required immediately, and cannot be deferred to the moment that the Beneficiary returns to their place of residence.
- **Prescribed Medicine:** Medicine expenses prescribed by the treating physician in case of ambulatory assistance and the medicine used while hospitalized. The purchase made by the Beneficiary and authorized by the **BMITA** will be reimbursed, once the Beneficiary returns to their place of residence, within the limits of coverage, providing the original documentation.
- **Sports:** Only for those assistance plans whose medical benefits are greater than \$ 10,000,00 will be protected beneficiaries of such plans in case of accidents, occurred during a trip abroad, as a result of the practice of amateur sports (recreational) up to a maximum of \$ 10,000, 00. or \$ 20,000.00. In other cases, the provisions of the Exceptions Section of these General Conditions apply.

Note 1: Emergency Management Center reserves the right to decide the most appropriate among the treatments proposed by the medical profession or repatriation to the country of residence if their physical condition permits it. If in the judgment of the treating physicians of the Emergency Management Center is possible to return the Beneficiary to their country of residence for long-term treatment, programmable surgery or non-urgent surgeries, the Emergency Management Center will proceed with the repatriation of the Beneficiary, who is obliged to accept such solution, in case of rejection, the Beneficiary will lose all benefits provided by the plan.

Medical assistance due to pre-existing illness.

In those cases in which the Beneficiary specifically contracts the coverage for emergencies suffered by a pre-existing and / or chronic condition, it will be covered up to the amount that is clearly specified in your voucher. The coverage provided for chronic and / or pre-existing diseases includes the following eventualities:

Acute episode or unpredictable event, decompensation of chronic and / or pre-existing diseases known or previously asymptomatic. This coverage is provided exclusively for primary medical care in the acute episode, or case not predictable, the emergency must require assistance during the trip and can not be postponed until the return to the country of residence, the Assistance Center reserves the right to decide the most appropriate treatment among those proposed by medical personnel and / or repatriation to their country of residence. Repatriation will be a solution in cases in which treatments require long-term evolution, scheduled surgeries or non-urgent surgeries, the

beneficiary is obliged to accept this solution, losing in case of rejection of the solution of all the benefits offered by the patient. assistance plan.

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

Excluded from this coverage are all diseases related to sexual transmission, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), the acquired immunodeficiency syndrome (AIDS), among others.

It is not treated in any of our plans, dialysis procedures, transplants, oncology treatment nor psychiatric treatment, hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, specific disposable equipment, etc. diseases caused by the ingestion of drugs, narcotics, medicines that are taken unreliably without a prescription, alcoholism, etc.

Injuries sustained during an illegal act are not covered by our coverage. Obligations of the beneficiary:

1. The Beneficiary must follow all medical instructions given by the treating physician assigned by **BMITA** and take all medications in the prescribed manner and as required.
2. If the Beneficiary interested in hiring a plan that includes emergency assistance coverage for pre-existing conditions, suffer from any of the following conditions: any type of cancer, heart disease, chronic lung disease and / or chronic liver disease, the beneficiary should consult his personal physician in his country of origin before starting the trip and get written confirmation that he is able to travel for all the days planned, the desired destination and can do without any problems all activities programmed.
3. The beneficiary can not start the trip after receiving a terminal diagnosis.
4. In order to access this coverage, the beneficiary must have been stable for more than 12 months.

If the reason for the trip was determined was the treatment abroad for a chronic or pre-existing condition, the Assistance Center will deny coverage.

Prescribed medication

Within the coverage limits, **BMITA** will bear the costs of prescription given to the Beneficiary by the medical department of the Emergency Management Center. Expenditures incurred by the Beneficiary for the purchase of drugs previously approved by the Emergency Management Center will be reimbursed within the limits of coverage once returned to the country of origin, and the prior presentation of the original proof of purchase or invoice, the original copy of the medical report which describes the name of the medicine and refers to the name of the illness suffered by the Beneficiary. We encourage Beneficiaries not forget to apply for these documents to the treating physician, the failure to submit these documents may result in non-reimbursement of expenses.

It is noted and reported that drug costs in respect of pre-existing conditions will not be assumed by **BMITA**. Drugs for treatment of mental or psychological or emotional illnesses even in cases where the medical consultation has been authorized by the medical department of **BMITA** are excluded as well. Neither birth control pills, injections, intrauterine devices or any other method of family planning are covered.

NOTE: Medical prescriptions for the initial recovery of symptoms will only be authorized for the first 30 days of treatment.

Dental emergency

Up to the limit of coverage contracted, **BMITA** will pay for the reasonable and necessary expenses incurred by the Beneficiary for emergency dental treatment. The benefit is limited to the treatment of pain and/or extraction of the affected teeth. Root canals, change of fillings, crowns, dentures, sealings, cleanings, smile designs or any other treatment not clearly specified in these conditions are excluded from coverage.

Repatriation or sanitary transfer

In case of an emergency and if the Emergency Management Center deems it necessary, the transfer of the Beneficiary to the nearest health center will be organized by means of transport that the medical department of the Emergency Management Center deems appropriate and as required by the nature of the injury or illness. It is also established that even cases categorized as emergency health transfer must be requested and approved in advance by **BMITA**. Failure to comply with this rule exempts **BMITA** to take charge of the transfer coverage.

