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IMPORTANT RECOMENDATIONS

We invite the beneficiaries of a **BMIIC** assistance plan 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

BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY I.I. (Hereinafter identified as **BMIIC**). All services provided by the assistance plan, are covered through **BMIIC**, a company whose principal purpose is to provide, among others, health care services, legal assistance and personal assistance only in EMERGENCIAS during the course of an international trip. These general conditions define the way of obtaining the benefits to which the Beneficiary of a **BMIIC** 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 **BMIIC**. 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 acknowledge they have chosen, read, 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 **BMIIC** 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 their main objective the complete cure or definitive treatment of the Beneficiary's condition. The medical assistance services to be rendered by **BMIIC** 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 Assistance Center.
- Start benign or long-term treatments or procedures.

Any assistance or treatment will cease and not be the responsibility of **BMIIC** 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.

To obtain benefits due to COVID-19, proof of Full Vaccination of COVID-19 must be presented, only vaccines approved by the World Health Organization (WHO) will be admitted.

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.

Extension of the validity of a voucher

If the Beneficiary extends the trip unexpectedly, they may request an extension of a new voucher. **BMIIC** reserves the right to accept or deny this extension without explanations, under the following conditions:

- a. The Beneficiary will not have the right to request the extension of a voucher if they have used any of the services of **BMIIC** during the period of validity of the first voucher.
- b. The Beneficiary shall be able to extend 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 website, through "Contact Us", and must indicate the amount of days they want to obtain. The issuing agent is obliged to inform **BMIIC** that the new voucher is an extension and will ask for authorization for the new period.
- d. The Beneficiary may not request an extension of their voucher if they have been abroad for more than 2 years.
- e. 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.
- f. The Beneficiary must make payment for the new voucher at the time of issuance.

The new plan of your travel assistance service and its corresponding voucher issued in the conditions referred to in this clause may not be used under any circumstances, to initiate or continue the treatment and/or assistance of problems that have already arisen during the term of the original and/or previous vouchers or before the validity of the new plan and/or voucher, regardless of the procedures or treatments in progress have been authorized by **BMIIC** or by third parties. All medical assistance treated during the validity of the first voucher will automatically be considered as pre-existence during the validity of the second voucher and therefore will not be assumed by **BMIIC**.

When the validity of the previous voucher has ended at the time of purchase or the passenger purchases at the destination, the voucher will be issued with a 15 (fifteen) days grace period for COVID-19 expenses and 5 (five) days for any other contemplated expenses within the coverage chart. The above, only after having received the issuing agency/tour operator and others have received, express authorization from the Assistance Services Center.

Note

The extension request can only be requested no more than 8 days in advance before the current voucher expires.

Definitions

Below, we list the definitions of the terms used in these general conditions, for a better understanding of the Beneficiaries of a BMIIC plan:

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. Accidents whose origin is due to negligence, provocation or the lack of preventive measures on the part of the Beneficiary are excluded from all assistance. 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.
- **Assistance Center:** The department (at the sole discretion of BMIIC), which coordinates the services to be provided to the Beneficiary in case of an Emergency. It is also the department of professionals that provides supervision, control and coordination services that intervene and decide all those matters and / or benefits to be provided or provided by virtue of these general conditions that are related to medical issues.
- **Amateur Sports:** It is the one that is carried out in leisure time and/or recreational activities, individually or in a group, for personal satisfaction or for sporadic social relations, it is practiced by amateurs.

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.
- **COVID-19:** It is understood by the infectious disease known as CORONA VIRUS and which has been defined by the World Health Organization as a worldwide pandemic.

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 at the moment of purchase.

E

- **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.
- **Full Vaccination of COVID-19:** people are considered fully vaccinated: 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

M

- **Maximum coverage:** Maximum coverage amounts given by **BMII**, indicated in the voucher for each of the benefits and according to the contracted assistance plan.
- **Medical department:** Group of professionals from **BMII** 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 **BMII** Assistance 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.

W

- **World Health Organization (WHO):** Is a specialized agency of the United Nations responsible for international public health.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>.

II. BENEFICIARY/AGE LIMITATION

The Beneficiary is the person whose name appears on the **BMIIC** 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 **BMIIC** 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 "Extended 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.

