



GENERAL CONDITIONS
TRAVEL INSURANCE
EXCLUSIVE FOR CORIS INSURANCE REPRESENTATIVE



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GLOSSARY

A **glossary** is an alphabetical list of terms from a specific field of knowledge with the definition of these terms. The following terms and expressions defined below aim to clarify any doubts that may arise in the reading and interpretation of the General Conditions and Clauses that govern this Insurance Contract. For the purposes of this Insurance Contract, these words and expressions will always have the following meanings:

GENERAL DEFINITIONS

PERSONAL ACCIDENT: An event with a characterized date, exclusive and directly external, sudden, involuntary, violent, and causing physical injury, which, by itself and independently of any cause, directly results in the death, or total or partial permanent disability, of the insured or necessitates medical treatment, noting that:

a. Included in this concept are:

i. Suicide, or its attempt, which will be equated, for indemnity purposes, to a personal accident, subject to current legislation;

ii. Accidents resulting from the action of environmental temperature or atmospheric influence, when the insured is subject to them as a result of a covered accident;

iii. Accidents resulting from accidental leakage of gases and vapours;

iv. Accidents resulting from kidnappings and attempted kidnappings; and

v. Accidents resulting from anatomical or functional alterations of the spinal column, of traumatic origin, caused exclusively by fractures or dislocations, radiologically proven.

b. Excluded from this concept of "personal accident" are:

i. **Diseases, including occupational diseases, regardless of their causes, even if caused, triggered, or aggravated, directly or indirectly by an accident, except for infections, severe sepsis, and embolisms resulting from visible injuries caused as a result of a covered accident;**

ii. **Complications or consequences resulting from the performance of exams, clinical or surgical treatments, when not resulting from a covered accident;**

iii. **Injuries resulting from, dependent on, predisposed to, or facilitated by repetitive efforts or cumulative microtraumas, or that have a cause and effect relationship with them, as well as injuries classified as: Repetitive Strain Injury - RSI, Work-Related Musculoskeletal Disorders - WRMD, Continued or Continuous Trauma Injury - CTI, or similar injuries that may be accepted by the medical-scientific community, as well as their post-treatment consequences, including surgical, at any time; and**

iv. **Situations recognized by official social security institutions or similar entities as "occupational disability", in which the event causing the injury**

does not fully fit the characterization of personal accident disability.

ACCEPTANCE OF RISK: The act of approval, by the Insurer, of the proposal submitted to it by the insured or by the insurance broker for the contracting of the insurance. **WORK ACCIDENT:** As determined by law, a work accident is one that occurs in the course of work for a company or domestic employer, or in the course of work, causing bodily injury or functional impairment that results in death or permanent or temporary loss or reduction of work capacity. **COMPANION:** A companion is understood as the person who shares the same trip with the Insured, that is, the same date, the same place of accommodation, the same tourist package. **AGGRAVATION OF RISK:** Any intentional or unintentional action by the insured that may have compromised and/or may cause or compromise the progression of their illness and/or accident. This concept includes cases of non-compliance with medical instructions, before and/or during the validity of the insurance, and their consequences.

MENTAL ALIENATION: It occurs when, due to a mental illness, there is a decrease in cognitive processes, that is, when there is a significant loss of knowledge acquisition in factors such as: thought, language, perception (of reality), memory, reasoning, and other related factors. **HOSPITAL DISCHARGE:** Consists of the authorization, with medical agreement, for the patient to leave the hospital treatment environment, signed by the attending physician responsible for the treatment.

MEDICAL RELEASE: It is the release signed by the responsible physician and indicates the completion and/or conditions for the safe continuation of the patient's treatment, assuming their cure or improvement of their illness.

GEOGRAPHICAL SCOPE: Location for the coverage scope of the insurance.

BASIC PERSONAL HYGIENE ARTICLES: It is the set of articles for basic hygiene habits such as bathing, asepsis (deodorant and alcohol gel), razor blade, sanitary pads, and oral hygiene (toothpaste, mouthwash, toothbrush, and dental floss).

BASIC CLOTHING ARTICLES: are clothes used to cover certain parts of the body. It is defined by: underwear, pants, t-shirt, sweater, shorts, socks, footwear.

AMBULATORY CARE: It is care that is not characterized as urgent and emergency, has an elective nature, and aims to carry out clinical and/or laboratory/radiological controls of acute and/or pre-existing diseases and aims to continue investigations and/or treatments that no longer fall within the context of urgency and emergency, being, in a non-hospitalization regime, and can usually be performed by prior appointment.

TERRORIST ACT: It consists of conduct qualified as such by law, treaty, convention, and/or norm, as well as the use of force, violence, threat, by any person or group, motivated by political, religious, ideological, social, cultural, or similar causes, with the intention of influencing mass thought, the government, the entity in power, and/or with the aim of intimidating a group of people and/or any segment of the population.

CLAIM NOTICE: It is the specific communication made by the insured, informing the insurer of the occurrence of a claim, immediately, as provided in the Contractual Conditions, so that the insurer can take the necessary steps, in its own interest and in the interest of the Insured.

BAGGAGE: It is any volume packed in a closed compartment, checked, proven to be under the responsibility of the carrier. Unchecked baggage carried with the insured (carry-on baggage) will not be considered for the purposes of this insurance.

BENEFICIARY: Individual or legal entity designated to receive the amounts of the insured sums in the event of a covered claim.

INSURANCE POLICY: It is the document issued by the insurer that formalizes the acceptance of the coverage(s) requested by the insured, replaces the individual policy, and dispenses with the completion of a proposal.

GOOD FAITH: One of the basic principles of insurance, expressly required by law, by which the parties undertake to act with mutual honesty, giving the other party the conviction of having acted in accordance with the law, or that their actions are supported by it.

INSURED SUM: Maximum value for the contracted coverage to be paid or reimbursed by the insurer in the event of a covered claim, valid on the date of the event.

WAITING PERIOD: Period counted from the start date of the insurance or the increase of the insured sum or the renewal of the insurance, in case of suspension, during which, in the event of a covered claim, the insured or the beneficiaries will not be entitled to receive the contracted insured sums.

FORTUITOUS EVENT/FORCE MAJEURE: It is an unforeseen event, independent of human will, whose effects cannot be avoided or prevented.

ASSISTANCE CENTER: It is the service center responsible for receiving service requests from the insured or their companion, 365 days a year, 24 hours a day. It will be responsible for organizing, monitoring the service provision to the insured, and making payments to the service provider.

COVERAGE: Commitment of the insurer to pay an insured sum in the event of one of the risks defined in the contractual conditions, provided that the causing event is not excluded from this coverage.

COMMISSION: It is the percentage on the premiums received with which insurers remunerate the work of insurance brokers.

PRE-EXISTING CONDITION: It is the condition known to the insured, either due to the existence of medical-hospital and dental antecedents or confirmatory diagnostic tests, and not declared in the application for membership.

SPECIAL CONDITIONS: Set of clauses that specify the different coverage modalities that can be contracted within the same insurance plan.

GENERAL CONDITIONS: Set of clauses that govern the same insurance plan, establishing obligations and rights of the insurer, the insured, the beneficiaries, and, when applicable, the stipulator.

