

GENERAL TERMS AND CONDITIONS

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IMPORTANT RECOMMENDATION

We kindly invite the beneficiaries of an ASSIST1 voucher or assistance product to read these general terms and condition before set out on their trip. In the following pages, you will find the General Terms and Conditions, Particular Conditions and Exclusions, just as the instructions that will allow a better use of the acquired benefits and services.

I. INTRODUCTION

Every service provided by this assistance plan is covered through ASSIST1. This company's main goal is to provide, among other things, medical, legal and personal assistance, only in cases of EMERGENCY during the course of an international trip and during the validity period of the acquired plan.

Acceptance of the beneficiary

The present Terms and Conditions, along with the rest of needed documentation, are at the disposal of the beneficiary at the moment of the plan's purchase. These are part of the traveler's assistance contract provided by ASSIST1. The beneficiary declares to know and accept the present Terms and Conditions. This acceptance is ratified by any of these two actions:

1. The payment for the acquired services.
2. The use or the attempt of using any of the acquired services.

In both cases, the beneficiary recognizes that they have chosen, read, and accepted the Terms and Conditions of the services expressed in the present General Conditions, and that these conditions regulate the relation between the parts at every moment, becoming a contract of adhesion.

It is clearly understood and accepted by the beneficiary that the plans acquired from ASSIST1 do not constitute, under any circumstance, an insurance or similar product nor it is a social security or pre-paid medical program, a housecall service or unlimited medical service. Therefore, its main aim is not to provide a complete health service, neither definitive treatments for the beneficiary's illness. The medical assistance services provided by ASSIST1 are limited, specifically, to urgent treatments concerning acute symptoms, and are only pointed to the primary medical assistance for sudden and unpredictable events during the course of the trip, with a clear medical illness or condition diagnosed, as long as the already stated illness or medical condition is not part of the list of exclusions of this product. These plans are designed to guarantee the primary and initial recovery of the beneficiary, and the physical conditions that will allow a regular course of the trip. The plans are not designed nor are they acquired to use for:

- Medical procedures by choice of the beneficiary
- Routine check-ups, or check-ups not authorized before by the Assistance Contact Center.

- To progress with treatments, benign or long term procedures.

Every assistance or treatment provided will cease and will not be responsibility of ASSIST1 once the beneficiary goes back to their residence or when the validity period of the chosen plan expires.

The acquisition of one or more vouchers from the beneficiary does not mean there is an accumulation of benefits or time contemplated. In these cases, only the established amounts of voucher that was issued first will applied.

NOTE: it is clearly understood by the beneficiary that this plan is a traveler's assistance product and even if it is offered through an insurance company, that would not make it an international medical insurance.

On the other hand, once the validity of the voucher starts, the beneficiary cannot make changes or increase the acquired product. Neither can the voucher for any reason be invalidated, under any circumstance. Without prejudice to the before mentioned, when the beneficiary unexpectedly has to extend their trip, they will be able to request the issue of a new voucher. ASSIST1 reserves the right of accepting or denying the renewal without having to give any explanations, based on the following conditions:

- a. The beneficiary will not be allowed to request the renewal of their voucher if they have used any of the services provided by ASSIST1 during the course of the first voucher
- b. The beneficiary could renew their voucher as long as the new voucher has the same or higher coverage than the first one. The new voucher cannot have a lower coverage than the one acquired first.
- c. The beneficiary will have to ask for authorization to the issuing agent, which they acquired the original assistance plan with, for the issue of the new voucher. Were it to be purchased through a website, the issuing agent is obliged to inform ASSIST1 that the issuing is indeed an extension and must ask for the authorization for the new term of the contract, through the "contact" form that is on the website.
- d. The request for the issuing of the new voucher will have to be executed before the expiration date of the validity established in the original voucher.
- e. The beneficiary will have to make the payment for the new voucher at the moment of the issuance.

The new plan of the traveler's assistance service and its pertinent voucher issued under the conditions referred to in this clause cannot be used, under any reason, in order to start or continue any treatment or medical assistance of problems that would have already arisen during the validity term of the first original voucher and/or previous ones, or before the validity of the new plan and/or voucher, independently of the actions or treatments authorized before by ASSIST1 or a third party. Any medical assistance treated in the middle of the validity of the first voucher will automatically be considered as a pre-existing condition during the validity of the second voucher. Therefore, this medical assistance will not be assumed by ASSIST1. Lest the request is done once the validity of the first voucher is over or the passenger is outside their country of origin at the moment of the new acquisition, the renewal will be issued with a waiting period of 5 (five) days, only after the issuing agency/tourist operator has received expressed authorization by the Assistance Contact Center. During the waiting period, the beneficiary will not be allowed to use the services offered by the providers.

Definitions

Next, we will enumerate the definitions of the terms used in this general conditions for a better understanding by the beneficiaries of an ASSIST1 plan:

Accident

- Accident: It is the generative event of a physical damage suffered by the beneficiary, caused by strange agents, out of control and in movement, external agents, violent, visible and unexpected, arising from imprevisible and irresistible situations. Always that the term "accident" is mentioned, it will be understood that the resulting damage or ailment was caused directly by these agents, independently to any other cause. Accidents which origin are a byproduct of carelessness, provocation or lack of prevention measures by the beneficiary are excluded of any assistance. If the physical damage is caused as consequence of different causes than the mentioned before, the beneficiary will be covered up to the established amount under "Medical assistance due to illness" of the acquired plan.

Disaster

- Disaster: fateful event (unfortunate) that critically alters the natural order of things, in which a number of people are involved. (desafortunado) que altera gravemente el orden regular de las cosas, donde se ven implicadas numerosas personas.

- Assistance Contact Center: It is the office that coordinates the offered services that are required by the beneficiary regarding his assistance plan. At the same time, it is the department of professionals who supervise, control and coordinate. They intervene and decide everything regarding issues and/or benefits to be provided in virtue of the present general conditions that are related to medical matters.

Medical Department:

- Medical department: ASSIST1 group of medical professionals who intervene and make decisions in every issue and benefits provided or that will be provided in accordance with the present General Conditions.

Illness or Acute Medical Condition

- Illness or Acute Medical Condition: The short and relatively severe process of alteration of the status of the body or of any of its organs, that might interrupt or disturb the balance of the vital functions, producing pain, weakness or other manifestation alien to its normal behavior.

- Congenital disease: Present or existing before the moment of birth.

- Chronic disease: Any pathological process, continuous and persisting in time, and lasting over 30 days.

- Pre-existing Medical Condition: All physic-pathological process in which their origin and etiology developed before the date of the beginning of the validity or before the trip, and that is feasibly objectify through supplementary diagnosis methods of regular, daily, accessible and frequent use in every part of the world (including but not limited to Doppler, nuclear magnetic resonance, catheterisation, radiology, etc.). Pre-existing Condition is understood as physic-pathological processes, illnesses, injury or their complications, whether known or unknown by the beneficiary, those that for their development have required an incubation, formation or evolution period within the beneficiary's body before the beginning of the trip. Justo to name some clear and normal examples of pre-existing conditions: kidney or bladder stones, artery or vein obstructions due to clots or others, respiratory disease such as asthma, pulmonary problems, emphysema, HIV, generally problems related to high blood pressure, glaucoma, cataract, nephritis, ulcers or gastric ailments, any disease resulting from a congenital deformity, genital mycosis,

hepatic abscess, cirrhosis, blood sugar, high cholesterol, high triglycerides, and more. These require a term of formation, long or short, but in all cases higher than flight hours, which recognizes that the state or pathological process existed inside the organism before boarding the plane or mean of transportation at the moment of the beginning of the plan's validity, even when the symptomatology presented itself for the first time after the beginning of the trip.

- **Recurrent Illness or Medical Condition:** Return, repetitions or appearance of the same illness alters having been treated.
- **Sudden or Unexpected Illness:** Rapid, fortuitous, unforeseen illness contracted after the starting date of validity of the ASSIST1 plan or the date the trip begins, whichever is last.
- **Stabilized Illness:** Stabilized patient, whose medical condition is under control, with stabilized vital signs, who does not have signs or symptoms that indicate that their illness may be destabilized or suffer from changes, or short term alterations.

Force Majeure

- **Force Majeure:** an event that no human foresight could anticipate. Therefore, it exempts from the fulfilment of any obligation and/or derives from the will of a third party, in agreement with what is decreed

Purchase of Basic Necessity Items

- **Purchase of Basic Necessity Items:** expenses due to the purchase of elements of non-transferable personal use. These elements are understood to be, only and exclusively: clothes (outerwear and underwear), shoes, elements for personal hygiene (shampoo, conditioner, soap -liquid, bar or powder-, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and make-up. Any other element not listed here will be understood as excluded from any type of coverage.

Treating Doctor:

- **Treating Doctor:** medical professional provided or authorized by ASSIST1 Assistance Contact Center that assists the beneficiary at the location of the latter.