Annual "Multi-trip" 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. **BMIIC** Assistance 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. **Coverage requirement:** The beneficiary must be in their country of residence to Travel.

FAMILY PLAN: Has 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. (The minimum purchase of this plan is 3 people).

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

BMIIC 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 hydro pneumatic, which require special physical abilities, or being exposed to danger and as a result

suffering an accident or consequential disease, **BMIIC** 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 **BMIIC** 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 the responsibility of **BMIIC** once the Beneficiary returns to their place of residence or the validity period of the plan expires, not including the before-mentioned exceptions.

Note 1: in cases where the Beneficiary is already in the country of destination and requests the authorization to issue a travel assistance plan, as long as it is authorized by the Assistance Center, said plan will have a 15-day grace period for COVID-19 and 5 (five) days for the other benefits.

Note 2: In cases where the Beneficiary is in the country of destination for more than 2 years, the beneficiary will not be able to acquire a new assistance plan.

CORPORATE PLAN:

The purchasing company for the purposes of this contract is the one that makes the pre-purchase of days and which is fully empowered to assign the days of assistance to the people who, in its opinion, should become Beneficiaries of the benefits and assistance benefits that offers BMI TRAVEL ASSIST. Once these days have been assigned, the Beneficiary will henceforth be the one who can exercise the rights and subject to the obligations referred to in these General Conditions.

The purchasing company, in the exercise of its right to the assignment of Assistance days, will likewise have the right to access the administrative and voucher issuance area on the BMIIC website, for which it may appoint the persons at its discretion. that they will exercise said right on their behalf, for which they assume responsibility for said handling and for their dependents and authorized parties.

In relation to the days of assistance of the CORPORATE PLAN, they will be valid for one (1) calendar year counted from the day of their purchase. The Beneficiary of one of these plans can make an unlimited number of trips during its term, but its benefits are limited to a maximum of ninety (90) days per trip.

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 Assistance Center BMIIC as described under this section.

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 Assistance Center, **BMIIC** 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 open seas, and therefore prevented from communicating with the Assistance Center, they must report the medical fact up to 24 hours after disembarking at the first port he arrives at. For cases in which the beneficiary is unconscious, they must report the medical event within a maximum of 24 hours once they regain consciousness. Failure to comply with this rule entails automatic loss of any right to claim by the Beneficiary.

Country	Phone Number
Argentina:	(11)5077-1922
Australia:	(2)8880-6474
Brazil:	(19)3253-2055
Costa Rica:	4106-3300
United States:	(855)241-8877
	(786)434-3760
Spain:	910-48-2854
Mexico:	(229)300-9034
Rest of the World: (Collect Call)	+1(786)628-8580

WhatsApp	
WhatsApp	+1(829)760-3152

E-mails	
Assistance Center	asistencias@bmitravelassist.com
Claims/ Reimbursements	reclamos@bmitravelassist.com
Extension Requests/ Inquiries	info@bmitravelassist.com
Verify your Plan	www.bmitravelassist.com/Plans/VerifyPlan

Note: The numbers shall be dialed as they appear in the table above (or in your voucher or ID Card). 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 to the "Rest of the World" phone number, likewise, the Beneficiary can communicate through E-mail or WhatsApp.

VI. BENEFICIARY'S OBLIGATIONS

In all cases, the Beneficiary must:

1. Request and obtain authorization from the Assistance 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 Assistance Center, no refund will be made, or give rights to claims.

2. It is clearly understood that the notification to the Assistance Center is essential and required, even if the issue is completely resolved, as **BMIIC** cannot take over the cost of any assistance without previous knowledge and authorization to the Assistance Center.
3. The Beneficiary accepts that **BMIIC** 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 Assistance Center before being assisted, the Beneficiary or a third party, with the inescapable obligation, shall inform the latest within 24 hours after the symptoms begin or when the event occurs. 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 Assistance 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 **BMIIC** 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 **BMIIC** in order to obtain the Beneficiary's medical history, by filling and signing the RECORD RELEASE FORM which will be sent by the Assistance Center and faxed back to it. The Beneficiary authorizes in an absolute and irrevocable manner **BMIIC** 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. We especially recommend that Beneficiaries always fill out the Form when they register at a hospital center, this will be helpful in cases of reimbursement and/or in making decisions about certain cases that require the study of the patient's medical history.

