

# **Travel Insurance General Conditions**

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## TECHNICAL GLOSSARY

Glossary is an alphabetic list of certain terms of domain knowledge with definition of these terms. The purpose of this is clarify any doubts that may eventually arise when reading and interpreting the General Conditions and clauses ruling this Insurance Agreement defined by the terms and expressions defined as follows.

The words and expressions, for the purposes of this Insurance Agreement, at all times shall have the meaning as follows:

## GENERAL DEFINITIONS

**PERSONAL ACCIDENT:** Event with characterized date, exclusive and directly external, sudden, involuntary, violent and causing a physical damage, that by itself and regardless of any cause, lead into death, permanent disability, total or partial, of insured party or that makes medical treatment required, observing that:

- a. This concept includes:
  - i. Suicide, or attempt to, and for the purposes of indemnity, shall correspond to personal accident, observing the law in force;
  - ii. Accidents arising out action of environment temperature or atmosphere influence, when insured party is subject in view of accident covered;
  - iii. Accidents arising out accidental leakage of gases and steams;
  - iv. Accidents arising out kidnapping and kidnapping attempting; and
  - v. Accidents arising out anatomic or functional changes of vertebral column, traumatic origin, exclusively caused by fractures or strains, proven by radiography.

**b. This concept does not includes “personal accident”:**

- i. **Any diseases, including professionals, whatever their causes, even if caused, triggered or aggravated by accident, except for infections, septicemic plague and embolisms, resulting out of visible injure caused arising out insured accident;**
- ii. **Intercurrences or complications due to examinations, clinic or surgical treatments, when not caused by insured accident;**
- iii. **Injuries arising out, contingent, predisposed or caused by repetitive actions or cumulative microtraumas or that have relation of cause and effect thereof, as well as injuries classified as: Repetitive Strain Injury - LER, Work-Related Musculoskeletal Disorders - DORT, Continuous or Continuing Traumatic Disorder - LTC, or similar accepted by medical-scientific class, as well as post-treatment consequences, including surgical, at any time; and Situations recognized by official or similar social security institutions such as “accidental disability”, in which triggering event of injury is not entirely understood as disability by personal accident.**

**RISK ACCEPTANCE:** Proposal acceptance act by Insured Company or by insurance broker for the hiring of the insurance.

**WORK ACCIDENT:** work accident caused by performance of work on duty by the domestic company or employer or performance of work, causing body injury or functional disorder causing death or permanent or temporary loss or reduction of capacity to work, as established by law.

**MORBID EXARCEBATION:** worsening of a disease.

**MENTAL ALIENATION:** Mental or neuromental disturbance in which personality is fully changed jeopardizing entirely logical thinking (value judgment), reality (critical judgement) and memory, diminishing capacity to make effective, objective and intended acts and making Insured Party entirely and completely unable to civil life.



**HOSPITAL DISCHARGE:** means patient has been discharged out of hospital treatment, signed by Attending Physician for the treatment.

**MEDICAL DISCHARGE:** means discharge signed by physician in-charge and describes completion of patient's treatment, assuming its cure.

**GEOGRAPHICAL SCOPE:** Insurance coverage scope area.

**MUSCULOSKELETAL SYSTEM:** set of structures intended for the movement of human body.

**BASIC BATHROOM AMENITIES:** set of basic hygiene custom amenities such as shower, a sepsis (deodorant and hand sanitizer), razor blade, sanitary napkins and oral hygiene (toothpaste, antiseptic mouthwash, toothbrush and dental floss).

**CLOTHING BASIC ARTICLES:** clothes worn to cover certain parts of the body. Defined by: underwear, shorts, trousers, shirt, sweater, shorts, socks, shoes.

**MEDICAL ACT:** technical-professional procedure by physician duly licensed and ruled by specific Resolution of Federal Council of Medicine.

**TERRORISM ACT:** Consist in a conduct qualified as such under the law, treaty, convention and/or rule, as well as use of force, violence, threat, by any person or group, caused by political, religious, ideological, social, cultural or similar causes, intended to exercise influence over any massified thinking, governmental, controlling entity and/or intended to intimidate a group of people and/or any segment of the population.

**CLAIM ADVICE:** Document in which Insured Party shall immediately report to Insured Company a Loss has occurred, as provided on Contract Conditions, so that later may proceed accordingly, on its own interest and Insured Party's interest.

**BAGGAGE:** any packaged item in closed, dispatched compartment, demonstrably under responsibility of Carrier Company. For the purposes of this insurance unchecked baggage carried by the insured party will not be considered (carry-on baggage).

**BENEFICIARY:** individual or legal entity assigned to receive the insured values upon occurrence of insured claim.

**INSURANCE TICKET:** document issued by the Insured Company formalizing acceptance of Insured Party, supersedes individual policy and does not require the proposal is filled out.

**GOOD FAITH:** One of the basic principles of the insurance, expressly required by law, in which the parties undertake themselves to mutually act with integrity, and assuring to the other party is acting or their acts are in compliance with the law.

**INSURED VALUE:** Maximum value for insured coverage to be paid or reimbursed by Insured Company at time the Loss insured took place, effective in the event date.

**ACUTE HEART FAILURE:** Heart disease thus classified according to the criteria described on "National Council of Acute Heart Failure".

**GRACE PERIOD:** Period counted as of effective date of insurance or increase of insured value or in case of suspension, resume of insurance term, in which during occurrence of event insured, Insured Party and beneficiaries shall not be entitled to receive any insured value agreed.

**ACT OF GOD/FORCE MAJEURE:** Unexpected happening, regardless of human will, whose effects cannot be controlled or prevented.

**ASSISTANCE CENTER:** service center, which shall be responsible for receiving services requests of insured party or its companion for 365 days per year, 24 hour per day. In addition to be responsible for organizing, monitor how the service is provided to the insured party and making the payment to the service provider.

**COVERAGE:** Insured Company commitment in regards paying the insured value, should any of the



risks established in contract conditions occurs, provided that such triggering event is covered by this coverage.

**COGNITION:** Set of mental processes used in the thinking, memory, perception, classification and recognition, etc.

**COMMISSION:** Percentage about premium received with insured companies paying for the work of insurance brokers.

**PRE-EXISTING CONDITION:** Insured Party's condition of knowledge, whether by existence of medical-hospital and odontology background or supporting diagnostic examinations, and not reported in the membership application.

**SPECIFIC CONDITIONS:** Set of clauses detailing the different modalities of the coverage that may be hired in the same insurance plan.

**GENERAL CONDITIONS:** Set of clauses ruling the same insurance plan, establishing obligations and rights of insured company, insured party and beneficiaries and, if applicable, policy holder.

**CONNECTIVITY WITH LIFE:** Human being capacity to relate themselves with external means that surrounds.

**SPOUSE:** Insured Party's spouse. The companion is equivalent to a Spouse, provided that stable union is proven at that Date of Loss, under the terms of the law in force.

**INSURANCE BROKER:**

Individual or legal entity duly licensed to trade the insurance agreements. The Insurance Broker shall be held liable civilly before policy holders, Insured Parties and Insured Companies for the damages it cause due to omission, malpractice or negligence in the practice of the profession, as well as reporting to the policy holder/Insured Companies of any information related to the insurance and/or communication made by the Insurance Company.

**COINSURANCE:** Operation consisting in the sharing of the same risk, Insured Party, between two or more Insured Companies, without joint liability to each other.

**AMBULATE:** Act to walk freely.

**MEDICAL STATEMENT:** Document prepared as a report or similar, in which Attending Physician gives his opinion about Insured Party's health status and respective medical facts related.

**VISUAL IMPAIRMENT:** Permanent loss or reduction of visual capacity in both eyes, which cannot be recovered or corrected by using lenses, clinic or surgical treatment.

**IMMUNOLOGICAL DYSFUNCTION:** Incapacity of organism to produce defense elements against disease causative extraneous agents.

**PRE-EXISTING DISEASE OR DISABILITY:** each deficiency, congenital, acquired or arising out of accident, jeopardizing organic or motor control or put in risk health of individual, whether direct action or indirect consequences, existing prior to the hiring of the insurance, in which have become aware and is not reported at the moment of the hiring, as reported in the membership application.

**CONGENITAL DISEASE:** innate hindrance developed causing incapacity jeopardizing neuropsychomotor development.

**CHRONIC DISEASE:** Disease with evolution period exceeding initial phase, still active for indefinite time.

**ACTIVE CHRONIC DISEASE:** Chronic disease still active even under treatment.

**PROGRESSIVE CHRONIC DISEASE:** Chronic disease still progressing and worsening, even under treatment.

**TERMINALLY ILLNESS:** in situation without any therapeutic alternative and without possibility to be cured, patient deemed without any possibility to survive and expecting an imminent death, as statement by the patient's Attending Physician and provided that accepted by the Insurance Company.



**ACTIVE MALIGNANT NEOPLASTIC DISEASE:** unequal cell growth, cause by genetic change in metabolism and cell basic life processes controlling its growth and multiplication. These are known as active malignant or tumors cancer.

**MALICE:** Conscious act in which induces the other to lead into error, acting in bad faith, fraudulent mean, seeking a damage planned in advance, whether physical or financial, in self or other benefit.

**EMERGENCY:** Situation where Insured Party needs immediate care, since there is risk of death.

**FEES:** Set of additional expenses that insurance company charges on Insured Party corresponding the tax-related installments.

**CARRIER COMPANY:** Air, land or sea Transportation Company licensed to operate regular transportation of passengers. This definition does not include, for the purposes of this insurance, individual transportation of passengers, such as taxis, vans, rides, motorcycles or rental vehicles, in addition to transportation means without inspection, freight transportation or particular use, such as motorcycles, automobiles, vessels, airships and helicopters.

**RELATED STATUS:** shows conscious and normal relationship of the Insured Party with external mean.

**ETIOLOGY:** Cause of each disease.

**INSURED EVENT:** future and uncertain occurrence, in an involuntary fashion, occurred during effectiveness of this insurance and provided in these general conditions.

**TECHNICAL SURPLUS:** positive balance by insurance company in verification of operating result of policy in a certain period.

**RISK AND MORBIDITY FACTORS:** favors or simplifies the development or status of disease or what triggers.

**OFFSPRING:** offspring, stepchild and minor considered dependent of Insured Party, for the purposes of this Offspring Supplementary Inclusion Coverage, according to the ruleset forth by Inland Revenue for Income Tax - IRPF, unless otherwise provided by contract. **COURT:** Refers to body location of Judicial Power to be brought upon in case of litigations arising out herein.

**POLICY:** period continuous, as of occurrence date of insured event, in which Insured Party is not entitled to insurance coverage.

**DEDUCTIBLE INSURANCE POLICY:** value or percent representing mandatory interest of Insured Party in indemnities of each claim.

**FRAUD:** Unlawfully, financially or materially withholding in its own benefit or other, damaging the other, keeping or even inducing to error, upon ruse manner, contrivance or any other misleading mean. It is considered a manner of embezzlement according to the contents of Brazilian criminal law.

**THEFT:** Burgle to yourself or others from someone's property (Art. 155 of Brazilian Criminal Code).

**AGGRAVATED THEFT:** Action committed due to burgling a property causing destruction or plundering to burgle the asset through misappropriation, or fraud, climbing or cunning, using a fake key or accumulation of two or more people leaving traces, that is, proved upon police investigation.

**PREGNANT:** women until 32th week of pregnancy requiring emergence service during a travel.

**DEGREE OF KINSHIP:** The following it is considered degree of kinship, as provided by the law:

By blood:

First-degree relatives: Father, mother and children;

Second-degree relatives: sibling, grandparents and grandchild;



Third-degree relatives: uncles, nephews, great-grandparents and great-grandchild. By Kinship:

First-degree relatives: father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother and stepchild;

Second-degree relatives: brother-in-law.

**HEALTHINESS:** Healthy status.

**HOSPITAL:** the establishment duly authorized, constituted and licensed in Brazil or abroad, duly fitted and prepared for medical, clinical and/or surgical treatment of its patients. The following shall not be understood as hospital establishment:

- a. Clinics, nurseries, retirement home or nursing home care for elders;
- b. Place working as drug and/or alcohol rehab centers, except cases previously authorized by insurance company;
- c. Any establishment that does not fit in the definition of hospital above;
- d. Hydrotherapeutic health institution or natural alternative therapies center;
- e. Convalescent & Rehabilitation Care of any species;
- f. "Home care" (home admission).

**HOSPITAL STAY:** stay in the hospital for a minimum period of twelve (12) hours as admission, prescribed by a licensed physician, characterized by lodging use available at the establishment for clinic or surgical treatment that could not be carried out under outpatient, home admission or consulting room.

**INDEMNITY:** Payment to the Beneficiary or Insured Party itself of value agreed or reimbursement, or also rendering of services, in case the risks insured occurs, provided that relate to the travel during period previously established on insurance ticket, under the terms established in these contract conditions.

**PRICE CORRECTION INDEX:** price index used by Insurance Company for the correction of price.

**COMMENCEMENT OF TERM:** Date guaranteed by the Insurance Company for the risk coverage proposed.

**HOSPITAL ADMISSION:** hospital admission for period longer than twelve (12) hours, for the purposes of this insurance, provided that at least one (1) daily fee collection is evidenced via invoices, medical hospitalization request followed by medical report, hospital statement where hospitalization took place or any other lawful collection document.

**ACCIDENTAL PERMANENT DISABILITY:** Permanent, partial or total functional loss, reduction or inability of one organs described in the table for indemnity percentage calculation in case of Accidental permanent disability, in view of physical injuries exclusively arising out insured personal accident, provided that such injuries are not recoverable or remedied by therapeutic means available at the time it has been hired.

**MEDICAL REPORT:** Document issued by physical duly licensed by Regional Council of Medicine about physical and health conditions of proposing party.

**BAD FAITH:** intentionally act in contrary to law, against the order and right. **PHYSICIAN:**

Professional legally licensed to practice medicine, providing information about Insured Party's health. Insured Party itself, its spouse, its dependents, blood parents or similar, even if licensed to practice medicine will not be accepted as physician. **REMOTE MEANS:** any means permitting exchange or access to information and/or any type of data transfer by communication networks involving the use of technology such as internet (worldwide computer network), telephony, pay or digital television, satellite communication system, etc.

**ESSENTIAL MEDICINE:** Medicine recommended by physician when: consistent with the symptoms,



diagnostic and treatment of Insured Party's condition and suitable in relation to the correct medical practice.

**ATTENDING PHYSICIAN:** Physician assisting Insured Party or has provided continued assistance before.

**FAMILY MEMBERS:** father, mother, siblings, spouses, offspring and stepchild of Insured Party shall be considered the family members.

**INSURANCE GOAL:** generic designation of any interest of Insured Party, whether things, people, assets, responsibilities, obligations, rights and guarantee.

**OMISSION:** In insurance means concealment of fact or circumstances that, if revealed, would make insurer reject the agreement or accept it with tax increase and/or other conditions.

**ORTHOTICS:** Permanent or temporary device used to assist in the functions of a member, organ or tissue, and the materials, at the time of surgical act, which movement or removal that does not require a surgical act not being wired on.

**PATIENT TERMINALLY ILL:** A patient terminally ill.

**EFFECTIVE TERM:** effectiveness term duly detailed at Insurance ticket.

**DAMAGE:** economic/material loss arising out events insured at Insurance ticket. **PREMIUM:** Amount paid by Insured Party to Insurance Company in consideration of acceptance and coverage of risk that Insured Party is liable.

**LAPSE:** legal principle determining extinction of right in view of expiration of legal term to exercise it.

**SERVICE PROVIDER:** activities performed by non-registered professionals having a binding via agreement or supporting activity accounting document, for the purposes of this instrument

**PRO RATA TEMPORIS:** Insurance premium calculation method with term lower than one year, made based in the total of effectiveness days thereof.

**PROGNOSIS:** legal opinion based in diagnosis and therapeutic possibilities related to the duration, evolution and term of disease.

**PROPOSING PARTY:** Interested party to hire the coverage.

**PROSTHESIS:** permanent or temporary device that entirely or partially replaces a member, organ or tissue.

**CLINICAL PROFILE:** set of objective and subject morbid manifestation presented by a diseased patient.

**OUTPATIENT TREATMENT:** facility for health-related disorders of patients that does not require hospitalization, not on bedside.

**INSURANCE REPRESENTATIVE:** Legal entity undertaking obligation to promote in non-eventual character and without employment relationship, preparation of agreement in favor and in behalf of insurance company.

**PIR REPORT:** Property Irregularity Report. Baggage Irregularity Registration issued by Carrier Company.

**RISK:** Uncertain event or uncertain date relying on the will of contracting parties and against the contents of the insurance.

**EXCLUDED RISKS:** Risks provided in contract conditions that will not be covered by the insurance.

**THEFT:** Burgling of an asset, committed upon threat or using violence against person or after burgling it, by any mean, reduced to impossibility of resistance, whether by physical action, application or narcotic or armed robbery.

**INSURED PARTY:** individual entity in which a risk evaluation shall be made and in which insurance



shall be established.

**INSURANCE COMPANY:** Company authorized by SUSEP to operate in Brazil and upon receiving a premium, undertakes the risks detailed on Insurance Agreement.

**SEQUELAE:** any anatomic or functional injury that remains after disease clinical evolution is completed.

**CLAIM:** when insured event occurs during Effective Term of policy.

**SUSEP - SUPERINTENDENCE OF PRIVATE INSURANCE:** regulation, control and inspection powers autarchy of insurance market in Brazil.

**SHORT-TERM TABLE:** percentage levels established in this insurance, for return of insurance premiums paid to the insurance company, or to set forth insurance effectiveness term in case of one of the premium installments is not paid.

**MOVEMENT TRANSFER:** Insured Party capacity to move from a place to the other, without any assistance.

**OPTIONAL TREATMENT:** non-emergency treatment that may be scheduled in advance.

**URGENCY:** Situation where Insured Party requires a non-emergency service and may await for service of emergency cases.

**AIR, SEAS OR LAND TRAVEL:** Refers to any air, sea or land mean operated under valid license for paid transportation of passengers, with routes and regular time, provided that Insured Party is not part of crew.

**Freighting, individual transportation of passengers, for example, rental motorcycles or cars, in addition to uninspected transportation mean such as vessels are not included in this definition.**

**DOMESTIC TRAVEL:** Insured Party's displacement from regular residence and destination location inside the residence country is deemed as domestic travel. In the event of land travel, only travels with displacement higher than 70 Km of Insured Party's regular residence are covered.

Distance calculation will be considered from the mile zero of Insured Party's domicile city.

**TRAVEL ABROAD:** Insured Party's displacement between its regular residence's country and destination location outside the residence country is deemed as travel abroad. In the event of land travel, only travels with displacement higher than 70 Km of Insured Party's regular residence are covered.

Distance calculation will be considered from the mile zero of Insured Party's domicile city.

**INSURED TRAVEL:** Period consisting between commencement and completion of insurance coverage effectiveness. A travel for indefinite term, whether by tour or individually shall not be considered an Insured travel.

**TERM:** period in which insurance is hired.



## 1. GENERAL CONDITION

We introduce to you the Contract Conditions of your Travel Insurance establishing operating methods of coverage hired and risks not included.

This insurance is ruled by applicable law of insurance agreements, by legal provisions specific to damage, by General, Specific, Contract and eventual endorsement conditions. Only conditions related to the coverage expressly provide and detailed in this Contract Conditions will be considered for each case, waiving any other even if existing in similar product.

We emphasize that cases not specified in these Contract Conditions the Brazilian insurance laws will be applied.

Insurance Agreement will be issued in Brazilian currency, that is, all amounts related to value, policies, premiums and other values shall remain fixed in this currency\*.

\* Exclusively for international travels, for evidence purposes before destination country's authorities, Insurance ticket shall also report Insured Value converted in foreign currency.

Upon hiring of the insurance, Insured Party declares it is aware and agrees to restrictive clauses in bolded emphasizes at the wording of these Contract Conditions.

### Remarks:

**WARNING: TRAVEL INSURANCE IS NOT A HEALTH INSURANCE! READ CAREFULLY THE CONTRACT CONDITIONS AND/OR INSURANCE TICKET, OBSERVING ITS RIGHTS AND OBLIGATIONS, AS WELL AS LIMIT OF INSURED VALUE AGREED FOR EACH COVERAGE.**

**ACCEPTANCE OF THIS INSURANCE SHALL BE SUBJECT TO RISK ASSESSMENT;**

**REGISTRATION OF THIS PLAN AT SUSEP DOES NOT IMPLY INCENTIVE OR RECOMMENDATION TO YOUR TRADING, ON AUTARCHY'S BEHALF;**

**THE PROMOTIONAL AND PROPAGANDA MATERIAL SHALL BE DISCLOSED WITH EXPRESS CONSENT AND INSPECTION OF INSURANCE COMPANY, STRICTLY OBSERVING THE GENERAL AND SPECIFIC CONDITIONS AND ACTUARIAL TECHNICAL NOTE SUBMITTED TO SUSEP.**

**THE INSURED PARTY MAY CHECK ITS REGISTRATION STATUS OF ITS INSURANCE BROKER, AT ADDRESS [WWW.SUSEP.GOV.BR](http://WWW.SUSEP.GOV.BR), THROUGH REGISTRATION NUMBER AT SUSEP, FULL NAME, CNPJ [National Registry of Legal Entities] OR CPF [Individual's Taxpayer Registry];**

**UPON HIRING OF THIS INSURANCE, ONLY COVERAGE EXPRESSLY RATIFIED IN INSURANCE TICKET WILL BE CONSIDERED AS COVERAGE INSURED, AND OTHER DETAILED IN THESE GENERAL AND SPECIFIC CONDITIONS WILL BE VOID AND WITHOUT EFFECT.**

## 2. INSURANCE GOAL

**2.1.** This insurance is intended to guarantee to Insured Party or its beneficiaries, insured value agreed, as hired or reimbursement value, or even, rendering of services, when any of risks provided and covered occurred by contracted and detailed coverage in Insurance ticket, provide that event is not one of the "excluded risks" or "not covered" by law in force.

## 3. GEOGRAPHICAL SCOPE



**3.1.** Plans for domestic travels will cover events occurred in Brazil, considering the purpose of this insurance and the travel detailed in the insurance ticket.

**3.2.** Plans for travel abroad shall cover events occurred in countries covered according to the plan hired and described on insurance ticket, considering the purpose of this insurance;

**3.3.** Eventual indemnities or reimbursements will be paid in domestic currency for events occurred abroad, according to the coverage hired.

#### **4. RISKS COVERED**

For the purposes of this insurance, the events detailed in the specific conditions are the events covered and shall be integral and indivisible part of this agreement.