When the medical department of the Emergency Management Center deems necessary to carry out the medical evacuation of the Beneficiary, this will be made in regular airline with medical escort or nurse if applicable, subject to seating space, to the country of habitual residence of the Beneficiary.

Medical repatriation means the transfer of sick or injured Beneficiary from the place where they are to the nearest airport to their city of habitual residence, in the country where the voucher must be issued. Only **BMITA** may take all measures referred to in this clause, therefore, the Beneficiary or their family member are strictly prohibited from doing so without the prior written permission from **BMITA**.

Additionally, the repatriation must be authorized and medical and scientifically justified by the treating physician from **BMITA**, in the case where the Beneficiary's family or companions decide to make the return aside or without seeking the opinion of the Medical Department, no responsibility shall fall on **BMITA**, thus, the repatriation and all other costs and consequences shall be borne by the sick or injured Beneficiary or their family or companions, without any right or claim against **BMITA**.

When **BMITA**'s Medical Department, in consultation with the attending physician deems necessary and recommends medical repatriation, this shall be done by the most convenient means of transportation available for it, and/or commercial airline tickets, in tourist class and subject to availability, to the airport of the country of residence. **BMITA** will be responsible for paying the

difference of costs for the change of dates of the original ticket. This assistance includes transportation by ambulance or other means of transport that supports the Beneficiary's health and approved by **BMITA's** Medical Department, with the necessary support structure including stretcher, wheelchair, walker etc.

Any expense for repatriation when the cause that gave rise to it is a result of a preexisting condition or to obey an event listed in the general exclusions are excluded from coverage. Beneficiary is entitled to the services within the validity of the voucher.

Repatriation of mortal remains

In the event of death of the Beneficiary while traveling, **BMITA** will make the necessary arrangements and pay, up to the amount specified in the contracted plan for the transportation of the remains to the country of origin, including a provisional casket suitable for international transportation and the necessary paperwork. Specifically excluded are costs and expenses related to transportation and cremation within the country of residence, funeral home costs and any casket other than that used in the repatriation.

If the entitled wishes so, they may choose to cremate the remains and the paperwork for this decision will be included, like the transportation of the remains to the place of residence of the Beneficiary. **BMITA** is exempted from providing services and bear the costs relating to this benefit if the death of the Beneficiary was caused by suicide or a preexisting, chronic or recurrent condition. See exclusions table.

This benefit doesn't, under any circumstances include costs of return of accompanying relatives of the deceased.

Accidental Death

This benefit applies to all persons up to the age of 84 who have a travel assistance plan in force, whose benefit is the payment of the insured sum to legal heirs once the corresponding legal documentation of their country of origin has been presented.

BMITA will be exempted from providing the services and from assuming the costs related to the present benefit in case the death of the Beneficiary originates because of a suicide or death due to the ingestion of alcohol or any type of drugs (this coverage is underwritten by Best Meridian International Insurance Company SPC).

Transportation of a family member for hospitalization in 1st. Degree of consanguinity

In the event the Beneficiary is traveling alone and is hospitalized for over ten (10) days, **BMITA** will provide a round trip economy airfare to the place of hospitalization for a member of the Beneficiary's family. The Beneficiary may be entitled to hotel costs for their family companion up to seven days or until discharge, whichever comes first. Should be referred to in the table of product benefits, the beneficiary may be entitled to hotel expenses by USD 80.00 (eighty dollars) per day for their family caregivers for a maximum of seven days or until the patient's discharge, whichever comes First.

Note: Both for this clause and for any other that covers hotel expenses, these are understood to be limited to simple lodging, without restaurant, laundry, telephony or any other expenses such as mini bar, food taken in the room, or other type of expense.

Convalescence expense in a hotel

In the event that the Beneficiary is hospitalized for a period of at least five (5) days and has subsequently been prescribed a period of rest and is unable to continue their trip or return home, **BMITA**, and subject to approval of the Emergency Management Center, will pay up to the maximum amount listed in the contracted plan, for up to ten (10) days for the cost of lodging. This item applies only to the Beneficiary of the plan, and under no circumstances the costs for an accompanying person will be covered.

BMITA clarifies that no hotel expenses for convalescence will be covered when the admission has been caused by a pre-existing illness or preexisting medical condition.

Attention: The above mentioned rest will have to be ordered for the doctors of the head office exclusively and they will contemplate only the coverage of the cost of the room without any type of supply or such expenses of another nature as laundry, telephonic calls (except those effected to BMITA head office), mini bars etc.

Lost documents and personal effects assistance

BMITA will advise the Beneficiary for reporting the loss or theft of baggage and personal effects, for which it will make available the services of the Emergency Management Center. **BMITA** will also assist the Beneficiary in case of loss of travel documents, credit cards by giving them directions to make respective denouncements, recovery and process them.

Return due to death of an immediate family member (1st. Degree of consanguinity)

If the Beneficiary has to interrupt their trip and return home due to death of a family member (parent, spouse, children or sibling) in the place of residence, **BMITA** will reimburse the Beneficiary the penalty of the change of date on the original ticket, or the purchase of a new one as long as the original ticket is unusable due to restrictions. This assistance must be accredited with the death certificate of the family member and a document that acknowledges family relationship.