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 Assistance 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. BMIIC 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. **BMIIC** 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, **BMIIC** agrees to comply its commitments and obligations within the shortest possible time.
3. **BMIIC** 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 **BMIIC**, 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, **BMIIC** has up to five (5) calendar days to request any missing document that has not been delivered by the Beneficiary. The beneficiary will have up to 90 continuous days to deliver the complete documentation, if it is not received, the case will be closed and no compensation will apply.
- c. With all the necessary documents in hand, **BMIIC** shall within five (5) business days to review the case and issue a letter of approval or denial of reimbursement.
- d. If approved, **BMIIC** 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.
- e. The refund may be paid in the name of the company if this is the one that makes the purchase of the voucher, which will be verified with the payment receipt of the voucher. In cases where the beneficiary does not have a bank account, the payment can be made to a direct relative (father, mother, husband, children) once an official document is received that proves the relationship.

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

VIII. CURRENCY

The benefits offered by **BMIIC** 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. DEFINITION OF BENEFITS

Some benefits are included only in some **BMIIC** 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 benefit.

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:** It will be provided only when indicated and authorized by the Medical Department of the BMIIC Assistance Center or by the treating physician of the Assistance Center.
- **Complementary Medical Exams:** when indicated by the Medical Department of the Assistance Center of **BMIIC**.
- **Hospitalizations:** According to the nature of the injury or disease, and whenever the medical department of **BMIIC** 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 **BMIIC** 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.
- **Intensive Therapy and Coronary Unit:** when the nature of the disease or injury so requires, and always with the prior authorization of the Medical Department of the Assistance Center of BMIIC, this service will be authorized.
- **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 **BMIIC** 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: Assistance 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 Assistance Center is possible to return the Beneficiary to their country of residence for long-term treatment, programmable surgery or non-urgent surgeries, the Assistance 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 cannot 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, herpes simplex, 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 **BMIIC** 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 cannot 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.

Medical assistance for COVID-19

Requirements to obtain this benefit:

- Proof of Full Vaccination; only vaccines approved by the WHO will be accepted.

The Beneficiary must always and without exception contact the Assistance Center of BMIIC, who in turn will coordinate a virtual appointment by Telemedicine and, according to the opinion provided by

the Medical Department, if the Beneficiary presents symptoms related to COVID-19, the Assistance Center will coordinate the relevant medical consultation, according to the safety and health protocols of each country, covering the expenses incurred up to the coverage limit indicated in the voucher. The following expenses will be covered under the same limit:

Hospital Expenses for COVID-19: In case of requiring hospitalization to stabilize the Beneficiary's condition.

Mechanical respirator fees: If the Medical Department, together with the treating doctor, considers the use of a mechanical respirator necessary, the Central will authorize and cover said expense.

THIS BENEFIT WILL NOT OPERATE WITH A REFUND.

For beneficiaries up to 75 years of age, the contracted coverage will be equal to the cap for non-pre-existing illness.

For beneficiaries between 76 - 85 years old, emissions in the country of residence or destination will have medical coverage for COVID-19 only through the addition and purchase of said coverage up to USD 50,000 for emissions in the country of residence or up to USD 30,000 for emissions in country of destination. As long as the contracted plan is equal to or greater than USD 50,000.

Negative COVID-19 detection test will not be covered to return to the country of residence.

Prescribed medication

Within the coverage limits, **BMIC** will bear the costs of prescription given to the Beneficiary by the medical department of the Assistance Center. Expenditures incurred by the Beneficiary for the purchase of drugs previously approved by the Assistance 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 expenses due to pre-existing conditions will not be **BMIC** responsibility, regardless of diagnostics given by the **BMIC's** Assistance Center. Preventive drugs and drugs for the treatment of mental, psychological, and/or emotional illnesses are also excluded regardless of being authorized by **BMIC** Medical Department. 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

Within the coverage limits, **BMIC** will be responsible for the dental care expenses derived from an emergency, due or caused by trauma, accident, or infection, limiting itself only to the treatment of pain and/or the extraction of the tooth resulting from infection, or trauma only. The benefit is limited to the treatment of pain and/or extraction of the affected teeth. Cavities, root canals, change of fillings, crowns, dentures, sealings, any injury to teeth that occurs during the act of chewing, 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 Assistance 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 Assistance 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 **BMIIC**. Failure to comply with this rule exempts **BMIIC** to take charge of the transfer coverage.