##### **4.1. The following coverage may be hired:**

###### **4.1.1. Basic Coverage:**

- a. Hospital and/or Odontology Medical Expenses in Domestic travel (DMHO-VN);
- b. Hospital and/or Odontology Medical Expenses in International Travel (DMHO-VI);
- c. Transfer of corpse (TC);
- d. Medical Evacuation (RS);
- e. Medical Transportation (TM);
- f. Death during Travel (MV);
- g. Accidental Death while Travel (MAV);
- h. Accidental permanent disability during Travel (IPAV);

###### **4.1.2. Additional coverages:**

- i. Complimentary baggage (BC);
- j. Additional baggage (BS);
- k. Funeral when Traveling (FV);
- l. Return of Insured Party (RS);
- m. Hotel accommodation after Hospital discharge (HHAH);
- n. Repatriation of Spouses in case of Insured Party's death (RAFS);
- o. Follow-up to Hospitalized Insured User (AUSH);
- p. Pharmaceuticals Expenses (DF);
- q. Minor and/or Elder accompanying (AMI);
- r. Legal Advice (AJ);
- s. Accidental Death in Authorized Public Transportation (MATA);
- t. Reimbursement due to delay or flight cancellation (over than 6 hours) (RCV);
- u. Home Repatriation due to Claim (RSD);
- v. Compensation due to delayed baggage (CAB);
- w. Laptops/Smartphones Insurances (SLS);
- x. Compensation due issuing costs of temporary passport (CGEP);
- y. Physiotherapy Assistant (AF);
- z. Ticket for substitute professional (PPS);
- aa. Guaranteed Travel (VG);
- bb. Special Baggage (BE);
- cc. Cancellation/Interruption of Travel - "Plus Reason" or Change of Travel (CIV-PR);
- dd. Cancellation/Interruption of Travel - "Any Reason" or Change of Travel (CIV - AR);
- ee. Forfeiture of Services - Class Reimbursement (PSC);
- ff. Damage to Suitcase (DM);

##### **4.2. CONDITIONS FOR COVERAGE HIRING:**



- a. The Insured Party, observing the limit set forth for the hiring, shall freely select the Coverage.
- b. One Basic Coverage, at least, shall compulsorily be hired;
- c. DMHO-VI, TC, RS and TM coverages are compulsory for Insurance plans covering travels abroad;
- d. TC Coverage may not be hired separately;
- e. TM Coverage shall compulsorily be hired if DMHO-VN and DMHO-VI coverages are hired.

#### 5. EXCLUDED RISKS

THE FOLLOWING IS EXCLUDED OF THIS INSURANCE AGREEMENT, UNLESS OTHERWISE STATED IN THE INSURANCE TICKET:

a. BENEFICIARY IS NOT ENTITLED TO THE INSURED VALUE WHEN INSURED PARTY COMMITS SUICIDE IN THE FIRST TWO YEARS OF INITIAL EFFECTIVENESS OF THE AGREEMENT OR WHEN RESUMED AFTER CESSATION, ACCORDING TO THE ARTICLE 798 OF CIVIL CODE AND COUNTED:

- OF BEGINNING OF INDIVIDUAL EFFECTIVENESS OF THE INSURANCE; OR
- UPON REQUEST TO INCREASE THE INSURED VALUE EXCLUSIVELY MADE BY THE INSURED PARTY. UNDER THIS CIRCUMSTANCE, EXCLUSION SHALL ONLY BE APPLIED IN THE DIFFERENCE OF INSURED VALUE INCREASED;

- b. NUCLEAR MATERIAL USE FOR WHATEVER PURPOSE, INCLUDING NUCLEAR EXPLOSION CAUSED OR NOT, AS WELL AS RADIOACTIVE CONTAMINATION OR EXPOSURE TO NUCLEAR OR IONIZING RADIATION;
- c. HOSTILITY OR WAR ACTS, INVASIONS, FOREIGN ENEMY ACT, CIVIL OR MILITARY WARLIKE OPERATIONS, REVOLUTION, TERRORISM, NATIONALIZATION, SUBVERSION, CONSPIRACY, REBELLION, INSURRECTION, CONFISCATION, STIRRING, REVOLT, SEDITION, UPRISING, MUTINY, TUMULTS, LOCKOUTS OR OTHER DISTURBANCES OF PUBLIC ORDER AND ARISING OUT THEREON, EXCEPT ANY MILITARY SERVICE OR ACTS OF HUMANITY BENEFITING ANOTHER;
- d. MALICIOUS TORT ACTS PRACTICED BY EITHER INSURED PARTY, BY BENEFICIARY OR BY LEGAL REPRESENTATIVE
- e. MALICIOUS TORT ACTS PRACTICED BY CONTROLLING PARTNERS, OFFICERS AND LEGAL ADMINISTRATORS, INSURED PARTY'S EMPLOYEES, BENEFICIARY AND ITS RESPECTIVE REPRESENTATIVES, IN CASE OF INSURANCE HIRED BY LEGAL ENTITY;
- f. EPIDEMICS, ENDEMICS AND PANDEMICS REPORTED BY OFFICIAL AUTHORITY;
- g. DEATH OR DISABILITY OF INSURED PARTY ARISING OUT USE OF A VERY RISKY MODE OF TRANSPORTATION, MILITARY SERVICE, PLAY SPORTS, OR ACTS OF HUMANITY BENEFITING ANOTHER ARE NOT CONSIDERED EXCLUDED RISKS;
- h. EVENTS IN WHICH INSURED PARTY HAVE INTENTIONALLY MADE AGAINST LIFE AND INTEGRITY OF ANOTHER, ACCOMPLISHED OR NOT, EXCEPT IN CASE OF LEGITIMATE DEFENCE OR ASSISTING SOMEONE IN DANGER;
- i. VOLCANIC ERUPTION, FLOOD AND INUNDATION OF ANY KIND WHATSOEVER, GALE, HURRICANE, CYCLONE, TORNADO AND HAIL OR ANY OTHER CONVULSION OF NATURE;
- j. LOSS AND DAMAGE DIRECTLY OR INDIRECTLY CAUSED BY TERRORISM ACT OR RELATED TO TERRORISM ACT, AND INSURANCE COMPANY SHALL EVIDENCE WITH



**SUPPORTING DOCUMENTS, TOGETHER WITH DETAILED EXPERT REPORT DESCRIBING NATURE OF EXPOSURE, REGARDLESS OF ITS INTENT, AND PROVIDED THAT HAVE BEEN DULY RECOGNIZED BY CONCERNED PUBLIC AUTHORITY AN ASSAULT AGAINST PUBLIC ORDER, NOTWITHSTANDING ANY CONTRARY PROVISION IN THE CONTRACT CONDITIONS OF THIS INSURANCE;**

**k. VOLUNTARY OR PURPOSEFUL MUTILATION OR ITS ATTEMPT, EXCEPT IN CASE OF SUICIDE OR ITS ATTEMPTS;**

**l. TREATMENT AND PROCEDURE RELATED TO THE MORBID OBESITY INCLUDING GASTROPLASTY, CONGENITAL DISEASE, STERILIZATION, INSEMINATION AND SEX CHANGE AND ITS CONSEQUENCES;**

**m. DONATION OR TRANSPLANT OF ORGANS OR TISSUES;**

**n. ANY TYPE OF HERNIA AND ITS CONSEQUENCES, EXCEPT WHEN ARISING OUT OF PERSONAL ACCIDENT;**

**o. TOOTH LOSS AND COSMETIC DAMAGE;**

**p. UNFORESEEN PROCEDURES IN BRAZILIAN CODE OF MEDICAL ETHICS AND UNRECOGNIZED BY NATIONAL INSPECTION SERVICE OF MEDICINE AND PHARMACY;**

**q. EVENTS CAUSED BY INSURED PARTY SOLELY DUE TO NON-USE OF SAFETY EQUIPMENT AS REQUIRED BY LAW;**

**r. EVENTS CAUSED BY INSURED PARTY DRIVING AN AUTOMOBILE VEHICLE, OR ANY OTHER TYPE OF VEHICLE AND/OR EQUIPMENT THAT REQUIRES APTITUDE, WITHOUT LEGAL AND PROPER LICENSE;**

**s. EVENTS OF ILLEGAL COMPLETION IN AIRSHIPS, VESSELS AND MOTOR VEHICLES, INCLUDING PREPARATION TRAINING.**

**t. PRACTICE OF ACTIVITY THAT ASSOCIATIONS, FEDERATIONS OR EVEN COMMITTEES DOES NOT CONSIDER A SPORT OR EXECUTED WITHOUT SAFETY EQUIPMENT, LICENSE OR OTHER NECESSARY CARE;**

**u. ALL AND ANY TYPE OF OPTIONAL AND/OR ROUTINE TREATMENT;**

**v. TRAVELS FOR REASONS OF EXAMINATION OR MEDICAL TREATMENT;**

**w. BRAZILIANS OR FOREIGNERS THAT HAVE NO PERMANENT RESIDENCE IN BRAZIL;**

**x. AIRSHIP OR VESSELS TRAVELS:**

- **UNDER NO EFFECTIVE LICENSE OF RESPECTIVE AUTHORITIES FOR FLIGHT OR SAILING;**
- **STEERED BY PILOTS WITHOUT PROPER LICENSES;**
- **ARE NOT SERVING MILITARY SERVICE, IF MILITARY OFFICIALS.**

## **6. INSURED VALUE**

**6.1.** Insured value is the maximum value for Coverage hired to be paid or reimbursed by insurance company in case of occurrence of covered claim by Insurance ticket, valid at the date of event.

a. The Insured value detailed in the Insurance ticket shall be expressed in national current currency, for domestic travels.

b. The Insured value detailed in the Insurance ticket for coverage including reimbursement or indemnity payment to expenses incurred by Insured Party abroad may be defined in foreign currency, for international travels.

**6.2** Insured Party is entitled to select the Insured value in each coverage, observing the value and coverage limitation available in the plan;



6.2.1. A Medical Transportation Coverage shall cover, when requested by physician or medical staff in-charge for the service, more than one transportation, according to the limit of insured value hired.

6.3 Insured Party may request increase of Insured value, upon written request to Insurance Company, which shall approve it or not and, if applicable, shall be legally liable for new conditions and changes of the premium.

a. Value increase, if available for hiring, shall only become effective if hired between fifteen (15) days in advance at the beginning of the travel.

6.4 The Insurance Company, in place of paying the Insured value as reimbursement or indemnity in cash, may provide services equivalent to the coverage hired, provided that an authorized service network is available at the destination travel place of Insured Party. The Insurance Company shall made available an authorized service network at the destination travel place.

a. A toll-free assistance number for services purposes shall be informed to Insured Party if available by Insurance Company, highlighted at the Insurance tickets and shall be available twenty-four (24) hours and with Portuguese services.

b. If toll-free number available by Insurance Company and/or Professionals Service and/or authorized service network could not be reached, Insured Party or beneficiary may select service providers at its free choice, provided that duly licensed, and insurance company shall be liable for reimbursement of expenses, if provided and covered by the General conditions, up to the maximum limit of insured value hired.

## **7. POLICY**

7.1. The Specific Conditions of this insurance shall define when such policy is applied.

## **8. GRACE PERIOD**

8.1. This product shall not have a grace period.

## **9. Procedure in case of Claim**

### **9.1. Basic conditions:**

#### **9.1.1. If an insured event occurs:**

9.1.1.1. Insured Party, Beneficiary or its Representative may, at their sole discretion, provided that an authorized service network is available by the Insurance Company at the destination travel, request services through the Call Center available at the insurance ticket.

9.1.1.2. If rendering of services is not the decided idea, Insured Party, Beneficiary or its Representative shall immediately report the claim and the documents submitted to the Insurance Company in attention of Loss Department or via Call Center, as soon as possible.

9.1.1.3. Delivery and receipt protocol date by aforementioned department Insurance Company shall be considered a communication date. And shall also be considered a communication date if made through mail with return receipt signed by Insurance Company.

9.2. The Insured Party, Beneficiary or its Representative due to Claim, may decide on Insurance Company's rendering of services or, at its own expenses, shall immediately seek medical services duly licensed, undergoing to the treatment requested.

### **9.3. Basic Document in case of Claim:**

The Insured Party, Beneficiary or Representative in view of communication of claim shall



submit the following document/information in order to expedite regulation and liquidation of claim:

**9.3.1. Insured Party:**

- Copy of ID Card;
- Copy of CPF;
- Copy of Birth or Marriage Certificate;
- Copy of proof of residence.
- Claim Advice Form supplied by Insurance Company, which shall be filled out by Insured Party or its Beneficiary.

**9.3.2. Beneficiary:**

**I. Country:**

- Copy of ID Card;
- Copy of CPF;
- Copy of proof of residence.

**II. Spouse:**

- Copy of Birth Certificate;
- Copy of ID Card;
- Copy of CPF;
- Copy of proof of residence.

**III. Partner:**

- Copy of ID Card;
- Copy of CPF;
- Copy of proof of residence;
- Copy of financial dependency at Worker's Card, Stable Union or Income Tax before INSS [Government Severance Indemnity Fund].

**IV. Offspring:**

- Copy of Birth Certificate;
- Copy of ID Card;
- Copy of CPF;
- Proof of Residence.
- Offspring or beneficiaries with age inferior to sixteen (16) years will be duly represented together with their relatives, with family power; in the absence of or impossibility of any, the other will represent it. The minor will be represented by tutor or curator, in the absence of both, as established by Law;

**9.3.3. Other situations:**

An indemnity shall be paid for people with age inferior to eighteen (18) years old without a father and mother, as established by the law in force.

**9.3.4. The copies of all documents required for analysis of Insurance Company may be requested to be certified.**

**9.3.5. Documents stating the type of occurrence, described in the Specific conditions of Coverage hired, shall also be delivered.**

**9.3.6.** Upon reasonable and justified doubt, INSURANCE COMPANY reserves the right to request copy of other documents that may be required to settle the claim;

**9.4. Medical Expertise / Medical Board**



**9.4.1.** The Insured Party, by proposing adhesion to insurance, authorizes medical expertise of insurance company having access to its clinical and surgical data, undertake domicile and hospital visit, and require and proceed to examinations. The matter shall be treated as confidential and its results verified, including medical reports, available only to Insured Party, its physician and insurance company.

**9.4.2.** The Medical Board shall be held in case of divergence about character of event, between Attending Physician of Insured Party and expert physician of insurance company.

**9.4.3.** In case of medical-related divergences and/or doubts relative to object of insurance, about the cause, nature or extension of injuries, as well analysis of incapacity or even about medical subject not expressed before in Contract Conditions, proposed by Insurance Company, via written consent of Insured Party in order to, in the term of fifteen (15) days as of challenge date in order to constitute a Medical Board.

**9.4.4.** The Medical Board will be comprised by three (3) members, one assigned by Insured Party, other by Insurance Company, and a casting vote from a third party, selected by two assignees.

**9.4.5.** Each party shall pay the medical fees incurred; while Insured Party and Insurance Company shall equally pay the third party expenses.

**9.4.6.** The term for constitution of Medical Board will be at most fifteen (15) days as of appointment date of professional assigned by Insured Party.

**9.4.7.** The Insured Party itself, its spouse, its dependents, blood relatives or similar, even if licensed to practice medicine will not be accepted as experts.

**9.4.8.** All notices of Insured Party's hospital admission medical supporting expertise to identify the event and number of days of hospital admission and analysis of medical-hospital and odontologic expenses may be performed.

**9.4.9.** Cases of Permanent disability shall be evidenced by Medical Statement.

**9.4.10.** Disability retirement granted by official or similar or associated social security institutions, does not characterize permanent disability status.

**9.4.11.** The Insurance Company shall return to Insured Party its documents if an inspection could not be performed to verify if the symptoms or the disability condition no longer exists and Insured Party will no longer be entitled to any indemnity. For cases of temporary disability, situation in which symptoms may disappear after recovery of Insured Party even if a claim has been occurred, an inability to perform an inspection may not be used as an excuse for refusal of indemnity payment, however, Insurance Company, may use another stipulations provided in the general, specific and particular conditions of the insurance product to verify the event reported.

**9.4.12.** The Insurance Company may suspend indemnity payment if any type of fraud is evidenced and may file legal proceedings with purposes to reimburse eventual expenses and indemnities paid and incurred, without prejudice of applicable civil and criminal actions.

## **9.5. Regulation of Claim**

**9.5.1.** For the purposes of indemnity calculation and responsibility of insurance company, it is considered as date of event, upon settlement of losses:

a. For coverages of Hospital and/or Odontology Medical Expenses in Domestic travel (DMHO-VN), Hospital and/or Odontology Medical Expenses in International Travel



(DMHO-VI), Medical Evacuation (RS), Transfer of corpse (TC), Funeral when Traveling (FV) and Medical Transportation (TM) date detailed in the document evidencing expenses need to be incurred.

- b. For coverages of Death during Travel (MV) and date of Insured Party's death;
- c. Accident date for coverages of Accidental Death while Travel (MAV), Total or Partial Permanent Disability due to Accident during Travel (IPAV);
- d. Date assigned in respective Specific Conditions for other coverages.

**9.5.2.** Under no circumstances, indemnity shall be higher than the amount set forth at Insurance ticket, according to the Maximum Indemnity Limits for each coverage hired.

**9.5.3.** Occurrence of event, as well as all circumstances related shall be reasonably evidenced in order to receive the indemnity, and Insurance Company entitled to use any measure related to clarification of the facts.

**9.5.4.** The expenses related to evidence the event and, if applicable, Beneficiary licensing documents shall be borne by the interested party, except examinations requested by Insurance Company or processes established thereof.

#### **9.6. Indemnity payment**

**9.6.1.** If the Claim of this insurance is covered by these conditions, policyholder will be entitled to an indemnity.



**9.6.2.** Payment of any indemnity arising out of this insurance will be made in up to thirty (30) days, as of delivery date of all document related to the concerned clauses.

**9.6.3.** Reimbursement or indemnity related to the expenses incurred abroad in foreign currency, shall be made in national territory and Reais (R\$), according to the insured value of each coverage hired, established in national or foreign currency, which value will be converted by business dollar exchange used by Bacen (Central Bank of Brazil) and monetarily corrected, under the terms of specific law, based in the date:

I. Actual payment made by Insured Party, if it is a expenses reimbursement coverage; or  
II. Of event, for the purposes to ascertain the insured value, in case of a covering forecasting insured value.

**9.6.3.1.** Listing of document required for regulation of the Claim is detailed on concerned clauses hired. The term for indemnity payment will be postponed should documents requested are not submitted.

**9.6.4.** Regardless of documents listed in the clauses hired, Insurance Company may freely, at its sole criteria, consult experts of their choice to verify if the event occurred or not.

**9.6.5.** Should INSURED PARTY is requested any supplementary documents and/or information, based on reasonable and justifiable doubt, the term for claim settlement de thirty (30) days will be suspended, and will be resumed in the first business day as soon as aforementioned requirement have been fulfilled.

**9.6.6.** Should delay in the indemnity payment occurs, the amount owed by Insurance Company, related to the Insured event, will be corrected based on surplus variation IPCA/IBGE (Broad National Consumer Price Index), as of claim date until date payment is effectively made, added from penalty of two percent (2%) and arrears interest of one percent (1%) per month, counted when arrears becomes due.

**9.6.6.1.** The Insurance Company shall born any charges arising out eventual translation to Portuguese Language of document necessary to receive indemnity.

**9.6.7.** Payment of amount related to monetary correction and arrears interest shall be made regardless of judicial notice or summon, at once, together with other amount of the agreement.

**9.6.8.** Request of documents and other measures or acts that Insurance Company may practice after Claim shall not be calculated in the recognition of obligation to pay any indemnity.

**9.6.9.** In case of insured parties are minors, Indemnity due to Total or Partial Permanent Disability will be paid as follows:

**9.6.9.1.** For insured parties minors of sixteen (16) years old - indemnity will be paid on behalf of Insured Party, duly represented together by its parents, with parenting capacity; in the absence of or impossibility of any, the other shall represent it. Tutor or curator will represent the Insured Party, in the absence of both, as established by Law;

**9.6.9.2.** For insured parties with age equal or higher than sixteen (16) and lower than eighteen (18) years old, indemnity will be paid in favor of Insured Party, duly assisted by its parents, with parenting capacity; in the absence of or impossibility of any, the other will represent it. Tutor or curator will represent the Insured Party, in the absence



of both, as established by Law.

**9.6.10. In case of a Total Permanent Disability due to Accident during Travel occurs, followed by death of Insured Party as a consequence of such accident, without adequate time to pay the indemnity, the amount of this shall be paid according to the Clause - Beneficiaries detailed on item 12.6 of these general conditions.**

**9.6.11. The indemnities by Death during Travel and Total Permanent Disability during Travel are not cumulative. The Insurance Company shall pay the Guaranteed Death Benefit if is learned that Insured Party died after the payment of the Total Permanent Disability benefit, deducting Total Permanent Disability benefit already paid**

#### **9.7. Denial of Claim**

**9.7.1.** When Insurance Company denies a claim, the motives that leads into Insured Party being rejected shall be reported in written, within a maximum term of thirty (30) days counted from delivery of document requested.

#### **10. Hiring Method**

**10.1.** This Insurance may only be hired before the travel is started and upon issuing of Insurance ticket, according to the particular laws, and in no event this policy shall be hired by a collective method.

**10.2.** This insurance may also be hired via remote means.

#### **11. TERM OF THE INSURANCE**

**11.1.** The term of this insurance shall start and end at twenty-four (24) hours - Brasília Time - of dated detailed in the Insurance ticket.

**11.2.** For coverage, that non-event of travel insured is the triggering event its term shall commence in date prior to the one scheduled for the beginning of the travel.

a. The term shall commence as of premium receipt date and shall end when the travel starts.

**11.3.** For other coverages, travel start date shall correspond to the beginning of the ravel and shall end upon arrival at the destination location or return to the place where travel began, as determined in the Insurance ticket. Beginning and end of the travel shall be considered according to the transportation mean used:

a. Air or sea transportation, it shall be begin after Insured Party pass by boarding gate and shall end upon arrival at landing gate;

b. Bus or train, the term shall being upon boarding/arrival of Insured Party at the bus or train; Car or motorcycle, effectiveness starts/ends from 70 km of distance from the residence of Insured Party or origin location of the travel, as the case may be; Distance calculation will be considered from the mile zero of Insured Party's domicile city.

**11.4.** In case of Return of Insured Party by insured event is not possible, effectiveness term of coverage shall be automatically extended until the Return of Insured Party to domicile or beginning of the travel, according to the limit of insured value hired.

**11.5.** If Insured Party return prematurely from the insured travel, the insurance will be cancelled upon its arrival from the travel or its domicile, as the case may be, and eventual claims occurred before the cancellation being covered.

**11.6.** Insurance ticket effectiveness term shall be travel term as detailed in the Insurance ticket.



## **12. BENEFICIARIES**

**12.1.** The Insured Party may assign its Beneficiaries, as well as concerned insurance indemnity percentage entitled to assigned party, according to the limitations provided in the law in force.

**12.2.** The Insured Party may change its Beneficiaries at any time upon written notice to Insurance Company.

**12.3.** Change may only be made if Insured Party has not previously waived to that power, or if insurance does not hold any obligation guarantee as cause declared. An appointment or replacement of Beneficiary in the form of power of attorney will not be accepted.

**12.4.** In case of Claim, only latest designation and/or change of Beneficiary made by Insured Party and received by Insurance Company before the payment of the indemnity will be considered. The Insurance Company is acquitted to make the payment as detailed above, should the Insurance Company is not timely informed about designation and/or change.