SPOUSE: It is the spouse of the Insured. The companion is equated to the Spouse, provided that the stable union is proven, in accordance with the current legislation, on the date of the Claim.

NATURAL CONVULSION: For all purposes, natural convulsion is considered to be storms, lightning, hailstorms, floods, landslides, rockslides, falling trees or large structures, earthquakes, tsunamis, hurricanes, gales, and other natural phenomena of great energy and destructive power.

INSURANCE BROKER: A natural or legal person duly authorized to intermediate the commercialization of insurance contracts. The Insurance Broker shall be civilly liable to the policyholders, insured parties, and insurers for damages caused by omission, incompetence, or negligence in the exercise of the profession, as well as responsible for informing the policyholder/Insured of any information related to the insurance and/or communication made by the Insurer.

CO-INSURANCE: Operation consisting of the sharing of the same risk, of the same Insured, between two or more Insurers, without joint liability among them.

MEDICAL DECLARATION: Document prepared in the form of a report or similar, where the attending physician expresses their opinion on the health status of the Insured and related medical facts.

VISUAL IMPAIRMENT: Permanent loss or reduction of visual capacity in both eyes that cannot be improved or corrected with the use of lenses, clinical treatment, or surgery.

ACUTE DISEASE/CONDITION: one considered with an evolution period of up to 14 (fourteen) days.

PROLONGED ACUTE DISEASE/CONDITION: one considered with an evolution period between 15 (fifteen) and 29 (twenty-nine) days.

PRE-EXISTING DISEASE OR CONDITION: Any weakness, congenital, acquired, or resulting from an accident, which compromises organic or motor function or puts the individual's health at risk, whether directly or indirectly, existing prior to the insurance contract, of which the individual is aware, and not informed at the time of contracting, according to the declaration in the application.

CONGENITAL DISEASE: are alterations that arise during embryonic formation, already existing in the individual at birth.

CHRONIC DISEASE/CONDITION: one considered with an evolution period greater than or equal to 30 (thirty) days.

FRAUD: Conscious act by which someone induces another into error, acting in bad faith, through fraudulent means, aiming at a preconceived physical or financial loss, for their own benefit or that of others.

DOMICILE: It is the address where the insured establishes themselves permanently in Brazil, i.e., their daily use address, duly indicated by the insured on the insurance policy.

EMERGENCY: Situation in which the insured requires immediate attention, as there is a risk of death and/or severe sequelae that may require direct assistance through local emergency medical services in the country where they are located (municipal, state, or federal).

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EMOLUMENTS: It is the set of additional expenses that the insurer charges the insured corresponding to tax-related items.

TRANSPORT COMPANY: is the air, land, or sea transport company licensed to operate regular passenger transport. For the purposes of this insurance, individual passenger transport is not included in this definition, such as taxis, vans, carpooling, motorcycles, or rental vehicles, as well as means of transport without supervision, chartered transport, or private use, such as motorcycles, cars, boats, aircraft, and helicopters.

COVERED EVENT: It is the future and uncertain event, of involuntary nature, occurring during the insurance period and provided for in these general conditions.

CHILD: For the purpose of Supplementary Coverage of Inclusion of Children, the child(ren), stepchild(ren), and dependent minor(s) of the Insured are considered as dependents according to the rule established by the Federal Revenue Service for Income Tax - IRPF, unless there is a contractual provision to the contrary.

JURISDICTION: Refers to the location of the Judiciary to be invoked in case of disputes arising from this contract.

DEDUCTIBLE FRANCHISE: It is the amount or percentage representing the mandatory participation of the insured in the indemnities for each claim.

FRAUD: Obtaining, for oneself or for another, an illicit financial or material advantage, to the detriment of others, maintaining or even inducing someone into error, through trickery, artifice, or any other means that can deceive. According to Brazilian criminal law, it is one of the forms of fraud.

THEFT: To take, for oneself or for another, movable property belonging to another (Article 155 of the Brazilian Penal Code).

QUALIFIED THEFT: Action committed to steal movable property, with destruction or breaking of obstacles to the theft of the property, with abuse of trust, or by fraud, climbing, or skill, using a false key or with the participation of two or more people, leaving traces, or proven through a police inquiry.

PREGNANT WOMAN: women up to the 32nd week of pregnancy who require emergency care while traveling, limited to 45 (forty-five) years of age.

HIGH-RISK PREGNANCY: It is one in which the life or health of the mother and/or the fetus and/or the newborn are more likely to be affected than the average of the considered population.

DEGREES OF KINSHIP: As determined by law, the degrees of kinship are considered as follows:

- By consanguinity:
 - First-degree relatives:
 - Father, mother, and children;
 - Second-degree relatives: Siblings, grandparents, and grandchildren;
 - Third-degree relatives: Uncles, aunts, great-grandparents, and great-grandchildren.
- By affinity:
 - First-degree relatives: Father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, and stepchildren;

- Second-degree relatives: Brothers-in-law.

HOSPITAL: It is the legally authorized, constituted, and licensed establishment in Brazil or abroad, duly installed and equipped for medical, clinical, and/or surgical treatment of its patients. The following are not considered hospital establishments:

- a. Clinics, daycares, nursing homes, or convalescent homes for the elderly;
- b. Places that function as drug and/or alcohol treatment centers, even if part of an intra-hospital ward
- c. Any establishment that does not fit the definition of a Hospital above;
- d. Hydrotherapy health institution or clinic of natural curative methods;
- e. Convalescent homes and/or rehabilitation centers of any kind;
- f. "Home care" (home hospitalization).

INDEMNITY: It is the payment to the Beneficiary(ies) or to the Insured, of the contracted amount or reimbursement, or even the provision of service(s), in case of covered risks, as long as related to the trip, during a period previously determined in the insurance policy, according to the terms established in these contractual conditions.

INDEX OF VALUE UPDATING: It is the economic index adopted by the Insurer for updating values.

START OF VALIDITY: Date from which the proposed risk coverages will be guaranteed by the insurance company.

HOSPITALIZATION: For the purposes of this insurance, it is the stay in the hospital for a minimum period of 24 (twenty-four) hours in an inpatient regime, indicated by a qualified medical professional, for clinical or surgical treatments, clinical observation, and/or diagnostic measures that cannot be performed at home or in a doctor's office, provided that the billing for at least 1 (one) daily rate is proven through invoices, a medical request for hospitalization accompanied by a medical report, a statement from the hospital where the hospitalization occurred, or any legal billing instrument.

PERMANENT DISABILITY DUE TO ACCIDENT: It is the permanent, partial, or total loss, reduction, or functional impotence of one of the members or organs provided for in the Table for Calculation of Indemnity Percentages in case of Permanent Disability due to an Accident, due to physical injuries exclusively resulting from a covered Personal Accident, provided that such injuries are not susceptible to rehabilitation and/or recovery by the therapeutic means available at the time of their identification.

MEDICAL REPORT: Document issued by a physician duly registered with the Regional Council of Medicine, about the physical and health conditions of the applicant.