When the medical department of the Assistance 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 **BMIIC** 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 **BMIIC**.

Additionally, the repatriation must be authorized and medical and scientifically justified by the treating physician from **BMIIC**, 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 **BMIIC**, 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 **BMIIC**.

When **BMIIC**'s Medical Department of the Assistance Center, 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. **BMIIC** will be responsible for paying the difference of costs for the change of dates of the original ticket, or the purchase of a new one as long as the original ticket is unusable due to restrictions (same airline) This assistance includes transportation by ambulance or other means of transport that supports the Beneficiary's health and approved by **BMIIC**'s Medical Department of the Assistance Center from the place of hospitalization to their place of residence, with the necessary support structure including stretcher, wheelchair, walker, medical accompaniment, 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, **BMIIC** 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.

The costs of the final coffin, funeral procedures, cremation, ground or air transfers in the country of residence and burial will not be the responsibility of **BMIIC**.

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. **BMIIC** is exempted from providing services and bear the costs relating to this benefit if the death of the Beneficiary was caused by suicide, death because of ingestion of alcohol or any type of drugs or

a preexisting, chronic or recurrent condition. This benefit doesn't, under any circumstances include costs of return of accompanying relatives of the deceased, Therefore, BMIIC will not be responsible for any third-party expenses.

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.

BMIIC 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.

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, **BMIIC** 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).

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

When in agreement with the treating doctor and in common agreement with the Medical Department of the Assistance Center, 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, **BMIIC**, 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.

BMIIC 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.

Hotel Expenses for COVID-19 Quarantine

When in agreement with the treating physician and in common agreement with the Medical Department of the Assistance Center, the beneficiary must remain in self-isolation with a positive test for COVID-19.

This benefit guarantees hotel expenses per reservation, this means that if two or more people who share the same room are diagnosed with COVID-19, the expenses to be reimbursed will correspond to this reservation. That said, it is understood that a room will not be paid for each reservation.



General Conditions



Hotel expenses for quarantine will be covered as long as the reservation already paid for by the passenger has ended, up to a maximum of five (5) nights and up to the amount of coverage of your purchased plan.

Negative COVID-19 screening to return to country of residence will not be covered.

The product will be capped at USD 20,000 for groups.

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 BMIIC head office), mini bars etc.

Lost documents and personal effects assistance

BMIIC 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 Assistance Center. **BMIIC** will also assist the Beneficiary in case of loss of travel documents and 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, **BMIIC** 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 (same airline). 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, **BMIIC** 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 Assistance Center. The Beneficiary must unflinchingly contact the Assistance Center to be authorized to proceed. Refund requests without any justification will not be accepted.

Minor escort

If the Beneficiary is the sole traveling companion of children under 15 years of age who are also considered Beneficiaries of a **BMIIC** plan, and due to illness or accident of the Beneficiary, the children are left unattended, **BMIIC** will make the necessary arrangements for the transfer of said minors to their habitual residence in their country of origin. **BMIIC** 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 (same airline).. This condition is dependent on all rules and regulations of the airlines and the country of departure.

Trip cancellation

BMIIC 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 trip's destination.

To be eligible to these benefits the holder must:

1. Acquire the plan with a difference of up to 72 hours after the tourist package and/or cruise is contracted. As long as the penalty period published by the travel agency or shipping company has not started.
2. Notify **BMIIC** in a maximum of 24 hours after the event that caused the cancelation occurred.
3. Present all documentation that **BMIIC** considers to evaluate the coverage of this benefit including but not limited to: Documents that clearly show the motive of cancelation (medical report, death certificate, among others) respective paperwork of the service contracted, invoices and payment receipts. (See specific requirements in the cases of cruises indicated below).
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 must 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 **BMIIC** clearly and authoritatively as the cause or causes that led to the cancellation of travel and send to the Assistance Center such documentation for eventual verification by **BMIIC** 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 **BMIIC**

Medical Department of the Assistance Center, 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 beneficiaries involved in it, the maximum indemnity responsibility of BMIIC for all affected beneficiaries, 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.