Assistance Plan or Product

- **Assistance Plan or Product:** detailed combination of the assistance services offered that indicate an exhaustive enumeration of mentioned services and their monetary, quantitative, geographic, and beneficiary's age limits.
- **Waiting Period:** interval of time in which the coverage included in the plan is not effective. This waiting period is calculated by day from the beginning of the validity of the voucher, as long as the beneficiary is outside their place of residence at the moment of the acquisition.

Highest Limits

- **Highest Limits:** Highest amount covered by ASSIST1, detailed in the voucher on every service, depending on the acquired assistance product.

Voucher

- Voucher: Document that you receive at the moment of the ASSIST1 product purchase. It has your personal data, that you will need to give the center in case you need to be assisted.

II. BENEFICIARY/AGE LIMIT

The services or benefits of the corresponding plans can only be used by the beneficiary and are non-transferable. That is why the beneficiary themselves must prove and demonstrate their identity, or their voucher and travel documents in order to determine the validity and applicability of the requested services and benefits.

The Beneficiary will be able to use the acquired services until 23.59 p.m., before completing the age limit of the purchased plan. Once the Beneficiary reaches the limit age stipulated on the assistance plan, they will lose their right to the assistance services contemplated on this General Conditions, just as the right for a reimbursement or claims originated in events before such day.

III. VALIDITY

It is the period of time in which the beneficiary can make use of the detailed benefits of a ASSIST1 medical assistance plan. The validity goes by from the 0 hours of the day of the beginning of the validity of that plan, while the passenger is on foreign territory, to the 24 hours (23.59) of the day in which the voucher expires. Both dates are reflected in the voucher acquired by the beneficiary. The finalization of the validity implies immediate cessation of all the benefits and services, either they are in process or not, including those cases or treatments that began at the moment or before the conclusion of the validity. Plans under the category "Short Trips" will have a maximum validity of 120 consecutive days of travel, while the plans under the category "Long Stay" will have a total validity of 365 consecutive days of coverage. Past these periods, the beneficiary will lose all the acquired assistance services benefits during that same trip. Note: "Student" plans can only be acquired by people who are studying at the moment or that go abroad for a course or study-related purpose. A student ID or Certificate/Card, or letter of acceptance, either from the student or an institution, will be asked at the moment the beneficiary requires the service.

Assistance plans under the name of "Annual Multi-Trips" have a validity of 365 days in total. However, the beneficiary cannot stay in every trip more than 30, 45, 60 or 90 days abroad, according to what is documented in the assistance plan of the product they acquired. The ASSIST1 Assistance Contact Center will ask, at the moment of the request of any assistance, a copy of your passport, that can be sent either through fax or e-mail, so as to demonstrate the departure date from the place of residence or the entry date to the country from which they require assistance services.

NOTE: The request for a copy of the passport is not exclusively limited to the beneficiaries of "Annual Multi-Trips" products. If the Assistance Services Center consider it necessary, they will also require the copy to any beneficiary, regardless of the type of acquired product.

ASSIST1 plans operate under the modality of consecutive days. Therefore, once the validity of the plan starts, it is not possible to interrupt it. The days that are not used are not reimbursed. Once the validity of the plan is interrupted, the plan expires and cannot be reactivated afterwards.

The purpose of the trip will have to be touristic and people who practice a professional activity abroad will not be ensured. If the purpose of the beneficiary's trip is that of the realization of jobs or chores that involve a professional risk; working on tasks of high specialization that are risky to life; exposing to dangerous substances; manipulating heavy machinery or gas-functioning, air pressure; or hydropneumatic fluids machinery, in which especial physical abilities are required, or in which they are exposed to danger and, as

a consequence, they have an accident or a consequential disease or illness. ASSIST1 will be exempt from all responsibility of providing its services or assuming any costs derived from these circumstances. In these cases, it is the responsibility of the management to assume these costs through its occupational hazards plan. These conditions apply, also, to those people that are not linked in terms of work with a company, and that act on their own as independent workers, are in migratory situation or illegal work situation.

In cases in which the beneficiary is hospitalized due to a disease and/or accident covered by ASSIST1 on the expiration date of the coverage period, will only be covered the hospitalization expenses, within the medical expenses coverage for illness/accident, according to the following:

1. Up to 8 (eight) additional days, counted from the moment of the expiration date of the voucher; or
2. Up to the contracted coverage is finished; or
3. Up to the medical discharge, signed by the doctor, of the beneficiary during the period of those 8 (eight) days of extension of coverage.

Every assistance or treatment will cease and ASSIST1 will not be responsible once the beneficiary goes back to his place of residency or the period of validity of the chosen plan expires, except for exceptions previously mentioned.

Note: cases in which the beneficiary is already in his place of residence and requires the authorization for the issuance of an assistance plan, as long as it is authorized by the Assistance Contact Center, that plan will have 5 days of waiting period (the services will be effective 5 days after the request)

IV. TERRITORIAL VALIDITY

The territorial coverage will be of worldwide nature or exclusively for Europe, depending on the purchased voucher. Independently of where the Beneficiary is, they will be assisted in case they require assistance in accordance with the acquired plan. It is excluded in all cases the country in which the Beneficiary resides or where the assistance plan was issued, except when it is a product for NATIONAL coverage.

V. PROCEDURES FOR THE REQUEST OF SERVICES - ASSISTANCE CONTACT CENTER

Lest the Beneficiary requires any assistance, and independently of their geographical situation, in accordance with the rest of clauses of these conditions, the beneficiary has to contact ASSIST1 Assistance Contact Center. To contact the contact center telephonically, the beneficiary has to request a collect-call or directly call the center through the phone numbers set up for each country.

In case there is an expense for the call made to the Assistance Service Center, ASSIST1 will reimburse the Beneficiary the costs for the call. For this, we urge you to save the receipt or bill for the call, in which the collection for the call made to one of the following numbers is reflected. It is an obligation of the Beneficiary to always call and report the emergency. In case the beneficiary is not able to do it, can and must be done by any other person with them, friend or family member. The notice has to be made not later than 24 hours from the emergency. Not complying with these norms leads to the automatic loss of any right to claim from the Beneficiary.

WHATSAPP: +54 (911)64092326
EMAIL: asistencia@assist1.com.co
FACEBOOK: @assist1Latam

From Germany: 0800-182-4131
From Argentina: 0800-222-2527
From Brazil: 0800-761-4754
From Chile: 800-610-022
From the United States: 1-866-714-2595
From Spain: 900-995-441
From France: 0800-900-330
From Israel: 1-809-45-2165
From the United Kingdom: 0800-917-6230
From Italy: 800-785-541
From Colombia: 01800-700-2059
From Switzerland: 0800-563-424
From Uruguay: 000-4054-075
From Venezuela: 0800-100-5613
From Mexico: 01800-123-1868
From New Zealand: 0800-452-998
From Peru: 0800-53-452
Collect-call line, requested through international operator: +57 (1) 3816559

Note: toll free (0800) numbers have to be dialed the same way they appear here, from landline phones. In case of not having a toll free number in the country where you are staying, the call must be made through international operator where the beneficiary is, asking for a collect-call to the number indicated at the box above. Additionally, through the different electronic means of communication, such as e-mail or WhatsApp.

VI. OBLIGATIONS OF THE BENEFICIARY

For all cases, the Beneficiary has to do the following in order to receive the services:

1. Request and obtain authorization from the Assistance Contact Center before going ahead with any initiative, or compromise themselves with any kind of expenses related to the benefits provided by the assistance plan. In those cases in which authorization was not requested to the center, there will not be any reimbursement or any claim rights.
2. It is clearly understood that notifying the contact center is essential, even when the eventful problem is completely resolved, since ASSIST1 will not be able to take charge of the cost of any assistance without previous knowledge and authorization of the Service Contact Center.
3. The Beneficiary accepts that ASSIST1 reserves the right to record and audit phone conversations that are considered necessary for the good development of the provision of its services. The Beneficiary expressly accepts the mentioned modality and manifests their conformity for the usage of records as proof in case of the existence of any controversy over the provided assistance.
4. If the Beneficiary or third parties cannot communicate under any circumstance or involuntary reason with the Assistance Service Center before being assisted, they will have to inform within 24 hours of the event. Not notifying within the 24 hours results in the automatic loss of the Beneficiary rights to claim or request any compensation.

5. Accept and comply with the indicated solutions recommended by the Assistance Contact Center. If appropriate, give consent for the repatriation to their country of residence when, under medical opinion, their health state allows it and requires it.

6. Provide documentation that allows to confirm the case precedence, just as every original proof of expenses in order to evaluate them for their eventual refund by ASSIST1, and all the medical information (including those documents prior to the beginning of the trip) that will allow the contact center to evaluate the case.