BAD FAITH: Acting deliberately contrary to the law, customs, or right.

SUITCASE: It is the object used to transport clothes and other personal items during a trip.

PHYSICIAN: It is the professional legally licensed to practice medicine, who provides information about the health of the insured. The insured, their spouse, dependents, blood relatives, or relatives by marriage, even if qualified to practice medicine, will not be accepted as a physician.

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REMOTE MEANS: These are the means that allow the exchange or access to information and/or all types of data transfer through communication networks involving the use of technology such as the Internet (worldwide computer network), telephony, cable or digital television, satellite communication system, etc.

NECESSARY MEDICATION: Medication recommended by the doctor when it is consistent with the symptoms, diagnosis, and treatment of the insured's condition and appropriate in relation to the rules of correct medical practice.

ATTENDING PHYSICIAN: The doctor who is assisting the Insured or who has already provided continuous assistance.

FAMILY MEMBERS: Family members will be considered as: father, mother, siblings, spouses, children, and stepchildren of the Insured.

OBJECTIVE OF THE INSURANCE: It is the generic designation of any insured interest, whether things, people, goods, responsibilities, obligations, rights, and guarantees.

OMISSION: In insurance, it is the concealment of facts or circumstances that, if revealed, would lead the insurer to refuse the contract, or accept it with tariff increases and/or other conditions.

ORTHOSIS: A temporary device used to assist the functions of a member, organ, or tissue.

OVERBOOKING: Overbooking is a strategy intentionally adopted by airlines, in which they sell a greater number of tickets than the available seats on a particular flight, anticipating the possibility of some passengers not showing up.

REGULAR PASSENGER: These are passengers who have physical and mental capacity, or who do not have any medical condition that requires individual attention, resulting from a covered medical event, whether during boarding, during the trip, and/or disembarkation, different from that given to other passengers.

IRRECOVERABLE LOSSES: The amounts charged by the airline, hotel, tour operator/travel agency, and/or companies providing entertainment/attractions, as a penalty or advance payments for reservations, in case of trip cancellation, as provided in the service contract or similar instrument as non-refundable and paid in advance by the insured. Irrecoverable loss is characterized when all possibilities of rescheduling the trip date or refunding the paid amounts have been exhausted.

VALIDITY PERIOD: It is the validity period duly specified in the Insurance Policy. "PET": For this insurance, it is any pet dog or cat of the insured that is traveling with the insured.

DAMAGE: Economic/material loss resulting from events covered in the Insurance Policy.

PREMIUM: The amount paid by the insured to the Insurer in exchange for the acceptance and coverage of the risk to which the insured is exposed.

PRESCRIPTION: Legal principle that determines the extinction of a right as a result of the expiration of the legal deadline to exercise it.

BOARDING PREEMPTION: Preterition occurs when an airline, by its responsibility, sells more airline tickets than there are available seats on a flight. This results in the impossibility of boarding for one or more passengers with confirmed reservations, due to lack of space.

PRO RATA TEMPORIS: Method for calculating insurance premiums with a term of less than a year, based on the total number of days of its validity.

PROPONENT: The interested party in contracting the coverages.

PROSTHESIS: A permanent or temporary device that fully or partially replaces and/or assists the functions of a member, organ, or tissue.

CLINICAL PICTURE: Set of objective and subjective organic manifestations presented by a patient.

INSURANCE REPRESENTATIVE: It is the legal entity that assumes the obligation to promote, on a non-occasional basis and without dependence ties, the execution of contracts on behalf of and in the name of the insurance company.

LEGAL REPRESENTATIVE: A person or entity appointed or designated to act on behalf of another person in legal and administrative matters. This representative has the power and authority to make decisions on behalf of the person represented, in matters that may include business, finance, health, property, or other legal issues. The appointment of a legal representative occurs in situations where the represented person is unable to make decisions or take necessary actions on their own, such as in cases of incapacity, absence, or death.

PIR REPORT: Property Irregularity Report. Baggage Irregularities Report issued by the airline. **RISK:** Uncertain event or event of uncertain date that is beyond the control of the contracting parties and against which insurance is taken out.

EXCLUDED RISKS: Risks, as provided in the contractual conditions, which will not be covered by the insurance.

THEFT: The act of taking property by threat or the use of violence against a person or after rendering them unable to resist, either through physical action, the application of narcotics, or armed robbery.

INSURED: A natural person on whom the risk assessment will be conducted and the insurance will be established, entitling them to reimbursement and/or indemnification.

INSURER: Company authorized by SUSEP to operate in Brazil and, upon receiving the premium, assumes the risks described in the insurance contract.

SEQUEL: Any anatomical or functional injury that remains after the clinical evolution of a disease has ended.

CLAIM: The occurrence of the covered event during the policy's validity period.

SUSEP - SUPERINTENDENCY OF PRIVATE INSURANCE: It is the autarchy with powers of standardization, control, and supervision of the insurance market in Brazil.

ELECTIVE TREATMENT: Treatment characterized as non-emergency, which can be scheduled in advance.

URGENCY: Situation in which the insured needs care, not characterized as an emergency or ambulatory.

AIR, MARITIME, OR LAND TRAVEL: Refers to any means of air, maritime, or land transportation operated under a valid license for paid passenger transport, with regular routes and schedules, provided that the Insured is not a member of the crew. This definition does not include charter (air or maritime) transport, individual passenger transport, such as motorcycles, or unsupervised means of transportation, such as boats.

NATIONAL TRAVEL: National travel is considered the movement of the Insured between their habitual residence and the destination within the country of residence. In the case of land travel, only trips with a distance greater than 70 km from the Insured's habitual residence are covered. The distance calculation will be considered from the zero mark of the Insured's city of domicile.

TRAVEL ABROAD: Travel abroad is considered the movement of the Insured between their habitual country of residence and the destination outside the country of residence. In the case of land travel, only trips with a distance greater than 70 km from the Insured's habitual residence are covered. The distance calculation will be considered from the zero mark of the Insured's city of domicile.

INSURED TRAVEL: It is the period of time between the start and end of the insurance coverage. A trip for an indefinite period, whether as a group or individually, does not qualify as Insured Travel.

VALIDITY: It is the period for which the insurance is contracted.

GENERAL CONDITIONS

1. INTRODUCTION

We present the Contractual Conditions of your Travel Insurance that establish the operating procedures of the contracted coverages and excluded risks.

This insurance is governed by the legislation applicable to insurance contracts, specific provisions of damage insurance, these General Conditions, Special Conditions, Contract, and any endorsements.

Only the conditions corresponding to the coverages expressly provided and detailed in these Contractual Conditions will be considered in each case, disregarding any others, even if present in a similar product.

It is emphasized that for cases not foreseen in these Contractual Conditions, the laws regulating insurance in Brazil will be applied.

The insurance contract will be issued in Brazilian currency, meaning all values related to insured amounts, deductibles, premiums, and others will remain fixed in this currency*.

*Exclusively for international trips, for the purpose of proving to the authorities of the destination country(s), the Insurance Ticket will also inform the Insured Amount converted into foreign currency.

By contracting the insurance, the Insured declares to be aware of and accept the limiting clauses highlighted in the text of these Contractual Conditions.