Early return due to serious disaster at home

In case of fire, explosion, flood or theft with damages and violence in the home of a Beneficiary, while traveling, if there was no one who can take care of the situation and if the original return ticket does not allow free date change, **BMITA** will cover the change penalty or the cost of a new ticket in economy class from the place where the Beneficiary is to the closes airport to the Beneficiary's home in the country of residence. This request for assistance must be certified by the presentation of the original police report issued in the following twenty-four hours to the occurrence of the event to the Emergency Management Center. The Beneficiary must unfailingly contact the Emergency Management Center to be authorized to proceed.

Minor escort

If the Beneficiary is the sole traveling companion of children under 15 years of age who are also considered Beneficiaries of a **BMITA** plan, and due to illness or accident of the Beneficiary, the children are left unattended, **BMITA** will make the necessary arrangements and pay for the repatriation of the minor children to their city of residence in their country of origin. **BMITA** will pay the difference between the cost of the early return flight and the original ticket, If the original ticket is unusable due to restrictions **BMITA** will by the new ticket in economy class.

Trip cancellation

BMITA will cover the penalties for canceling in advance a trip known as a tour, tour package, excursion, air tickets and cruises organized by a recognized professional tour operator in the trips destination. To be eligible to these benefits the holder must:

1. Acquire the plan a maximum of 72 hours after the first payment of the tour services that could be canceled.
2. Notify **BMITA** in a maximum of 24 hours after the event of the cancellation occurs.
3. Present all documentation that **BMITA** considers to evaluate the coverage of this benefit including but not limited to: Documents that clearly show the motive of cancellation, respective paperwork of the service contracted, invoices and payment receipts.
4. The Beneficiary has up to thirty (30) days from the date of the event to present the complete documentation and backups necessary to initiate the reimbursement process. After that period, documents will not be accepted to process any refund.

Note: to Multitrip plans the cancellation will be renewed each time the Beneficiary travels according to the acquired plan and applies as long as the requirements established to be eligible to these benefits in each trip are met. This benefit does not apply to Beneficiaries over 74 years of age.

Cancellation of a cruise before beginning

In this case, the Beneficiary must immediately:

- Notify their decision to the shipping company and obtain written proof of this unequivocally indicating the date of the formal notification of the inability to start the cruise trip on the boat and date originally contracted.
- The Beneficiary shall also obtain from the shipping company the General Conditions of cruise, where the application, procedure, penalties or penalty clauses for early termination of a contract and fully paid cruise are clearly indicated.
- The Beneficiary must obtain proof of the shipping company showing the amount of the penalty applicable to their particular cruise contract and the amount of the refund if applicable.

Once the above documentation must demonstrate in writing to **BMITA** clearly and authoritatively as the cause or causes that led to the cancellation of travel and send to the Emergency Management Center such documentation for eventual verification by **BMITA** and eventual refund if appropriate.

The causes are justified for the purposes of the present benefit:

1. Death, accident or serious (non-preexistent) illness of the Beneficiary or immediate family member (spouse, children, parents, siblings). A serious illness is defined as a sudden alteration of health that requires hospitalization or total rest, and that according to the **BMITA** medical department, prevents the initiation of the trip on the designated travel date.
2. Being summoned to testify in a court or selected for Jury duty.
3. Damages to the Beneficiaries primary residence or professional place of work caused by fire, burglary, vandalism or Force of Nature causing damage to such an extent as to render them uninhabitable and consequently requires the presence of the Beneficiary.
4. Medical quarantine which prohibits the Beneficiary from leaving the country.
5. Proven job dismissal of the Beneficiary, dated after the acquisition of the voucher.
6. Emergency call to provide military, medical or public service.
7. For epidemic, natural disaster or volcanic ashes. In the cases of cruise products, the emission of volcanic ashes will not be a valid reason to access this benefit.
8. When the traveling companion of the Beneficiary who shares the same hotel room or the cruise cabin or first degree of consanguinity (spouse, parents, children, brothers and sisters), also a Beneficiary of a Plan issued under the same conditions as the Beneficiary, has to cancel their trip for any of the previously mentioned circumstances.

The validity of this benefit starts as soon as the Beneficiary purchases the plan and ends with the date of initiation of the voucher. This benefit does not apply for Beneficiaries older than 74 years of age at the time of the trip.

Note: Any event that occurs prior to the issuance of the Assistance Plan is excluded from coverage. In the case that an event involves more than one reservation and whatever the number of Holders involved in it, the maximum indemnity responsibility of BMITA for all affected holders, will not be greater than FORTY THOUSAND NORTH AMERICAN DOLLARS US \$ 40,000.00 as global maximum amount for the same incident. In the event that the sum of the compensation to be paid exceeds the aforementioned amount, each individual compensation will be made prorated of the maximum liability defined in the Voucher.

Substitution of an executive

In the event a Beneficiary is traveling abroad on a business trip and is hospitalized for a covered medical emergency which inhibits their ability to carry out their professional responsibilities, **BMITA** will cover for a round trip economy airline ticket and up to USD 80 dollars daily for hotel expenses up to five (5) days, for a substitute person designated by the employer, to assume the Beneficiaries

responsibilities. This benefit is subject to seating availability and approval from **BMITA**' Emergency Management Center.

24 hours' information line

Beneficiaries of a **BMITA** plan, can request to the Emergency Management Center, information concerning consular and health obligations, as well as touristic information and others concerning the country of destination. **BMITA** also offers concierge service to help with booking of hotels, restaurants, sporting events, cultural events, among others.