7. In all those cases in which ASSIST1 requires it, and in compliance with the decreed in article 34 of the law 23 of 1981, the Beneficiary will have to provide the authorization to disclose their medical history completing the Record Release Form that the medical facility will request to sign, and send it back through fax or e-mail to the Assistance Contact Center.

Additionally, the Beneficiary authorizes ASSIST1, in a complete and irrevocable way, to request under the Beneficiary's name any medical information to the professionals, both abroad and in their country of residence, in order to evaluate and, eventually, decide about the applicability of restriction in cases of pre-existing illnesses or conditions, or the ailment that gave origin to the assistance. We recommend the Beneficiaries to always fulfil the requirements to obtain the form whenever they check-in in a medical facility. This will be of great help for reimbursement and/or at the moment of making a decision about certain cases that require to study the medical history of the patient.

Note: In some countries, and principally in the United States and in Europe, due to computer standardization reasons, the majority of medical facilities such as hospitals, private urgent cares, clinics, laboratories, tend to send bills and/or claims to the assisted patient, even after being those bills paid and cancelled. In case that happened, the Beneficiary has to contact the Assistance Contact Center dialing the previous given telephone numbers or writing to asistencia@assist1.com.co and notifying the situation. The contact center will be in charge of clarify the situation with the provider.

VII. OBLIGATIONS ASSUMED BY ASSIST1

1. Fulfil the benefits and services described in the General Terms and Conditions for the events covered in the contracted plan during the validity of the voucher.

2. ASSIST1 is expressly freed, exempted and excused of any of its obligations and responsibilities in case the Beneficiary suffers from some damage or requests assistance as consequence and/or derived from a coincidental or force majeure situation, which are listed here as an example and non-exhaustively: catastrophe, earthquake, floods, tempests, international wars, declared or non-declared civil wars, rebellions, inner shock, civil insurrection, guerilla or anti-guerilla acts, hostilities, retaliation, conflicts, foreclosure, surcharge, strikes, popular movements, lockout, acts of sabotage or terrorism, labor unrest, acts of government authorities, etc.; as well as problems and/or delays as result of the termination, interruption or suspension of the means of communication. If elements of this type intervened, once past them ASSIST1 compromises to execute its agreement and obligations within the shorter time period possible.

3. ASSIST1 is obliged to analyse every reimbursement request in order to determine if it is applicable and, if it is, reimburse the amounts in accordance with the present general conditions and coverage amounts of the contracted plan. Every compensation and/or reimbursements and/or other expenses assumed by ASSIST1, within this present contract, may be paid in the local currency. The established time periods for the process of reimbursement are:

- a. The Beneficiary has up to thirty (30) calendar days from the expiration date of the voucher to present all the documentation and necessary back-ups in order to start the reimbursement process. After this period, documents for reimbursement will not be accepted.
- b. At any moment of the audit, ASSIST1 may request any missing document that the Beneficiary had not delivered.
- c. With all the necessary, requested and completed documents, ASSIST1 will proceed, during the following twenty (20) business days, to analyze the case and issue an approval or denial letter for that reimbursement.
- d. If the reimbursement is applicable, ASSIST1 will proceed to make the payment within 15 business days, after the date of the reception of the information and/or completed documentation, through wire transfer.

Note: Reimbursements paid directly by ASSIST1 can be done through bank transfer, money order or check. ASSIST1 will assume the costs for the agency for the delivery of the money order, the delivery of the check, just as the expenses that may be generated from your bank. Additional charges made by the Beneficiary's bank will be covered by the Beneficiary.

VIII. AMOUNTS AND CURRENCY

Benefits offered by ASSIST1 are detailed under IX. The maximum coverage limits are reflected on the contracted voucher, expressed on American Dollars (USD) or Euros (EUR), depending on the chosen plan and its territorial coverage.

IX. DEFINITION OF THE BENEFITS

Some benefits are only included in some ASSIST1 products. Check the benefits and top limits contracted on your voucher. If your voucher does not have one of the items, it is because the product chosen does not have that service.

Medical assistance in cases of accidents/illnesses or non pre-existing medical condition.

- Medical Consultations: in cases of accidents or acute and unexpected non pre-existing illness or medical condition.
- Medical Assistance by specialists: it is provided only when it is indicated and authorized by ASSIST1's Medical Department of the Assistance Contact Center or by the treating doctor of the contact center.
- Additional Medical Examination: only when are indicated and authorized by the Medical Department of the Assistance Contact Center.
- Hospitalizations: in accordance with the nature of the injury or illness, and as long as ASSIST1's Medical Department of the Assistance Contact Center prescribes it, the hospitalization of the Beneficiary will go ahead at the closest medical facility of the place they are at the moment. This item only applies to the Beneficiary of the assistance plan, and under no circumstance a bed and/or food at the hospital for a companion will be covered.

- Surgical Intervention: Only when are authorized by the Medical Department of the Assistance Contact Center, in those cases in which the emergency requires an immediate treatment that cannot be postponed until the return of the Beneficiary to their place of residence.
- Intensive Care Unit and Coronary Unit: when the nature of the illness or injury requires it, and only always with the previous authorization of the Medical Department of the Assistance Contact Center this service will be authorized.

Note 1: The Assistance Contact Center reserves the rights of deciding the most appropriate treatment of those treatments suggested by the medical body, and/or repatriation to their country of residence if the physical condition allows it. If the treating doctors of the Assistance Contact Center think it is possible the return to the place of residence in order to receive a long-term treatment, programmed surgery or non-urgent surgeries, we will proceed with the repatriation of the Beneficiary, who is obliged to accept said solution, losing, in case of denial by their part, every benefit provided by their ASSIST1 plan.

Medical Assistance for Chronic or Pre-existing Conditions

In those cases in which the Beneficiary acquires specifically coverage for a pre-existing and/or chronic condition in cases of emergency, it will be covered up to amount clearly specified in the voucher. Coverage provided for chronic and/or pre-existing conditions take into account the following eventualities:

Acute episode or unpredictable event, decompensation due to chronic and/or pre-existing illness, known or previously asymptomatic. This coverage is provided exclusively for the primary medical assistance during the acute episode or unexpected case in which the emergency needs to be treated during the trip and cannot wait to the return to the country of residence. The Assistance Contact Center reserves the right to decide the most suitable treatment among those proposed by the medical body, and/or repatriation to their place of residence. Repatriation will be a solution to those cases in which the treatments require long-term evolution, non-urgent or programmed surgeries. The Beneficiary is obliged to accept this solution, losing, in case of denial of the solution, all the benefits that are offered on the plan.

Are excluded from this benefit the beginning or continuity of treatment, diagnostic and investigative procedures, diagnostic and therapeutic conduct that are not related to the acute and unpredicted episode.

Are excluded from this coverage every illness related to sexual transmission, including but not limited to syphilis, gonorrhoea, genital herpes, human papillomavirus, chlamydia, trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), among others.

We do not treat, in any of our plans, dialysis procedures, transplants, oncological and psychiatric treatments, hearing aid, glasses, contact lenses, dental bridges, pacemaker, defibrillators, implants, external respirator, implantable devices, specific disposable equipment, etc.; diseases caused by the usage of drugs, narcotics, medication taken in a non-reliable way without prescription, alcoholism, etc.

Injuries suffered from illicit act are not covered by us.

Obligations of the Beneficiary:

1. The beneficiary must follow all the instructions given by the ASSIST1 treating doctor and take all the prescription medication as required.
2. If the Beneficiary interested in the purchase of a plan including coverage for medical emergencies for pre-existing conditions suffers from one of the following conditions, they will have to check with their personal doctor in their place of residence before starting the trip, and obtain written confirmation that they are in good condition to travel during all the stipulated days, to the chosen destination, and that they can

do, without any problems, all the programmed activities. These medical conditions are the following: any type of cancer, coronary diseases, chronic lung disease and/or chronic liver disease, among others.

3. The Beneficiary will not be able to travel after receiving a terminal diagnostic.
4. People who wish to acquire a “pre-existing Multi-trip” must show, before the issuance of the voucher, a certificate which states that has a medical insurance in their country of residence and that it is active at the moment of the trip, and will continue to be active after the expiration date of the voucher. This documents must be received by the Assistance Contact Center after the issue of the voucher. Not showing this document automatically voids the acquired plan.
5. To be able to access to this coverage, the Beneficiary must have been stabilized for more than 12 months. In case it is determined that the reason of the trip was that of going through a treatment abroad for a pre-existing or chronic condition, the Assistance Contact Center will deny coverage.

Transfer of a Family Member due to a Hospitalization in 1st Degree of Consanguinity or 1st Relationship/ Hotel Expenses for a Relative as a Companion

In case the hospitalization of a Beneficiary that is travelling alone is longer than five (5) calendar days, ASSIST1 will take charge of a air ticket, in tourist class, subject to availability, for just one family member to act as a companion. The family member can be a father, mother, spouse, son, daughter, or sibling (the enumeration is exhaustive and non-enunciative).