Notes:

ATTENTION: TRAVEL INSURANCE IS NOT HEALTH INSURANCE! READ CAREFULLY THE CONTRACTUAL CONDITIONS AND/OR INSURANCE TICKET, OBSERVING YOUR RIGHTS AND OBLIGATIONS, AS WELL AS THE LIMIT OF THE INSURED AMOUNT CONTRACTED FOR EACH COVERAGE.

THE ACCEPTANCE OF THIS INSURANCE WILL BE SUBJECT TO RISK ANALYSIS;

THE REGISTRATION OF THIS PLAN WITH SUSEP DOES NOT IMPLY, ON THE PART OF THE AGENCY, INCENTIVE OR RECOMMENDATION FOR ITS COMMERCIALIZATION;

PROMOTIONAL AND ADVERTISING MATERIALS MUST BE DISCLOSED WITH EXPRESS AUTHORIZATION AND SUPERVISION OF THE INSURANCE COMPANY, STRICTLY RESPECTING THE GENERAL AND SPECIAL CONDITIONS AND THE ACTUARIAL TECHNICAL NOTE SUBMITTED TO SUSEP.

THE INSURED CAN CHECK THE REGISTRATION STATUS OF THEIR INSURANCE BROKER ON THE WEBSITE WWW.SUSEP.GOV.BR, USING THEIR SUSEP REGISTRATION NUMBER, FULL NAME, CNPJ, OR TAXPAYER ID;

BY CONTRACTING THIS INSURANCE, ONLY THE COVERAGES EXPRESSLY RATIFIED IN THE INSURANCE TICKET WILL BE CONSIDERED AS CONTRACTED COVERAGES, RENDERING NULL AND VOID ANY OTHERS DESCRIBED IN THESE GENERAL CONDITIONS AND SPECIAL CONDITIONS.

2. OBJECTIVE OF THE INSURANCE

2.1 This insurance aims to guarantee the insured or their beneficiaries, during the predetermined travel period, the payment of compensation, limited to the contracted insured amount, in the form of the contracted value payment, reimbursement, or provision of services, in the event of covered risks as specified in the contracted coverages and indicated in the Insurance Ticket, provided that the event does not fall under "excluded risks" or "not covered" by current legislation.

3. GEOGRAPHICAL SCOPE

3.1 Plans for domestic trips will provide coverage for events that occur in Brazil, in accordance with the objective of this insurance and the trip described in the insurance ticket.

3.2 Plans for international trips will provide coverage for events that occur in the countries covered according to the contracted plan and described in the insurance ticket, in accordance with the objective of this insurance.

3.3 For events that occur abroad, any compensations or reimbursements will be paid in the national currency, according to the contracted coverages.

4. COVERED RISKS

For the purposes of this insurance, covered events are those defined in the special conditions, which are an integral and inseparable part of this contract.

4.1 THE COVERAGES THAT CAN BE CONTRACTED ARE AS FOLLOWS:

4.1.1 Basic Coverages:

- a. Medical and/or Dental Hospital Expenses for Domestic Travel (DMHO-VN);
- b. Medical and/or Dental Hospital Expenses for International Travel (DMHO-VI);
- c. Body Repatriation (TC);
- d. Medical Repatriation (RS);
- e. Medical Transfer (TM);
- f. Death during Travel (MV);
- g. Accidental Death during Travel (MAV);
- h. Permanent Disability due to Accident during Travel (IPAV);

4.1.2 Additional Coverages:

- i. Additional Baggage (BC);
- j. Supplementary Baggage (BS);
- k. Funeral during Travel (FV);
- l. Insured's Return (RS);
- m. Hotel Accommodation after Hospital Discharge (HHAH);
- n. Return of Companions in case of Insured's Death (RAFS);

- o. Accompaniment to the Insured User Hospitalized (AUSH);
- p. Pharmaceutical Expenses (DF);
- q. Accompaniment of Minor and/or Elderly (AMI);
- r. Legal Assistance (AJ);
- s. Accidental Death in Authorized Public Transport (MATA);
- t. Reimbursement for Delayed or Cancelled Flight (over 6 hours) (RCV);
- u. Return due to Incident at Home (RSD);
- v. Compensation for Baggage Delay (CAB);
- w. Laptop/Smartphone Insurance (SLS);
- x. Compensation for Expenses of Issuing Temporary Passport (CGEP);
- y. Physiotherapy Assistance (AF);
- z. Ticket for Substitute Professional (PPS);
- aa. Guaranteed Trip (VG);
- bb. Special Baggage (BE);
- cc. Trip Cancellation/Interruption - "Plus Reason" or Trip Change (CIV-PR);
- dd. Trip Cancellation/Interruption - "Any Reason" or Trip Change (CIV - AR);
- ee. Loss of Services - Refund for Classes (PSC);
- ff. Bag Damage (DM);
- gg. Total or Partial Permanent Disability due to Accident in Public Transport (IPATA);
- hh. Income in Case of Hospitalization (RCH);
- ii. Expenses for "PET" (DP);
- jj. Medical and Hospital Expenses for COVID-19 in International Travel (DMHC-VI)

4.2. CONDITIONS FOR CONTRACTING COVERAGES:

- a. Coverages are freely chosen by the insured, within the established limits for contracting;
- b. At least one of the Basic Coverages must be contracted;
- c. The contracting of DMHO-VI, TC, RS, and TM coverages must be mandatory for plans covering trips abroad;
- d. The TC coverage cannot be contracted on its own;
- e. When contracting DMHO-VN and DMHO-VI coverages, the TM coverage must be mandatory; f. In case of compensation payment to the insured, the insurer is subrogated in the rights and actions of the insured against third parties who may be proven responsible for the claim.
- f. In the event of payment of compensation to the insured, the insurer is subrogated to the rights and actions of the insured against third parties that can be proven to be responsible for the accident.

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g. In case of a claim related to air transport, the payment of compensation will be governed by the provisions of the Montreal Convention, according to its terms and applicable limits.

5. EXCLUDED RISKS

UNLESS EXPRESSLY STIPULATED OTHERWISE IN THE GENERAL CONDITIONS OF THIS INSURANCE POLICY, THE FOLLOWING RISKS ARE EXCLUDED FROM THIS INSURANCE CONTRACT:

a. THE BENEFICIARY IS NOT ENTITLED TO THE STIPULATED CAPITAL WHEN THE INSURED COMMITS SUICIDE WITHIN THE FIRST TWO YEARS OF THE INITIAL CONTRACT PERIOD, OR AFTER ITS REINSTATEMENT FOLLOWING SUSPENSION, IN ACCORDANCE WITH ARTICLE 798 OF THE CIVIL CODE AND COUNTED:

- **FROM THE INDIVIDUAL INSURANCE COMMENCEMENT DATE; OR**
- **FROM THE REQUEST FOR AN INCREASE IN INSURED CAPITAL MADE EXCLUSIVELY BY THE INSURED. IN THIS CASE, THE EXCLUSION ONLY APPLIES TO THE INCREASED INSURED CAPITAL;**

b. USE OF NUCLEAR MATERIAL FOR ANY PURPOSE, INCLUDING NUCLEAR EXPLOSION, WHETHER CAUSED OR NOT, AS WELL AS RADIOACTIVE CONTAMINATION OR EXPOSURE TO NUCLEAR OR IONIZING RADIATION;

c. ACTS OF HOSTILITY OR WAR, INVASION, ACTS OF FOREIGN ENEMIES, CIVIL OR MILITARY WARFARE, REVOLUTION, TERRORISM, NATIONALIZATION, SUBVERSION, CONSPIRACY, REBELLION, INSURRECTION, CONFISCATION, AGITATION, REVOLT, SEDITION, UPRISINGS, RIOTS, LOCKOUTS, OR OTHER PUBLIC ORDER DISTURBANCES AND THEIR CONSEQUENCES, EXCEPT FOR MILITARY SERVICE OR ACTS OF HUMANITY IN AID OF OTHERS;

d. INTENTIONAL ILLEGAL ACTS COMMITTED BY THE INSURED, THE BENEFICIARY, OR THE LEGAL REPRESENTATIVE, WHETHER BY ONE OR THE OTHER;

e. EPIDEMICS, ENDEMIC DISEASES, AND PANDEMICS DECLARED BY A COMPETENT BODY;

f. EVENTS WHERE THE INSURED HAS INTENTIONALLY THREATENED THE LIFE AND PHYSICAL INTEGRITY OF ANOTHER, WHETHER CONSUMMATED OR NOT, EXCEPT IN CASES DULY PROVEN BY CREDIBLE DOCUMENTATION ISSUED BY LOCAL POLICE AUTHORITIES, OF LEGITIMATE DEFENSE OR ASSISTANCE TO A PERSON IN DANGER;

g. VOLCANIC ERUPTION, FLOODING AND ANY KIND OF FLOOD, GALE, HURRICANE, CYCLONE, TORNADO, HAILSTORM, OR ANY OTHER NATURAL CONVULSION;

h. LOSSES AND DAMAGES CAUSED DIRECTLY OR INDIRECTLY BY A TERRORIST ACT OR RELATED TO A TERRORIST ACT, THE INSURER MUST PROVE WITH SUITABLE DOCUMENTATION, ACCOMPANIED BY A DETAILED REPORT CHARACTERIZING THE NATURE OF THE ATTACK, REGARDLESS OF ITS PURPOSE, AND PROVIDED THAT IT HAS BEEN DULY RECOGNIZED AS AN ATTACK ON PUBLIC ORDER BY THE COMPETENT PUBLIC AUTHORITY,

NOTWITHSTANDING ANY CONTRARY PROVISIONS IN THE CONTRACTUAL CONDITIONS OF THIS INSURANCE.

i. VOLUNTARY AND PREMEDITATED MUTILATION OR ITS ATTEMPT. EXCEPT IN CASES OF SUICIDE OR ITS ATTEMPT;

j. ELECTIVE TREATMENTS AND PROCEDURES, AS WELL AS THEIR CONSEQUENCES AND COMPLICATIONS, SUCH AS, BUT NOT LIMITED TO: AESTHETIC SURGERIES, FERTILITY TREATMENTS, STERILIZATION PROCEDURES, ETC., EVEN WHEN THEY RESULT IN AN URGENT AND/OR EMERGENCY SITUATION.

k. ORGAN OR TISSUE DONATIONS OR TRANSPLANTS;

l. LOSS OF TEETH NOT CAUSED BY TRAUMATIC ACCIDENT AND AESTHETIC DAMAGES;

m. PROCEDURES NOT FORESEEN IN THE BRAZILIAN CODE OF MEDICAL ETHICS AND NOT RECOGNIZED BY THE NATIONAL SERVICE OF MEDICINE AND PHARMACY SUPERVISION OF BRAZIL, REGARDLESS OF THE LOCATION OF THE INSURED'S TREATMENT;

n. EVENTS CAUSED BY THE INSURED'S FAILURE TO USE SAFETY EQUIPMENT REQUIRED BY LAW; o. EVENTS CAUSED BY THE INSURED DRIVING A MOTOR VEHICLE, OR ANY OTHER TYPE OF VEHICLE OR EQUIPMENT THAT REQUIRES A LEGAL, APPROPRIATE, AND VALID LICENSE IN THE DESTINATION WHERE THE EVENT OCCURRED, IN ADDITION TO BEING MANDATORY TO HAVE THE SAID LICENSE AT THE TIME OF THE EVENT;

p. EVENTS OF ILLEGAL COMPETITIONS IN AIRCRAFT, WATERCRAFT, AND MOTOR VEHICLES, INCLUDING PREPARATORY TRAINING.

q. THE PRACTICE OF AN ACTIVITY THAT IS NOT CONSIDERED SPORTING BY ASSOCIATIONS, FEDERATIONS, OR EVEN COMMITTEES;

r. THE PRACTICE OF AN ACTIVITY, EVEN IF CONSIDERED SPORTING BY ASSOCIATIONS, FEDERATIONS, OR EVEN COMMITTEES, WHICH IS PERFORMED WITHOUT THE USE OF SAFETY EQUIPMENT, LICENSE, OR OTHER NECESSARY CARE;

s. ANY AND ALL TYPES OF OUTPATIENT CARE;

t. TRAVELS WITH THE PURPOSE OF UNDERGOING ANY TYPES OF EXAMS AND/OR DIAGNOSTIC INVESTIGATIONS AND/OR MEDICAL TREATMENTS, AND/OR REQUESTING A SECOND MEDICAL OPINION;

u. BRAZILIANS OR FOREIGNERS WHO DO NOT HAVE A FIXED RESIDENCE IN BRAZIL;

v. TRAVELS IN AIRCRAFT AND/OR WATERCRAFT AND/OR ANY TYPE OF VEHICLE:

- THAT DO NOT HAVE VALID AUTHORIZATION FROM THE COMPETENT AUTHORITIES FOR FLIGHT OR NAVIGATION;**

- **DIRECTED BY PILOTS NOT LEGALLY LICENSED;**
- **THAT, BEING MILITARY OFFICERS, ARE NOT ON OFFICIAL DUTY.**

w. TREATMENTS IN CLINICS OF NATURAL HEALING METHODS, NURSING HOMES FOR CONVALESCENTS, HOSPITAL UNITS USED FOR TREATING DRUG OR ALCOHOL DEPENDENTS, OR AS A HEALTH INSTITUTION FOR CONVALESCENTS OR REHABILITATION; WEIGHT LOSS CLINICS, SPAS, PALLIATIVE TREATMENTS FOR TERMINAL PATIENTS, TREATMENTS RELATED TO PSYCHIATRIC AND/OR EMOTIONAL CONDITIONS;

x. EVENTS AND/OR ILLNESSES RELATED TO THE USE OF ALCOHOL, ILLEGAL DRUGS, AND/OR LEGAL DRUGS, WITHOUT MEDICAL PRESCRIPTION AND/OR DISREGARDING SUCH PRESCRIPTION, DIAGNOSED BY THE LOCAL PHYSICIAN, CLINIC, AND/OR LABORATORY.

y. INDUCED ABORTION.

z. PSYCHOLOGICAL AND PSYCHIATRIC DISORDERS.

aa. DAMAGES OR EVENTS RESULTING FROM THE INSURED'S ABUSE OF LEGAL DRUGS.

bb. HIGH-RISK PREGNANCY AND/OR PREGNANCY BEYOND 32 (THIRTY-TWO) WEEKS.

cc. ACUTE OR PROLONGED ACUTE PREEXISTING CONDITIONS OR INVESTIGATIONS THAT OCCURRED BEFORE THE INSURANCE POLICY START DATE.

dd. PREGNANT WOMEN AGED 45 (FORTY-FIVE) AND ABOVE.