Trip cancellation by COVID-19

If contemplated within the voucher, the Beneficiary may cancel the trip in advance for the following reasons:

In case of hospitalization for positive diagnosis of COVID-19 of the Beneficiary, Travel Companion or Family Member in the first degree of consanguinity.

In any case, the Voucher must be issued at least 14 days before the date of departure, or effective date, whichever comes first.

Note: Does not apply to Beneficiaries over 70 years of age. Travel Cancellation requests will not be covered, if it were to occur due to a closure of borders by the Government of origin or destination. Additionally, if the hotel provider, airline or any other tour operator offers the Beneficiary the option of leaving the dates open, reschedule, credit in favor, and among other solutions, even if the Beneficiary rejects said option, there will be no refund for expenses incurred.

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, **BMIC** will cover for a one way 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 **BMIC**' Assistance Center.

24 hours' information line

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

Emergency message transmission

Upon the Beneficiaries request, **BMIC** 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, **BMIC** 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 **BMIC**' offices by the Beneficiary's family. If the Beneficiary were imprisoned as a result of a traffic accident, **BMIC** 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 **BMIC**' 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, **BMIC** will pay, up to the amount specified in the Benefits, for the attorney's fees incurred for the Beneficiaries civil or criminal defense. Due to imputation or exoneration of liability for a traffic accident.

Expenses for delay in returning the luggage

BMIC 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. The Purchases must be made after having made the relevant claim with the airline, as well as having notified the Assistance Center and provided the corresponding PIR number granted by the airline. 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 **BMIIC** 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, a connecting flight 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 **BMIIC** 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 Assistance 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.

Total and definitive loss of baggage

BMIIC will compensate the Beneficiary, in a complementary manner, the same amount paid or recognized by the airline to the limit specified in the Schedule of benefits. If the delay or loss of luggage occurs in the flight back to the country where the ticket was issued, a connecting flight or the country of habitual residence of the Beneficiary, no compensation will be awarded. To obtain this benefit, the following terms and conditions apply:

- That the airline and the Assistance 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. **BMIIC**, 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. **BMIIC** will not be able to compensate the Beneficiary until compensation has been received from the airline.
- 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, **BMIIC** 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 **BMIIC** 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 **BMIIC** claims and in general terms they may require that the claims are brought directly by the Beneficiaries, not allowing any interference from **BMIIC**.

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 **BMIIC**, the following documentation:

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

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

NOTE: Compensation to the Beneficiary will be the same as that paid by the airline up to the maximum limit for this benefit stated in the voucher corresponding to the BMIIC plan purchased. There will be no compensation if the airline's compensation equals or exceeds the maximum limit established in the voucher for this benefit. Compensation for this benefit 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 **BMII** will reimburse up to the maximum benefit indicated in the voucher for hotel, food and communication charges incurred during the hours of delay and until travel becomes possible. Prior authorization from **BMII**, 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, basketball, baseball, dance, soccer, volleyball, bowling, angling, tennis, snorkeling, golf, yoga, table tennis, 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.

Note: Any injury caused by professional practices and / or tournaments, competitions, etc. is excluded from coverage.

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, therefore, it should not be used in any case by them to establish a diagnosis or self-medicate, and should consult with the referred professionals in each particular case.

Virtual Doctor

BMII 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 **BMII** 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, **BMIIC** 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 **BMIIC** Assistance Service Center within The 24 hours of the incident and the Beneficiary must submit to **BMIIC** 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 damage to luggage applies per package or load and not per person.

Continuation of trip/cruise

BMIIC 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.

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 Assistance Center. 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

BMIIC 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 **BMIIC** Assistance Service Center within 24 hours and the Beneficiary must submit to **BMIIC** 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 **BMIIC**, 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 **BMIIC** web platform.