It will not be recognized the right to this coverage if the reason of the hospitalization is included and it is part of the EXCLUSIONS. They will not have the right to this coverage if the period of VALIDITY is expired at the moment of the request. This benefit can only be applicable if it has already been processed and authorized by the Assistance Contact Center. It will not be accepted any late request of reimbursement under any circumstances or justification.

In the event of a reimbursement of a air ticket, the reimbursed amount will always be the one of the current economy class rate at the moment of being acquired, and cannot surpass the specified amount on the Particular Guarantee of the contracted COVERAGE.

Attention: Both for this clause and for any other that may cover hostel expenses, these limits are understood to be for simple accommodation, without including restaurant expenses, laundry, telephone or any other such as mini bar, food had on the room or other expenses.

Transfer of Funds and Legal Assistance due to Traffic Accident

During the trip, in case of an imperious and unexpected necessity, and only after the prior deposit at the ASSIST1 offices, the latter will arrange the delivery of the money up to the specified limit in the general conditions to the Beneficiary, in the country in which they are. This coverage will be applied only once, whatever the validity period of the assistance plan.

Psychological Support 24/7

Phone contact for psychological support 24 hours for Beneficiaries, that due to sanitary repatriation, dead of a family member, or natural disaster, have been affected during the trip. This service is offered as psychological support in which there may be emotional tension. In no case this substitutes the direct assistance of the Beneficiary's therapist or psychiatrist; therefore, this support cannot be used, in any case, to diagnose or self-medicate, having the Beneficiary to make a consultation with the proper professional.

Legal Assistance Due to Traffic Accident

ASSIST1 will take charge up to the indicated amounts in the plan for the expenses of the judicial defense or extrajudicial of civil, criminal and/or administrative order, by reason of imputation or exculpation of liability to the beneficiary for a traffic accident.

Medical Assistance in Case of Amateur Sports Accidents

It offers coverage for equestrian sports, snow sports, team sports, strength sports, winter sports, martial arts, shooting championships (practiced in regulated ranges), aquatic sports, skii, recreative kitesurf, recreative diving (up to 15 metres), swimming, skating, snowboard, when practiced as amateur activities by the Beneficiary.

Medical Assistance for Pregnancy

In case of an emergency, it will be covered only one consultation from week 13 up to week 32, inclusive, as long as the Beneficiary does not exceed the 24th week of pregnancy on the date of the beginning of the trip or beginning of the validity (whatever comes later). The benefit applies basically for emergencies that may occur during the trip. Exams or routine controls are not covered.

Orientation in Case of Loss or Robbery of Documents or Personal Items

ASSIST1 will advise the Beneficiary on the police report for the robbery or loss of their bags, personal items, etc., for which the services of the Assistance Contact Center are at disposal. Likewise, ASSIST1 will advise the Beneficiary in case of loss of travel documents and/or credit cards, giving them instructions so that the Beneficiary can make the appropriate claims, and start the paperwork for the retrieval of said documents.

Assistance by a Specialist

ASSIST1 Beneficiaries are allowed to request to the Assistance Contact Center the support for the arrangements of medical appointments with specialists. To do this, the Beneficiary will have to give all the necessary data for the proper coordination, and the Assistance Contact Center will offer the available options. The Beneficiary will be responsible for all the expenses related to the mentioned services. This service is purely informative.

Aid for the Booking of Hotels, Restaurants and Air Tickets

ASSIST1 concierge services are available 24 hours a day, 365 days a year to assist the Beneficiaries on the achievement of tickets for shows, trip's arrangements, car rental, theatre tickets and any other information that the Beneficiary may need in the main cities of the world. The Beneficiary will be responsible for every cost and expenses related to the concierge services. This service is purely informative.

Compensation for Lost Luggage

The Beneficiary will be compensated by ASSIST1 with a supplement of the same amount the airline recognizes or pays, up to the specified amount on the benefits' list. In order to get this benefit, the following terms and conditions need to be followed:

- That the airline and ASSIST1 Assistance Contact Center are notified of the event by the Beneficiary before leaving the airport in which the loss was registered, following the instructions below.
- That the baggage is lost during the international regular flight. This benefit does not apply when the loss originates in a national flight, charters/chartered flights, private or military flights, or any flight that has not a fix published itinerary or operates regularly, or when the loss originates in domestic flights abroad.
- That the mentioned baggage is properly registered, tagged and dispatched to the plane's warehouse; properly given to the airline staff on the check-in. ASSIST1 will not compensate the Beneficiaries of a plan for the loss of carry-on luggage, or any other bag that is not properly registered on the airline and carried in the plane's warehouse.
- That the loss of the baggage happens between the moment in which it is delivered to the airline authorized staff to be properly loaded and the moment it is supposed to be returned to the passenger at the end of the flight.
- That the airline takes responsibility for the loss of said baggage, and pays the Beneficiary the proper compensation. ASSIST1 will not be able to compensate the Beneficiary if the airline has not done it first.
- There is no right to this benefit if the loss happens in ground transportation abroad.
- The compensation for the total loss of baggage is limited to only one complete, definitive missing suitcase and to only one affected Beneficiary. If the missing suitcase is under more than one person's name, the compensation will be prorated among those people, as long as they have the corresponding air ticket number and voucher number. Missing parts or broken parts of the suitcase will not be compensated.
- If the airline offers the Beneficiary as a compensation the possibility of choosing between receiving an amount of money or one or more air tickets or another compensation, ASSIST1 will proceed to pay the Beneficiary the compensation for lost luggage, once the option is chosen. It is important stating that, in cases related to missing or lost luggage, the airlines or transport companies are directly responsible. Therefore, ASSIST1 will intervene as an intermediary to facilitate the communication between the transport company or airline and the passenger. This means ASSIST1 cannot be considered direct responsible for the loss or the search for the baggage.

Airlines reserve the right to accept or not ASSIST1 claims and, in general terms, can demand that said claims should be made directly by the passengers, not allowing ASSIST1 intermediation.

Compensations for total loss of baggage will be paid only in the country where ASSIST1 assistance was purchased.

When returning to their country of residence, the Beneficiary must present themselves in ASSIST1 offices with the following documentation:

- Original P.I.R. form (Property Irregularity Report)
- Id or passport
- Assistance voucher

- Original copy of the receipt of compensation by the airline (check, receipt of the payment), air tickets.

ASSIST1 will only go ahead with the reimbursement for compensation over the loss of the luggage after the airline responsible for the loss has properly compensated the Beneficiary. The Beneficiary will not be compensated without the payment receipt from the airline.

NOTE: The compensation to the Beneficiary will be supplementary to the one paid by the airline, according to what is indicated in the acquired ASSIST1 voucher. In the case of a supplementary compensation, the amount of the mentioned is determined as the difference between what was paid by the airline and the amount determined in accordance with the stipulated in the acquired plan, and always up to maximum limit indicated by this concept in the voucher. There will not be valid any compensation if the airline's compensation equals or exceeds the maximum limit established in the voucher. On the other hand, the compensation for loss of baggage applies by suitcase or load and not by person.

Hotel expenses due to convalescence

When in accordance with the treating doctor and the Assistance Contact Center's Medical Department, the Beneficiary would have been hospitalized at least for five (5) days and should need mandatory rest after discharge, ASSIST1 will cover the hotel expenses up to indicated limit in their assistance plan, with a maximum of 10 (ten) days. This item will only apply to the Beneficiary of the assistance plan and under no circumstance will the costs of a companion be covered.

It is clear the ASSIST1 will not assume any hotel expenses due to convalescence when the hospitalization is caused by a pre-existing illness or medical condition. Attention: said rest must be ordered by the doctors at the contact center exclusively, and only the room expenses, not including any kind of food or similar expenses such as laundry, phone calls (except those made to the ASSIST1 contact center), mini bars, etc., will be covered.

Expenses for Delayed Flight

If the Beneficiary's flight should be delayed for more than six (6) consecutive hours to the originally scheduled flight, as long as not another transportation alternative existed during those hours, ASSIST1 will reimburse up to the top amount agreed upon in view of hotel expenses, food, and communications made during the delay, against the submission of the original receipts along with a certificate from the airline reflecting the delay or cancellation suffered by the Beneficiary's flight.

This benefit will not be provided if the flight left from an airport close to the city of residence, either the airport is inside the city of residence or further than 100 kms. It does not apply if the Beneficiary travels with a ticket subject to availability of space. The benefit is not applicable if the cancellation is a consequence of the airline's bankruptcy or cessation of the services provided by the airline.