6. INSURED CAPITAL

6.1 The Insured Capital is the maximum amount, for the Coverage contracted to be paid or reimbursed by the insurer in case of a covered event by the Insurance Policy, valid on the event date.

a. For domestic trips, the Insured Capital amount specified in the Insurance Policy will be expressed in the national currency.

b. For international trips, the Insured Capital amount specified in the Insurance Policy for coverages that provide for reimbursement or payment of compensation related to expenses incurred by the insured abroad may be established in foreign currency.

6.2 It is up to the Insured to choose the Insured Capital for each coverage, respecting the limitations of values and coverages available in the plan;

6.2.1 The Medical Transfer Coverage must include, when requested by the attending physician or medical team, more than one transfer, respecting the limit of the contracted insured capital amount.

6.3 The Insured may request an increase in the Insured Capital, by written request to the Insurer, who will analyse the acceptance or not and will formally respond, the new conditions and premium changes, if applicable.

a. The increase in capital, when available for contracting, will only be valid if contracted within the period between 15 (fifteen) days prior to the start of the trip.

6.4 The Insurer, instead of paying the Insured Capital in the form of reimbursement or cash compensation, may offer the provision of services corresponding to the contracted coverage, provided that it maintains an authorized service network at the insured's destination(s) of travel. The Insurer will provide an authorized service network at the insured's destination(s) of travel.

a. In case the Insurer offers the provision of services, the toll-free assistance phone number will be provided to the insured, highlighted in the Insurance Policy and will be available 24 (twenty-four) hours with service in Portuguese.

b. In the PROVEN impossibility of contacting the phone, as well as any other free communication method provided by the insurer and/or the use of professionals and/or authorized service network, the insured or beneficiary may opt for service providers of their free choice, as long as they are legally qualified, with the insurance company being responsible for the reimbursement of expenses, after analysing all necessary documentation, when provided for and covered by the General Conditions, up to the maximum limit of the contracted insured capital.

c. The provision of services does not imply, on the part of the Insurer, the recognition that indemnities provided for by other coverages indicated in the Insurance Policy become due.

d. The choice of assistance services ceases the right to any reimbursement or compensation for any expenses.

e. If the Insured chooses a different type of service than that indicated by the Assistance, they are hereby informed that they will have to bear all costs, request reimbursement, the approval of which will depend on the technical analysis of all documentation by the Insurer's Medical Department.

7. DEDUCTIBLE

7.1 The deductible, when applied, will be established in the Special Conditions of this insurance.

8. WAITING PERIOD

8.1 There will be no waiting period for this product, except for the situation provided for in item 5. a. of this General Condition.

9. PROCEDURES IN CASE OF CLAIMS

9.1 Basic conditions:

9.1.1 In the event of a covered event:

9.1.1.1 The Insured, Beneficiary(ies), or their Representative may, by choice, provided that the Insurer maintains an authorized service network at the insured's destination(s) of travel, request the provision of services through the Central Assistance phone number available in the Insurance Policy.

9.1.1.2 If the option is not the provision of services, the claim must be reported immediately by the Insured, Beneficiary(ies), or their Representative, and the documentation addressed to the Insurer care of the Claims Department or through the Call Center as soon as they become aware of it.

9.1.1.3 The date of communication will be considered as the date of the protocol of delivery and receipt by the said department of the Insurer. If done by mail, the date on the acknowledgment of receipt signed by the Insurer will also be considered.

9.2 The Insured, Beneficiary(ies), or their Representative in the event of a Claim, may choose the provision of services from the Insurer, or must immediately resort, at their own expense, to the services of legally qualified doctors, undergoing the required treatment.

9.3 Basic documents in case of Claims:

For the expeditious processing of the claim regulation and settlement, the Insured, beneficiary, or Representative, when reporting the claim, must provide the following documents/information:

9.3.1 Insured:

- Copy of Identity Card;
- Copy of TAXPAYER ID;
- Copy of Birth Certificate or Marriage Certificate;
- Copy of Proof of Residence.
- Claim Form provided by the Insurer, to be filled out by the Insured or their Beneficiary.

9.3.2 Beneficiary:

I. Parents:

- Copy of Identity Card;
- Copy of Taxpayer ID;
- Copy of Proof of Residence.

II. Spouse:

- Copy of Marriage Certificate;
- Copy of Identity Card;
- Copy of Taxpayer ID;
- Copy of Proof of Residence.

III. Partner:

- Copy of Identity Card;
- Copy of Taxpayer ID;
- Copy of Proof of Residence.

- Copy of Proof of Dependency in the Professional Card, Stable Union, or Income Tax, along with the INSS.

IV. Children:

- Copy of Birth Certificate;
- Copy of Identity Card;
- Copy of Taxpayer ID;
- Proof of Residence.
- Children or beneficiaries under the age of 16 (sixteen) will be duly represented jointly by their parents, with family power; in the absence or impediment of one of them, the other will represent them. In the absence of both, the minor will be represented by the guardian or curator, as established by Law;

9.3.3 Other Situations:

For individuals under the age of 18 (eighteen) without parents, the indemnity will be paid as established by current legislation.

9.3.4 Authentication of copies of all necessary documents for the Insurer's analysis may be required.

9.3.5 Documentation by type of occurrence, as stated in the Special Coverage Conditions contracted, must also be provided.

9.3.6 Upon well-founded and justified doubt, the INSURER reserves the right to request copies of other documents that it deems necessary for the settlement of the claim;

9.4 Expertise / Medical Board

9.4.1 The insured, when proposing their insurance enrolment, authorizes the insurer's medical expertise to access all their clinical and surgical data, conduct home or hospital visits, and request and perform examinations. The matter will be treated as confidential, and the results obtained, including examination reports, will be available only to the insured, their doctor, and the insurer.

9.4.2 The medical board should only be conducted when there are disagreements about the nature of the event between the insured's attending physician and the insurer's medical expert.

9.4.3 In case of disagreements and/or medical doubts related to the insurance object, about the cause, nature, or extent of injuries, as well as the assessment of disability or even on medical matters not expressly provided for in the Contractual Conditions, the Insurer will propose, through written correspondence to the Insured, within 15 (fifteen) days from the date of the challenge, the establishment of a medical board.

9.4.4 The medical board will consist of 3 (three) members, one appointed by the Insured, another by the Insurer, and a third, the tiebreaker, chosen by the two appointees.