**12.5.** The insurance shall be divided equally when there is no quantitative distribution on the amount to be indemnified for the beneficiaries.

**12.6.** A legal representative can proceed with the payment should the Insured Party is unable to, in guarantees that latter is a beneficiary. In the event of Insured Party dies before receiving an indemnity, a payment related shall be made according to the item 12.1 of this clause.

a. The party evidencing that expenses have been paid will be deemed as the Beneficiary, for coverages which reimbursement is forecasted, upon submission of original evidences thereof.

b. In the event there is more than one (1) responsible for expenses, indemnity shall be made for each of responsible at the proportion of expenses duly evidenced and limited to value hired for the coverage.

**12.7.** The indemnity shall be paid according to the principles established by the law in force should Beneficiary is not detailed in the Insurance ticket.

## **13. RENEWAL OF INSURANCE**

**13.1.** The insurance is not expected to be renewed.

## **14. PREMIUM PAYMENT**

**14.1.** The premium may be paid at once, monthly or in installments, wherein latter consists in the installment of the premium in successive and monthly installments. The number of installments and value of each installment shall be set forth in the Insurance ticket.

a. The limit date for the premium payment shall not be later than the thirtieth day of ticket issuing and shall be detailed in the concerned insurance collection document.

b. If limit date for the premium payment in cash or any other monthly fee falls on a day in which banks are not open, the premium payment can be proceeded in the first (1) business day after this date.

c. Should the premium payment is made in installments, the expiration date of last installment may not exceed the term of the Insurance ticket.

**14.2.** The Insurance Company shall send the collection documents directly to the Insured Party or its representative, or even, by express request of any of those, to the Insurance



broker, according to a minimum advance of five (5) business days in relation to the respective expiration.

**14.3.** The premium paid to the Insurance Representative shall be deemed as made by the Insurance Company.

**14.4.** The lack of premium payment in cash or the first installment in case of payment in installment until the expiration date, shall result in cancellation of ticket, regardless of any judicial or extrajudicial summon.

**14.5.** The Insurance Company shall guarantee a coverage of the claims occurred during the period in default, in case of monthly payment, with proper collection of the premium owed or, if applicable, offset the indemnity paid to the beneficiary.

**14.6.** The Insurance Company allows 60 calendar days as of default as tolerance term. And will be automatically cancelled after such term.

**14.7.** In case of premium in installments and should any of subsequent installments is due in relation to the latter due to a proven lack of payment, the effectiveness term shall be corrected according to the premium effectively paid, proportionally, to the Effective Term of Insurance ticket, that is, a pro-rata monthly fee.

**14.7.1.** The Insurance Company shall report the new corrected effective term to the Insured Party or its representative via written notice.

**14.7.2.** When premium payment of installments corrected, added from charges provided in the contract, within the new coverage effectiveness term, the original effectiveness term of the Insurance ticket shall be reenacted.

**14.7.3.** When new coverage effectiveness term is elapsed, and premium payment have not been performed, this Insurance Agreement shall be liable to a lawful cancellation, provided that it is provided in a contract provision on that regard.

**14.7.4.** The insurance company shall send communication via mail to the Insured Party, in up to ten (10) days before cancellation, informing that delayed premium installments shall be paid, under penalty to cancel the Insurance ticket, which shall be made, even is Insured Party, as the case may be, declares that have not received the latter, since it's merely a cancellation notice.

**14.8.** The collection of any additional value, for the purposes of management expense of installment, will not be allowed in case of installment.

**14.9.** The Insured Party, if applicable, shall be entitled to the possibility of advancing the payment of any installment with proper scale down of interests agreed.

**14.10.** The insurance premium payment in installments shall not entail into the full acquaintance should all installments have not been paid.

**14.11.** The cancellation of insurance which premium has been paid in cash it is prohibited, upon financing gathered before financial institutions, in cases that the Insured Party fails to pay the financing.

**14.12.** If a claim occurs within the term of premium payment in cash, or any of its installments should there is payment failure, the right to indemnity shall not be jeopardized.

**14.13.** The due installments, when indemnity payment results in the cancellation of the Insurance Agreement, shall be deducted from the indemnity value.

## **15. GRIEVANCE OF THE RISK**

**15.1.** The Insured Party shall no longer be liable to an indemnity in case a risk is



intentionally aggravated.

**15.2.** The Insured Party is obliged to inform to the Insurance Company, as soon as it becomes aware, any fact leading into aggravation of risk covered, under penalty to lose the right to indemnity, if a willful misconduct is proven.

**15.3.** The Insurance Company will notify, provided that made in fifteen (15) days after receipt of risk grievance notice, in written its decision to cancel the insurance ticket or make an constrain, upon agreement between the parties, in the coverage hired.

**15.4.** The cancellation of the insurance ticket shall only be effective thirty (30) days after notice, and the difference of the premium shall be refunded, proportionally calculated to the period to be elapsed.

**15.5.** In the even the agreement is continued, the Insurance Company may charge the difference of the applicable premium.

#### **16. WAIVER TERM**

**16.1.** The Insured Party may renounce the insurance hired, provided that before the travel, in the term of seven (7) business days counted of issuing date of the ticket or actual premium payment, whichever is later.

**16.2.** The values eventually paid, for whatever purpose, shall be immediately returned, during the term of the item related, should the Insured Party exercise the right to waive.

**16.3.** The Insured Party exercise the right to waive for the same mean used to the hiring, without prejudice other means available.

**16.4.** The Insurance Company, or its Insurance Representatives and licensed insurance broker, as the case may be, shall furnish to the Insured Party an immediate confirmation upon receipt of waiver statement.

**16.5.** The return shall be made in the same effective manner and method of the premium payment, without prejudice of other means available by the Insurance Company and expressly accepted by the Insured Party.

#### **17. Termination and cancellation**

**17.1.** The insurance may be cancelled at any time upon agreement between the Insured Party and the Insurance Company, according to the Effective Term equivalent to the premium paid.

**17.2.** In the event of cancellation upon request of the Insured Party or request of the Insurance Company, latter shall retain the premium received, in addition to the fees, portion equivalent to the time elapsed between the beginning of the effectiveness and date of cancellation.

**17.3. In the installment premium plans, should the Insured Party in default for a period longer than 60 calendar days, the Insurance Company may automatically cancel the insurance, and coverage effectiveness term may be corrected in view of the premium duly paid proportionally to the Effective Term of the Insurance ticket using the pro-rata monthly fee.**

**17.4.** Should the Insured Party, its representative, or its insurance broker make inaccurate statements or refrain circumstances that may influence on the proposal acceptance or in the value of the premium, the right to indemnity shall be jeopardized, and Insured Party shall also be obliged to pay the premium expired.

#### **18. Loss of rights**



**18.1. THE INSURANCE COMPANY WILL NOT PAY ANY INDEMNITY BASED IN THIS INSURANCE IF THE INSURED PARTY, ITS LEGAL REPRESENTATIVE OR ITS INSURANCE BROKER MAKE INACCURATE STATEMENTS OR REFRAIN CIRCUMSTANCES THAT MAY INFLUENCE ON THE PROPOSAL ACCEPTANCE OR IN THE VALUE OF THE PREMIUM.**

**18.2. THE INSURED PARTY MAY LOSE THE RIGHT TO ANY INDEMNITY OR REFUND OF PREMIUM ARISING OUT OF THIS AGREEMENT, WHEN:**

- a. INTENTIONALLY AGGRAVATE THE RISK;**
- b. FAIL TO FULFILL THE OBLIGATIONS AGREED HEREIN;**
- c. THE INSURED PARTY, BY ITSELF OR ITS REPRESENTATIVE, MAKE INACCURATE STATEMENTS OR REFRAIN CIRCUMSTANCES THAT MAY INFLUENCE ON THE PROPOSAL ACCEPTANCE.**

**18.2.1. THE INSURANCE COMPANY, IF INACCURACY OR OMISSION IN THE STATEMENTS DOES NOT LEAD INTO BAD FAITH OF INSURED PARTY, MAY:**

**A. IN THE EVENT OF NON-EVENT OF THE CLAIM:**

**i. CANCEL THE INSURANCE BY RETAINING THE PREMIUM INITIALLY AGREED, INSTALLMENT EQUIVALENT TO THE TIME ELAPSED; ALLOW THE INSURANCE CONTINUES AND CHARGING APPLICABLE PREMIUM DIFFERENCE;**

**B. IN THE EVENT OF A CLAIM OCCURS WITH PARTIAL PAYMENT OF THE INDEMNITY:**

**i. CANCEL THE INSURANCE, AFTER INDEMNITY PAYMENT BY RETAINING THE PREMIUM INITIALLY AGREED, ADDED FROM THE APPLICABLE DIFFERENCE THE INSTALLMENT EQUIVALENT TO THE TIME ELAPSED; OR**

**i. UPON AGREEMENT BETWEEN THE PARTIES, ALLOWS CONTINUITY OF THE INSURANCE BY CHARGING THE DIFFERENCE OF THE APPLICABLE PREMIUM OR DEDUCTING IT FROM THE VALUE TO PAY FOR THE INSURED PARTY OR BENEFICIARY OR CONSTRAINING THE GUARANTEED HIRED FOR FUTURE RISKS.**

**C. IN THE EVENT A CLAIM WITH FULL PAYMENT OF THE INDEMNITY OCCURS, THE INSURANCE SHALL BE CANCELLED AS SOON AS THE INDEMNITY IS PAID AND DEDUCTING THE VALUE TO BE INDEMNIFIED FROM THE DIFFERENCE OF THE APPLICABLE PREMIUM.**

**18.3. IN ADDITION TO THE OBLIGATIONS THAT MAY BE PROVIDED IN THE OTHER CLAUSES OF THIS AGREEMENT, THE INSURED PARTY UNDERTAKES ITSELF TO COMPLY WITH THE CONDITIONS BELOW, UNDER PENALTY OF SUSPENSION, TERMINATION OR NULLITY OF THE INSURANCE AGREEMENT.**

- a. REGISTER THE OCCURANCE OF THE CLAIM BEFORE RELEVANT AUTHORITES;**
- b. FURNISH TO THE INSURANCE COMPANY AND SIMPLIFY ACCESS TO ANY TYPE OF INFORMATION ABOUT CIRCUMSTANCES AND CONSEQUENCES OF THE CLAIM, ASWELL AS THE DOCUMENTS REQUIRED TO ASCERTAIN THE LOSSES AND ASSESSMENT OF THE INDEMNITY;**
- c. IN ADDITION TO THE OBLIGATIONS OF THIS CLAUSE, IN CASE OF CLAIM, THE INSURED PARTY SHALL COMPLY WITH THE INSTRUCTIONS ESTABLISHED IN THE CONDITIONS OF EACH COVERAGE.**
- d. PAY THE PREMIUMS OF THE INSURANCE ON TIME, AS ESTABLISHED IN THE COLLECTION DOCUMENTS OF THE INSURANCE COMPANY OR OTHER METHOD AGREED;**



**e. THE INSURED PARTY FAILS TO ADD A PARTY ON THE CLAIM TO THE INSURANCE COMPANY, AS SOON AS BECOMES AWARE, AND FAILS TO ADOPT IMMEDIATE MEASURES TO RELIEVE ITS CONSEQUENCES;**

**18.4. THE OBLIGATIONS AND RULES ESTABLISHED IN THIS CLAUSE ARE FAILED TO BE COMPLIED WITH BY THE INSURED PARTY, AS WELL AS THESE CONDITIONS AS A WHOLE, MAY RESULT IN SUSPENSION OR TERMINATION OF THE INSURANCE AGREEMENT, ACCORDING TO THE ANALYSIS PERFORMED BY THE INSURANCE COMPANY.**



## **19. CORRECTION OF THE VALUE HIRED AND ARREARS CHARGES**

**19.1.** The Insurance Company shall proceed to the payment of values related to the monetary correction regardless of judicial notice or summon, at once, together with principal pecuniary obligation value.

**19.2.** The Maximum Indemnity Limits, premiums and other values detailed in the General conditions are expressed in Reais and shall be monetarily updated or corrected based in the surplus variation do IPCA/IBGE (Broad National Consumer Price Index).

**19.3.** The update shall be made based in the variation adjusted between the last index published before enforceability date of the pecuniary obligation and publishing immediately before the date of its effective liquidation.

**19.4.** In case the index agreed - IPCA/IBGE as price correction index is extinguished, the Insurance Company shall use National Consumers Prices Index/Brazilian Institute of Geography and Statistics - INPC/IBGE.

**19.5.** The values owed for the purposes of return of premiums are subject to monetary correction as of date when become due:

- a. In case of cancellation of the Insurance ticket: as of receipt date of cancellation request or date of effective cancellation, if latter occurs on the part of the Insurance Company;
- b. In case of inadequate receipt of the premium: as of receipt date of the premium;

## **20. LAPSE**

**20.1.** The law set forth the statute of limitations.

## **21. COURT**

Any legal questions between Insured Party and Insurance Company shall be settled in the Insured Party's domicile court, as the case may be. A court other than the Insured Party's domicile may be elected should both parties are under a favorable financial situation.

## **22. EMBARGOS AND ECONOMIC SANCTIONS**

It is understood and agreed that, in compliance with Law 13.810/2019, as well as the entire content of the General Conditions, Additional Coverages and Specific Clauses of this insurance contract, criteria and procedures are established in relation to situations of non-coverage or suspension of coverage in the payment, including any indemnities or refunds due by the Insurer, in which the Insured, its beneficiary(ies), its location(s) is(are) or is(are) inserted in lists of embargoes or sanctions issued by national or international bodies to combat money laundering and terrorist financing or are subject to the sanctions provided for in Brazilian or International legislation, as described below in the lists of embargoes and sanctions issued by international and/or national bodies:

United Nations - UN: <https://nacoesunidas.org/conheca/>;

UK and European Union: <https://www.consilium.europa.eu/pt/policies/sanctions/>;

Office of Foreign Assets Control - OFAC (US Agency for Foreign Assets Control): <https://sanctionssearch.ofac.treas.gov/>;

Gafi – Financial Action Task Force (FATF) Anti-Money Laundering and Counter Terrorist Financing: <http://www.fazenda.gov.br/assuntos/prevencao-lavagem-dinheiro/alertas-pld-ft>.

Note: The above lists may be updated by international and/or national bodies.

For the purpose of the clause's applicability, the proponent is obliged, when proposing the



insurance, to inform if he or his indemnity beneficiaries or places of origin, destination, are included in lists of embargoes or sanctions, and the insurer will proceed with analysis through its controls.

If, during the term of the policy, the inclusion or exclusion of the insured, their indemnity beneficiaries or places of origin, destination, in the lists of embargoes and sanctions, the insured must timely inform this Insurer of the date of inclusion and/or exclusion under penalty of non-insurance coverage.

For the above situations, in the event of silence of the Insured and/or its representative, through fault or intent, if said action or omission has a causal link with the event causing the claim, the risk not accepted and not covered will be considered.

The Insured and its beneficiaries will lose the right to indemnity if, as a result of the policy of imposition of embargoes and sanctions by international organizations, there is an intentional act by the Insured or his legal representative and causal link with the event causing the claim.

Upon communication from the Insured, the coverage of this insurance, as well as the payment of indemnities, will be suspended for the insured and their indemnity beneficiaries in the period in which they are included in lists of embargoes and sanctions from 24 hours of the day of inclusion until 24 hours on the day of exclusion or possible court decision.

Once the obligation is fulfilled, in the event of acceptance of the risk by the insurer, from the beginning of the risk until the settlement of a claimed claim, the right to contracted coverage will not be impaired, however the payment of indemnities or reimbursements of expenses will be suspended until the overcoming occurs of said embargo or until a possible court decision regarding the procedure to be adopted for this purpose.

The other Terms, Clauses and Conditions not modified by this Specific Clause are ratified.

### **23. GENERAL DATA PROTECTION LAW - CONSENT CLAUSE FOR DATA USE**

With the free and voluntary acquisition of this Insurance Product, the end customer and those directly involved in the Insurance Product, such as Beneficiaries, Spouses and/or Policyholders (herein collectively referred to as "clients") understand that AXA SEGUROS S/A it may, by itself, by companies in any way belonging and/or marginal to its Economic Group or, through its approved suppliers and/or partners, use, manipulate, store, handle, analyze, collect and/or process customer data for activities that, in any way, are related to the maintenance of this Insurance Product, its perfect and complete execution of its purpose and/or aim at maximizing and improving the customers' experience with Insurance Products, in accordance with their profile.

Customers agree and understand that their data may be used for base functionality assessments, testing, applications, administering policies, contact form, all with the primary expectation of improving our products and services and managing requests. If customers do not provide the information, it may not be possible for the full performance



of AXA SEGUROS S/A's activities.

Thus, by providing us with data, customers agree to the disclosure to third parties and/or collection by third parties of their data. We may disclose your data, including your confidential information, to relevant third parties and/or other insurers and reinsurers, parties affected by claims, government agencies, regulators, law enforcement agencies and as required by any applicable law/regulation, including abroad. Before providing us with information about another person, please give them a copy of this document.

AXA's Privacy Policy is available for consultation at [www.axa.com.br](http://www.axa.com.br) through the "Privacy Policy" environment, in case of doubts, requests, or exercise of the data subject's right, in relation to the General Law of Data Protection (LGPD) or about our Privacy Policy, contact the official AXA SEGUROS Data Privacy channel at the email address: [dataprivacy.br@axa.com](mailto:dataprivacy.br@axa.com).

## 24. OMBUDSMAN

AXA Seguros aims to ensure the satisfaction of its customers. Therefore, our Ombudsman acts impartially in the resolution of conflicts of policyholders who have already resorted to the Customer Service – AXA Help and were not satisfied with the solution presented.

Our Ombudsman is also ready to clarify the rights and duties of our policyholders in an ethical, welcoming and transparent manner.

Our other service channels are prepared to serve policyholders with the same care and attention, acting as an initial sphere for clarifying doubts, answering requests, resolving complaints and registering compliments.

Service Channels

### **Customer Service - AXA Help:**

0800 292 4357 (24 h)

[www.axa.com.br](http://www.axa.com.br) – Customer Area

Hearing impaired

0800 292 1900 (24 h)

[www.axa.com.br](http://www.axa.com.br) – Customer Area

Ombudsman

0800 292 1600 (service from 9 am to 6 pm on weekdays)

Letter: To the Ombudsman at Av. Pres. Juscelino Kubitschek, 1600 -15º andar Itaim Bibi – São Paulo - SP CEP: 04543-000

Email: [ouvidoria.br@axa.com](mailto:ouvidoria.br@axa.com)

AXA Seguros is constantly concerned in assuring its clients' satisfaction and for that an Ombudsman Office has been created, one of its purposes is bring the relationship of our clients closes by defending your rights and clarifying your rights and duties in order to the prevent and resolver any conflicts.



## Travel Insurance - Area 1369

Others service channels currently existing in the Company shall remain available, however, Ombudsman Office is always ready to serve you should you do not succeed at your request and/or complaint with other channels such as: *Fale Conosco* [Talk to us], Relationship Central and other relevant areas.

The statements shall be sent as follows:

**By email:** [ouvidoria.br@axa.com](mailto:ouvidoria.br@axa.com)

By letter, directly to AXA Seguros' Ombudsman Office, addressed to:

AXA Seguros - Ombudsman Office

**Av. Pres. Juscelino Kubitschek, 1600 - 15° andar** [15<sup>th</sup> floor]

Itaim Bibi - São Paulo - SP CEP: 04543-000

**- Via telephone: 0800 292 4357, from 9 through 18 hours in business days.**



### SPECIFIC CONDITIONS

#### 25. HOSPITAL AND/OR ODONTOLOGIC MEDICAL EXPENSES IN DOMESTIC TRAVEL (DMHO-VN)

##### 25.1. RISKS COVERED

**25.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees, Insured value only, reimbursement or service of medical, hospital and/or odontology expenses incurred by Insured Party for its treatment, under medical advice, caused by personal accident or sudden or acute disease, occurred during the period of domestic travel and once is evidence that latter has departed from the domicile city, **except for the excluded risks detailed in the insurance ticket;**

**25.1.1.1.** This clause covers chronic situations caused by pre-existing or chronic disease, when an emergency or urgency clinical profile arises, up to the limit of the Insured value hired. The expenses related to control the clinic profile of the Insured Party are covered, until latter can resume the travel or return to its residence location, **and further examinations continued or control of previous treatments such as check-up and extension of prescriptions will not be covered.**

**25.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**25.1.3.** For the purposes of coverage and assertiveness of the insured value, the date detailed in the documents evidencing that expenses need to be incurred will be considered as “date of insured event” and any change on the Insured value made after the insured event will be disregarded.

**25.1.4.** Urgency and emergency service under medical advice shall take place while the Insured Party is traveling and according to the term of the insurance ticket.

**25.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**25.1.6.** Insured value related to this coverage will be fully reinstated, automatically, after occurrence of each Insured event, without charging any additional premium.

**25.1.7.** Medical Transportation Coverage (TM) shall compulsorily also be hired upon hiring this coverage.

**25.1.8.** This coverage is extensive for emergency events caused due pregnancy-related complications, for pregnant women until the 32th pregnancy week.

**25.1.8.1.** As of 33th pregnancy week, medical services related, exclusively, personal accident covered shall be guaranteed.

**25.1.8.2.** **Reimbursement and/or services to the newborn, even under medical advice, shall not be included in the same insured value hired for this coverage.**

**Please note: The pregnant woman shall compulsorily travel with a written consent of its Attending Physician.**

##### **25.1.8.3. Eligibility**

**Any accompanying individuals during the travel period hired will be eligible.**

##### 25.2. EXCLUDED RISKS

**IN ADDITION TO EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND CLAUSE - “EXCLUDED RISKS” OF GENERAL CONDITIONS SHALL ALSO NOT INCLUDE:**

##### **A. CONVALESCENT PERIOD (AFTER MEDICAL DISCHARGE) AND ACCOMPANYING**



**INDIVIDUALS EXPENSES;**

**B. DEVICES RELATED TO THE PERMANENT PROSTHESIS, EXCEPT FOR DENTAL PROSTHESIS ARISING OUT PERSONAL ACCIDENT COBERTO;**

**C. REPLACEMENT OF LENSES, GLASSES, ORTHODONTIC APPLIANCES ETC;**

**D. INTRA ARTICULAR KNEE INJURY;**

**E. INJURIES OR DISEASES THAT DOES NOT REQUIRE MEDICAL SERVICE;**

**F. NERVE COMPRESSION SYNDROME;**

**G. PATHOLOGIC FRACTURE;**

**H. DORSALGIES, RADICULOPATHIES, SCIATICA AND OTHER NEURITIS**

**ALL CHRONIC WHEN DOES NOT RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE;**

**I. ENTHESOPATHY, EXCEPT WHEN RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE;**

**J. SHOULD SPRAIN, STRAIN, BRUISE AND JOINT DISLOCATION, ALL CHRONIC WHEN DOES NOT RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE; AND**

**K. MIND, PSYCHOLOGICAL AND PSYCHIATRIC DISEASE.**

**L. PRACTICE OF SPORTS AND ACTIVITIES LISTED AS FOLLOWS:**

**1. HUNTING PRACTICES;**

**2. DIVING**

**3. SPELEOLOGY;**

**4. CAVERN EXPLORING;**

**5. MOUNTAINEERING (ROPES OR GUIDES ARE USUALLY REQUIRED);**

**6. SPRINTS OR TRACK RUNNING OR ANY TYPE OF RACE IF NOT ON FOOT.**

**M. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES MADE BY THE INSURED ARISING FROM A TRAVEL TO A SPECIFIC COUNTRY OR REGION WHERE ANY COMPETENT AUTHORITY/BODY DOES NOT ADVISE TRAVEL TO THIS PLACE;**

**N. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES THAT RESULT IN THE FACT THAT THE INSURED HAS NOT TAKEN THE RECOMMENDED VACCINES AND MEDICINES FOR YOUR TRAVEL.**

**25.3. PROCEDURES IN CASE OF CLAIMS**

**25.3.1. Indemnity Calculation**

25.3.1.1. Should the Insured Party holds more than one Insurance Agreement, with this or another Insurance Company guaranteeing the reimbursement of Medical and/or Odontologic Medical Expenses Insurance Company's liability for this Insurance shall remain the same, in each

coverage, the amount gathered by total of expenses incurred coinsurance proportional the limits insured for each Coverage in all insurance tickets effective at the date of insured event.