Emergency message transmission

Upon the Beneficiaries request, **BMITA** will provide the Beneficiary's family and/or employer with information regarding the use of any of the benefits and service contained herein.

Emergency cash transfer and Emergency cash transfer for bail bond

If during the trip abroad the Beneficiary requires an emergency cash transfer, **BMITA** will cover the expenses (fee) of the money transfer to the Beneficiary up to the limit specified, the money must be previously deposited in the nearest **BMITA**' offices by the Beneficiary's family. If the Beneficiary were imprisoned as a result of a traffic accident, **BMITA** will cover the expenses (fee) of the money transfer to the Beneficiary up to the sum specified in the Benefits, in order to pay the bail bond. The money must be previously deposited in the nearest **BMITA**' offices by the Beneficiary's family. This coverage will apply only once, regardless of the period of validity of the Assistance Plan.

Legal assistance for traffic accident

Due to an automobile accident, **BMITA** will pay, up to the amount specified in the Benefits, for the attorney's fees incurred for the Beneficiaries civil or criminal defense.

Total and definitive loss of baggage

BMITA will indemnify the Beneficiary of a plan that includes this complementary benefit up to the maximum amount specified in the Schedule of Benefits. In order to be compensated for lost baggage, the following conditions must be met:

- That the airline and the Emergency Management Center have been formally notified of such loss before the Beneficiary leaves the airport where the baggage was supposed to be delivered.
- The baggage has been lost during its transportation on a regularly scheduled international flight, this benefit does not apply when the loss originates on a domestic flight, charter flight, private or military aircraft, or any flight that does not have a fixed itinerary published and operates regularly, nor when the loss arises from domestic flights abroad.

- That the baggage has been duly registered, labeled and shipped in the hold of the aircraft and has been duly presented and delivered to the airline staff at the airport. **BMITA**, won't compensate the Beneficiaries for the loss of baggage considered as hand baggage or transported in the cabin of the aircraft or any other package that has not been properly registered with the airline.
- That the loss of the baggage occurred between the moment that it was delivered to the authorized personnel to be shipped and the time the baggage was supposed to be delivered to the Beneficiary.
- That the airline has taken responsibility for the loss of the mentioned baggage, and has paid the beneficiary the indemnity intended for it.
- Losses occurred during land transportation of any kind is not included.
- The compensation will be limited to one completely missing bag and to a single Beneficiary. In case the baggage is in the name of several Beneficiaries, the compensation will be prorated between each of ticket holders.
- If the airline offered as compensation to the beneficiary the opportunity to choose between receiving a cash value or one or more tickets, **BMITA** will proceed to pay the beneficiary the economic compensation, once the option is taken.

It is important to note that in the case of lost baggage, the direct responsible are the airlines or transportation companies, therefore **BMITA** will act as a facilitator between the airline and/or Transportation Company and the Beneficiary, and therefore shall not be considered or taken as directly responsible for the loss or baggage search. The airlines reserve the right to accept or not **BMITA** claims and in general terms they may require that the claims are brought directly by the Beneficiaries, not allowing any interference from **BMITA**.

The compensation, if approved, will only be paid once the Beneficiary is back in their country of origin and where the plan was purchased. Upon returning, the Beneficiary must present to **BMITA**, the following documentation:

- The Property Irregularity Report (P.I.R)
- Identification document
- Voucher
- Original copy of receipt proving payment by the airline/ Airline Tickets

BMITA may proceed with the compensation only after the airline responsible for the loss duly compensates the Beneficiary. **BMITA** won't be able to compensate the Beneficiary without proof of payment of the airline.

NOTE: The compensation to the Beneficiary will be complementary to that paid by the airline as indicated in the voucher corresponding to the acquired BMITA plan. In case of supplementary compensation, the amount of the same shall be determined as the difference between the amount paid by the airline and the amount determined in accordance with the stipulated in the acquired plan, and always up to the maximum limit indicated by this

concept in the voucher No compensation will be valid if the compensation of the airline equals or exceeds the maximum limit established in the voucher for this concept. Besides, compensation for loss of baggage applies per package or load and not per person.

Expenses for delay in returning the luggage

BMITA will reimburse the Beneficiary whose plan so provides, by presenting the original proof of purchase, for expenses for the purchase of first necessities during the period of the delay in delivering their luggage. This service will be provided only if the baggage is not located within six (6) hours from the arrival of the flight. "Within 6 hours" refers only to the period up to the location of the baggage. The subsequent period to the physical delivery of the baggage by is out of **BMITA** responsibility and therefore will not be taken into account in computing the 6 hours.

If the delay or loss of luggage occurs in the flight back to the country where the ticket was issued or the country of habitual residence of the Beneficiary, no compensation will be awarded.

In the event that it was finally declared a total loss of luggage by the airline responsible for its management and considers appropriate to indemnify the Beneficiary, if used, this benefit shall be deducted from the amount to compensate by **BMITA** on "Total and definitive loss of baggage" benefit, the amount that would have been paid to cover for expenses for delay in returning the baggage.

This service operates on reimbursement prior approval of the Emergency Management Center and governed under the times established in the procedures for reimbursement.