Additional benefits or upgrades may only be issued for daily plans and annual plans.

Benefit for seniors

Every person over 75 years to 85 years who wants to buy a **BMIIC** 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 **BMIIC** 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.

XI. EXCLUSIONS APPLICABLE TO ALL SERVICES AND BENEFITS

BMIIC 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 Assistance Center.
3. Homeopathic treatments, acupuncture, **kinesiotherapy** physical therapy, Crenotherapy, spa, podiatry, manicure and pedicure, etc.

4. Criminal intent or criminal action of the Beneficiary, directly or indirectly such as fights, quarrels.
5. Illness treatment or pathological states as a consequence of consumption or intentional administration of toxics, drugs, narcotics, alcohol, or non-prescribed medicines.
6. Expenses incurred in any kind of orthosis, prosthesis, including artificial teeth, eyeglasses, contact lenses, hearing aids, wheelchair, crutches, durable medical equipment, 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, scuba diving (from 15 meters) 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, gynecological check-ups, exams related to them, 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 Assistance Center.
12. Event derived from natural disasters, tsunamis, tremors, earthquakes, storms, storms, hurricanes, cyclones, floods, fog, snowfall, winds, 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 as a consequence of acts of war, invasion, acts committed by foreign or national enemies, terrorism, hostilities or war operations (whether or not war has been declared) civil war, rebellion, insurrection or military, naval power or usurped, the intervention of the Beneficiary in riots, demonstrations or riots that may or may not have the character of civil war, that is, the intervention is personal or as a member of a civil or military organization; terrorism or other serious disturbance of public order.
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 Assistance 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 **BMII** Assistance 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 assistance, accidents and illnesses that occur while the Covered Traveler is in countries where civil or foreign war, civil unrest, or any other type of riots, demonstrations, threatening individuals or assemblies that have become disruptive.

31. Coverage will not be available in the following countries; (This list is subject to change. Please visit our website for updates.) Iraq, Ethiopia, Syria, Ukraine, Yemen, Sudan, Somalia, North Korea, Israel, Afghanistan and Cuba.
Venezuela is subject to Sanctions and Special Licenses. Limited Coverage is available.
Russia & Belarus are subject to Sanctions and Special Licenses. Limited Coverage is available.

32. BMI Travel Assist will not be obliged to grant coverage, and BMI Travel Assist will not be responsible for paying any claim or providing any benefit under this contract, to the extent that granting such coverage, paying such claim or providing such benefit exposes the BMI Travel Assist to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, Cayman Islands, or any other nation's sanctions which would be applicable to BMI Travel Assist.

33. 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).

34. **BMIIIC** 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.

35. No COVID-19 benefit will be provided to any Beneficiary who is not Fully Vaccinated.

36. Any expense, medical assistance or event that occurs during the grace period will not be covered during or after the occurrence.

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, **BMIIIC** will be relieved of providing its services. **BMIIIC** 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 the state of Florida, excluding any other jurisdiction and jurisdiction that may correspond

No joint services and / or intervention of other enterprises: In no **BMIIIC** 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 including affiliated companies, 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, **BMIIC** and / or the insurance companies that assume the risk as a result of the **BMIIC** 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 **BMIIC** 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 **BMIIC** 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 **BMIIC** 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 **BMIIC** 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 **BMIIC**, the latter will automatically be exempt from paying the assistance costs incurred.

In addition, **BMIIC** 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.

BMIIC 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 **BMIIC** will be released from the obligation to fulfill the services offered and/or due. Likewise, **BMIIC** 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

BMIIC 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, **BMIIC** promises to make every effort to meet its commitments once the impeding cause has ceased

XIV. RECOURSE

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

XV. DISCLAIMER

The service provided by **BMIIC** 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, **BMIIC** 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.

BMIIC, 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 **BMIIC** will be held as agents of the Beneficiary, without possible recourse of any nature or circumstance against **BMIIC**, because of such designation. **BMIIC** strives to make available to passengers the best health professionals and the best means, however **BMIIC**, 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 **BMIIC** control.

XVI. TERMINATION

Any claim the Beneficiary may have that gives rise to the obligations that **BMIIC** 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.