25.3.1.2. Insured Party is free to choose the medical, hospital and odontologic professionals, provided that duly licensed.

25.3.1.3. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.



### **25.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence do Insured Party;
- d. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- e. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- f. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- g. Copy of technical expert report conducted at the accident location, if any;
- h. Radiographies and/or results of examinations held;
- i. Invoices and original receipts of medical, hospital and/or odontologic expenses. Invoices related to the medicine expenses shall come together with respective medical prescriptions. In case of Insurance Guarantor Company of the DPVAT's compulsory insurance retains the original invoices due to car accidents, certified copies of invoices will be accepted provided that is followed by an statement issued for the responsible of aforementioned insurance company, detailing which original invoices have been retained, and informing the value which shall be reimbursed for the purposes of first risk trough DPVAT;
- j. Executed and notarized Attending Physician Report, detailing the medication and procedures held and used;
- k. Copy of Insurance ticket;

### **25.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



### SPECIFIC CONDITIONS

#### 26. HOSPITAL AND/OR ODONTOLOGIC MEDICAL EXPENSES IN INTERNATIONAL TRAVEL (DMHO-VI)

##### 26.1. RISKS COVERED

**26.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees, Insured value only, reimbursement or service of medical, hospital and/or odontology expenses incurred by Insured Party for its treatment, under medical advice, caused by personal accident or sudden or acute disease, occurred during the period of domestic travel and once is evidence that latter has departed from the domicile city, **except for the excluded risks detailed in the insurance ticket;**

**26.1.2.** This clause covers chronic situations caused by pre-existing or chronic disease, when an emergency or urgency clinical profile arises, up to the limit of the Insured value hired. The expenses related to control the clinic profile of the Insured Party are covered, until latter can resume the travel or return to its residence location, **and further examinations continued or control of previous treatments such as check-up and extension of prescriptions will not be covered.**

**26.1.3.** The Insured value shall be limited and described on the Insurance ticket.

**26.1.4.** For the purposes of coverage and assertiveness of the insured value, the date detailed in the documents evidencing that expenses need to be incurred will be considered as “date of insured event” and any change on the Insured value made after the insured event will be disregarded.

**26.1.5.** Urgency and emergency service under medical advice shall take place while the Insured Party is traveling and according to the term of the insurance ticket.

**26.1.6.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**26.1.7.** Insured value related to this coverage will be fully reinstated, automatically, after occurrence of each Insured event, without charging any additional premium.

**26.1.8.** Medical Transportation Coverage (TM) shall compulsorily also be hired upon hiring this coverage.

**26.1.9.** This coverage is extensive for emergency events caused due pregnancy-related complications, for pregnant women until the 32th pregnancy week.

**26.1.9.1.** As of 33th pregnancy week, medical services related, exclusively, personal accident covered shall be guaranteed.

**26.1.9.2. Reimbursement and/or services to the newborn, even under medical advice, shall not be included in the same insured value hired for this coverage.**

**Please note: The pregnant woman shall compulsorily travel with a written consent of its Attending Physician.**

##### 26.1.10. Eligibility

Any accompanying individuals during the travel period hired will be eligible.

##### 26.2. EXCLUDED RISKS

**IN ADDITION TO EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND CLAUSE - “EXCLUDED RISKS” OF GENERAL CONDITIONS SHALL ALSO**



**NOT INCLUDE:**

- A. CONVALESCENT PERIOD (AFTER MEDICAL DISCHARGE) AND ACCOMPANYING INDIVIDUALS EXPENSES;**
- B. DEVICES RELATED TO THE PERMANENT PROSTHESIS, EXCEPT FOR DENTAL PROSTHESIS ARISING OUT PERSONAL ACCIDENT COBERTO;**
- C. REPLACEMENT OF LENSES, GLASSES, ORTHODONTIC APPLIANCES ETC;**
- D. INTRA ARTICULAR KNEE INJURY;**
- E. INJURIES OR DISEASES THAT DOES NOT REQUIRE MEDICAL SERVICE;**
- F. NERVE COMPRESSION SYNDROME;**
- G. PATHOLOGIC FRACTURE;**
- H. DORSALGIES, RADICULOPATHIES, SCIATICA AND OTHER NEURITIS ALL CHRONIC WHEN DOES NOT RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE;**
- I. ENTHESOPATHY, EXCEPT WHEN RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE;**
- J. SHOULD SPRAIN, STRAIN, BRUISE AND JOINT DISLOCATION, ALL CHRONIC WHEN DOES NOT RESULT IN AN EMERGENCY OR URGENCY CLINICAL PROFILE; AND**
- K. MIND, PSYCHOLOGICAL AND PSYCHIATRIC DISEASE.**
- L. PRACTICE OF SPORTS AND ACTIVITIES LISTED AS FOLLOWS:**
  - 1. HUNTING PRACTICES;**
  - 2. DIVING**
  - 3. SPELEOLOGY;**
  - 4. CAVERN EXPLORING;**
  - 5. MOUNTAINEERING (ROPES OR GUIDES ARE USUALLY REQUIRED);**
  - 6. SPRINTS OR TRACK RUNNING OR ANY TYPE OF RACE IF NOT ON FOOT.**
- M. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES MADE BY THE INSURED ARISING FROM A TRAVEL TO A SPECIFIC COUNTRY OR REGION WHERE ANY COMPETENT AUTHORITY/BODY DOES NOT ADVISE TRAVEL TO THIS PLACE;**
- N. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES THAT RESULT IN THE FACT THAT THE INSURED HAS NOT TAKEN THE RECOMMENDED VACCINES AND MEDICINES FOR YOUR TRAVEL.**

**26.3. PROCEDURES IN CASE OF CLAIMS**

**26.3.1. Indemnity Calculation**

**263.1.1.** Expenses incurred abroad shall be reimbursed in Reais (R\$) based on official selling rate exchange at that time and currency of effective payment made by Insured Party, according to the Insured Value Limits established in contract by this Coverage.

**263.1.2.** Should Insured Party holds more than one Insurance Agreement, with this or another Insurance Company guaranteeing the reimbursement of Medical and/or Odontology Medical Expenses, Insurance Company's liability for this Insurance shall remain the same, in each coverage, the amount gathered by total of expenses incurred coinsurance proportional the limits insured for each Coverage in all insurance tickets effective at the date of insured event.

**263.1.3.** Insured Party is free to choose the medical, hospital and odontology



professionals, provided that duly licensed.

26.3.1.4. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

### **26.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted: "Claim advice" a. Form, duly filed out and signed by Insured Party;

b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;

c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;

d. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;

e. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;

f. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;

g. Copy of technical expert report conducted at the accident location, if any;

h. Radiographies and/or results of examinations held;

i. Invoices and original receipts of medical, hospital and/or odontology expenses. Invoices related to the medicine expenses shall come together with respective medical prescriptions. In case of Insurance Guarantor Company of the DPVAT's compulsory insurance retains the original invoices due to car accidents, certified copies of invoices will be accepted provided that is followed by an statement issued for the responsible of aforementioned insurance company, detailing which original invoices have been retained, and informing the value which shall be reimbursed for the purposes of first risk trough DPVAT;

j. Executed and notarized Attending Physician Report, detailing the medicines and procedures held and used;

Copy of Insurance ticket;

### **26.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

**THIS COVERAGE MAY NOT BE HIRED SEPARATELY.**

### **27. TRANSFER OF CORPSE (TC)**

#### **27.1. RISKS COVERED**

**27.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees, Insured value only, clearance and transfer expenses with Insured Party's corpse from the place where occurrence appeared until burial location, included in such expenses all procedures and objects needed to the transfer of corpse, except for excluded risks provided in the Insurance ticket.

**27.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**27.1.3.** For the purposes of coverage and assertiveness of the insured value, the Insured Party death date will be considered as "date of insured event", evidenced upon analysis of the documents submitted

**27.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**27.1.5.** In view of the services, objects in the standard class (economic) will be covered, and Insured Party shall pay any objects exceeding the Insured value hired.

**27.1.6.** The insurance shall transport cremation urn should Insured Party's family decide on body cremation.

**27.1.6.1.** This coverage does not covers cremation costs, only the transportation of cremation urn costs are covered.

#### **27.1.7. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### **27.2. EXCLUDED RISKS**

**27.2.1. EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### **27.3. PROCEDURES IN CASE OF CLAIMS**

**27.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### **27.3.2. Basic Documents in case of Claims:**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

##### **I. Death due to Disease:**

- a. "Claim advice" Form duly filed out and signed by(s) Beneficiary(s);
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by each one of the Beneficiaries;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party and Beneficiary;
- d. Copy of Death Certificate of the Insured Party;
- e. Original invoices and receipts of clearance and transfer of the Insured Party's corpse;



f. Copy of Insurance ticket.

**II. Death due to Accident:**

In addition to the documents listed in subparagraph I, furnish:

- a. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- b. Copy of Necropsy Report - IML (Legal Medical Institute), if performed;
- c. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- d. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- e. Copy of technical expert report conducted at the accident location if any.

**27.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 28. MEDICAL EVACUATION (RS)

#### 28.1. RISKS COVERED

**28.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees, Insured value only, Insured Party's return travel expenses, immediately after medical discharge detailing the specific conditions of the flight, from the travel origin location or its domicile, should latter is not in condition to return on its own efforts as regular passenger due to personal accident or disease covered, except for the excluded risks in the Insurance ticket.

**28.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**28.1.3.** For the purposes of coverage and assertiveness of the insured value, the date detailed in the documents evidencing that expenses need to be incurred will be considered as "date of insured event" and any change on the Insured value made after the insured event will be disregarded.

**28.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**28.1.5. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### 28.2. EXCLUDED RISKS

**28.2.1. EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 28.3. PROCEDURES IN CASE OF CLAIMS

**28.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 28.3.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;

d. Original invoices and receipts of the return transfer of the Insured Party to the travel origin location or its domicile.

e. Executed and notarized Attending Physician Statement/Report, certifying that Insured Party had no conditions to return as a regular passenger due to personal accident or disease;

f. Copy of Insurance ticket;

#### 28.4. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 29. MEDICAL TRANSPORTATION (TM)

#### 29.1. RISKS COVERED

**29.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees, Insured value only, Insured Party's evacuation expenses until the nearest clinic or hospital or its transfer, if requested by Attending Physician to a clinic with better equipment to serve it due to personal accident or disease covered, except for the excluded risks in the Insurance ticket.

**29.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**29.1.3.** For the purposes of coverage and assertiveness of the insured value, the date detailed in the documents evidencing that expenses need to be incurred will be considered as "date of insured event" and any change on the Insured value made after the insured value will be disregarded.

**29.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**29.1.5.** For purposes of this coverage, transportation is valid if made by official vehicles particularly intended to the medical transportation.

**27.1.6** This coverage shall be applied when a hindrance to transport the Insured Party by itself is found.

#### **27.1.7. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

### 29.2. EXCLUDED RISKS

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

### 29.3. PROCEDURES IN CASE OF CLAIMS

**29.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

**29.3.2.** If the Insured Party decides for the services in case of transfer from the event location to the nearest service location, Assistance center may not be able to intercede in cases of emergency. In this case, the reimbursement of transfer-related expenses shall be analyzed, upon submission of supporting documents.

#### **29.3.3. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filled out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filled out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Original invoices and receipts of displacement or transfer expenses of Insured Party.
- d. Executed and notarized Attending Physician Statement/Report, certifying that Insured Party needed to be transferred to a clinic or hospital to better meet their needs;
- f. Copy of Insurance ticket;

### 29.4. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by



these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 30. DEATH DURING TRAVEL (MV)

#### 30.1. RISKS COVERED

**30.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that insured value hired is paid to the beneficiaries in case of Insured Party's death during travelling period as a direct or exclusive result of natural or accidental causes, except for the excluded risks in the Insurance ticket.

**30.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**30.1.3.** For the purposes of coverage and assertiveness of the insured value, the Insured Party death date will be considered as "date of insured event", evidenced upon analysis of the documents submitted

**30.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**30.1.5.** In case the Insured Party's age is inferior to 14 years (including), indemnity shall be exclusively intended to reimbursement of funeral expenses that shall be evidenced upon submission of original supporting invoices. Indemnity shall be according to the limit of insured value hired for this guarantee.

#### **30.1.6. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### 30.2. EXCLUDED RISKS

**30.2.1. EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 30.3. PROCEDURES IN CASE OF CLAIMS

##### 30.3.1. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

##### **I. Death due to Disease:**

- a. "Claim advice" Form duly filed out and signed by(s) Beneficiary(s);
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by each one of the Beneficiaries;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party and Beneficiary;
- d. Copy of Death Certificate of the Insured Party;

##### **II. Copy of Insurance ticket.**

Death due to Accident:

In addition to the documents listed in subparagraph I, furnish:

- a. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- b. Copy of Necropsy Report - IML (Legal Medical Institute), if performed;
- c. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- d. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- e. Copy of technical expert report conducted at the accident location if any.

##### **III. Should a Beneficiary is not presented, shall also furnish:**

- a. Original statement signed by the Beneficiary, detailing the Insured Party's marital



status in view of the death, if was eventually engaged in a stable union and the person, and who were the legal heirs (indicate all).

**IV. Other documents to make a Beneficiary eligible:**

- a. Spouse: update copy of the Marriage Certificate;
- b. Companion: stable union evidence due to the Claim;
- c. Offspring(s): Copy of Birth Certificate, in the absence of RG and CPF.

**30.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 31. ACCIDENTAL DEATH WHILE TRAVEL (MAV)

#### 31.1. RISKS COVERED

**31.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that insured value hired is paid to the beneficiaries in case of Insured Party's death during travelling period as a direct or exclusive result of personal accident covered, except for the excluded risks in the Insurance ticket.

**31.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**31.1.3.** For the purposes of coverage and assertiveness of the insured value, the Insured Party death date will be considered as "date of insured event", evidenced upon analysis of the documents submitted.

**31.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**31.1.5.** In case the Insured Party's age is inferior to 14 years (including), indemnity shall be exclusively intended to reimbursement of funeral expenses that shall be evidenced upon submission of original supporting invoices. Indemnity shall be according to the limit of insured value hired for this guarantee.

#### **31.1.6. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### 31.2. EXCLUDED RISKS

**31.2.1. EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 29.3 PROCEDURES IN CASE OF CLAIMS

##### 29.3.1. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by(s) Beneficiary(s);
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by each one of the Beneficiaries;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party and Beneficiary;
- d. Copy of Death Certificate of the Insured Party;
- e. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- f. Copy of Necropsy Report - IML (Legal Medical Institute), if performed; Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- g. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- h. Copy of technical expert report conducted at the accident location if any.

#### **I. Should a Beneficiary is not presented, shall also furnish:**

a. Original statement signed by the Beneficiary, detailing the Insured Party's marital status in view of the death, if was eventually engaged in a stable union and the person, and who were the legal heirs (indicate all).

#### **II. Other documents to make a Beneficiary eligible:**



- a. Spouse: update copy of the Marriage Certificate;
- b. Companion: stable union evidence due to the Claim;
- c. Offspring(s): Copy of Birth Certificate, in the absence of RG and CPF.

**29.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 32. TOTAL OR PARTIAL PERMANENT DISABILITY DUE TO ACCIDENT DURING TRAVEL (IPAV)

#### 32.1. RISKS COVERED

**32.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party that an indemnity is paid due to permanent, total or partial functional loss, reduction or inability of a member or organ due to physical injury caused by personal accident covered during the travelling period, except for the excluded risks detailed in the Insurance ticket.

**32.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**32.1.3.** For the purposes of coverage and assertiveness of the insured value, the Insured Party death date will be considered as “date of insured event”, evidenced upon analysis of the documents submitted.

**32.1.4.** When an Insured event occurs, Insured value related to this coverage shall be automatically reinstated, and an Additional Premium will not be charged.

**32.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 32.1.6. Eligibility

Any accompanying individuals during the travel period hired will be eligible.

#### 32.2. EXCLUDED RISKS

**32.2.1.** EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE “EXCLUDED RISKS” OF GENERAL CONDITIONS ARE CONFIRMED.

#### 32.3. PROCEDURES IN CASE OF CLAIMS

##### 32.3.1. Determination of the degree of disability

**a.** Payment of any indemnity due to Accidental permanent disability, whether total or partial, and such Permanent disability, whether total or partial, shall be evidenced, that is, after the treatment of Insured Party is finished, or when all therapeutic possibilities have been attempted, and such Permanent disability still exists when examined after a final medical discharge (with degrees and types of permanent disability and upon final medical diagnosis to be submitted by the Insured Party), the Insurance Company shall verify and pay indemnity according to the percent established in the Indemnity Calculation Table in case of Accidental Permanent Disability, detailed in the item 29.3.2.

**b.** In case of Accidental Partial Disability, and organ injured not entirely impaired, the indemnity value due to partial loss shall be calculated by applying the percentage expected in the Indemnity Calculation Table in case of Accidental Permanent Disability of the functional reduction degree presented, as detailed in the Item 29.3.2.

**c.** In the absence of an exact indication of the reduction degree presented and aforementioned degreed classified as maximum, medium or minimum proportional indemnity shall be calculated based in the percentage seventy-five (75), fifty (50) and twenty-five (25%) respectively, applied over the same Indemnity Calculation Table in case of Accidental Permanent Disability, detailed in the item 29.3.2.

**d.** The indemnity shall be established based in the permanent reduction of Insured



Party's physical capacity, regardless of profession, for all partial disability cases unspecified in the Indemnity Calculation Table in case of Accidental Permanent Disability detailed in the item 29.3.2.

e. When such accident result in disability in more than one limb or organ, the indemnity shall be calculated by calculating the percentage established for each, according to the Indemnity Calculation Table in case of Accidental Permanent Disability, detailed in the item 29.3.2., wherein total indemnity shall not exceed one hundred percent (100%) of insured value to Total or Partial Permanent Disability due to Accident.

f. In case of two or more partial injuries in the same limb or organ, the calculation of the indemnities shall not exceed the total described in the Indemnity Calculation Table in case of Accidental Permanent Disability, detailed in the item 29.3.2., should such limp is fully impaired.

g. Greater loss or reduction of partial or total function of a limb or organ already impaired before the accident shall not give right to complaints, unless when previously stated in the membership application, in which pre-existing permanent disability degree shall be reduced in the Indemnity Calculation.

h. Permanent disability shall be evidenced via medical statement, wherein disability retirement granted by official or similar social security institutions shall not imply on permanent disability condition.

i. In cases there is divergence about cause, nature or extension of the injuries, as well as assessment of disability related to the Insured Party, the insurance company shall propose to the Insured Party that a Medical Board should be created, via written communication within fifteen (15) days, as of challenge date.

j. Coverages of accidental death and total or partial permanent disability provided that both were hired, shall not be accrued. The amount already paid due to permanent disability shall be reduced, after an accidental permanent disability indemnity is paid, if Insured Party's death is confirmed resulting from the said accident.