In case of luggage delay, follow these instructions:

1. Immediately after noticing the baggage delay, contact the airline or responsible person within the same premises where the luggage arrives. Request and complete the P.I.R Property Irregularity Report form.
2. Before leaving the airport, contact the Assistance Center by phone to notify you of lost luggage.

Upon returning to your home country, you must submit the following documentation at the offices:

1. P.I.R Form
2. Proof of payment due to expenses of essential items (hygiene items and basic necessities).
3. Original flight itinerary.

Note: the compensation for delay in return of luggage applies per package or load and not per person.

Delayed or cancelled flight

If the Beneficiary's flight is delayed for at least 6 consecutive hours of the original scheduled departure time, and there is no other alternative form of transportation during this period **BMITA** will reimburse up to the maximum benefit indicated in the voucher for reasonable accommodations,

traveling expenses, food and communication charges incurred during the hours of delay and until travel becomes possible. Prior authorization from **BMITA**, presentation of valid original receipts and a report from the transporting airline indicating the reason for the delay is required. Beneficiaries with stand-by tickets are not eligible for this benefit nor does this benefit apply in the Beneficiary's country of residence.

This benefit will not be provided if the flight was at an airport located in the vicinity of the city of habitual residence so that the distance is greater than 100 km or within the city of the Beneficiary's habitual residence; nor if the Beneficiary travels with a ticket subject to availability of space. This service does not apply if the cancellation is due to bankruptcy and / or cessation of airline services.

Amateur sports coverage

Provides coverage of equestrian sports, snow sports, team sports, strength sports, winter sports, martial arts, sport shooting championships practiced in regulated ranges, watersports, skiing, surfing, recreational kitesurfing, recreational diving (up to 15 meters maximum), swimming, skating, snowboarding, when practiced as amateur activities. This coverage also applies to professional athletes when they are members of a federation, only in cases of accidents caused by practicing winter sports on authorized tracks.

Psychological assistance

Telephone counseling 24 hours for Beneficiaries that because of medical repatriation, death of a family member or natural disaster have been affected during the trip. This service is provided psychological support at times that can generate strong emotional tension, in no case may replace direct attention Psychologist or Psychiatrist.

Virtual Doctor

BMITA Beneficiaries may receive recommendations via teleconference and/or videoconference (subject to availability) with a health care professional who will provide guidance on what to do to relieve current symptoms, or recommend be assisted in a Medical Center or Hospital, according to the severity of the symptoms.

Concierge Service

The **BMITA** concierge service is available 24 hours a day, 365 days a year to assist the Beneficiaries in obtaining information on tickets for shows, travel arrangements, vehicle rentals, reservations for theater plays and any other information that the Beneficiary may need in the main cities of the world. The Beneficiary will be responsible for all costs and expenses related to the request for concierge assistance services; This service is purely informative.

Baggage Damage Compensation

If the Beneficiary's bags suffer any type of damage that exposes the elements inside them, as well as the violation of their locks with the same effects, **BMITA** will grant the beneficiary the amount indicated according to the limits of the contracted product.

To make this benefit effective, it must be verified that the break occurred between the moment the luggage was shipped and the time it should be delivered to the Beneficiary upon disembarkation, must have been informed to the **BMITA** Assistance Service Center within The 24 hours of the incident and the Beneficiary must submit to **BMITA** the proof of complaint given by the airline or shipping company and the original receipts for the settlement of the breakages or replacement of the luggage.

Note: the compensation for delay in return of luggage applies per package or load and not per person.

Continuation of trip/cruise

BMITA will bear the cost of a ticket in economy class, one-way, from the port of embarkation until the next port of call of the contracted cruise, if the Beneficiary initially missed the scheduled departure of the cruise due to a delayed connecting flight for more than (6) hours of the scheduled time. This benefit is paid as a reimbursement upon presentation of proper receipts and report from the airline (PIR).

Late arrival

If the Beneficiary suffers loss of connection flight or direct flight for any reason different than cancellation or delay of the Beneficiary's scheduled flight on the part of the airline, Orange Travel Assist will take up the maximum limited of the contracted plan, the payment of penalties, purchase of new tickets, food, calls and hotel.

This coverage applies even for flights within the country of residence, excluding flights in the city of habitual residence of the passenger or originating within 100 kms away. This service operates by reimbursement, prior approval of the Emergency Management Center. In order to apply for this benefit, the Beneficiary should contact the Emergency Management Center from the airport where the application of this coverage is motivated.

To apply for this benefit, the Member must communicate from the airport where the application of this coverage is motivated.

Theft or loss of passport

BMITA will indemnify the Beneficiary of the plan that establishes it up to the limit indicated in the table of benefits, for the costs that could have caused the replacement of his passport for theft or loss abroad.

In order to make this benefit effective, the event must have been informed to the **BMITA** Assistance Service Center within 24 hours and the Beneficiary must submit to **BMITA** the proof of denunciation granted by the relevant authorities both in the country of Origin and destination country.

X. OPTIONAL PURCHASE OF ADDITIONAL BENEFITS FOR THE BENEFICIARY

The Beneficiaries will have the option of acquiring additional, but not separately, additional benefits to those established for each particular assistance plan of **BMITA**, by paying a supplement to the price of the original plan, all in accordance with the provisions and prices of the public offering on the **BMITA** web platform.

Additional benefits or upgrades may only be issued for short stay trips.

Benefit for seniors.