9.4.5 Each party will pay the fees of the doctor they have appointed; those of the third will be paid, equally, by the Insured and the Insurer.

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9.4.6 The deadline for the constitution of the medical board shall be a maximum of 15 (fifteen) days from the date of appointment of the professional appointed by the Insured.

9.4.7 The insured, their spouse, dependents, blood relatives, or relatives by marriage, even if qualified to practice medicine, will not be accepted as experts.

9.4.8 In all notifications of the insured's hospitalization, medical examinations may be conducted to confirm the event's classification and the number of days of hospitalization, as well as an analysis of medical-hospital and dental expenses.

9.4.9 Cases of Permanent Disability must be proven by a Medical Declaration.

9.4.10 Retirement due to disability granted by official social security institutions or similar entities does not in itself characterize permanent disability.

9.4.11 In case it is impossible to conduct the examination due to the disappearance of symptoms or the condition of disability, the insurer will return the documentation to the insured, who will not be entitled to any compensation. For cases of temporary disability, where symptoms may disappear after the insured's recovery, even if there has been a claim, the impossibility of conducting the examination alone will not be a reason for denying compensation, although the insurer may use other mechanisms provided for in the general, special, and specific conditions of the insurance product to analyse the reported event.

9.4.12 If any type of fraud is proven, the insurer will suspend the payment of compensation and initiate legal proceedings to recover any expenses incurred and compensations paid, without prejudice to any civil and criminal actions.

9.5 Claims Settlement

9.5.1 For the calculation of compensation and the insurer's liability, the date of the event is considered, when settling claims:

- a. For coverages of Medical and/or Dental Expenses in National Travel (DMHO-VN), Medical and/or Dental Expenses in International Travel (DMHO-VI), Sanitary Repatriation (RS), Body Repatriation (TC), Funeral in Travel (FV), and Medical Transfer (TM), the date on the documents proving the need for expenses.
- b. For coverage of Death in Travel (MV), the date of the insured's death;
- c. For coverage of Accidental Death in Travel (MAV), Total or Partial Permanent Disability due to Accident in Travel (IPAV), the date of the accident;
- d. For other coverages, the date indicated in the respective Special Conditions.

9.5.2 The compensation cannot, under any circumstances, exceed the amounts fixed in the Insurance Policy, respecting the Maximum Indemnity Limits for each coverage contracted.

9.5.3 To receive compensation, the occurrence of the event must be satisfactorily proven, along with all circumstances related to it, allowing the Insurer to take any measures aimed at elucidating the facts.

9.5.4 Expenses incurred in proving the event and, when applicable, the qualification documents of the Beneficiaries will be borne by the interested parties, except for examinations requested by the Insurer or actions determined by the Insurer.

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9.6 Claim Payment

9.6.1 Any indemnity under this insurance will only be due if the Claim is characterized as a covered risk under these conditions.

9.6.2 The payment of any Indemnity arising from this insurance will be made within 30 (thirty) days from the date of delivery of all documents related to the respective Clauses.

9.6.3 Reimbursement or indemnification related to expenses incurred abroad in foreign currency must be made in national territory and in Brazilian Reais (R\$), respecting the insured amount for each contracted coverage, established in national or foreign currency, whose value will be converted by the commercial dollar exchange rate used by the Central Bank of Brazil and monetarily updated, in accordance with specific legislation, based on the date:

I. Of the actual payment made by the insured, in the case of coverage that provides for expense reimbursement; or

II. Of the event, for the purpose of determining the insured amount, in the case of coverage that provides for the payment of the insured amount.

9.6.3.1 The list of documents required for the regulation of the Claim is provided in each of the respective contracted Clauses. Failure to provide the requested documentation will result in the suspension of the deadline for payment of the Indemnity.

9.6.4 Regardless of the documents listed in the contracted Clauses, the Insurer may freely and at its sole discretion consult experts of its choice to ascertain the proof of the event.

9.6.5 In case of a request for additional documentation and/or information from the INSURED, based on well-founded and justifiable doubt, the deadline for settling claims of 30 (thirty) days will be suspended, resuming from the next business day after all requirements are fully met. **9.6.6** In case of delay in the payment of the Indemnity, the amount due by the Insurer, related to the Covered Event, will be updated based on the positive variation of the IPCA/IBGE (Broad Consumer Price Index), from the date of the Claim until the date of actual payment, plus a penalty of 2% (two percent) and default interest of 1% (one percent) per month, counted from the default.

9.6.6.1 The costs resulting from any translation into the Portuguese language of the documents necessary to receive the Indemnity will be the total responsibility of the Insurer.

9.6.7 The payment of amounts related to monetary updating and default interest will be made regardless of judicial notification or summons, all at once, together with the other amounts of the contract.

9.6.8 The request for documents and other actions or measures that the Insurer may take after the Claim does not imply, by itself, the recognition of the obligation to pay any Indemnity.

9.6.9 In the case of insured minors, the indemnity for Total or Partial Permanent Disability will be paid as follows:

9.6.9.1 For insured individuals under the age of 16 (sixteen) - the indemnity will be paid in the name of the insured, duly represented jointly by their parents, with family power; in the absence or impediment of one of them, the other will represent them. In the absence of both, the insured will be represented by the guardian or curator, as established by law; 9.6.9.2 For insured individuals aged 16 (sixteen) and under 18 (eighteen) - the indemnity will be paid in the name of the insured, duly assisted jointly by their parents, with family power; in the absence or impediment of one of them, the other will assist them. In the absence of both, the insured will be assisted by the guardian or curator, as established by law.

9.6.10 In the event of Total Permanent Disability due to an Accident on a Trip, followed by the death of the insured as a result of the same accident, without sufficient time for the indemnity to be paid, the amount will be paid in accordance with the Beneficiaries Clause in item 12.6 of these general conditions.

9.6.11 Indemnities for Death on a Trip and Total Permanent Disability on a Trip do not accumulate. If, after an indemnity for Total Permanent Disability has been paid, the death of the insured occurs within one year from the date of the accident and as a result of the same accident, the insurer will pay the due indemnity for the Death guarantee, deducted from the amount already paid for Total Permanent Disability.

9.6.12 In the event of a claim arising from a risk simultaneously covered by various coverages, the most favourable one to the insured will prevail, with no accumulation of coverages allowed.

9.7 CLAIM DENIAL

9.7.1 If the Insurer denies a claim, they must communicate the reasons for the denial to the Insured in writing, within a maximum period of 30 (thirty) days from the delivery of the requested documentation.

10. CONTRACTING METHOD

10.1 This Insurance can only be contracted before the start of the trip and upon issuance of the Insurance Policy, observing specific legislation, with no possibility of contracting through a collective policy under any circumstances.

10.2 This insurance can also be contracted remotely.

11. INSURANCE VALIDITY

11.1 The insurance will start and end at 24 (twenty-four) hours - Brasília time - on the dates indicated in the Insurance Policy.

11.2 For coverages where the triggering event is the non-occurrence of the insured trip, the validity must begin on a date prior to the scheduled start of the trip.