**32.3.2. INDEMNITY CALCULATION TABLE IN CASE OF ACCIDENTAL PERMANENT DISABILITY**

PERMANENT DISABILITY	DESCRIPTION	PERCENTAGE ABOUT INSURED VALUE
<b>TOTAL</b>	Total loss of vision of both eyes	100
	Total loss of the use of both upper limbs	
	Total loss of the use of both lower limbs	
	Total loss of the use of both hands	
	Total loss of the use of one upper limb and one lower limb	
	Total loss of the use of one of the hands and one of the feet	
	Total loss of the use of both feet	
	Incurable total mental alienation	
	Bilateral Nephrectomy	
	Total loss of vision of one eye	30



<b>PARTIAL (MISCELLANEOUS )</b>	Total loss of the vision of one eye, when Insured Party is already not seeing in the other vision	70
	Total and incurable deafness of both ears	40
	Total and incurable deafness of one of the ears	20
	Incurable muteness	50
	Non-consolidated fracture of lower jaw	20
	Immobility of cervical segment of the vertebral column	20
	Immobility of thoracic-back-sacral segment of the vertebral column	25
<b>PARTIAL (UPPER MEMBERS)</b>	Total loss of the use of one of the upper limbs	70
	Total loss of the use of one of the hands	60
	Non-consolidated fracture of one of the humerus	50
	Non-consolidated fracture of one of the radioulnar segments	30
	Total ankylosis of one of the shoulders	25
	Total ankylosis of one of the elbows	25
	Total ankylosis of one of the fists	20
	Total loss of the use of one of the thumbs, including metacarpal bones	25
	Total loss of the use of one of the thumbs, metacarpal bones not included	18
	Total loss of the use of distal phalanx of the thumb	09
Total loss of the use of one of the index fingers	15	

	Total loss of the use of one of the pinky fingers and one of the middle fingers	12
	Total loss of the use of one of the ring fingers	09
	Total loss of the use of any phalanx, thumbs not included: Indemnity equivalent to one-thirds (1/3) of respective finger.	
<b>PARTIAL (LOWER LIMBS)</b>	Total loss of the use of one of the lower limbs	70
	Total loss of the use of one of the feet	50
	Non-consolidated fracture of one femur	50
	Non-consolidated fracture of one of the tibial-peroneal segments	25
	Non-consolidated fracture of patella	20



	Non-consolidated fracture of one foot	20
	Total ankylosis of one of the knees	20
	Total ankylosis of one of the ankles	20
	Total ankylosis of one hip	20
	Partial loss of one of the feet (loss of all finger and a portion of the same feet)	25
	Amputation of the first thumb	10
	Amputation of any other finger	03
	Total loss of the use of one phalanx of the first finger: Indemnity equivalent to one-thirds (1/3) of respective finger.	
	Binding of one of the lower limbs:	
	• five (5) centimeters or more	15
	• four (4) centimeters	10
	• three (3) centimeters	06
	• less of three (3) centimeters	No indemnity
<b>LOSS OF USE OF LIMBS, WITHOUT ANATOMICAL LOSS</b>		
When loss or reduction of strength or functional capacity does not result into articular injuries or amputated segments, detailed in the official charts of the table.		
<b>PERMANENT DISABILITY</b>	<b>DESCRIPTION</b>	<b>PERCENTAGE ABOUT INSURED VALUE</b>
<b>JAW</b>	<b>Lower jaw (mandible) reduction of movement:</b>	
	Minimum degree	10
	Medium degree	20
	Maximum degree	30
<b>NOSE</b>	Total loss of the nose	25
	Total loss of the olfaction	07
	Loss of olfaction with gustatory alterations	10
<b>VISION SYSTEM</b>	<b>Injury of tear duct:</b>	
	Unilateral	07
	Unilateral with fistulas	15
	Bilateral	14
	Bilateral with fistulas	25
	<b>Injuries of the eyelid, orbital, cornea, sclera and iris</b>	
	Unilateral ectropion	03
	Bilateral ectropion	06
	Unilateral entropion	07
	Bilateral entropion	14
	Unilateral palpebral malocclusion	03
	Bilateral palpebral malocclusion	06
	Unilateral palpebral ptosis	05
		10



	Bilateral palpebral ptosis	
<b>VOCAL TRACT</b>	Loss of substance (soft and hard palate)	15
	Total amputation of the tongue	50
	Partial - less than fifty percent (50%) - over than fifty percent(50%)	15 30
<b>AUDITORY SYSTEM</b>	Total loss of one ear	08
	Total loss of the two ears	16
<b>ANKYLOSIS</b>	For vicious positions, add percentage provided twenty-five (25), fifty (50) or seventy-five (75%) of your value, according to unfavorable position observed, that is, in minimum, medium or maximum degree, respectively.	---
<b>LOSS OF STRENGTH OR FUNCTIONAL CAPACITY OF THE LIMBS</b>	Loss or reduction of strength or functional capacity considered not leading into articular injuries or amputated segments, detailed in the official charts of the table.	---
	Loss of spleen	15
<b>URINARY SYSTEM</b>	Chronic Urinary Retention (compulsory probes)	15
	Cystostomy (definitive)	30
	Permanent Urinary Incontinence	30
	Loss of one kidney:	
	Renal function preserved	15
	Minimum degree reduction of renal function	25
	Medium degree reduction of renal function	50
	Kidney failure	75
<b>REPRODUCTIVE AND GENITAL SYSTEM</b>	Loss of one testicle	05
	Loss of the two testicles	15
	Traumatic penile amputation	40
	Loss of one ovary	05
	Loss of the two ovaries	15
	Loss of uterus before menopause	30
	Loss of uterus after menopause	10
<b>ABDOMINAL WALL</b>	Traumatic hernia	10
	In case of surgical cure of traumatic hernia	No indemnity
<b>PSYCHIATRIC SYNDROMES</b>	Post-concussion syndrome	10
	Neurotic disorder (post-traumatic stress)	02
	Phalanx stenosis with swallowing obstacle	15



<b>NECK</b>	Esophagus injury with motor disorder	15	
	Paralysis of one vocal cord	10	
	Paralysis of the two vocal cords	30	
	Definitive Tracheostomy	40	
<b>TORAX</b>	<b>RESPIRATORY SYSTEM</b>		
	Pleural post-traumatic sequelae	10	
	Total or partial resection of one lung (pneumonectomy - partial or total):Respiratory function preserved	15 25	
	Minimum reduction of the respiratory function	50	
	Medium reduction of the respiratory function	75	
	Respiratory insufficiency		
	<b>BREASTS</b>		
	Unilateral Mastectomy	10	
	Bilateral Mastectomy	20	
	<b>ABDOMEN (ORGANS AND INNARDS)</b>		
	Partial Gastrectomy	10	
	Subtotal Gastrectomy	20	
	Total Gastrectomy	40	
	<b>SMALL INTESTINE</b>		
	Partial resection without functional repercussion	10	
	Partial resection with functional repercussion in minimum degree	20	
	Partial resection with functional repercussion in medium degree	45	
	Partial or total resection with functional repercussion in maximum degree	70	
	<b>LARGE INTESTINE</b>		
	Partial colectomy without functional disorder	05	
	Partial colectomy with functional disorder in minimum degree	10	
	Partial colectomy with functional disorder in medium degree	35	
	Total colectomy	60	
	Definitive colectomy	50	
	<b>RECTUM AND ANUS</b>		
	Fecal incontinence without prolapse	30	
		Fecal incontinence with prolapse	50
		Hepatic lobectomy without functionalalteration	
	Extirpation of the gallbladder	07	

### 32.3.3. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause



“PROCEDURES IN CASE OF CLAIMS”, item - “Basic Documents in case of Claims” of General Conditions, the following basic documents shall be submitted:

- a. “Claim advice” Form, duly filed out and signed by Insured Party;
- b. “Indemnity Credit Authorization” Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- e. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- f. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- g. Copy of technical expert report conducted at the accident location, if any;
- h. Radiography and results of examinations performed;
- i. Copy of Insurance ticket.

**32.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 33. ADDITIONAL BAGGAGE (BC)

#### 33.1. RISKS COVERED

**33.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity, Insured value only, in case of total loss of the baggage during the travel, provided that is under Carrier Company's responsibility and duly evidenced upon submission of supporting loss report (PIR - Property Irregularity Report), except for the excluded risks in the Insurance ticket.

**33.1.2.** Indemnity shall be calculated exclusively according to the baggage weight detailed in the Carrier Company's ticket, regardless how valuable the contents carried were.

**33.1.2.1.** Maximum weight to be hired in the travels shall be according to the classification expected by Carrier Companies.

**33.1.2.2.** Insured value shall be calculated based in the weight of the baggage dispatched, taking into account weight value established in the plan hired, Insured value only, detailed in the Insurance ticket.

**33.1.3.** The Insured value shall be limited and described on the Insurance ticket.

**33.1.4.** The Carrier Company shall compulsorily be liable for total loss of the baggage.

**33.1.5.** The Insured Party shall only be entitled to coverage should loss have been occurred during baggage delivery period to the authorized personnel of the Carrier Company for boarding and when returning to the passenger, upon landing.

**33.1.6.** The effective loss of baggage shall only be covered should is immediately informed to the Carrier Company, before leaving the location of baggage delivery, in which the Insured Party verified baggage was missing, and being compulsory that a

P.I.R. (Property Irregularity Report) is filed.

**33.1.6.1.** The Insured Party shall only be entitled to indemnity in the cases that Insured Party itself is the holder of the P.I.R (Property Irregularity Report) and baggage tickets.

**33.1.7.** For the purposes of coverage and assertiveness of the insured value, the date detailed in irregularity report to the Carrier Company shall be considered as "date of insured event", provided that the Insured Party have executed before leaving the landing area;

**33.1.8.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **33.1.9. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### **31.2. EXCLUDED RISKS**

**31.2.1. IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**B. DETAIN OR SEIZURE BY CUSTOMS CLEARANCE OR OTHER GOVERNMENT AUTHORITY;**

**C. NORMAL DEPRECIATION AND DETERIORATION OF OBJECTS;**

**D. PRECIOUS METALS AND THEIR BANDS, MACHINED OR NOT, JEWELS, NATURAL OR SYNTHETIC SKINS, PAINTING AND ANY ARTWORKS, JEWELLERY PIECE OF ANY NATURE,**



**WATCHES AND TITLES;**

**E. ANY TYPE OF ANIMALS;**

**F. OBJECTS THAT INSURED PARTY IS BEARING OR CARRY-ON BAGGAGE, WHICH POSSESSION IS UNDER ITS RESPONSIBILITY, AND OTHER ASSETS INCLUDED THEREIN: CLOTHES, WATCHES, PENS, KEYCHAINS, PERSONAL USE OBJECTS, GLASSES, FILMING, PHOTO AND OPTICS DEVICES, SOUND AND VIDEO DEVICES;**

**G. ACT AS OPERATOR OR MEMBER OF CREW IN TRANSPORTATION MEAN WHICH CAUSED THE EVENT;**

**H. EVENT IN WHICH THE INSURED PARTY FAILS TO NOTIFY THE CARRIER COMPANY, BY FILLING OUT IRREGULARITY REPORT (PIR - PROPERTY IRREGULARITY REPORT), BEFORE LEAVING THE LANDING AREA;**

**I. EVENT IN WHICH THE INSURED PARTY FAILS TO TAKE THE NECESSARY MEASURES TO SAFEGUARD OR RETRIEVE LOST BAGGAGE.**

**J. PHYSICAL DAMAGE TO THE ASSETS DISPATCHED DURING THE TRAVEL;**

**K. ANY VALUE RELATED TO THE BAGGAGE CONTENT, AND INDEMNITY BEING SOLELY CALCULATED BASED IN THE BAGGAGE WEIGHT, ACCORDING TO THE EVIDENCE OF THE CARRIER COMPANY;**

**L. LOSSES OCCURRED DURING DISPLACEMENTS BEFORE BAGGAGE BEING DISPATCHED;**

**M. PHYSICAL DAMAGES CAUSED TO THE BAGGAGE.**

### **31.3. PROCEDURES IN CASE OF CLAIMS**

#### **31.3.1. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filled out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filled out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Supporting report of loss or damage issued by Carrier Company in-charge (P.I.R. - Property Irregularity Report) detailing the weight, kilograms of the baggage lost. Each baggage requires that a P.I.R. (Property Irregularity Report) is submitted;
- e. Original baggage dispatch ticket, detailing the weight and kilograms;
- f. Indemnity receipt issued by the Carrier Company;
- g. Copy of Insurance ticket;
- h. Letter issued by maritime company confirming a loss has occurred;

#### **31.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 34. SUPPLEMENTARY BAGGAGE (BS)

#### 34.1. RISKS COVERED

**34.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that an additional indemnity in the same value indemnified by the Carrier Company, Insured value only, in case of total loss of baggage (full volume), during travel period, provided that is under Carrier Company's responsibility and duly evidenced upon submission of supporting loss report (PIR - Property Irregularity Report), except for the excluded risks in the Insurance ticket.

**34.1.2.** A full volume indemnity shall be paid to the Insured Party. The Carrier Company shall pay an additional and in the same value, according to the maximum limit hired, regardless how valuable the contents carried were.

**34.1.3.** The Insured value shall be limited and described on the Insurance ticket.

**34.1.4.** The Carrier Company shall compulsorily be liable in case of total loss of the baggage and shall pay to the passenger the indemnity proposed by the Carrier Company.

**34.1.5.** The Insured Party shall only be entitled to coverage should loss have been occurred during baggage delivery period to the authorized personnel of the Carrier Company for boarding and when returning to the passenger, upon landing.

**34.1.6.** The effective loss of baggage shall only be covered should is immediately informed to the Carrier Company, before leaving the location of baggage delivery, in which the Insured Party verified baggage was missing, and being compulsory that a

P.I.R. (Property Irregularity Report) is filed.

**34.1.7.** For the purposes of coverage and assertiveness of the insured value, the date detailed in irregularity report to the Carrier Company shall be considered as "date of insured event", provided that the Insured Party have executed before leaving the landing area;

**34.1.8.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**34.1.9.** The Insured Party shall only be entitled to indemnity in the cases that Insured Party itself is the holder of the P.I.R (Property Irregularity Report) and baggage tickets.

#### **34.1.10. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### **34.2. EXCLUDED RISKS**

**32.2.3. IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. DETAIN OR SEIZURE BY CUSTOMS CLEARANCE OR OTHER GOVERNMENT AUTHORITY;**

**B. NORMAL DEPRECIATION AND DETERIORATION OF OBJECTS;**

**C. PRECIOUS METALS AND THEIR BANDS, MACHINED OR NOT, JEWELS, NATURAL OR SYNTHETIC SKINS PAINTING AND ANY ARTWORKS, JEWELLERY PIECE OF ANY NATURE, WATCHES AND TITLES;**

**D. ANY TYPE OF ANIMALS;**

**E. OBJECTS THAT INSURED PARTY IS BEARING OR CARRY-ON BAGGAGE, WHICH POSSESSION IS UNDER ITS RESPONSIBILITY, AND OTHER ASSETS INCLUDED THEREIN:**



**CLOTHES, WATCHES, PENS, KEYCHAINS, PERSONAL USE OBJECTS, GLASSES, FILMING, PHOTO AND OPTICS DEVICES, SOUND AND VIDEO DEVICES;**

**F. ACT AS OPERATOR OR MEMBER OF CREW IN TRANSPORTATION MEAN WHICH CAUSED THE EVENT;**

**G. EVENT IN WHICH THE INSURED PARTY FAILS TO NOTIFY THE CARRIER COMPANY, BY FILLING OUT IRREGULARITY REPORT (PIR - PROPERTY IRREGULARITY REPORT), BEFORE LEAVING THE LANDING AREA;**

**H. EVENT IN WHICH THE INSURED PARTY FAILS TO TAKE THE NECESSARY MEASURES TO SAFEGUARD OR RETRIEVE LOST BAGGAGE.**

**I. PHYSICAL DAMAGE TO THE ASSETS DISPATCHED DURING THE TRAVEL;**

### **34.3. PROCEDURES IN CASE OF CLAIMS**

#### **32.3.3. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Supporting report of loss or damage issued by the Carrier Company in-charge (P.I.R. - Property Irregularity Report) detailing the weight, kilograms of the baggage lost;
- e. Original baggage dispatch ticket, detailing the weight and kilograms of the baggage;
- f. Indemnity receipt issued by the Carrier Company;
- g. Copy of Insurance ticket.
- h. Letter issued by maritime company confirming the loss has occurred;

#### **32.4 RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 35. FUNERAL WHEN TRAVELING (FV)

#### 35.1. RISKS COVERED

**35.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantee to the Beneficiary, as additional complement of the Transfer of the Corpse, funeral or services reimbursement expenses, according to the limit of insured value hired, as a sole consequence of Insured Party's death or amputation purposes of lower or upper limbs made via surgical procedure, during travel period, except for the excluded risks in the Insurance ticket.

**35.1.2.** This Coverage is not an advance of the Death during Travel Coverage.

**35.1.3.** The Insured value shall be limited and described on the Insurance ticket.

**35.1.4.** For the purposes of this clause, Insured Party's death date or limb amputation date shall be considered as date of event as to ascertain the Insured Value.

**35.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **35.1.6. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### **35.1.7. Expenses covered:**

**35.1.7.1.** For the purposes of expenses reimbursement, the reimbursement of any expense related to the burial or cremation of the Insured Party at its residence location is guaranteed, provided that evidenced upon submission of invoices detailed the items or services hired, according to the limit of insured value.

- Burial or cremation of lower and upper limbs of the Insured Party are covered should amputation is made via surgical procedure and according to medical advice;

#### **35.2. EXCLUDED RISKS**

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### **35.3. PROCEDURES IN CASE OF CLAIMS**

**35.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- "Claim advice" Form duly filed out and signed by(s) Beneficiary(s);
- Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party and Beneficiary;
- Copy of Death Certificate of the Insured Party;
- For the purposes of burial or cremation of limbs, medical report shall be submitted, duly signed and prepared in letterhead of the hospital, describing limb amputated and justification or surgical act shall be evident;
- Proof of Beneficiary indication signed by the Insured Party;
- Copy of all invoices;
- Copy of Insurance ticket.



**35.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 36. CANCELLATION OF THE TRAVEL (CV)

#### 36.1. RISKS COVERED

**36.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity to the Insured Party or Beneficiaries, Insured value only, shall reimburse any irretrievable losses with deposits and/or expenses paid in advance by purchasing tour and/or travel services package such as transportation and accommodation, whenever travel is cancelled (event precluding the beginning) if necessary and/or inevitable, except for the excluded risks in the Insurance ticket, and as sole and exclusive consequence of:

36.1.1.1. Death or hospital admission for period longer than twelve (12) hours, when unexpected and acute of the policyholder or members of its family, making its travel unfeasible.

a. In case of travel cancellation, hospitalization shall take place in the period of thirty (30) days before the beginning of the travel;

b. For the cases of cancellation due to the death of the Insured Party or members of its family, it shall be made within sixty (60) days before the beginning of the travel;

36.1.1.2. Receipt of the notice in unextendable period summoning the Insured Party to appear before justice, provided that receipt of aforementioned notice take places after travel and/or tour services is hired;

36.1.1.3. Statement of concerned health authority forcing Insured Party to undergo a quarantine, provided that statement take places after travel and/or tour services is hired.

36.1.1.4. Infectious disease acquired in the period of twenty (20) days before the travel, evidencing through medical report and note.

**36.1.2.** For the purposes of this clause, the date described in the documents evidencing cancellation of the travel shall be considered as date of the event, for the purposes of determination of insured value.

**36.1.3.** The Insured value shall be limited and described on the Insurance ticket.

**36.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **36.1.5. Eligibility:**

Individuals purchasing travels and showing interest in adhering to the insurance are considered eligible.

### 36.2. EXCLUDED RISKS

**36.2.1. IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED HOSPITALIZATIONS IN ESTABLISHMENTS OF THE FOLLOWING TYPE:**

**A. MENTAL DISABILITY SERVICE INSTITUTION, THAT IS, A ESTABLISHMENT SPECIALIZED TO THE TREATMENT OF PSYCHIATRIC DISEASES, INCLUDING SUBNORMAL CONDITIONS; OR EVEN PSYCHIATRIC ALLEY OF A HOSPITAL;**

**B. AREA FOR ELDERS, RETIREMENT HOME, ASYLUMS OR SIMILAR;**



- C. CLINICS OR LOCATION TO REHAB CLINICS FOR ALCOHOL AND DRUGS;
- D. HYDROTHERAPEUTIC HEALTH INSTITUTION OR NATURAL ALTERNATIVE THERAPIES CENTER; CONVALESCENT CARE; SPECIAL UNIT OF HOSPITAL PRIMARILY USED AS REHAB FOR ALCOHOL OR DRUGS ADDICTED, OR AS HEALTH INSTITUTION FOR CONVALESCENT OR REHAB; WEIGHT LOSS CLINIC AND SPA.
- E. KNOWN CIRCUMSTANCES PRIOR TO THE PURCHASE OF INSURANCE OR AT THE TIME OF BOOKING ANY TRAVEL SERVICE, WHICH COULD REASONABLY EXPECTED WHICH WOULD LEAD TO CANCELLATION OF THE TRAVEL;
- F. ANY COSTS THAT HAVE ALREADY BEEN PAID IN ADVANCE BY THE INSURED AND WHICH ARE REFUNDABLE BY:
  - I. TRANSPORTATION COMPANY, HOTEL, OPERATOR/TRAVEL AGENCY AND/OR COMPANIES PROVIDING ENTERTAINMENT/ATTRACTION SERVICES OR OTHER FORM OF COMPENSATION;
  - II. CREDIT OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT MEANS COMPANY.
- G. ANY CLAIM ARISING OUT OF A REASON NOT LISTED AS COVERED.

### 36.3 PROCEDURES IN CASE OF CLAIMS

#### 36.3.1 Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

##### I. In all events:

- a. "Claim advice" Form, duly filled out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filled out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Submission of travel ticket or card, and boarding date shall appear;
- e. Copy of Insurance ticket.
- e. Payment proof documents;
- g. Evidence of retained penalty amount in case of cancellation;
- h. Travel arrangers services agreement shall have penalties due to cancellation, according legal determination;
- i. Technical and/or document report evidencing the reason for cancellation, according to the events covered;

##### II. Due to disease:

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing reason and confirming hospitalization of the Insured Party in the date scheduled for the travel;

##### III. Due to accident:

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing injury incurred and evidencing inability to move;



**IV. Due to death of family members:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Submission of documents evidencing kinship;
- b. Copy of Death Certificate.

**36.4 RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 37. RETURN OF INSURED PARTY (RS)

#### 37.1. RISKS COVERED

**37.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantee reimbursement of return of the Insured Party to the original location of the travel or its domicile city, Insured value only, should latter is unable to end the travel due to a sudden disease, covered accident, death of its travel companion or family member (will be considered as family members: father, mother, siblings, spouses, offspring and stepchild of Insured Party resident in Brazil) or fire, explosion, theft with damage and/or domicile home, except for the excluded risks in the Insurance ticket.

**37.1.2.** The Insured value shall be limited and described on the Insurance ticket.

**37.1.3.** It is understood as Return of Insured Party any return ticket rescheduling, economic class, or when rescheduling is not possible, a new return ticket, economic class, from the location where client is found until its domicile city.

**37.1.4.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**37.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **37.1.6. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### 37.2. EXCLUDED RISKS

**37.2.1. EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 37.3. PROCEDURES IN CASE OF CLAIMS

**37.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### **37.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

#### **I. In all events:**

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Original invoices and receipts of anticipate return transportation expenses of Insured Party to the location of travel original or its domicile;
- e. Copy of Insurance ticket.

#### **I. Due to disease:**



In addition to the documents listed in the subparagraph I above, shall furnish:

a. Attending physical statement/report executed and notarized, describing reason and confirming the disease of Insured Party forcing it to return prematurely;

**II. Due to accident:**

In addition to the documents listed in the subparagraph I above, shall furnish:

35.1.1. Attending physical statement/report executed and notarized, describing injury incurred and evidencing inability to move; forcing it to return prematurely;

**III. Due to death of family members:**

In addition to the documents listed in the subparagraph I above, shall furnish:

a. Submission of documents evidencing kinship;

b. Copy of Death Certificate.

**37.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 38. HOTEL ACCOMMODATION AFTER HOSPITAL DISCHARGE (HHAH)

#### 38.1. RISKS COVERED

**38.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees reimbursement or service of accommodation expenses, Insured value only, should medical staff determines and provide that is requested by the Attending Physician, that the Insured Party is unable to return to its travel or domicile origin location in view of personal accident or disease, even after hospital discharge, except for the excluded risks in the Insurance ticket.

**38.1.2.** Non-Return Recommendation to your origin or domicile location shall be made via medical report.

**38.1.3.** There will be no amount compensation whatsoever, should hotel selected have daily fees inferior to the limit of the insured value.

#### **38.1.4. Expenses covered**

For the purposes of expenses reimbursement, only accommodation expenses shall be guaranteed, duly evidenced upon submission of invoices according to the limit of insured value hired.

**38.1.5.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**38.1.6.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **38.1.7. Eligibility:**

Any individual reported in the period hired is eligible.

#### **38.2. EXCLUDED RISKS**

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. ADDITIONAL EXPENSES UNRELATED TO THE ACCOMMODATION, SUCH AS: FOOD, AMUSEMENT, ENTERTAINMENT, RENTING, TELEPHONE, FAX, CELLULAR ETC.**

#### **38.3. PROCEDURES IN CASE OF CLAIMS**

**38.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;



- d. Original invoices and receipts of accommodation fees;
- e. Attending physical statement/report executed and notarized, describing reason and disease and/or personal accident of the Insured Party precluding its return to its travel or travel origin location, even after hospital discharge, and accommodation being required;
- f. Copy of Insurance ticket.