Every person over 75 years to 85 years who wants to buy a **BMITA** assistance plan, may do so with the only condition of the payment three times the value of the chosen plan. In these cases the benefit limits and exceptions remain unchanged in each one of the various plans.

Upgrade Expectant Mother

Every pregnant person wishing to purchase a **BMITA** plan, may do so by paying an additional amount equivalent to 35% of the amount of the plan chosen. This benefit can be sold to pregnant woman up to a maximum 32 weeks of gestation. The benefit applies mainly for emergencies that arise during the trip, including emergency controls, emergency ultrasound, medical treatment for illnesses caused by their situation of pregnancy, emergency childbirth due to illness or accident that threatens the life of the mother or child, abortions or any type and any medical assistance derived from the situation of pregnancy up to the maximum limit of USD 5,000. This benefit will only have a maximum duration of 30 days, counted from the beginning of the trip abroad and its offered in the daily plans.

Exclusions specific to this benefit:

- a. Controls, ultrasound, medical consultations, general medical studies, etc., that are part of routine pregnancy process controls and non-emergency.
- b. Deliveries and C-Sections within the normal course and on time.
- c. Medical expenses related to the newborn.
- d. If it is found that the reason for the trip is to deliver the baby outside the country of origin
- e. If it is established that the sale of the voucher was performed after 32 weeks of pregnancy

NOTE: the age limit to access the benefit of expectant mother is maximum 45 years of age.

Upgrade medical assistance in case of pre-existing condition

In those cases, in which the Beneficiary specifically hires the coverage for acute emergencies suffered for a preexistent and/or chronic condition paying an additional amount equivalent to 35% of the amount of the plan chosen, and its offered in the daily plans. It will be covered up to the amount specified under the benefit of the plan named Medical assistance in case of preexistent condition, such coverage must be clearly identified in the Beneficiaries voucher. The coverage provided by the plan for Chronic and/or preexistent conditions contemplates the following eventualities:

Acute episode, or non-predictable event, decompensation of chronic and/or pre-existing diseases known, hidden or previously asymptomatic. This coverage is exclusively provided for primary medical care in the acute episode, or in the non-predictable event, with the top coverage specified by the plan hired, the emergency must require the assistance during the trip and cannot be deferred until the return to the country of residence, the Emergency Management Center reserves the right to decide the most appropriate treatment among those proposed by the medical staff and/or repatriation to the country of residence. the repatriation will a solution in cases in which the treatments requires long term evolution, programmed surgeries or not urgent surgeries, the Beneficiary is obliged to accept this solution, losing in case of rejection of the solution all the benefits offered by the assistance plan.

It is excluded from this benefit the commencement or continuation of treatments, diagnostic procedures, of investigation, diagnostic and / or therapeutic behavior, which are not related to the acute and non-predicted episode.

It is excluded from this coverage the all the illness related to sexual transmission, including but not limiting to syphilis, gonorrhoea, genital herpes, chlamydia, human papilloma virus trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), among others.

It is not covered in any of our plans, dialysis procedures, transplants, oncology and psychiatric treatment, hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, outpatient respirators, implantable devices, specific disposable equipment, etc. diseases caused by ingestion of drugs, narcotics, medicines taken reliably without prescription, alcoholism, etc.

Note: This benefit will not cover for any reason the follow-up or continuation of treatments initiated during the validity of the first voucher of a passenger who has decided to renew their assistance plan; Besides, the coverage may not exceed USD 30,000.

Obligations of the Beneficiary:

1. The Beneficiary must follow all medical instructions given by the treating doctor assigned by **BMITA** and take all medication as prescribed and required manner.
2. If the Beneficiary interested in hiring a plan that includes emergency coverage for pre-existing medical condition **BMITA**, suffer some(s) of the following conditions: any type of cancer, heart disease, chronic lung disease and / or chronic liver disease, the Beneficiary should consult their personal physician in their home country before beginning the trip and

get written confirmation they are fit to travel by all the planned days, the desired destination and the condition is not an inconvenience for all the scheduled activities.

3. The Beneficiary may not undertake journey after receiving a terminal diagnosis.
4. In order to access this coverage, the beneficiary must have been stable for more than 12 months.

In case it is determined the reason of the trip was the treatment abroad for a chronic or pre-existing condition, the Emergency Management Center will deny coverage.

Note: the age limit to access medical assistance in case of pre-existing condition is maximum 74 years of age.

In this case, the maximum amount of the benefit applicable to each assistance plan of **BMITA** will be the following: PLAN CLASICO and ULTRA USD\$ 2.500.00 - PLAN ULTRA PLUS USD\$ 5.000,00 - PLAN VIP USD\$ 10.000,00, PLAN VIP PLUS USD\$ 10.000,00, Plan ELITE USD\$ 10.000,00.