Missed flight for any reason (Late arrival)

As a consequence of any reason different from the cancellation or delayed by the airline that should cause the Beneficiary to miss the connection flight to an international destination or direct flights, ASSIST1 will take charge, up to the contracted maximum limits, the payment for the penalties, purchase of new tickets, food, phone calls and hotel expenses. This coverage even applies to flights within the country of residence, excluding the flights originated in the city of residence of the passenger or those originated less than 100km away from the city of residence. The client must notify this event to ASIST1 the same day in which the flight is missed. In order to apply for this benefit, the Beneficiary must communicate from the airport where the airport of this coverage is motivated.

Prescribed Medication

Within the coverage limits, ASSIST1 will take charge of the expenses for the medication prescribed by the Assistance Contact Center treating doctor up to the top amount established in the acquired plan. Every payment made by the Beneficiary for the purchase of medication, previously authorized by the Assistance Contact Center, will be reimbursed, within the coverage limits and once the Beneficiary returns to their country of residence, and against the prior submission of original purchase receipts, the original copy of the judgment or medical report in which clearly states the given diagnosis, along with the medical prescription. We remind the Beneficiaries not to forget to ask for these documents to the treating doctor. The lack of submission of these documents may result in non-reimbursement of the expenses. Hereby, we leave proof and inform that the expenses of medication for pre-existing illnesses will not be assumed by ASSIST1, even though these illnesses were to be diagnosed by the Assistance Contact Center treating doctor. Are also excluded any medication for the treatment of mental, psychiatric or emotional illnesses, even in those cases in which the consultation has been authorized by ASSIST1 Medical Department. Under no reason birth control pills, injections, IUD or any other parental planification method will be covered, even if this was prescribed by the treating doctor of the Assistance Contact Center.

Note: Medical prescription destined to the initial recovery of the symptoms will only be authorized for the first 30 days of treatment.

Medical Monitoring

Besides the medical recommendations received through telephonic conference and/or video call with a health professional, ASSIST1's Assistance Contact Center will make a follow-up to the Beneficiary so as to verify how their health continues.

Urgent Dentistry

Within the coverage limits, ASSIST1 will take charge of the expenses for dental assistance derived from an urgency, due to a trauma, accident or infection, limited to the treatment of the pain and/or extraction of the tooth as a by-product of an infection or trauma, only. Root canal treatment, change of fillings, crowns, prosthesis, dental seal, dental cleaning, smiles designs or any other treatment not clearly specified in these conditions are excluded from coverage.

Orientation due to a Missed Flight

ASSIST1 will point and give necessary information to the Beneficiary about new flight tickets bookings, ground transportation, cancellations of bookings due to the Beneficiary missing a flight and any other information required in order to surpass this unexpected event.

Reimbursement of Travel Cancellation Expenses

ASSIST1 will cover up to the top amount of coverage of the purchased plan for the penalties originated for the cancellation of the trip, such as tours, touristic packages, excursions, air tickets, and cruises. To be worthy of this benefit, the Beneficiary's voucher must:

1. Contracting a plan with a difference of up to 24 hours after the touristic package and/or cruise is contracted, as long as the penalty period published by tourist agencies or shipping line has not begun.

2. Informing the Assistance Contact Center in a maximum time of 24 hours after the event that motivates the cancellation takes place.

3. Submitting all the documentation that ASSIST1 may need to evaluate this benefit's coverage, including but not limited to: documents that show, in a clear and reliably way, the reason of the cancellation of the trip (medical records, certificate of decease, among others); letters from the corresponding providers of services; bills; payment receipts (check the specific requirements below for cases related to cruises).

Note: For Annual Multi-trip plans, cancellation applies only and exclusively in cases of Cancellation- Interruption of the outbound journey, which must be simultaneous to the date of the beginning of the voucher validity.

Cancellation of the Cruise's Voyage before its Beginning

In this case, the Beneficiary must:

- Notify the shipping line of their decision immediately, in writing, and obtain supporting proof that states, unequivocally, the date of said formal notification that states the impossibility of beginning the voyage, and date of the original purchase.
- Must obtain, from the shipping line, the General Conditions of cruise contracting, in which clearly states the procedure of penalties or criminal clauses for cancelling a contracting and completely paid cruise in advanced.
- Must obtain from the shipping line proof that states the amount of the penalty applicable to their cruise contract and the reimbursed amount if that was the case.

Once the documentation is obtained, the Beneficiary should prove ASSIST1, clearly and reliably, in writing, the cause or causes that led to the cancelation of the voyage; send all the corresponding documentation to the Assistance Contact Center, in order to be verified by ASSIST1 and apply the reimbursement if applicable.

Are justified causes for the purposes of the present benefit:

1. The death, accident or serious, non pre-existing illness of the Beneficiary or first degree of consanguinity family member (parents, children, siblings) or spouse, understanding serious illness as a health alteration that, according to the Medical Department of the Assistance Contact Center, prevents the Beneficiary from starting the trip on their original date.

2. The legal summon of the Beneficiary as part of witness or jury in a judicial office, or administrative with jurisdictional purpose.

3. Damage caused by arson, burglary, theft with strength from their usual residence or their professional premises. The damages makes them uninhabitable and justifies undoubtedly the Beneficiary's physical presence.

4. Medical quarantine that forces the Beneficiary to stay in their country of residence.

5. Proof of the Beneficiary's dismissal from the workplace, with a later date than the one in which the plan was acquired.

6. Emergency summon with the purpose of military, medical or public service.
7. Epidemic, natural disasters or volcanic ashes.
8. If the person that is travelling with the Beneficiary, understood as the people who share the room (hotel or cruise) together, or a first degree of consanguinity family member (parents, children, siblings) or spouse, also owners of their own assistance plan with the same benefits as the Beneficiary, is forced to cancel the trip for any of the reasons mentioned before.
If the plan with the before mentioned conditions is acquired, and if the benefit is applicable, the validity of the plan starts at the moment in which the Beneficiary acquires their assistance plan, up to the moment of the beginning of the validity of the voucher.
This benefit does not apply for Beneficiaries older than 74 years old.

Reimbursement for Delay in the Delivery of Luggage

ASSIST1 will reimburse the Beneficiary, whose plan has this benefit established, through the submission of the original receipts for the purchase of first necessity items bought during the period of time without baggage. The purchases must be done after starting the claim with the airline, just as after notifying the Assistance Contact Center and providing the proper PIR number given by the airline. This service will only be provided if the baggage is not located within six (6) hours from the moment of the landing. The period of 6 hours refers exclusively to the time passed until the location of the baggage. The period that comes after, up to the delivery of the baggage by the airline, is not responsibility of ASSIST1. Therefore, this period will not be included in the calculation of the 6 hours.

If the delay or loss of baggage should happen during the connecting flights, in a flight that returns to the country of residence or usual residence of the Beneficiary, no compensation will be provided. In the case the luggage is declared as a complete loss by the airline, will be deducted from the amount to be reimbursed for "Compensation for Lost Luggage" the total reimbursed for the expenses of the present benefit.

This benefits takes place with the prior authorization from the Assistance Contact Center and regulated by the times established in the reimbursement procedures.

Note: The compensation for the delay in the delivery of the luggage applies for suitcase or load and not for person.

Early Return due to a Serious Accident/loss in the Owner's Home

In the case of a fire, explosion, flood or theft with damage and violence at the place of residence of a Beneficiary, while they are on their trip, if there was not any person that could take over the situation, and their original air ticket did not allow them a free change of date of the return ticket, ASSIST1 will take charge of the difference that should be of the cost of a new ticket in tourist class, from the place where the Beneficiary is to the airport closest to their place of residence in their country. This request of assistance will have to be proven through the submission of the original police report to the Assistance Contact Center, within the 24 hours following the event. The Beneficiary will inevitably have to communicate with the Assistance Contact Center in order to be authorized. Requests for reimbursement without any justification will not be accepted.

Administrative Repatriation

In the case the Beneficiary should be deported for any reason after entering the country of destination, during the period of the plan's validity, by request of the proper authorities, ASSIST1 will take charge of the return of the Beneficiary through the change of their original return ticket. The Beneficiary will have to give ASSIST1 the properly endorsed ticket/s that has for their return, without any compensation, and the proof of payment for the ticket date change penalty.

Funerary Repatriation

In the case of the death of the Beneficiary during the validity of the ASSIST1 voucher, caused by an event not excluded in our General Conditions, ASSIST1 will organize and defray the funerary repatriation, taking charge of the expenses for: simple, mandatory coffin for the international transportation; administrative procedures and transportation of the remains through the mean of transportation that should consider more convenient in the usual country of residence of the deceased, up to the specified amount in the list of benefits. If the rightful claimant wishes it, within this coverage, cremation of remains is an option. There will also be included all the administrative paperwork and transportation of the ashes in the usual country of residence of the deceased. The expenses for the definitive coffin, funerary paperwork, ground or air transportation in the country of residence, and burial will not be in charge of ASSIST1

ASSIST1 will be exempted of providing services and assuming costs related to the present benefit if the death of the Beneficiary is originated or caused by suicide; or ingestion of alcohol or any kind of drugs; or by any pre-existing, chronic, recurrent illness or medical condition. This benefit does not include or contemplates, under any circumstance, expenses for the return of the deceased's family member. Therefore, ASSIST1 will not take charge of any cost over third parties.