**38.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 39. RETURN OF RELATIVES IN CASE OF INSURED PARTY'S DEATH (RFFS)

#### 39.1. RISKS COVERED

**39.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees reimbursement or services of anticipated transport expenses of the Insured Party's family members, Insured value only, to its travel or domicile origin location, should a flight ticket is required, with date of limit to return and Insured Party is to die due to personal accident or disease covered, except for the excluded risks in the Insurance ticket.

**39.1.2.** The family members shall return with economic flight ticket whenever initial ticket is unavailable.

**39.1.3.** Value Insured shall be defined and described in the insurance tickets.

**39.1.4.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**39.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### **39.1.6. Eligibility:**

Individuals and family members of Insured Party are eligible.

#### 39.2. EXCLUDED RISKS

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 39.3. PROCEDURES IN CASE OF CLAIMS

**39.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### **39.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

##### **I. Death due to Disease:**

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. Copy of Death Certificate of the Insured Party;
- c. "Indemnity Credit Authorization" Form, duly filed out and signed by the family members;
- d. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of family members;
- e. Original invoices and receipts of accommodation fees and transport;
- f. Attending physical statement/report executed and notarized, describing hospitalization with entry date;
- g. Original flight tickets with respective proof of payment



- h. Evidences of retained penalty amount in case of cancellation;
- i. Travel Organizers Services agreement, with penalties set forth in case of cancellation, as determined by EMBRATUR.
- j. Copy of Insurance ticket.

**II. Death due to Accident:**

In addition to the documents listed in subparagraph I, furnish:

- a. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- b. Copy of Necropsy Report - IML (Legal Medical Institute), if performed;
- c. Copy of CNH (National Driver License), in case of vehicle accident that Insured Party was driving;
- d. Copy of Expert Alcohol and/or Toxicological Testing Report, if performed;
- e. Copy of technical expert report conducted at the accident location if any.

**39.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 40. FOLLOW-UP TO HOSPITALIZED INSURED USER (AUSH)

#### 40.1. RISKS COVERED

**40.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees round-and-trip transportation, flight or road ticket (economic class) expenses, Insured value only, for one companion only, should hospitalization of Insured Party is expected to be higher than seventy-two (72) hours, due to personal accident or disease covered, in a hospital located outside domicile city and Insured Party is traveling by itself, except for the excluded risks in the Insurance ticket.

**40.1.2.** Insurance tickets shall define and detail the insured value and limit of daily fees that companion is entitled to.

**40.1.3.** The extension of daily fees established in the insurance ticket, under no event, will be allowed.

**40.1.4.** The companion shall be described by the Insured Party or if not possible to do so, it shall be considered the one mentioned for emergency cases. And in the lack thereof, the spouse or any first-degree relative, of age, shall be indicated.

Please note: person indicated to accompany Insured Party shall compulsorily reside in the Insured Party's domicile country.

**40.1.5.** There will be no amount compensation whatsoever, should hotel selected have daily fees inferior to the limit of the insured value.

#### 40.1.6. Expenses covered

For the purposes of expenses reimbursement, only accommodation and transportation expenses shall be guaranteed, duly evidenced upon submission of invoices according to the limit of insured value hired.

**40.1.7.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**40.1.8.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 40.1.9. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 40.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. ADDITIONAL EXPENSES UNRELATED TO THE ACCOMMODATION, SUCH AS: FOOD, AMUSEMENT, ENTERTAINMENT, RENTING, TELEPHONE, FAX, CELLULAR ETC.**

#### 40.3. PROCEDURES IN CASE OF CLAIMS

**40.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket;



Location and Telephone where is located; and issue, type of information or help needed.

**40.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Original invoices and receipts of accommodation fees and transport;
- e. Attending physical statement/report executed and notarized, describing hospitalization with entry date;
- f. Copy of Insurance ticket.

**40.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 41. PHARMACEUTIC EXPENSES (DF)

#### 41.1. RISKS COVERED

This Coverage, provided that is hired and upon proper premium payment, guarantees reimbursement of prescribed medication under medical advice, Insured value only, due to personal accident or disease covered, except for the excluded risks in the Insurance ticket.

##### 41.1.1. Expenses covered

For the purposes of expenses, only medication expenses will be guaranteed, provided that duly evidence upon submission of invoices, according to the limit of insured value hired.

**41.1.2.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**41.1.3.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**41.1.4.** Insurance tickets shall define and detail the Value Insured.

##### 41.1.5. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 41.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. Medicines of continued use.**

#### 41.3. PROCEDURES IN CASE OF CLAIMS

**41.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

##### 41.3.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence do Insured Party;
- d. Original invoices and receipts of medication expenses;
- e. Attending physical statement/report executed and notarized, describing reason and confirming the disease and/or personal accident of Insured Party and medication required; Copy of Insurance ticket.



**41.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 42. ACCOMPANYING A MINOR AND/OR ELDER (AMI)

#### 42.1. RISKS COVERED

This Coverage, provided that is hired and upon proper premium payment, guarantees reimbursement or services of companion transfer expenses, Insured value only, should Insured Party is traveling as the sole adult of one or more minors of 14 years old, over than 70 years old, and unaccompanied due to hospitalization under medical advice in view of personal accident or disease covered or death of the insured party, except for the excluded risks in the Insurance ticket.

##### 42.1.1. Expenses covered

42.1.1.1. For the purposes of expenses, only transportation expenses will be guaranteed, provided that duly evidence upon submission of invoices, according to the limit of insured value hired. For the purposes of this clause, return ticket rescheduling expenses and purchase of return flight ticket both in economic class shall be covered for minor/elder, so that an adult person selected by the family of the Insured Party may monitor the minor/elder when returning to its domicile.

42.1.1.2. The return shall be made with an economic class flight ticket should initial ticket is no longer available.

42.1.2. For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

42.1.3. Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

42.1.4. Insurance tickets shall define and detail the Value Insured.

##### 42.1.5. Eligibility:

Individuals, minors or elderly accompanying Insured Party during the travel are eligible.

#### 42.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. ADDITIONAL EXPENSES UNRELATED TO THE ACCOMMODATION, SUCH AS: FOOD, AMUSEMENT, ENTERTAINMENT, RENTING, TELEPHONE, FAX, CELLULAR**

#### 42.3. PROCEDURES IN CASE OF CLAIMS

42.3.1. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of insurance ticket; Location and

Telephone where is located; and issue, type of information or help needed.

##### 42.3.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:



- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Documents evidencing that minor/elder were truly accompanying Insured Party's travel, such as copy of original tickets;
- e. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of minor and/or elder;
- f. Original invoices and receipts of transportation expenses;
- g. Attending physical statement/report executed and notarized, describing and confirming the disease and/or personal accident of the Insured Party precluding to continue monitoring the minor and/or elder;
- h. Copy of Insurance ticket.

**42.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 43. LEGAL AID (AJ)

#### 43.1. RISKS COVERED

This Coverage, provided that is hired and upon proper premium payment, guarantees reimbursement or services incurred by law firms expenses in order to file judicial proceedings, Insured value only, which have been incurred due to civil or criminal liability before the Insured Party during travel period and duly covered, except for the excluded risks in the Insurance ticket.

This coverage shall only be traded for international travels.

##### 43.1.1. Expenses covered

For the purposes of expenses, only attorney's fees expenses will be guaranteed, provided that duly evidence upon submission of invoices, according to the limit of insured value hired.

**43.1.2.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**43.1.3.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**43.1.4.** Insurance tickets shall define and detail the Value Insured.

**43.1.5.** This service may be requested in up to sixty (60) days, as of date of event and while the Insured Party is still traveling.

##### 43.1.6. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 43.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

- A. PROCEEDINGS ARISING OUT LABOR RELATIONSHIP;**
- B. PROCEEDINGS ARISING OUT DRUG TRAFFICKING;**
- C. PROCEEDINGS ARISING OUT ATTEMPT TO ILLEGALLY ENTERING IN A COUNTRY.**
- D. INVESTIGATION AND/OR TECHNICAL-ASSISTANT FEES, TRANSPORTATION AND ACCOMMODATION OF CLIENT AND/OR WITNESSES;**
- E. PROCEEDING EXPENSES AND COSTS, AS WELL AS INDEMNITY PAYMENT OR OTHER COMPENSATION DUE BY THE CLIENT TO THIRD PARTIES;**
- F. AWARD OF COST (PROCEEDING COSTS AND ATTORNEY'S FEES OF OPPOSING PARTY);**
- G. SENTENCE OF JUDICIAL OR EXTRAJUDICIAL AGREEMENT.**

#### 43.3. PROCEDURES IN CASE OF CLAIMS

**43.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.



**43.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause “PROCEDURES IN CASE OF CLAIMS”, item - “Basic Documents in case of Claims” of General Conditions, the following basic documents shall be submitted:

- a. “Claim advice” Form, duly filed out and signed by Insured Party;
- b. “Indemnity Credit Authorization” Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Original invoices and receipt of attorney’s fees;
- e. Copy of boarding card confirming that Insured Party is travelling;
- f. Daily police blotter, if not requested already.
- g. Copy of Insurance ticket.

**43.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 44. ACCIDENTAL DEATH IN AUTHORIZED PUBLIC TRANSPORTATION (MATA)

#### 44.1. RISKS COVERED

**44.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that insured value hired is paid to the beneficiaries in case of Insured Party's death caused by Public Transportation Authorized, which took place exclusively during Insured travel, according to the general and specific conditions of the insurance. Except for the excluded risks in the Insurance ticket.

42.1.2 Companies registered before transportation authorities on their own country, with travel routes and schedule duly published, shall be considered authorized transportation.

42.1.3. Insurance tickets shall define and detail the Value Insured.

42.1.4. For the purposes of this clause, the accident date of Insured Party shall be considered the date of the event, for the purposes of determination of Insured value.

42.1.5. In case the Insured Party's age is inferior to 14 years (including), indemnity shall be exclusively intended to reimbursement of funeral expenses that shall be evidenced upon submission of original supporting invoices. Indemnity shall be according to the limit of insured value hired for this guarantee.

#### 42.1.6. Eligibility:

Individuals are eligible during two periods of the travel:

- a. Start of the travel: commuting of the user from its residence until the airport in a public transportation.
- b. Return of the travel: commuting of the user from the airport until its residence in a public transportation.

#### 44.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. TRANSPORTATION OF INDIVIDUAL PASSENGERS, SUCH AS: TAXI, METRO, INTER-MUNICIPAL BUS OR ANY OTHER TRANSPORTATION OR OPERATOR AND NO TRAVEL ROUTES AND SCHEDULES HAVE BEEN FOUND.**

#### 44.3. PROCEDURES IN CASE OF CLAIMS

- a. "Claim advice" Form duly filed out and signed by(s) Beneficiary(s);
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by each one of the Beneficiaries;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party and Beneficiary;
- d. Copy of Death Certificate of the Insured Party;
- e. Copy of BO (Daily Police Blotter) and/or CAT (Communication of Accident Work), if any;
- f. Copy of Necropsy Report - IML (Legal Medical Institute), if performed;



g. Copy of technical expert report conducted at the accident location if any.

**I. Should a Beneficiary is not presented, shall also furnish:**

a. Original statement signed by the Beneficiary, detailing the Insured Party's marital status in view of the death, if was eventually engaged in a stable union and the person, and who were the legal heirs (indicate all).

**II. Other documents to make a Beneficiary eligible:**

a. Spouse: update copy of the Marriage Certificate;

b. Companion: stable union evidence due to the Claim;

c. Offspring(s): Copy of Birth Certificate, in the absence of RG and CPF.

**44.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 45. REIMBURSEMENT DUE TO DELAY OR FLIGHT CANCELLATION (OVER THAN 6 HOURS) (RCV)

#### 45.1. RISKS COVERED

**45.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party reimbursement of food and accommodation expenses, Insured value only, should occurs a delay higher than six (6) consecutive hours of flight. Except for the excluded risks in the Insurance ticket.

**45.1.2.** Insurance tickets shall define and detail the Value Insured.

**45.1.3.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**45.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**45.1.5.** For the purposes of this clause, the period of six (6) hours does not take into account the hours delayed of different flights.

**45.1.6.** Any delays and/or cancellations shall covered by this coverage in case of:

- a. any bad climate condition delaying arrival or departure of an scheduled flight;
- b. any labor issue interfering the in the arrival or departure of the flight (airline and/or airport employee strike);
- c. Any unexpected failure of airline plane.

Clarification: it shall be understood as bad climate condition: atmospheric conditions jeopardizing plane safety, such as rain, wind, hail, snow, mist or extreme heat.

#### **45.1.7. Eligibility:**

Any accompanying individuals during the travel period hired will be eligible.

#### 45.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. ADDITIONAL EXPENSES UNRELATED TO THE ACCOMMODATION AND/OR FOOD, SUCH AS: AMUSEMENT, ENTERTAINMENT, RENTING, TELEPHONE, FAX, CELLULAR, ETC.**

#### 45.3. PROCEDURES IN CASE OF CLAIMS

**45.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### **45.3.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;



- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Original invoices and receipts of accommodation and food fees;
- e. Copy of flight ticket and boarding card;
- f. Airline statement, except if arising out of public known fact, describing the delay and number of hours.

**45.4. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 46. RETURN DUE TO CLAIM IN THE DOMICILE (RSD)

#### 46.1. RISKS COVERED

**46.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party during its travel, reimbursement or service to their return in view of fire, explosion, theft with damage and/or violence on its domicile, duly registered before competent authorities, and provided there is no other person to handle the situation. Except for the excluded risks in the Insurance ticket.

**46.1.2.** The return shall be made with an economic class flight ticket or even bus ticket should an initial ticket is no longer available

**46.1.3.** Insurance tickets shall define and detail the Value Insured.

**46.1.4.** For the purposes of this clause, the date of documents evidencing that domicile return is required will be considered as date of event, for the purposes of determination of Insured value.

**46.1.5.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 46.1.6. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 46.2. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

#### A. DAMAGES NOT RECORDED BEFORE COMPETENT AUTHORITIES

#### 46.3. PROCEDURES IN CASE OF CLAIMS

**46.3.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 46.3.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

a. "Claim advice" Form duly filed out and signed by Insured Party.  
b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;

c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;

d. Copy of BO (Daily Police Blotter);

e. Boarding card or E-Ticket;

f. Letter detailing the assets claimed.

#### 46.4. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 47. COMPENSATION DUE TO DELAYED BAGGAGE (CAB)

#### 47.1. RISKS COVERED

45.1.1 This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party reimbursement due to the tracking of baggage lost. This reimbursement is intended to compensate expenses incurred in purchasing basic clothing articles and bathroom amenities, mandatory for the Insured Party. Except for the excluded risks in the Insurance ticket.

45.1.2. Definitions:

**Basic bathroom amenities:** set of basic hygiene custom amenities such as shower, asepsis (deodorant and hand sanitizer), razor blade, sanitary napkins and oral hygiene (toothpaste, antiseptic mouthwash, toothbrush and dental floss).

**Clothing Basic Articles:** clothes worn to cover certain parts of the body. Defined by: underwear, shirt, trousers, shirt, sweater, shorts, socks, shoes.

45.1.3. 45.1.4. Insurance tickets shall define and detail the Value Insured.

For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

45.1.5. Indemnities provided in this coverage shall be due when event takes place within Effective Term of contracted insurance and:

45.1.5.1 When lost baggage remain lost for over than 6 hours as of registration of claim form issue by the Carrier Company. Such indemnity will cease as soon as baggage is found.

45.1.6 Time of waiting for baggage tracking will be counted as soon as PIR (form: "Property Irregularity Report") is filed and according to the time stated at the baggage delivery to the Insured Party by the Carrier Company.

#### 47.2. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 47.3. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. BAGGAGE LOSS IN THE RETURN TRAVEL OF THE INSURED PARTY TO ITS REGULAR RESIDENCE IS NOT INCLUDED.**

#### 47.4. PROCEDURES IN CASE OF CLAIMS

**47.4.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and

Telephone where is located; and issue, type of information or help needed.

#### 47.4.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause



“PROCEDURES IN CASE OF CLAIMS”, item - “Basic Documents in case of Claims” of General Conditions, the following basic documents shall be submitted:

- a. “Claim advice” Form duly filed out and signed by Insured Party;
- b. “Payment Authorization - Claim Credit” Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter), if filed by the Insured Party;
- e. Boarding card or E-Ticket;
- f. Initial PIR Form (“Property Irregularity Report”), containing the name of Insured Party or its Responsible, according to the procedure of each Carrier Company;
- g. Original document with baggage dispatch label number of the Insured Party and its responsible, if applicable;
- h. Initial baggage delivery receipt by the Carrier Company to the Insured Party;
- i. Initial invoices and receipts of expenses incurred;

**47.5. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 48. LAPTOPS/ SMARTPHONE INSURANCE (SLS)

#### 48.1. RISKS COVERED

**48.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party an indemnity of 60% of equipment invoice such as, Laptops and Smartphone in case of theft and/or aggravated theft, car or planes and vessels crash, fire, lighting or explosion during Insured Party's travel. Except for the excluded risks in the Insurance ticket.

**48.1.2.** Insurance tickets shall define and detail the Value Insured.

**48.1.3.** For the purposes of this clause, the date of event occurrence shall be considered as date of event, for the purposes of determination of Insured value.

**48.1.4.** When event occurs within Effective Term of insurance hired the indemnities herein determined will be applied

#### 48.2. Eligibility:

Individuals accompanying the holder during travel period hired and devices with up to one (1) year and six (6) months of use, as of the date of purchase invoice.

#### 46.4. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

##### A. DEVICES LEFT INSIDE THE CAR.

#### 46.5. PROCEDURES IN CASE OF CLAIMS

46.5.1. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

##### 46.5.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter), and description of the asset (ID/IMEI);
- e. Boarding card or E-Ticket;
- f. In case of mandatory telephones or smartphone, submission of electronic lockup of the item detailed in the daily police blotter;
- g. Copy of purchase invoice of Laptop(s) and/or Smartphone(s).

#### 46.6. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed



## SPECIFIC CONDITIONS

### 49. COMPENSATION DUE ISSUING COSTS OF TEMPORARY PASSPORT (CGEP)

#### 49.1. RISKS COVERED

This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party reimbursement of expenses incurred in obtaining a new temporary passport, in case of loss or theft of previous during travel, according to the Maximum Indemnity Limit e except for the excluded risks in the Insurance ticket.

47.1.2. Insurance tickets shall define and detail the Value Insured.

47.1.3. For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

47.1.4. Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 49.2. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 49.3. EXCLUDED RISKS

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 49.4. PROCEDURES IN CASE OF CLAIMS

**49.4.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 49.4.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter);
- e. Boarding card or E-Ticket;

#### 49.5. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 50. PHYSIOTHERAPY ASSISTANT (AF)

#### 50.1. RISKS COVERED

This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party a reimbursement of expenses from physiotherapists professionals and/or physiotherapeutic clinics incurred to start rehab process, Insured value only, after hospital discharge as a result of personal accident or sudden and acute disease event occurred during travel period. **Except for the excluded risks in the Insurance ticket.**

**50.1.1.** Insurance tickets shall define and detail the Value Insured.

**50.1.2.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**50.1.3.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 50.2. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### Expenses covered

a. This coverage includes payment of physiotherapy sessions expenses, and not including food, transportation or any other type of material or accessory that may be required to complement physiotherapeutic treatment of the Insured Party;

b. The Insured Party may select professionals at his/her free will, provide that legally licensed, and being compensated by the expenses incurred according to the maximum limit of insured value hired;

c. Expenses with physiotherapeutic treatment, when under medical advice, shall be covered.

#### 50.3. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. GUIDES AND/OR REQUESTS OF PHYSIOTHERAPEUTIC TREATMENT SIGNED BY A PHYSICIAN OTHER THAN THE ONE WHO SERVED AT THE TRAVEL.**

**B. CONGENITAL ABNORMALITIES AND CONDITIONS AS A RESULT THEREOF;**

**C. ANY PHYSIOTHERAPEUTIC TREATMENT THAT IS NOT MEDICALLY REQUIRED;**

**D. PHYSICAL, LABORATORY AND ROUTINE AND/OR PREVENTIVE RADIOGRAPHIC EXAMINATIONS THAT ARE NOT STRICTLY REQUIRED AND NOT ASA DIRECT CONSEQUENCE OF DISEASE OR ACCIDENT COVERED BY THE INSURANCE.**

**E. COSMETIC OR PLASTIC SURGERY OR THAT IS ENTIRELY UNCALLED AND UNNECESSARY, EXCEPT AS A RESULT OF INJURY OF INSURED PARTY OCCURRED DURING THE TRAVEL AND COVERED BY THIS INSURANCE.**

#### 50.4. PROCEDURES IN CASE OF CLAIMS

**50.4.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket;



Location and Telephone where is located; and issue, type of information or help needed.

**50.4.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Formal Guide and/or Request of physician who assisted the Insured Party at the time of the travel, documenting that a physiotherapeutic treatment is required;
- e. Follow-up report of physiotherapy sessions performed.
- f. Original invoices and receipts with physiotherapy;
- g. Boarding card or E-Ticket;

**50.5. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 51. TICKET FOR SUBSTITUTE PROFESSIONAL (PPS)

#### 51.1. RISKS COVERED

**51.1.1.** This Coverage guarantees reimbursement of one round-and-trip ticket according to the Maximum Indemnity Limit for one substitute professional, should Insured Party is unable to perform its professional duties for a period higher than ten (10) days due to occurrence of personal accident or disease and provided that has been hired and concerned premium paid. Except for the excluded risks provided in the Insurance ticket.

**51.1.2.** The Insured value shall be defined and detailed in the Insurance tickets.

**51.1.3.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

**51.1.4.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

#### 51.2. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 51.3. EXCLUDED RISKS

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE  
"EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 51.4. PROCEDURES IN CASE OF CLAIMS

**51.4.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 51.4.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter) if applicable;
- e. Voucher of Hospital admission;
- f. Medical report describing the inability of the Insured Party to exercise its professional duties and the period needed to be recovered;
- g. Boarding card or E-Ticket;

#### 51.5. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by



these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 52. GUARANTEED TRAVEL (VG)

#### 52.1. RISKS COVERED

**50.1.2.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party that travel expenses are reimbursed should travel agency decrees bankruptcy or file judicial recovery. **Except for the excluded risks in the Insurance ticket.**

**50.1.3.** Insurance tickets shall define and detail the Value Insured.

**50.1.4.** For the purposes of this clause, the date of documents evidencing that expenses have been incurred will be considered as date of event, for the purposes of determination of Insured value.

#### 52.2. Expenses covered

50.2.1 This coverage includes only travel package purchased at the travel agency.

#### 52.3. Eligibility:

Individuals purchasing travel packages through the agency shall be eligible.