XI. EXCLUSIONS APPLICABLE TO ALL SERVICES AND BENEFITS

BMITA is excluded from liability to serve in case of:

1. Chronic or existing illnesses suffered before the commencement of the term of the Plan, known or not by the Beneficiary, as well as its complications and consequences even when they appear during the trip. Unless plans that include this benefit.
2. Disease, injury, illness or complications resulting from treatments performed by people or professionals not authorized by the Medical Department or the Emergency Management Center.
3. Homeopathic treatments, acupuncture, physical therapy, spa treatments, podiatry, etc.
4. Criminal intent or criminal action of the Beneficiary, directly or indirectly.
5. Illness treatment or pathological states as a consequence of consumption or intentional administration of toxics, drugs, narcotics or non-prescribed medicines.
6. Expenses incurred in any kind of orthosis, prosthesis, including artificial teeth, eyeglasses, contact lenses, hearing aids, etc.
7. Events that occurred as a result of training, practice or active participation in professional or amateur sports competitions. Also expressly excluded occurrences consequent to the practice of dangerous sports, including but not limited to: Motorcycling, Motorsport, Boxing, Polo, jet skiing, diving (up to 30 meters maximum), Hang-gliding, karting, ATV, Mountaineering, Skiing, Football, Boxing, Canoeing, Paragliding, Kayaking, Badminton, Basketball Ball, Volleyball, Handball, Karate Do, Kung Fu, Judo, archery, rifle shot, Tejo,

Rappel, Rappel, Mountain climbing, bungee jumping, athletics, cycling, Speleology Luge, Skeleton, hunting animals, Bobsleigh, etc., and other sports practiced off tracks and regulations approved by the respective sports federations.

8. Abortions, births, check-ups, tests and pregnancy complications.
9. All kinds of mental, nervous, or psychological illnesses are excluded, including nervous breakdowns, panic attacks, stress or similar eating disorders such as bulimia, anorexia, vigorexia, megarexia, among others.
10. Conditions, illnesses or injuries resulting from the consumption of alcoholic beverages of any kind.
11. The Acquired Immunodeficiency Syndrome (AIDS) and human immunodeficiency virus (HIV) in all its forms, consequences and implications. Sexually transmitted diseases and/or infections and/or any type of and/or generally, examination and/or treatment that has not received the prior approval of the Emergency Management Center.
12. Event derived from natural disasters, nuclear radiation or radioactivity, as well any other phenomenon with extraordinary character or event that due to its proportions or seriousness it will be considered as a national disaster or catastrophe.
13. Suicide or intent of suicide or wounds self-inflicted by the Beneficiary and or their family, as well as any other act of obvious irresponsibility or imprudence by the Beneficiary.
14. Events derived as consequence of war (declared or not), terrorism, rebellion, civil war, insurrection, military or naval coup, government usurpation, serious alteration of the public order, with or without the personal participation of the Beneficiary or as a member or a civil or military organization.
15. Intentional acts or caused by bad faith by the Beneficiary or its representatives.
16. Routine check-ups, lab tests, tests of controls diagnosis, laboratory tests or radiological or other means, aimed to establish whether the disease is a pre-existence, such as examinations radiology, Doppler, MRI, CT, ultrasound images, scanner of all kinds, etc. The medical examinations to establish whether the condition corresponds to a pre-existing disease or not.
17. Expenditure on public and private transport paid by the Beneficiary from their hotel or location to a hospital, medical center or doctor's office. Unless these expenses have been expressly authorized in writing or orally by the Emergency Management Center.
18. Congenital diseases and their derivatives or consequences, known or unknown to the Beneficiary.
19. Injuries or accidents arising from aircrafts not authorized for public transportation, including private charter flights.

20. Illness, disease or injury arising directly or indirectly from quarrels or fights (unless it were a proven self-defense with police report), strike, acts of vandalism or popular tumult that the Beneficiary has participated as an active member. Or the attempt to commit an illegal act and, in general, any criminal or fraudulent action, including providing information that is different from the reality.
21. Treatment for endemic, epidemic or pandemic disease in countries with and without health emergency if the Beneficiary has not followed the suggestions and/or information on travel restrictions and mandatory vaccinations issued by respective health authorities in each country.
22. Any expense or care that has not been consulted and approved by **BMITA** Emergency Management Center.
23. Diseases or ailments resulting from disorders in women menstrual period and delays; and abundant vaginal discharge.
24. Liver diseases such as cirrhosis, abscesses, and others.
25. Exams and/or hospitalization for stress tests and all types of preventive checkups.
26. Any type of hernia and its consequences.
27. Kidnapping or attempted kidnap.
28. Professional Risks: If the reason for the trip was Beneficiary perform work or tasks that involve a professional risk. Illness or work related accidents when performing highly specialized tasks where life is exposed or being exposed to hazardous substances or handling of heavy machinery, or manipulation of gas, air pressure or hydro fluids, or requiring special physical skills.
29. Driver or passenger injuries by the use of any type of vehicles, including bicycles, motorcycles and mopeds without a license or without a helmet, or without insurance policies.
30. Excluded are accidents and illnesses that occur while the Beneficiary is in countries where civil or foreign war. Example: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc.
31. No assistance will be provided to any Beneficiary in illegal immigration or employment status (including undeclared work in the country where attendance, or shocked students working in a foreign country without the appropriate permission from local authorities is required).
32. **BMITA** will not be responsible for costs for physiotherapies referred to the treatment of ailments related to work accidents, repetitive tasks or chronic and / or degenerative diseases of the bones or muscles. The physiotherapies will be covered only in case the ailment has been caused by a non-work accident with prior authorization from the Medical Department of the Assistance Services Center in case it is determined that with them the

passenger can improve their current condition and under no circumstances, may exceed ten (10) sessions.