Return by Bankruptcy of the Airline

In the case the airline, with which the Beneficiary has purchased the roundtrip tickets, declares bankruptcy and, for the same reasons, cannot continue their operations, therefore, not being capable of being in charge of the return of the Beneficiary, ASSIST1 will be in charge of the purchase of a new ticket in tourist class with another airline, with the country of residence of the Beneficiary as destination, as long as the original airline cannot solve the situation by other means. The bankruptcy state of the airline must be thoroughly certified by the competent authorities in which the Beneficiary is at the moment.

Sanitary Transfer and/or Sanitary Repatriation

In the case of an emergency or urgency, and if the Assistance Contact Center should consider it necessary, the transfer of the Beneficiary to the closest medical facility will be organized by the mean of transportation that the Assistance Contact Center's Medical Department considered more appropriate, and depending on the nature of the injury or illness. It is equally established that, even for cases related to surgeries or treatments that may occur in cases catalogued as urgencies or emergencies, the sanitary transfer must be previously requested and authorized by the ASSIST1 contact center. Not obeying this norm exempts ASSIST1 from taking charge of the coverage for said transportation.

It is understood by "sanitary repatriation" the transportation of the ill or injured Beneficiary from the place in which they are to the airport from the usual country of residence, where the voucher was issued. Only ASSIST1 Medical Department may authorize to take all the measures mentioned in this clause, forbidding the Beneficiary or a family member from doing it on their own without the previous written authorization from ASSIST1. Additionally, the repatriation must be medically and scientifically authorized and justified by ASSIST1 treating doctor. In the case the Beneficiary or a companion decided to go ahead with the repatriation without requesting the Medical Department's opinion, ASSIST1 will not take any responsibility,

thus being the repatriation, just as all the rest of the expenses and consequences, the Beneficiary's (or their family member/companion) responsibility, losing the right to make a claim to ASSIST1.

When the ASSIST1 Medical Department, along with the treating doctor, considers necessary and recommend the sanitary repatriation, this will be carried out, in the first instance, through the more convenient and available mean of transportation, and/or through commercial flight, tourist class and subject to availability of airfare, to the airport of entry to the country of residence or where the voucher was purchased. ASSIST1 will take charge of the difference for the change of date on the ticket or the purchase of a new one if the original were a ticket impossible to change. This assistance includes the ambulance transfer or another mean of transportation compatible with their health condition and authorized by the ASSIST1 Medical Department, from the place of hospitalization to their place of residence, with the necessary support and structure that includes a stretcher, wheelchairs, walker, medical escort, etc. Expenses related to any repatriation in which its cause of origin is a consequence of a pre-existing condition or follows an event that is listed in the general exclusions (except in the plans that contemplate pre-existing conditions) will not be recognized. This benefit will apply, only and exclusively, within the validity dates of the voucher.

Transfer of Funds

During the trip, in case of needing in a unexpected and imperious way, and against the prior deposit at the ASSIST1 offices, the latter will organize the delivery to the Beneficiary, in the country in which they are, of amounts of money up to the specified limit in the general conditions. The expenses assumed by ASSIST1 will be that of the fee of the bank wire transfer. This overage will only be applied once, whatever the period of validity on the voucher.

Early Return due to the Death of a First Degree Family Member

If the Beneficiary must return to their country of residence by cause of the death of a direct family member (parents, spouse, children, siblings) who lived there, ASSIST1 will take charge of the difference amount of money for the return air ticket of the Beneficiary to their country of residence, only when the ticket is of reduced rate by fixed or limited date of return. This assistance will have to be proven with the death certificate of the family member and documentation that proves the relationship.

Insured Bag

Insured Risk: ASSIST1 will cover, up to the mentioned amount and, in accordance with the detailed sublimits, the expenses in which the Beneficiary had to necessarily incurred for the replacement, due to a robbery (this is through means of force, gun intimidation, assault, theft) in every part of the world during the trip, of the following items:

-Cellphones/Smartphones, cash, perfumes, glasses, contact lenses, elements used for writing, wallet, briefcase, cosmetics, keys for the place of residence, offices or automobiles, passport, ID, driving license.

Insured amount: up to USD1.000*

*Sublimits: cash up to USD 125; bag/briefcase up to USD 290; cellphone/smartphone up to USD 193; elements used to write/cosmetics up to USD 193; glasses up to USD125; wallet up to USD 162; and documents up to USD 81.

NOTE: this guarantee does not consider payments made in respect of Protected Technology. Exclusively, the replacement of only up to one (1) item of every product listed above will be covered.

Technology/Insured Electronics

ASSIST1 will cover up to the mentioned amount and, in accordance with the detailed sublimits, the expenses in which the Beneficiary had to necessarily incurred for the replacement, due to a robbery (this is through means of force, gun intimidation, assault, theft) in every part of the world during the trip, of the following items:

- Laptop/Tablet, cellphone/smartphone, planner, music players, photographic cameras, GPS and recorders.

*Sublimits: Laptop up to USD 400; cellphone/smartphone up to USD 300; photographic cameras/recorders up to USD 300; tablets/GPS up to USD 250; music players up to USD 150

It is stated that for the limits of this coverage, the measure of the benefit is at first absolute risk and it will be covered only up to 1 (one) event.

Exclusively, the replacement of up to only one (1) item of every product listed on the personal items will be covered. This guarantee does not consider payments made in respect of Protected Bag.

NOTE: The compensations for the accident will be paid in Colombian Pesos, using the official exchange rate. It will take place in the country of residence.

EXCLUSIONS OF THE COVERAGE

There will not be a compensation when the events are caused as a consequence of:

- a) Theft, loss, and damages.
- b) In the case the building where the items were robbed does not have safekeeping or it is uninhabited.
- c) While the insured goods are left without direct custody in a private or public means of transportation, unless they are inside the trunk.
- d) While the insured goods are used by persons under 14 years old, unless otherwise agreed.
- e) Of a loss, missing iverified items due to the completion of inventories, scams, blackmails, tax evasion, abuses of trust or infidelity acts (except from when these are committed by service staff in a private home)

OBLIGATIONS ASSUMED BY THE BENEFICIARY

The Beneficiary must:

- a) Report the occurrence of the event, with no delay, to the competent authorities, and request the police report with details of the event.
- b) In the case there is a loss due to a robbery, diligently cooperate with the identification of the robbers in order to obtain a restitution for the objects and, if this restitution happens, immediately notify the insurer.
- c) Notify the insurer, with no delay, the request of bankruptcy, civil insolvency, or composition with creditors; just like the seizure of goods or judicial deposit of the good insured.
- d) Communicate any transformation done to the insured goods

e) Insured goods cannot be left in sight when they are inside owned or rented vehicles, except these were guarded by a person inside. In the case of traveling with airlines and/or river navigation and/or maritime company and/or automobile transportation and/or train, the goods insured under this policy cannot be left in a luggage storage or luggage compartment, but carried; and they must be under direct custody of the carrier.

f) The Beneficiary must call the Assistance Contact Center in order to notify the loss within the first 72 hours of the event taking place.

g) In the case of a loss, the Beneficiary must submit the following:

If it is the loss of an electronic equipment bought during the trip and within the validity of the voucher, the Beneficiary must have the bill or purchase receipt and/or being able to prove the purchase through a credit card statement. If the electronic equipment had been acquired before the trip and/or validity period, the Beneficiary must have a sworn declaration in Customs or public office at the moment of the beginning of the trip, along with the proper form and/or bill or receipt that confirms the purchase.

X. ADDITIONAL BENEFITS OF OPTIONAL PURCHASE MADE BY THE BENEFICIARY

The Beneficiaries will have the option of acquiring, as an additional, but not on its own, extra benefits than those established on every ASSIST1 assistance plan. This can be done through the payment for a complement to the original plan's price, in accordance with the before established and the prices published on ASSIST1 website.

"All Cause" Cancellation Upgrade

The conditions for said reimbursement are the following:

a. Having issued and paid ASSIST1 assistance plan on the same day or at the most one (1) day after having booked, having done a token payment and/or complete payment the tourist package for their trip, in the Travel Agency or with a Tourist Operator. Important: the limited time for the issuance of a voucher is 24 hours.

b. Making the cancellation of the trip to the travel agency and/or tourist operator, calling the Assistance Contact Center no later than 24 hours before the departure date, which must inevitably coincide with the beginning of the voucher's validity; and that the passenger is currently in their country of origin (under sanction and loss of this guarantee)

• In the case of cancelling after the proper period of time, that is less than 24 hours before the departure date (written on the certificate or voucher), only the conditions expressed in the paragraphs 1-2-3-4-5-6-7-8-9- 10-11 will apply. Having a maximum of 72 hours to notify the Assistance Contact Center.