#### 52.4. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

#### A. EXPENSES OUTSIDE PACKAGE TRAVEL OF THE AGENCY.

#### 52.5. PROCEDURES IN CASE OF CLAIMS

**52.5.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 52.5.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter), and description of the asset (ID/IMEI);
- e. Documents evidencing that boarding has been cancelled;
- f. Documents evidencing that reservation at the hotel has been cancelled;
- g. Invoices and/or payment receipts of travel package;
- h. Boarding card or E-Ticket

#### 52.6. RATIFICATION

The remaining provisions of this Insurance Agreement that have not been altered by



these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 53. SPECIAL BAGGAGE (BE)

#### 53.1. RISKS COVERED

**53.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees to the Insured Party an indemnity/reimbursement for each of the cases referred to specific baggage, during the travel and provided that is under Carrier Company's responsibility, duly evidenced through Damage Supporting Report (PIR - Property Irregularity Report), limited to the insured value hired and **except for the excluded risks in the Insurance ticket.**

**53.1.2.** This service is supplementary to the reimbursement performed by the Carrier Company and total of indemnities shall not exceed the amount of the asset.

**53.1.3.** For the cases that the Carrier Company recognizes the damage but fails to grant to the Insured Party the reimbursement amount, the Insurance Company shall indemnify up to the limit of Insured value hired, upon receipt of at least two (2) technical reports with repair budget or purchasing the asset damage.

**53.1.4.** The coverage, when hired, shall be intended for the following items:

- 51.1.4.1 Music instruments
- 51.1.4.2 Boards
- 51.1.4.3 Golf clubs
- 51.1.4.4 Bicycles
- 51.1.4.5 Sports gear
- 51.1.4.6 Baby carriage

**53.1.5.** The Insured Party shall be entitled to the coverage if the damage occurs in the moment that baggage is delivered to the Carrier Company that is about to board and when is returned to the Insured Party, completing the travel.

#### 53.2. Eligibility:

Any accompanying individuals during the travel period hired will be eligible.

#### 53.3. EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. ASSETS NOT MENTIONED IN THE ITEM 50.1.4;**

**B. DAMAGE NOT RECOGNIZED BY THE CARRIER COMPANY.**

#### 53.4. PROCEDURES IN CASE OF CLAIMS

**53.4.1.** If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

##### 53.4.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of



General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Copy of BO (Daily Police Blotter);
- e. Invoices or certificates of asset ownership (if any);
- f. Boarding card or E-Ticket;
- g. Protocol/Report of Incident from the Carrier Company.

**53.5. RATIFICATION**

The remaining provisions of this Insurance Agreement that have



## SPECIFIC CONDITIONS

### 54. CANCELLATION/INTERRUPTION OF TRAVEL - "PLUS REASON" OR CHANGE OF TRAVEL (CIV-PR)

#### 54.1. RISKS COVERED

**54.1.1.** This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity to the Insured Party or Beneficiaries, Insured value only, shall reimburse any irretrievable losses with deposits and/or expenses paid in advance by purchasing tour and/or travel services package such as transportation and accommodation, whenever travel is cancelled/interrupted or changed (event precluding the beginning or that travel is resumed) if necessary and/or inevitable, except for the excluded risks in the Insurance ticket, and as sole and exclusive consequence of motives listed below and provided that operation company/tour agency does not cover it.

#### 54.1.2. Definitions:

I. It shall be understood as irretrievable losses: amount charged by carrier company, hotel, operating company/travel agency and/or companies providing entertainment/shows, for the purposes of penalty or advance for reservations, in case of travel cancellation (interruption or change), provided in services agreement or similar instrument as non-reimbursable and that have been paid in advance by the Insured Party.

Irretrievable loss is when all possibilities of rescheduling the travel date or reimbursement of amount paid have been exhausted.

II. It shall be understood as travel cancellation: waive the travel due to insured event occurred before the beginning of the travel.

III. It shall be understood as Change of Travel: change of the initial date of the travel, provided that there is no change in the road map/itinerary.

IV. It shall be understood as travel discontinued: change in the final date of the travel, provided that there is no change in the road map/itinerary.

**54.1.3.** In the events of partial reimbursement, the Insurance Company is responsible only for the amount reimbursed by the services provider company and total value of the expenses, provided that is within the limit of the insured value hired.

**54.1.4.** The insurance company reserves the right to make the proper payment due which would have been paid immediately after cancellation and the Insured Party paying the remaining amount, should notification to the Services Provider repeatedly made in delay and resulting in undoubtedly increase of the penalty to be paid

**54.1.5.** For the purposes of the coverage, on motives listed below shall be covered:

**54.1.6.** Death or hospital admission for period greater than twelve (12) hours, when declared sudden and acute, respectively, of the policyholder or first-degree of kinship, person assigned for custody of minors or disabled or substitute professional.

a. Hospitalization shall take place within thirty (30) days before the beginning of the travel, unless otherwise stated, in case of travel cancellation;



b. For the cases of cancellation due to death of the Insured Party or its family members, it shall be within the period of sixty (60) days before the beginning of the travel, unless otherwise stated;

**54.1.7.** Death of third degree of kinship family member;

**54.1.8.** Receipt of the notice in unextendable period summoning the Insured Party to appear before justice, provided that receipt of aforementioned notice take places after travel and/or tour services is hired;

**54.1.9.** Statement of concerned health authority forcing Insured Party to undergo a quarantine, provided that statement take places after travel and/or tour services is hired.

**54.1.10.** Infectious disease acquired in the period of twenty (20) days before the travel, evidencing through medical report and note;

**54.1.11.** Serious damages (fire or theft) at residence or workplace location of Insured Party;

**54.1.12.** Employment dismissal of Insured Party;

**54.1.13.** Incorporation to a new workplace, in another company, with labor agreement;

**54.1.14.** Vacation cancellation letter issued by the company of Insured Party;

**54.1.15.** Submission of civil service examination;

**54.1.16.** Appointment for civil service;

**54.1.17.** Summon to take part of counting station;

**54.1.18.** Theft of documents or baggage, that makes unfeasible for the Insured Party to either begin or resume its travel;

**54.1.19.** Visa denied for locations where latter is issued upon entry in the country;

**54.1.20.** Non-admission of passenger/visa issued in Brazil, that is, notice of deny issued by destination country;

**54.1.21.** Damage or accident in a car owned by the Insured Party or its spouse, makes unfeasible for the Insured Party to either begin or resume its travel;

**54.1.22.** Extension of labor agreement;

**54.1.23.** Imposed transfer of work, with displacement superior to three (3) months;

**54.1.24.** Unexpected surgical intervention;

**54.1.25.** Cancellation of Insured Party's marriage;

**54.1.26.** Separation/Divorce of Insured Party;

**54.1.27.** Pregnancy acquired after travel purchase date;

**54.1.28.** Complication in the pregnancy or abortion;

**54.1.29.** Change/Cancellation of meeting due to reason declared;

**54.1.30.** Cancellation of one of the companions due to any cause covered (gives right to individual complement and individual expenses due to decrease of minimum group)

**54.1.31.** Rejection of the evidences of Insured Party or kinship family member;

**54.1.32.** Compensation due to change of examination dates, works, submission of Insured Party or first degree of kinship family member.

**54.1.33.** For the purposes of this clause, the date of documents evidencing that travel has been cancelled will be considered as date of event, for the purposes of determination of Insured value.



**54.1.34.** The Insured value shall be limited and described on the Insurance ticket.

**54.1.35.** Indemnities provided in this Coverage shall be due when the event occurs within the Effective Term of insurance hired.

**54.1.36.** Should operating company/tour agency partially reimburses Insured Party's expenses, the Insurance Company shall only be responsible for the difference between total value incurred and value refunded, according to the Maximum Indemnity Limit.

**54.1.37.** Summon as party or witness of court or member of judging panel.

**54.1.38.** Legal requirement before the beginning of the travel (Summon/subpoena).

**54. 2 Eligibility:**

Individuals purchasing the travels and show interest in purchase insurance are eligible.

**54.3. EXCLUDED RISKS**

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. HOSPITALIZATIONS IN THE ESTABLISHMENTS LISTED BELOW:**

**AA. MENTAL DISABILITY SERVICE INSTITUTION, THAT IS, A ESTABLISHMENT SPECIALIZED TO THE TREATMENT OF PSYCHIATRIC DISEASES, INCLUDING SUBNORMAL CONDITIONS; OR EVEN PSYCHIATRIC ALLEY OF A HOSPITAL;**

**AB. AREA FOR ELDERS, RETIREMENT HOME, ASYLUMS OR SIMILAR;**

**AC. CLINICS OR LOCATION TO REHAB CLINICS FOR ALCOHOL AND DRUGS;**

**AD. HYDROTHERAPEUTIC HEALTH INSTITUTION OR NATURAL ALTERNATIVE THERAPIES CENTER; CONVALESCENT CARE; SPECIAL UNIT OF HOSPITAL PRIMARILY USED AS REHAB FOR ALCOHOL OR DRUGS ADDICTED, OR AS HEALTH INSTITUTION FOR CONVALESCENT OR REHAB; WEIGHT LOSS CLINIC AND SPA.**

**B. EVENTS UNDISCLOSED IN UP TO FORTY-EIGHT (48) HOURS AFTER OCCURRENCE OF EVENT CAUSING THE CANCELLATION;**

**C. PARTICIPATION IN CRIMINAL ACT;**

**D. INJURIES THAT POLICYHOLDER HIMSELF CAUSED;**

**E. ALCOHOLISM;**

**F. USE OF DRUGS, DRUG ADDICTION OR USE OF MEDICATION WITHOUT MEDICAL ADVICE;**

**G. SHOULD IS A REQUIREMENT OF IMMIGRATION, IN THE ABSENCE OF ENTRY VISA IN THE DESTINATION COUNTRY, WHICH HAVE BEEN ISSUED WITH DATE PRIOR TO THE OCCURRENCE OF THE FACT THAT ORIGINATED THE CANCELLATION;**

**H. UPON CANCELLATION DUE TO FREIGHT FLIGHT CANCELLED.**

**I. KNOWN CIRCUMSTANCES PRIOR TO THE PURCHASE OF INSURANCE OR AT THE TIME OF BOOKING ANY TRAVEL SERVICE, WHICH COULD REASONABLY EXPECTED WHICH WOULD LEAD TO THE CANCELLATION OF THE TRAVEL;**

**J. ANY COSTS THAT HAVE ALREADY BEEN PAID IN ADVANCE BY THE INSURED AND WHICH ARE REFUNDABLE BY:**

**I. TRANSPORTATION COMPANY, HOTEL, OPERATOR/TRAVEL AGENCY AND/OR COMPANIES**



**PROVIDING ENTERTAINMENT/ATTRACTION SERVICES OR OTHER FORM OF COMPENSATION;  
II. CREDIT OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT MEANS COMPANY.**

**K. ANY CLAIM ARISING OUT OF A REASON NOT LISTED AS COVERED.**

**54.4 PROCEDURES IN CASE OF CLAIMS**

54.4.1. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

**54.4.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

**54.4.3. In all events:**

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Submission of travel ticket or card, that shall contain the boarding date;
- e. Copy of Insurance ticket.
- f. Documents evidencing that amount has been paid;
- g. Retained fine amount evidence in case of cancellation;
- h. Travel Arrangers Services Agreement, with penalty in case of cancellation, according to the legal determination.
- i. Technical report and/or documents evidencing the cancellation motive according to the events covered.
- j. For cancellations due to travel companion, is shall be requested all documents evidencing that such person was accompanying the Insured Party.

**54.4.4. Due to disease:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing the motive and confirmation hospitalization of the Insured Party in the date scheduled for the travel;

**54.4.5. Due to accident:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing injury incurred and evidencing that any moving is not possible;

**54.4.6. Due to death of family members:**



In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Submission of documents evidencing kinship;
- b. Copy of Death Certificate.

**54.5. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 55. CANCELLATION/INTERRUPTION OF TRAVEL - "ANY REASON" OU CHANGE OF TRAVEL (CIV-AR)

#### 55.1. RISKS COVERED

55.1.1. This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity by reimbursing Insured Party or Beneficiaries, Insured value only, shall reimburse any irretrievable losses with deposits and/or expenses paid in advance by purchasing tour and/or travel services package such as transportation and accommodation, whenever travel is cancelled, interrupted or changed (event precluding the beginning or that travel is resumed) if necessary and/or inevitable, except for the excluded risks in the Insurance ticket.

#### 55.1.2. Definitions:

I. It shall be understood as irretrievable losses: amount charge by carrier company, hotel, operating company/travel agency and/or companies providing entertainment/shows, for the purposes of penalty or advance for reservations, in case of travel cancellation (interruption or change), provided in services agreement or similar instrument as non-reimbursable and that have been paid in advance by the Insured Party.

Irretrievable loss is when all possibilities of rescheduling the travel date or reimbursement of amount paid have been exhausted.

II. It shall be understood as travel cancellation: waive the travel due to insured event occurred before the beginning of the travel.

III. It shall be understood as Change of Travel: change of the initial date of the travel, provided that there is no change in the road map/itinerary.

IV. It shall be understood as travel discontinued: change in the final date of the travel, provided that there is no change in the road map/itinerary.

55.1.3. In the events of partial reimbursement, the Insurance Company is responsible only for the amount reimbursed by the services provider company and total value of the expenses, provided that is within the limit of the insured value hired.

55.1.4. The insurance company reserves the right to make the proper payment due which would have been paid immediately after cancellation and the Insured Party paying the remaining amount, should notification to the Services Provider repeatedly made in delay and resulting in undoubtedly increase of the penalty to be paid.

#### 55.1.5. Please note:

I. The policy shall be applied if travel cancelling occurs due to waive.

**II. For travel cancellation due to waive, only formal requested shall be accepted only, with minimum advance of 48 hours before boarding. The Insured Party shall not be entitled to indemnity should this terms is not observed.**

#### 55.2. Eligibility:

55.2.1. Individuals purchasing travels and showing interest in purchase insurance are eligible.



55.2.2. This coverage shall be hired together with Cancellation/Interruption of Travel - "Plus Reason" or Change of Travel (CIV-PR).

**55.3. EXCLUDED RISKS**

**55.3.1. IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

**A. HOSPITALIZATIONS IN THE ESTABLISHMENTS LISTED BELOW:**

**AA. MENTAL DISABILITY SERVICE INSTITUTION, THAT IS, A ESTABLISHMENT SPECIALIZED TO THE TREATMENT OF PSYCHIATRIC DISEASES, INCLUDING SUBNORMAL CONDITIONS; OR EVEN PSYCHIATRIC ALLEY OF A HOSPITAL;**

**AB. AREA FOR ELDERS, RETIREMENT HOME, ASYLUMS OR SIMILAR;**

**AC. CLINICS OR LOCATION TO REHAB CLINICS FOR ALCOHOL AND DRUGS;**

**AD. HYDROTHERAPEUTIC HEALTH INSTITUTION OR NATURAL ALTERNATIVE THERAPIES CENTER; CONVALESCENT CARE; SPECIAL UNIT OF HOSPITAL PRIMARILY USED AS REHAB FOR ALCOHOL OR DRUGS ADDICTED, OR AS HEALTH INSTITUTION FOR CONVALESCENT OR REHAB; WEIGHT LOSS CLINIC AND SPA.**

**B. EVENTS UNDISCLOSED IN UP TO FORTY-EIGHT (48) HOURS AFTER OCCURRENCE OF EVENT CAUSING THE CANCELLATION;**

**C. PARTICIPATION IN CRIMINAL ACT;**

**D. INJURIES THAT POLICYHOLDER HIMSELF CAUSED;**

**E. ALCOHOLISM;**

**F. USE OF DRUGS, DRUG ADDICTION OR USE OF MEDICATION WITHOUT MEDICAL ADVICE;**

**G. SHOULD IS A REQUIREMENT OF IMMIGRATION, IN THE ABSENCE OF ENTRY VISA IN THE DESTINATION COUNTRY, WHICH HAVE BEEN ISSUED WITH DATE PRIOR TO THE OCCURRENCE OF THE FACT THAT ORIGINATED THE CANCELLATION;**

**H. WHEN CANCELLATION IS RESULTED OF A CANCELLED FREIGHT FLIGHT.**

**I. KNOWN CIRCUMSTANCES PRIOR TO THE PURCHASE OF INSURANCE OR AT THE TIME OF BOOKING ANY TRAVEL SERVICE, WHICH COULD REASONABLY EXPECTED WHICH WOULD LEAD TO CANCELLATION OF THE TRAVEL;**

**J. ANY COSTS THAT HAVE ALREADY BEEN PAID IN ADVANCE BY THE INSURED AND WHICH ARE REFUNDABLE BY:**

**I. TRANSPORTATION COMPANY, HOTEL, OPERATOR/TRAVEL AGENCY AND/OR COMPANIES PROVIDING ENTERTAINMENT/ATTRACTION SERVICES OR OTHER FORM OF COMPENSATION;**

**II. CREDIT OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT MEANS COMPANY.**

**K. ANY CLAIM ARISING OUT OF A REASON NOT LISTED AS COVERED.**

**55.4. POLICY**

55.4.1. In case of travel waive, 25% policy penalty shall be applied over lowest amount considered, that is, penalty charged by the Services Provider or insured value.

**55.5. PROCEDURES IN CASE OF CLAIMS**

55.5.1 If the Insured Party decides for the services, without reimbursement of the value,



Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of insurance ticket; Location and

Telephone where is located; and issue, type of information or help needed.

**55.5.2. Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

**55.5.3. In all events:**

- a. "Claim advice" Form, duly filed out and signed by Insured Party;
- b. "Indemnity Credit Authorization" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and Proof of Residence of Insured Party;
- d. Submission of travel ticket or card, that shall contain the boarding date;
- e. Copy of Insurance ticket.
- f. Documents evidencing that amount has been paid;
- g. Retained fine amount evidence in case of cancellation;
- h. Travel arrangers services agreement, with penalty in case of cancellation, according to the legal determination.
- i. Technical report and/or documents evidencing the cancellation motive according to the events covered.
- j. For cancellations due to travel companion, is shall be requested all documents evidencing that such person was accompanying the Insured Party.

**55.5.4. Due to disease:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing the motive and confirmation hospitalization of the Insured Party in the date scheduled for the travel;

**55.5.5. Due to accident:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Attending physical statement/report executed and notarized, describing injury incurred and evidencing that any moving is not possible;

**55.5.6. Due to death of family members:**

In addition to the documents listed in the subparagraph I above, shall furnish:

- a. Submission of documents evidencing kinship;
- b. Copy of Death Certificate.

**55.6. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 56. FORFEITURE OF SERVICES - CLASS REIMBURSEMENT (PSC)

#### 56.1. RISKS COVERED

54.1.1 This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity, according to the Maximum Indemnity Limit, by reimbursing Insured Party or Beneficiaries of proportional expenses of services hired (classes), formalizing reservation with provider, and not used, in case Insured Party has to stop its travel suddenly, except for the excluded risks in the Insurance ticket.

**56.2. Eligibility:** services hired shall only be covered should interruption of the travel is caused due and exclusively because of:

- a. Death or hospital admission for period longer than twelve (12) hours, when unexpected and acute of the policyholder, spouse, parents, siblings or offspring, making its travel unfeasible;
- b. Receipt of the notice in unextendable period summoning the Insured Party to appear before justice, provided that receipt of aforementioned notice take places after travel and/or tour services is hired;
- c. Statement of concerned health authority forcing Insured Party to undergo a quarantine, provided that statement take places after travel and/or tour services is hired;
- d. Infectious disease acquired in the period of twenty (20) days before the travel, evidencing through medical report and note.

#### 56.3. EXCLUDED RISKS

**EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND CLAUSE "EXCLUDED RISKS" OF GENERAL CONDITIONS ARE CONFIRMED.**

#### 56.4. PROCEDURES IN CASE OF CLAIMS

56.4.1. If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### 56.4.2. Basic Documents in case of Claims

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Full Medical report or death certificate;



- e. Retained fine amount evidence in case of cancellation;
- f. Travel Organizers Services agreement, with penalties set forth in case of cancellation, according to the determination of EMBRATUR;
- g. For cancellations due to travel companion, is shall be requested all documents evidencing that such person was accompanying the Insured Party
- h. Medical reports indicating clinical profile submitted by Insured Party as well as recommendation to return to the Brazil;
- i. Original flight tickets with respective proof of payment;

**56.5. RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



## SPECIFIC CONDITIONS

### 57. DAMAGE TO SUITCASE (DM)

#### 57.1 RISKS COVERED

57.1.1 This Coverage, provided that is hired and upon proper premium payment, guarantees that an indemnity reimbursing Insured Party, according to the Maximum Indemnity Limit, in case of damage to the baggage of Insured Party, provided that is not under Carrier Company's responsibility, duly evidenced through submission of Damage Supporting Report, registered before Carrier Company, **excluded risks detailing in the insurance ticket.**

57.1.2 The Insurance Company shall indemnify Insured Party for the costs of replacement or repair of damaged suitcases. The Insured Party shall purchase a new suitcase should there is no possibility to repair, and shall be entitled to reimbursement by submitting proper invoice.

#### 57.2 EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED ON PERSONAL ACCIDENT CONCEPT AND CLAUSE - "EXCLUDED RISKS" OF GENERAL CONDITIONS, THE FOLLOWING SHALL ALSO BE EXCLUDED:**

- A. Damage caused to the contents of the baggage;
- B. Damage to the glasses, lenses any other buccal apparatus;
- C. Jewelry, skins, watches, titles, policies and money (including checks of travel);
- D. Baggage that have not been delivered under responsibility of the Carrier Company and carry-on baggage;
- E. Pre-existing damage in the baggage and prior knowledge of the Insured Party before delivering to the Carrier Company;
- F. Inspection, seizure, damage or destruction by customs clearance or any other governmental authority;
- G. Baggage of pilots, crewmembers, employees or people that have interest with Carrier Company.
- H. Proper vices of the baggage, spilling or leakage of fluids, gnawing, or any other damage, even if total, caused by moth, insect or mold, which cause is not entirely due to accidents or fire with transportation mean;
- I. Simple or aggravated theft and baggage loss;
- J. Any object stolen from the inside the suitcase;
- K. Insured Party fails to withdraw the baggage, as soon as available by the Carrier Company;
- L. Events unreported by the airline, through filling out of irregularity report, before leaving departure area.



### **57.3 PROCEDURES IN CASE OF CLAIMS**

57.3.1 If the Insured Party decides for the services, without reimbursement of the value, Insured Party itself, beneficiary or its representative shall contact AXA Seguros' Call Center, whether by collect call informing the Insured Party's full name, CPF or number of Insurance ticket; Location and Telephone where is located; and issue, type of information or help needed.

#### **57.3.2 Basic Documents in case of Claims**

For assessment of indemnity payment, according to the provision in the clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in case of Claims" of General Conditions, the following basic documents shall be submitted:

- a. "Claim advice" Form duly filed out and signed by Insured Party;
- b. "Payment Authorization - Claim Credit" Form, duly filed out and signed by Insured Party;
- c. Copies of RG (ID Card), CPF (Individuals Taxpayer Registry) and proof of residence of Insured Party;
- d. Flight ticket or transportation mean of the area where suitcase suffered damage;
- e. Original suitcase tickets related to all volumes dispatched, (in case of airlines or maritime companies with respective weight registered);
- f. P.I.R - Property Irregularity Report, for occurrence with Airlines, describing the damage to the suitcase;
- g. Irregularities Report of Carrier Company for maritime, land and railroad transportation;
- h. Original invoice of suitcase repair or purchase of another suitcase.