In case that it is determined that the reason for traveling abroad was the treatment of a preexisting condition and that the current treatment has any direct or indirect link with the previous condition, **BMITA** reserves the right to investigate the connection between the current event and the previous condition.

Agreement of competition: It is expressly agreed between the parties with respect to the contractual relationship between the Beneficiary and the provider Voucher any problem of interpretation of the scope of the same and / or legal claim, which cannot be resolved amicably between the parties, shall be subject to the jurisdiction of the courts of Doral, Florida, excluding any other jurisdiction and jurisdiction that may correspond

No joint services and / or intervention of other enterprises: In no **BMITA** case will provide support services to the Beneficiary established in the health care plan of the travel certificate or fee reimbursement of any kind, as long as the Beneficiary requests or has requested services for the same problem and / or condition to any other company, before, during or after they are applied to the supplier.

XII. SUBROGATION AND ASSIGNMENT OF RIGHTS

Until the amounts disbursed in compliance with the obligations arising from these general conditions, **BMITA** and / or the insurance companies that assume the risk as a result of the **BMITA** order will be automatically subrogated in the rights and actions that may correspond to the Beneficiary or to his or her heirs against third-party natural or legal persons by virtue of the event that motivates the assistance rendered and / or benefit paid.

The Beneficiary of the product granted agrees to pay on the spot **BMITA** any amount that has been received from the party responsible for the event and / or his Insurance Company (s) as an advance (s) account of the liquidation of the final compensation to which the Beneficiary is entitled; this up to the amount of the payments that would have received from the insurance companies in the case occurred

Without the following statement being construed as limiting, the rights and actions likely to be exercised in front of the following persons are expressly included in the subrogation:

- 1) Third parties responsible for an accident (transit or any other type) and / or their insurance companies.
- 2) Transport companies, with regard to the refund -total or partial- of the price of unused tickets, when **BMITA** has taken over the transfer of the holder or his remains.
- 3) Other companies that cover the same risk.

IMPORTANT: The owner irrevocably transfers in favor of **BMITA** the rights and actions included in this Clause, obliging to carry out all the legal acts that are necessary for this purpose and to provide all the collaboration that is required on the occasion of the fact happened In this regard, it undertakes and obliges to formalize the subrogation or assignment in favor of **BMITA** within three (3) calendar days following the intimidation of the Holder / s for that purpose. If you refuse to subscribe and / or collaborate to assign such rights to **BMITA**, the latter will automatically be exempt from paying the assistance costs incurred.

In addition, **BMITA** will be subrogated, it being understood that any insurance, travel assistance and/or medical insurance will have the obligation in the first instance of payment of all or part of the expenses that may be triggered by the event suffered by the Beneficiary.

BMITA will be subrogated in the rights and actions that correspond to the Beneficiary, for facts that have motivated the intervention of that and up to the total cost of the services provided.

Refusal to provide collaboration or subrogate such rights to **BMITA** will be released from the obligation to fulfill the services offered and/or due. Likewise, **BMITA** reserves the right to assign all or part of the rights that may arise from the contractual relationship with the Beneficiary, as well as the execution, rendering of services and other obligations under its charge to third professional legal entities. in the branch of assistance to companies in the field.

In this sense, the Beneficiary is aware of this right and therefore expressly waives to be notified or previously notified of such assignments.

XIII. EXCEPTIONAL CIRCUMSTANCES

BMITA and its network of service providers, agent or agents are expressly released and will held harmless for cases in which fortuitous events cause delays or prevent the rendering of services due to acts of natural catastrophes, strikes, riots, wars, lock-outs, invasions, sabotage, hostilities, rebellion, insurrection, governmental decree, terrorism, popular uprisings or any other overpowering force including nuclear, biological or chemical. Whenever elements of nature are involved, **BMITA** promises to make every effort to meet its commitments once the impeding cause has ceased

XIV. RECOURSE

BMITA reserves the right to demand reimbursement from the Beneficiary for any expenses paid in error in the event **BMITA** provided services or benefits not considered appropriately under the Plan or rendered outside the period of validity.

XV. DISCLAIMER

The service provided by **BMITA** in accordance with the terms of these general conditions and the travel assistance contract, is limited solely and exclusively to provide the Beneficiary with access to professionals for the provision by the latter, under its sole and exclusive responsibility, medical, dental, pharmaceutical, legal and / or general assistance services. In this way, **BMITA** will not be liable in any way, either directly or indirectly, for any claim that the Beneficiary may make for the provision of the services carried out by any of the aforementioned professionals.

BMITA, will not be liable and will not indemnify the Beneficiary for any type of damage, injury or illness caused by having provided the Beneficiary with his request, people or professionals to assist him medically, dentally, pharmaceutically or legally. In these cases, the person or persons designated by **BMITA** will be held as agents of the Beneficiary, without possible recourse of any nature or circumstance against **BMITA**, because of such designation. **BMITA** strives to make available to passengers the best health professionals and the best means, however **BMITA**, can never be held totally or partially as responsible for availability, quality, results, lack of attention, medical services and/or malpractice of said professionals or entities, as they are conditions that are completely outside of **BMITAX** control.

XVI. TERMINATION

Any claim the Beneficiary may have that gives rise to the obligations that **BMITA** should or could assume under these General Conditions will terminate unless received in writing within a period of 30 (thirty days) consecutive days after the end of the validity of the voucher.