JUSTIFIED CAUSE:

WITHOUT DEDUCTIBLE

1. Death, accident or serious illness of the Beneficiary or direct family member: parents, spouses, children, siblings (the enumeration is exhaustive and not enunciative), including the person in charge of the custody of underage or disabled children. It is understood by serious illness an alternation of the health condition that prevents the person from starting the trip. This must be proved medically, cannot be included

in the General Exclusions section, and that to the Medical Department judgement the person is prevented from starting the trip of the arranged date stated in the voucher.

2. Summoned as part, witness or jury of a judicial office or administrative jurisdiction that prevents the Beneficiary from traveling on the date agreed, stated in the voucher.

3. Damages due to fires, burglary or due to nature in the usual residence or professional office of the Beneficiary, which makes them uninhabitable and justifies, inevitably, their presence.

4. Medical quarantine.

5. Summoned as a member of an electoral table in national or local elections.

6. Reception of an adopted child.

7. Emergency assistance due to the Beneficiary giving birth, or someone's spouse and/or permanent companion giving birth.

8. When the Beneficiary's pregnancy goes under complications, and that by the Medical Department judgement is incapable of initiating the trip in the agreed date indicated in the voucher.

9. Proven dismissal, which has to be after the day of the issuance of the voucher. The event cannot be a consequence of one of the causes specified in General Exclusions.

10. If the person who is the Beneficiary's companion in the acquired touristic package should see themselves obliged to cancel the trip due to the trip cancellation from the Beneficiary because of one of the previously mentioned causes. It is understood as a companion the person who shares the trip with equally conditions and dates of validity with the Beneficiary. They must, therefore, stay at the same hotel, travel in the same cruise cabin or the same tour, and must be an owner and Beneficiary of a voucher issued by the same assistance provider.

11. Beneficiary(ies)'s wedding cancellation

WITH 10% OF DEDUCTIBLE

12. Kidnapping of the Beneficiary or one of the following members of their family: spouse or permanent companion, parents, parents-in-law, children, siblings, grandchildren, siblings-in-law (the enumeration is exhaustive and not enunciative). The event has to occur within 30 days before to the beginning of the trip or flight connections.

13. Natural disasters such as tremor, earthquake, tsunami, hurricane, cyclone, floods or strong winds, that take place in the city of residence of the Beneficiary or in the city of destination, thus preventing the Beneficiary from starting the trip or the plane from taking off/landing to the affected city.

14. If within 15 days prior to the beginning of the trip or connections, the Beneficiary or their companion loses documents that prevent them from starting or continuing the scheduled trip.

15. Cancellation of the vacations with a letter from the company where the Beneficiary works.

16. Shift of employment from the Beneficiary, submitting certificates that prove the last day of work at the old place and the first day at the new one.

17. Denial of the VISA needed to enter the country of destination. This coverage is valid if the purchase of the supplement was made at least 72 hours before starting the VISA procedure of request to the proper embassy. Expenses for procedure at the consulate do not apply (VISA costs)

WITH 25% DEDUCTIBLE

18. Own will of the Beneficiary to cancel the trip for any reason. This cause does not apply for travel interruption.

AGE LIMITS

- Minimum age limit of 1 year old.
- Maximum age limit of 85 years old.
- Maximum limit of validity of 120 days for 75-year-olds or older

EXCLUSIONS

Are not covered events originated, directly or not, from:

- Events that were not notified within the 24 hours after the event that lead to the cancellation took place.
- Persons with more than 85 years old at the moment of the purchase of the trip.
- Volcanic eruption.
- Bankruptcy of the Service Provider Company.
- Any sums that the government authority provides such as tax, contribution, withholding are excluded from any reimbursement.

NOTE: This benefit is only applicable to the plans with special conditions, which are described on the flyer and voucher given to the Beneficiary.

Upgrade for Pre-existing Conditions

The provider will provide Medical Assistance in cases of pre-existence up to the indicated limit on the purchases product only for acute cases, unpredictable events, urgency that require the assistance in that moment and cannot wait until returning to their country of residence. The coverage will consist of treating the acute case, being excluded any type of treatment with purposes of diagnosis, investigation, treatments to improve partially or definitive any ailment or illness. Check-ups, diagnostic research on illnesses that started in the country of residence, as an exclusive goal of the consultation are not contemplated. No treatments abroad or outside the city of residence are authorized.

In this guarantee, benefits excluded are: sanitary repatriation, trip interruption, early return due to an illness of the Beneficiary, family member or companion. Hotel expenses and fees for the change of flight tickets. In order to receive coverage for any of these cases, the ailment, discomfort, illness, injury or pre-existing condition must be medically stabilized at the moment of the beginning of the trip. The Beneficiary must not be under any new and recent treatment plan or therapeutic intervention that has not acquired stability and favourable response yet. Those excluded for this coverage every sexual transmitted diseases, including but not limited to syphilis, gonorrhea, genital herpes, human papillomavirus (HPV), vaginal trichomonas, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), among others.

Are not covered by any of our products dialysis, transplants, oncologic and psychiatric treatments, hearing aid, glasses, contact lenses, dental bridges, pacemakers, defibrillator implant, ventilator, implantable gadgets, specific disposable material, etc. Diseases/illnesses produced as a by-product of the ingestion of drugs, narcotics, medicine taking without any reliable prescription, alcoholism. Injuries suffered during an illegal act will not be covered.

THE AMOUNTS COVERED IN “MEDICAL ASSISTANCE IN CASE OF A PRE-EXISTING ILLNESS” UNDER THE PRODUCT OF “UPGRADE” ARE NOT CUMULATIVE TO THE ASSISTANCE SERVICE DETAILED IN THE PURCHASED PRODUCT.

EXCESS OR DEDUCTIBLE (US\$) / KILOMETRIC FRANCHISE (KM):

- In the case of having a deductible in the product, the Beneficiary must assume the amount deductible (sum the Beneficiary has to pay for at the moment of the medical assistance when the plan specifies it). In the case of using the services for a second time, for an issue unrelated to the first assistance, the Beneficiary must pay for the cost of a new deductible at the moment of the medical assistance.
- In the case of having a kilometeric franchise in their product, the Beneficiary cannot make use of the services if the distance between their place of residence and the place where the assistance will take place is lower than the kilometeric franchise (specified on the voucher in KM)

AGE LIMITS

- Minimum age limit of 1 year old.
- Maximum age limit of 75 years old.
- Maximum limit of validity of 120 days for 75-year-olds or older

XI. APPLICABLE EXCLUSIONS ON EVERY SERVICE AND BENEFIT.

The following events are expressly excluded from ASSIST1:

1. Chronic or pre-existing conditions, well defined, recurrent, suffered from before the beginning of the voucher's validity and/or trip, whether they are known or unknown by the Beneficiary, just as those condition's long term damages or direct and indirect consequences (even when they appear for the first time during the trip)
2. Illnesses, injuries, condition or medical complications as a result of treatments done by people or a professional not authorized by the ASSIST1 Medical Department, or excepted as determined in the point before.
3. Homeopathic treatments, acupuncture treatments, physiotherapy, thermal treatments, podiatry, manicure, pedicure, etc.
4. Conditions, illnesses or injuries derived from working in a company; attempt or criminal action, directly or not, such as fights, disputes, flagellation, etc.
5. Treatments for illnesses or pathological states derived from the ingestion or intentional administration of drugs, narcotics, alcohol, or the usage of medication without its medical prescription.
6. Expenses related to any type of prosthesis, including but not limited to dental prosthesis, glasses, hearing aid, wheelchairs, crutches, contact lenses, etc.