### **57.4 RATIFICATION**

The remaining provisions of this Insurance Agreement that have not been altered by these Specific conditions are confirmed.



**58. PERMANENT TOTAL OR PARTIAL DISABILITY CAUSED BY ACCIDENT IN AUTHORIZED PUBLIC TRANSPORT (IPATA)**

**58.1 COVERED RISKS**

**58.1.1** This Coverage, once contracted and upon payment of the corresponding premium, guarantees the payment of indemnity to the insured related to the loss, reduction or functional impotence, definitive, total or partial, of a member or organ due to physical injury, caused by accident in Authorized Public Transport, occurred exclusively during the Insured Trip, subject to the general and special conditions of the insurance. **Except for the excluded risks provided for in the Insurance Card.**

**58.1.2** Authorized transport means companies that are registered with transport authorities in their country and must have published routes and travel schedules.

**58.1.3** The Insured Capital will be defined and indicated in the Insurance Card.

**58.1.4** For the purposes of this Clause, in order to determine the Insured Capital, the event date is deemed the date of the accident of the insured.

**58.1.5** Except for total disability, the Insured Capital related to this coverage will be reinstated automatically, after the occurrence of each covered event, without charging an additional premium.

**58.1.6** The indemnity provided for in this coverage will be due when the event occurs within the term of the contracted insurance.

**58.1.7 Eligibility:**

Individuals throughout both periods of the trip are eligible for the coverage.

**58.2 EXCLUDED RISKS**

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE "EXCLUDED CLAUSE" OF GENERAL CONDITIONS ARE ALSO EXCLUDED:

**A. EVENTS RESULTING FROM THE USE OF INDIVIDUAL PASSENGER TRANSPORT, SUCH AS: TAXIS, RENTAL VEHICLES, METRO, INTERCITY BUSES, OR ANY OTHER TYPE OF TRANSPORTATION COMPANY OR OPERATOR THAT DOES NOT HAVE PUBLISHED ROUTES AND TRAVEL SCHEDULES.**

**B. NOT RESULTING FROM ACCIDENTS IN AUTHORIZED PUBLIC TRANSPORT;**

**C. IF THE INSURED WAS A PILOT, OPERATOR OR MEMBER OF THE CREW;**

**D. EVENTS OCCURRING BECAUSE OF THE USE OF MEANS OF TRANSPORT BY LAND, SEA OR AIR WHICH HAD NO VALID LICENSE FOR PAID PASSENGER TRANSPORT, OR ANY OTHER MEANS OF TRANSPORT WITHOUT INSPECTION;**

**E. EVENTS OCCURRING BECAUSE OF THE USE OF PRIVATE OR RENTED PASSENGER TRANSPORT, SUCH AS AIRCRAFTS, PRIVATE JETS, HELICOPTERS, BUSES, YACHTS, MOTORBOATS, AND BOAT.**



### **58.3 PROCEDURES IN CASE OF LOSSES**

#### **58.3.1 Assessing the Degree of Disability**

a. The payment of any indemnity for Permanent Disability caused by Accident, whether total or partial, will be conditioned to the confirmation of Permanent Disability, that is, after completion of the insured's treatment, or if the therapeutic resources available for recovery have been exhausted and the existence of Permanent Disability verified, assessed upon definitive medical discharge (with the determination of the degree or degrees and types of disability and upon final medical diagnosis to be presented by the insured). The Insurance Company will calculate and pay the Indemnity according to the percentages established in the Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2.

b. In the case of Partial Disability caused by Accident, and the functions of the injured limb or organ are not completely impaired, the amount of the partial loss indemnity will be calculated by applying the percentage provided in the Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2. for its total loss, at the degree of functional reduction presented.

c. In the absence of an exact indication of the percentage for the reduction degree presented, and if that degree is classified as maximum, medium or minimum, the proportional indemnity will be calculated based on seventy-five percent (75%), fifty percent (50%) and twenty-five percent (25%), respectively, applied to the same Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2.

d. In all cases of partial disability not specified in the Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2., the indemnity will be determined based on the permanent decrease in the insured's physical capacity, regardless of his/her profession.

e. When the same accident results in disability in more than one limb or organ, the indemnity will be calculated by adding the percentages established for each one, according to the Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2., and the total indemnity will not exceed one hundred percent (100%) of the insured capital for Total or Partial Permanent Disability caused by Accident.

f. If there are two or more partial injuries in the same limb or organ, the sum of the indemnities will not exceed the total provided in the Table for Calculation of Indemnity in Case of Permanent Disability Caused by Accident, given in Item 56.3.2., as if there was a complete loss of that limb.

g. The partial or total loss or major reduction of the function of a limb or organ already defective before the accident will not give rise to any claim, except when previously declared in the application form, in which case the pre-existing disability must be deducted from the calculation of the indemnity.

h. Permanent Disability must be proven through a medical declaration, and the retirement for disability granted by the official social security institution, or similar



authorities, is not sufficient to characterize the state of permanent disability.

i. In the event of disagreements about the cause, nature, or extent of the injury, as well as the assessment of the disability related to the insured, the insurance company must suggest to the insured, through written communication, within fifteen (15) days from the date of the objection, convening a medical panel.

j. If both coverages for death and permanent total or partial disability caused by accident in authorized public transport have been contracted, the indemnities will not accumulate. If, after indemnity for permanent disability caused by an accident is paid, the insured dies as a result of the same accident, the indemnity for death will be deducted from the amount already paid for permanent disability.

### 58.3.2 TABLE FOR CALCULATION OF INDEMNITY IN CASE OF PERMANENT DISABILITY CAUSED BY ACCIDENT

PERMANENT DISABILITY	DESCRIPTION	% ON THE INSURED CAPITAL
<b>TOTAL</b>	Total loss of vision in both eyes	100
	Total loss of use of both upper limbs	
	Total loss of use of both lower limbs	
	Total loss of use of both hands	
	Total loss of use of an upper limb and a lower limb	
	Total loss of use of one hand and one foot	
	Total loss of use of both feet	
	Total and incurable mental alienation	
	Bilateral nephrectomy	
<b>PARTIAL (SEVERAL)</b>	Total loss of vision in one eye	30
	Total loss of vision in one eye, when the Insured no longer has the vision of the other eye.	70
	Total and incurable deafness in both ears	40
	Total and incurable deafness in one ear	20
	Incurable muteness	50
	Non consolidated fracture of the lower jaw	20
	Immobility of the cervical segment of the spine	20



	Immobility of the thoracolumbar-sacral segment of the spine	25
<b>PARTIAL (UPPER LIMBS)</b>	Total loss of use of one upper limb	70
	Total loss of use of one hand	60
	Non consolidated fracture of the humeri	50
	Non consolidated fracture of a radioulnar segment	30
	Total ankylosis of one shoulder	25
	Total ankylosis of one elbow	25
	Total ankylosis of one wrist	20
	Total loss of use of one thumb, including the metacarpal bone	25
	Total loss of use of one thumb, excluding the metacarpal bone	18
	Total loss of use of the distal phalanx of the thumb	09
	Total loss of use of one index finger	15
	Total loss of use of one pinky finger and one middle finger	12
	Total loss of use of one ring finger	09
	Total loss of use of any phalanx bones, excluding those of the thumb: Indemnity equivalent to one third (1/3) of the value of the respective finger.	
<b>PARTIAL (LOWER LIMBS)</b>	Total loss of use of one lower limb	70
	Total loss of use of one foot	50
	Non consolidated fracture of a femoral bone	50
	Non consolidated fracture of a tibioperoneal segment	25
	Non consolidated fracture of the kneecap	20
	Non consolidated fracture of one foot	20
	Total ankylosis of one knee	20
	Total ankylosis of one ankle	20
	Total ankylosis of the hip	20
	Partial loss of one foot (loss of all toes and a part of the same foot)	25



	Amputation of the first toe (big toe)	10
	Amputation of any other toe	03
	Total loss of use of one phalanx bone in the first toe:	
	Indemnity equivalent to half (½), and other toes, equivalent to one third (1/3) of the value of the respective toe.	
	Shortening of one lower limb:	
	• five (5) centimeters or more	15
	• four (4) centimeters	10
	• three (3) centimeters	06
	• less than three (3) centimeters	Uninsured
<b>LOSS OF USE OF LIMBS WITHOUT ANATOMICAL LOSS</b>		
The loss or reduction of strength or functional capacity concerned must not result from joint injuries or amputated segments, as shown in the table.		
PERMANENT DISABILITY	DESCRIPTION	% ON THE INSURED CAPITAL
<b>MANDIBLE</b>	<b>Lower jaw (mandible) reduced movements:</b>	
	Of minimum degree	10
	Of medium degree	20
	Of maximum degree	30
<b>NOSE</b>	Total loss of the nose	25
	Total loss of smell	07
	Loss of smell with taste alteration	10
<b>VISUAL SYSTEM</b>	<b>Lacrimal Duct Injury:</b>	
	Unilateral	07
	Unilateral with fistulae	15
	Bilateral	14
	Bilateral with fistulae	25
	<b>Injury of the eyelid, orbit, cornea, sclera, and iris</b>	
	Unilateral ectropion	03
	Bilateral ectropion	06
	Unilateral entropion	07
	Bilateral entropion	14
	Unilateral lagophthalmos	03
Bilateral lagophthalmos	06	
Unilateral blepharoptosis	05	
Bilateral blepharoptosis	10	



<b>PHONATION ORGANS</b>	Loss of substance (soft and hard palate)	15
	Total amputation of the tongue	50
	Partial - less than 50% - more than 50%	15 30
<b>AUDITORY SYSTEM</b>	Total loss of one ear	08
	Total loss of both ears	16
<b>ANKYLOSES</b>	For vicious positions, add the applicable percentages: twenty-five percent (25%), fifty percent (50%), or seventy-five percent (75%) of its value, according to the unfavorable position observed, i.e., of minimum, medium or maximum degree, respectively.	
<b>LOSS OF STRENGTH OR FUNCTIONAL CAPACITY IN LIMBS</b>	The loss or reduction of strength or functional capacity concerned must not result from joint injuries or amputated segments, as shown in the table.	
	Loss of the spleen	15
<b>URINARY SYSTEM</b>	Chronic urine retention (obligatory screenings)	15
	Cystostomy (definitive)	30
	Permanent urinary incontinence	30
	Loss of one kidney: Preserved kidney function	15
	Kidney function reduction of minimum degree	25
	Kidney function reduction of medium degree Kidney failure	50 75
<b>GENITAL AND REPRODUCTIVE SYSTEM</b>	Loss of one testicle	05
	Loss of both testicles	15
	Traumatic amputation of the penis	40
	Loss of one ovary	05
	Loss of both ovaries	15
	Loss of the uterus before menopause	30
	Loss of the uterus after menopause	10
<b>ABDOMINAL WALL</b>	Traumatic hernia	10
	In the case of surgical healing of traumatic hernia	uninsured
<b>PSYCHIATRIC SYNDROMES</b>	Post-concussion syndrome	10
	Neurotic disorder (Post-Traumatic Stress Disorder)	02
<b>NECK</b>	Pharyngeal stenosis with an obstacle to deglutition	15
	Injury of the esophagus with motor function disorders	15
	Paralysis of one vocal cord	10
	Paralysis of two vocal cords	30
	Definitive tracheostomy	40
	<b>RESPIRATORY SYSTEM</b>	
	Post-traumatic pleural sequelae	10



<b>THORAX</b>	Total or partial resection of one lung Preserved respiratory function	15
	Respiratory function reduction of minimum degree	25
	Respiratory function reduction of medium degree	50
	Respiratory failure	75
	<b>BREASTS</b>	
	Unilateral mastectomy	10
	Bilateral mastectomy	20
	<b>ABDOMEN (ORGANS AND GUTS)</b>	
	Partial gastrectomy	10
	Subtotal gastrectomy	20
	Total gastrectomy	40
	<b>SMALL INTESTINE</b>	
	Partial resection without functional repercussion	10
	Partial resection with functional repercussion of minimum degree	20
	Partial resection with functional repercussion of medium degree	45
	Partial resection with functional repercussion of maximum degree	70
	<b>LARGE INTESTINE</b>	
	Partial colectomy without functional disorder	05
	Partial colectomy with functional disorder of minimum degree	10
	Partial colectomy with functional disorder of medium degree	35
	Total colectomy	60
	Definitive colostomy	50
	<b>RECTUM AND ANUS</b>	
	Fecal incontinence without prolapse	30
	Fecal incontinence with prolapse	50
	Hepatic lobectomy without functional alteration	10
	Extirpation of the gallbladder	07

### 58.3.3 Basic Documents in case of Losses

For analysis of the Indemnity payment, pursuant to the provisions of Clause "PROCEDURES IN CASE OF LOSSES", Item - "Basic Documents in case of Losses" of the General Conditions, the following documentation should be presented:

- j. "Loss Advice" Form, duly filled-out and signed by the Insured;
- k. "Authorization for Indemnity Credit" Form, duly filled-out and signed by the Insured;
- l. Copies of RG [Identity Card], CPF [Individual Taxpayer Identification Number] and utility bill of the Insured for proof of residence;
- m. Copy of the Police Report and/or Work Accident Notification;
- n. Copy of the Driver's Licence, in the event of an accident with a vehicle driven by the Insured;
- o. Copy of the alcohol and/or drug test report, if any;
- p. Copy of the expert witness report of inspection of the accident site, if any;



- q. Radiography and test results;
- r. Copy of the Insurance Card.

#### **58.4 RATIFICATION**

Other provisions of this Insurance Agreement that have not been amended by these Special



**SPECIAL CONDITIONS**

**59. INCOME IN CASE OF HOSPITALIZATION**

**59.1 COVERED RISKS**

**59.1.1** In the case of hospitalization due to sudden and acute illness or personal accident occurring during the period of the international trip, the insurance company will pay an indemnity, per day of hospitalization, corresponding to the value of the insured capital contracted for this coverage, **except for the excluded risks provided for in the Insurance Card.**

**59.1.2** The indemnity is limited to sixty (60) daily fees per event. The amount of daily fees contracted will be detailed in the Insurance Card.

**59.1.3** For the purposes of this clause, in order to determine the insured capital, the event date is deemed the first day of hospitalization

**59.2 EXCLUDED RISKS**

THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE "EXCLUDED RISKS" OF THE GENERAL CONDITIONS ARE HEREBY RATIFIED.

**59.3 PROCEDURES IN CASE OF LOSSES**

**59.3.1** Basic Documents in case of Losses

For analysis of the Indemnity payment, pursuant to the provisions of Clause "PROCEDURES IN CASE "PROCEDIMENTOS EM CASO DE SINISTROS", item – "Documentos Básicos em Caso de Sinistros" das Condições Gerais, deverão ser apresentados os respectivos documentos OF LOSSES", Item - "Basic Documents in case of Losses" of the General Conditions, the following documentation should be presented:

- a. "Loss Advice" Form, duly filled-out and signed by the Insured;
- b. "Authorization for Payment - Claim Credit" Form, duly filled-out and signed by the Insured;
- c. Copies of RG [Identity Card], CPF [Individual Taxpayer Identification Number] and utility bill of the Insured for proof of residence;
- d. Medical report confirming the insured's hospitalization;
- e. Discharge document with date and time when the insured was admitted in and discharged from hospital.

**59.4 RATIFICATION**

Other provisions of this Insurance Agreement that have not been amended by these Special Conditions are hereby ratified.



**SPECIAL CONDITIONS**

**60. EXPENSES WITH PETS**

**60.1 COVERED RISKS**

**60.1.1** This coverage, once contracted and upon payment of the corresponding premium, guarantees the reimbursement, limited to the insured capital, of expenses with consultation(s) and prescription drug(s) under veterinary guidance for traveling pets (dogs or cats), deriving from an accident or sudden illness of the animal, **except for the excluded risks provided for in the Insurance Card.**

**60.2 Covered Expenses**

**60.2.1** **Veterinary expenses for consultation(s) and medication(s) deriving from accident or sudden illness**, duly substantiated upon presentation of invoices, up to the limit of the insured capital contracted.

**60.2.2** For the purposes of this Clause, in order to determine the Insured Capital, the event date is deemed the date provided for in the documents that substantiate the necessary expenses.

**60.2.3** The Indemnity provided for in this Coverage will be due when the event occurs within the term of the contracted insurance.

**60.2.4** The Insured Capital will be defined and indicated in the Insurance Card.

**60.3 Eligibility:**

**60.3.1** Only pet dogs and cats that are traveling with the insured are eligible.

**60.4 EXCLUDED RISKS**

**IN ADDITION TO THE EXCLUDED RISKS PROVIDED FOR IN CLAUSE – “EXCLUDED RISKS” OF THE GENERAL CONDITIONS, THIS COVERAGE DOES NOT COMPRISE EVENTS OCCURRED DIRECTLY OR INDIRECTLY DUE TO:**

- A. ANY EXPENSES OTHER THAN THE REIMBURSEMENT FOR CONSULTATION AND PURCHASE OF MEDICATIONS DERIVING FROM ACCIDENT OR SUDDEN ILLNESS OF THE PET;**
- B. EXPENSES WITH PETS THAT ARE NOT TRAVELING WITH THE INSURED;**
- C. ROUTINE TREATMENTS OR THOSE CHOSEN AS ROUTINE;**
- D. PET TRANSPORT TO THE VET;**
- E. CASTRATION;**
- F. ACUPUNCTURE AND PHYSIOTHERAPY;**
- G. FUNERAL EXPENSES;**
- H. VACCINES;**
- I. CHIP IMPLANT.**

**60.5 PROCEDURES IN CASE OF LOSSES**

**60.5.1 Basic Documents in case of Losses**

For analysis of the Indemnity payment, pursuant to the provisions of Clause “PROCEDURES IN CASE OF LOSSES”, Item - “Basic Documents in case of Losses” of the General Conditions, the following documentation should be presented:



- a. "Loss Advice" Form, duly filled-out and signed by the Insured;
- b. "Authorization for Indemnity Credit" Form, duly filled-out and signed by the Insured;
- c. Invoices and original receipts of the expenses with consultation and medications;
- d. Veterinarian's report, explaining and confirming the reason, illness and/or accident and the necessary medications, duly signed and stamped;
- e. Copy of the Insurance Card.

#### **60.6 RATIFICATION**

Other provisions of this Insurance Agreement that have not been amended by these Special Conditions are hereby ratified.



## SPECIAL CONDITIONS

### 61. COVID-19 MEDICAL AND HOSPITAL EXPENSES ON INTERNATIONAL TRAVEL (DMHC-VI)

#### 61.1 COVERED RISKS

**61.1.1** This Coverage, as long as contracted and upon payment of the corresponding premium, guarantees the reimbursement or provision of the service, limited to the Insured Capital, of medical and hospital expenses incurred by the Insured for its treatment, under medical guidance, in case of diagnosis of COVID-19, which occurred during the period of travel abroad and, once the departure from the country of residence was confirmed, except for the excluded risks provided for in the Insurance Card;

**61.1.2** This clause is limited to Medical and Hospital Expenses performed by order of a qualified doctor in the event that the insured has been diagnosed with COVID-19, up to the limit of the contracted insured capital. Expenses related to the stabilization of the insured clinical condition that allow him to continue traveling or return to his place of residence are covered, with no coverage for the continuity and control of previous treatments, check-up and extension of prescriptions.

**61.1.3** Insured Capital will be limited and indicated on the Insurance Card.

**61.1.4** For the purpose of coverage and determination of the insured capital, the "date of the covered event" will be considered, the date contained in the documents that prove the need for expenses, without any change in the Insured Capital made after the covered event.

**61.1.5** The service must take place while the insured is traveling and respecting the validity period of the Insurance Card.

#### 61.1.6 Definitions:

61.1.6.1 In addition to the definitions mentioned in the TECHNICAL GLOSSARY of the General Conditions, the following definitions will be used for this coverage:

- I. **COVID-19:** Coronavirus disease caused by the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2), also known as COVID-19.
- II. Qualified physician: A physician or specialist registered or licensed to practice medicine in accordance with the laws of the country in which he practices, except:
  - A) an insured person; or
  - B) spouse/partner of the insured person; or
  - C) a member of the insured person's family.

#### 61.1.7 Eligibility:

Individuals who are in the contracted travel period are eligible.

#### 61.2 EXCLUDED RISKS

**IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE - "RISKS EXCLUDED" FROM THE GENERAL CONDITIONS THE EVENTS ARE ALSO EXCLUDED:**

- a. expenses on COVID-19 testing;



- b. when COVID-19 has been certified before the insurance card is valid;
- c. when the insured is not under the care of qualified doctors;
- d. clinical or surgical treatments that constitute an illegal or unethical act;
- e. experimental treatments and medications not recognized by the Health Authority;
- f. that involves travel specifically to obtain medical, dental or aesthetic/cosmetic treatment;
- g. travel when the insured was advised not to travel by a qualified doctor;
- h. pre-existing diseases;
- i. medical and hospital expenses not related to COVID-19.
- j. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES MADE BY THE INSURED ARISING FROM A TRAVEL TO A SPECIFIC COUNTRY OR REGION WHERE ANY COMPETENT AUTHORITY/BODY DOES NOT ADVISE TRAVEL TO THIS PLACE;
- k. ANY MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES THAT RESULT IN THE FACT THAT THE INSURED HAS NOT TAKEN THE RECOMMENDED VACCINES AND MEDICINES FOR YOUR TRAVEL.

### 61.3 PROCEDURES IN CASE OF LOSSES

#### 61.3.1 Calculation of Indemnity

**61.3.1.1** Expenses made abroad must be reimbursed in Reais (R\$) based on the official sale exchange rate on the date and in the currency of the effective payment made by the Insured, respecting the limits of Insured Capital established by contract for this Coverage.

**61.3.1.2** The Insured is free to choose medical, hospital and dental service providers, provided they are legally qualified.

**61.3.1.3** As long as the Insured chooses to provide the service without the need for disbursement of the amount, the Insured himself, the beneficiary or his representative must contact the AXA Seguros Call Center, which may be charged, and inform the Full Name of the Insured, CPF or insurance card number; Location and Telephone of Where You Are; and the Problem, the type of information or help needed.

#### 61.3.2 Basic Documents in case of Losses

For analysis of the Indemnity payment, pursuant to the provisions of Clause "PROCEDURES IN CASE OF LOSSES", Item

- "Basic Documents in case of Losses" of the General Conditions, the following documentation should be presented:

- a. Form "Loss Advice", duly filled-out and signed by the Insured;
- b. Form "Authorization for Indemnity Credit", duly filled-out and signed by the Insured;
- c. Copies of RG [Identity Card], CPF [Individual Taxpayer Identification Number] and utility



bill of the Insured for proof of residence;

- d.** Positive test of COVID-19;
- e.** Original invoices and receipts for medical and hospital expenses. The invoices referring to expenses with medications must be accompanied by the respective medical prescriptions;
- f.** Report or report completed by the accredited physician who provided the service, with technical specifications and diagnoses;
- g.** Copy of the Insurance Card.

#### **61.4 RATIFICATION**

Other provisions of this Insurance Agreement that have not been amended by these Special Conditions are hereby ratified.