7. Events derived from simple trainings, active or non-active participation in sport competitions (professional or amateur). Besides, the consequences from practicing dangerous, extreme or risky sports are excluded, including but not limited to: motorcycling, automobilism, boxing, polo, aquatic skii, diving (up to 30 meters max), paragliding, kart, quadricycle, alpinism, skii, football, canoeing, kayak, canyoning, mountaineering, climbing, Badminton, Volleyball, Handball, Karate, Kung fu, Judo, archery, , basketball, shooting, disc, rappel, bungee jumping, , athleticism, cyclism, speleology, skeleton, hunting, bobsleigh, etc., and other sports practiced outside regulated and authorized, by the corresponding sport federations, rinks or tracks.
8. Births, pregnancy status, gynecological check-ups, exams related to them. Abortion or any miscarriage whatever its origin or etiology.
9. Any kind of mental, nervous, psychological illnesses, including nervous breakdown, panic attacks, stress or related to stress, food disorders such as bulimia, anorexia, vigorexia, megarexia, among others.
10. Condition, illnesses or injuries derived from the consumption of any beverage with alcohol.
11. Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) in all its forms and consequences. Sexual transmitted diseases and/or any type of services, examination and/or treatment that has not received prior authorization from the Assistance Contact Center.
12. Events and consequences derived from natural disasters, storms, tempests, hurricanes, cyclones, floods, tsunamis, tremors, earthquakes, nuclear radiation and radioactivity related events. just as any other phenomenon, natural or not, extraordinary or any event that, because of its proportions or gravity, is considered as a regional, national, local natural disasters, or catastrophes, tremors, hurricanes, floods, etc.
13. Suicide, attempt of suicide or injuries inflicted on oneself by the Beneficiary and/or their family, just as any other act that may show irresponsibility or serious carelessness by the Beneficiary.
14. Events as a consequence of acts of war, invasion, acts committed by international or national enemies, terrorism, hostility or war operations (whether the war was declared or not), civil war, rebellion, uprisings, military power, naval or usurped, the intervention of the Beneficiary in riots, manifestations or turmoil, war related or not, whether the intervention was personal or through a civil or military organization; terrorism and any other serious disturbance of the public order.
15. Bad-intended and bad-faith act from the Beneficiary or one of their guardian.
16. Routine medical examination; laboratory or exams as part of a check-up; diagnostic tests; laboratory or radiology exams, with the purpose of knowing if an illness is pre-existing, such as radiology exams, dopplers, MRI, CT Scans, ultrasounds, images, any kind of scanner, etc. Exams in order to diagnose a pre-existing condition.
17. Expenses related to public or private transportation or transfers from the Beneficiary's hotel, or where they were, to the medical facility or medical office. Unless those expenses have been expressly authorized, in writing or verbally, by the Assistance Contact Center.
18. Illnesses derived or caused by congenital deformities, known or unknown by the Beneficiary.

19. Injuries or accidents derived from air accident of planes that are not destined or authorized as public transportation, including private chartered flights.
20. Conditions, illnesses or injuries derived, directly or not, from fights or disputes (unless it is a case of self-defense, proven by a police report); strikes vandalism or turmoil in which the Beneficiary was actively part of. The attempt or to commit an illegal act and, in general, any criminal or malicious act by the Beneficiary, including the supply of fake or unreal information
21. Endemic, pandemic or epidemic illnesses. Medical assistance for these illnesses in countries with or without sanitary emergency, in the case the Beneficiary has not followed suggestions and/or recommendations about the trip's restriction and/or prophylactic treatment and/or vaccinations emanated by sanitary authorities.
22. Any expense or medical assistance that has not been previously checked and authorized by ASSIST1 Assistance Contact Center.
23. Illnesses or indisposition derived from women's menstrual periods, such as early or late menstruation, bleeding, vaginal discharge, and others..
24. Liver disease, such as cirrhosis, abscess, and others.
25. Exams and/or hospitalizations for stress tests and all kind of preventive check-ups.
26. Any kind of hernia and its consequences.
27. Kidnapping or its attempt.
28. Occupational hazards: if the purpose of the trip is the execution of chores or any kind of work that involves an occupational hazard. Also, it is not covered any injury classified as an injury due to repetitive efforts; musculoskeletal illnesses, related to work; injury due to a continuous trauma, and its post-treatment consequences, including surgical consequences.
29. Injuries originated to the driver or passenger of any kind of vehicle, including bicycle, motorbikes and moped without driver's license, helmet or insurance for that vehicle.
30. Assistance for accident or illness in countries on war (international or national) are excluded. Examples: Afghanistan, Iraq, Sudan, North Korea, etc.
31. Beneficiaries in migratory situation or illegally working will not receive any assistance (including non-declared jobs in the country where the Beneficiary is at or students working abroad without the proper authorization by the local authorities.
32. ASSIST1 will not take charge of expenses due to physiotherapy for the treatment of ailments related to work accident, repetitive chores or chronic/degenerative illnesses of the muscles and bones. Physiotherapy is only covered when the ailment is originated by an accident not related to any job, with the prior authorization of the Assistance Contact Center Medical Department, in the case it is determined that the passenger can improve their current condition with this treatment. under no circumstance the Beneficiary can have more than 10 (ten) sessions. In the case the product is acquired with the purpose of treating an illness abroad, and that that treatment has a relation, direct or not, with the ailment that was prior to the trip, ASSIST1 will be exonerated from providing its services.

ASSIST1 reserves the right to investigate the connection between the current event and the previous ailment.

Competition Agreement: it is agreed upon between the parts that any problem with the interpretation of the benefits and/or legal actions taken against, that cannot be solved in a friendly way between the parts, must be submitted to the civil jurisdiction of the Courts of Bogotá, with the exclusion of any other forum and jurisdiction that may correspond.

Non-cumulative services and/or intervention of other company: In no case ASSIST1 will provide assistance services to the Beneficiary, or make any reimbursement, if the Beneficiary requests or has requested services to another company of the same problem/condition; before, during or after requesting assistance to us.

XII. SUBROGATION

Up to the concurrence of the sums disbursed in compliance with the obligations arising from these general conditions, ASSIST1 plans and/or insurance companies that assume the risk as a result of the order of ASSIST1 will be automatically subrogated in the rights and actions that may belong to the Beneficiary or to their heirs against third parties, physical or juridical, in virtue of the event that cause the provided assistance and/or paid benefit. Besides, the Beneficiary compromises himself to pay ASSIST1, at the moment, every amount that has been part of the cause of the event and/or their Insurance Companies, in concept of as an advance on account of the liquidation of the compensation to which the Beneficiary is entitled, up to the amount of the payments they had received from the insurance companies. Not having to understand the declaration as exclusive, the rights and actions likely to be exercise against the following people are expressly included in the subrogation:

- a. Third parties responsible of a traffic accident.
- b. Third parties responsible of the payment for the total or part of the expenses that may be triggered because of the event suffered by the Beneficiary, understanding it as: international insurance of the Beneficiary, another Travelers Assistance Company, coverage of travel assistance included in the Beneficiary's credit card(s).
- c. Transportation agencies, regarding the restitution (total or partial) of the price of the fares that were not used, when ASSIST1 has taken charge of the transportation of the Beneficiary or their remains. By consequence, the Beneficiary relinquishes the rights and actions included in the present clause in favor of ASSIST1, being obliged to carry out all the legal acts that are necessary for that purpose and to provide all the collaboration that is required by reason of the agreed subrogation. Refusal to provide collaboration or subrogate such rights to ASSIST1, the latter will be released from the obligation to fulfill the proper services offered. In the same way, ASSIST1 reserves the right of relinquishing everything or a part, both the rights that may arise from the contractual relationship with the Beneficiaries and the execution, provision of a service and other obligations to a third legal person, professionals in the field of assistance to companies in the field.

The Beneficiary is aware of said right and, therefore, expressly refuses to be previously notified or communicated of said cessions.

XIII. FORCE MAJEURE / FORTUITOUS FACT

Neither ASSIST1 nor its providers network will be responsible or required by force majeure/fortuitous fact matter that may origin delays or unchargeable unfulfillments due to natural disasters, striks, war, invasions, sabotage, hostilities, rebellion, uprisings, terrorisms or revolt, popular manifestations, radioactivity, or any

other cause of force majeure according with the arranged in the article 1 of the law 95 from 1890. When these kind of elements intervene, ASSIST1 compromises to execute its compromises within the shortest time possible, as long as the contingency that justifies it is kept once the provision of the service is feasible.

XIV. LEGITIMIZATION TO START LEGAL ACTIONS

ASSIST1 reserves the right to demand the Beneficiary the reimbursement for any expense generated by them in the incorrect way: in the case of having provided services not contemplated by this contract, or outside the validity time of the acquires plan, just as any payment made by account of the Beneficiary.

XV. RESPONSIBILITY

ASSIST1 will not be responsible and will not indemnify the Beneficiary for any injury, harm, lesion or illness caused by people or professionals who, after requesting the service, assisted them, medically, pharmaceutically or legally. In these cases, the person or people designated by ASSIST1 will be considered as agents of the Beneficiary, which implies that ASSIST1 lacks passive legitimacy in the cause, due to such designation. ASSIST1 makes the effort of providing the passengers with the best health professionals and in the best means. However, never will ASSIST1 be held responsible, either totally or partially, for bad services or bad practice by said professionals or entities every time the personnel is not subordinated or work under imposed guidelines by ASSIST1. Therefore, the Beneficiary expressly manifests that ASSIST1 is not direct, or mutually responsible of the actions or omissions of third parties that provide assistance services.

XVI. EXPIRATION DATE

All the claims aimed at making effective all the obligations that ASSIST1 assumes through the present general conditions, must be formulated in due form and in writing within the maximum period of 30 (thirty) non-extendable continuous calendar days, counted from the date of the event that caused or should cause the compensation or services. Passed this time, the expiration and, therefore, the cessation of all the rights not exercised in timely manner will be automatic.