11.3 For other coverages, the start date of the trip will coincide with the beginning of the trip and will end upon arrival at the original location of the trip's start, as established in the Insurance Policy. The start and end of the trip are considered according to the means of transportation used and the terms of the travel insurance policy issued.

- 11.3.1** For air or sea transport, the coverage begins after the insured passes through the boarding gate and ends at the arrival gate;
- 11.3.2** For bus or train, the coverage starts when the insured boards the bus or train and ends at the arrival gate;
- 11.3.3** For car or motorcycle, the coverage starts/ends from 70 km away from the insured's residence or the place of origin of the trip, depending on the situation; The distance calculation will be considered from the zero point of the insured's city of residence.
- 11.4** In case the insured is unable to return due to a covered event, the coverage period will automatically extend until the insured's return to the place of residence or the start of the trip, respecting the contracted insured amount limit.
- 11.5** If the insured returns early from the insured trip, the insurance is cancelled upon their arrival at the place of origin of the trip or their residence, as applicable, with any claims occurring before the cancellation covered.
- 11.6** The validity period of the Insurance Policy will be the travel period, as defined in the Insurance Policy.

12. BENEFICIARIES

- 12.1** The Insured may designate their Beneficiaries, along with the respective percentages of the insurance indemnity allocated to each party, subject to the limitations stipulated by current legislation.
- 12.2** The Insured can change their Beneficiaries at any time by written communication to the Insurer.
- 12.3** The change can only be made if the Insured has not previously renounced this right, or if the insurance does not have as its declared purpose the guarantee of any obligation. Designation or substitution of Beneficiaries will not be accepted through a power of attorney.
- 12.4** In the event of a claim, the last designation and/or alteration of Beneficiaries made by the Insured and received by the Insurer before the payment of the Indemnity will be considered. If the Insurer is not informed in a timely manner of the designation and/or alteration, they will pay the Indemnity in the previous form.
- 12.5** If there is no quantitative distribution of the indemnity amount among the beneficiaries, the insurance will be divided equally.
- 12.6** In guarantees where the beneficiary is always the insured, the settlement can be made by their legal representative in case of their incapacity. In the event of the insured's death before receiving the indemnity, the corresponding payment will be made in accordance with item 12.1 of this clause.

12.6.1 For coverages that provide for reimbursement, the beneficiary will be the responsible party who can prove payment of expenses by providing original receipts.

12.6.2 If there is more than one responsible party for the expenses, the indemnity will be paid to each of them in proportion to the verified expenses and limited to the contracted coverage amount.

12.7 In the event of no Beneficiary being indicated in the Insurance Policy, the indemnity will be paid in accordance with the principles established by current legislation.

13. RENEWAL OF INSURANCE

13.1 There is no provision for the renewal of the Insurance Policy.

14. PREMIUM PAYMENT

14.1 The premium can be paid in a lump sum, monthly, or in instalments, with the latter consisting of dividing the premium into successive monthly instalments. The number of instalments and the amount of each instalment will be specified in the Insurance Policy.

14.1.1 The deadline for premium payment cannot exceed the thirtieth day from the issuance of the policy and will be included in the respective insurance billing document.

14.1.2 If the deadline for payment of the premium in full or any of its instalments falls on a non-business day, the premium payment can be made on the next business day.

14.1.3 In the case of premium instalment payments, the due date of the last instalment cannot exceed the validity of the Insurance Policy.

14.2 The Insurer will send the billing document(s) directly to the Insured or their representative, or by explicit request from any of them, to the Insurance Broker, with a minimum advance notice of 5 (five) business days before the due date.

14.3 The premium paid to the Insurance Representative is considered as paid to the Insurer.

14.4 Failure to pay the premium in full or the first instalment in the case of instalment payments by the due date will result in the cancellation of the Insurance Policy without any judicial or extrajudicial notice.

14.5 In the case of monthly payments, the Insurer will ensure coverage for claims occurring during the period of non-payment, with the subsequent collection of the due premium or, if applicable, its deduction from the indemnity paid to the beneficiaries.

14.6 The grace period allowed by the insurer is 60 consecutive days of non-payment. After this period, the insurance will be automatically cancelled.

14.7 In the case of premium instalment payments and the occurrence of non-payment of any subsequent instalments after the first one, the coverage period will be adjusted based on the premium actually paid, proportionally to the Insurance Policy's validity period, i.e., pro-rata month.

14.7.1 The insurance company must inform the insured or their representative, through written communication, of the adjusted new validity period.

14.7.2 Once the payment of the adjusted instalments is restored, along with the contractually specified charges, within the new coverage period, the original policy term of the Insurance Policy will be automatically reinstated.

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14.7.3 At the end of the new coverage period, if the premium payment is not resumed, the insurance contract will be automatically cancelled, provided that there is an explicit contractual provision to that effect.

14.7.4 The insurer will send a notice to the insured, through correspondence, at least 10 (ten) days before the cancellation, warning about the need to settle the overdue premium instalments, under penalty of cancelling the Insurance Policy, which will be carried out even if the insured, as the case may be, claims not to have received the mentioned correspondence, which serves only as a cancellation notice.

14.8 In the case of instalment payments, no additional amount will be charged as an administrative fee for instalment payments.

14.9 The insured should be guaranteed the possibility to make an early payment of any instalment, with a proportional reduction of the agreed-upon interest.

14.10 Payment of the insurance premium in instalments does not imply full payment if all instalments have not been paid.

14.11 The insurance cannot be cancelled if the premium has been paid in full through financing obtained from financial institutions, in cases where the insured fails to pay the financing.

14.12 If a claim occurs within the premium payment period in full or any of its instalments without payment being made, the right to indemnification will not be affected.

14.13 When the payment of indemnity results in the cancellation of the insurance contract, the outstanding premium instalments must be deducted from the indemnity amount.

15. RISK AGGRAVATION

15.1 The Insured will lose the right to indemnification if they intentionally aggravate the risk after a voluntary action.

15.2 The Insured is obligated to inform the Insurer, as soon as they become aware, of any facts that may aggravate the covered risk, under penalty of losing the right to indemnification if it is proven that they acted in bad faith.

15.3 The Insurer, provided that it does so within 15 (fifteen) days after receiving notice of risk aggravation, may notify the Insured in writing of its decision to cancel the Insurance Policy or, by agreement between the parties, restrict the coverage contracted.

15.4 The cancellation of the Insurance Policy will only be effective 30 (thirty) days after the notification, and the difference in the premium, calculated proportionally to the remaining period, must be refunded.

15.5 In the event of contract continuation, the insurance company may charge the applicable premium difference.

16. RIGHT OF WITHDRAWAL

16.1 The Insured may cancel the contracted insurance, provided that it is done before the trip, within 7 (seven) consecutive days from the date of issuance of the Insurance Policy or the actual payment of the premium, whichever occurs last.

16.2 If the Insured exercises the right of withdrawal, any amounts paid, for any reason, during the specified period will be refunded immediately.

16.3 The Insured may exercise their right of withdrawal through the same means used for contracting, without prejudice to other methods made available.

16.4 The Insurer, or its Insurance Representatives, and the authorized Insurance Broker, as the case may be, will provide the Insured with immediate confirmation of the receipt of the withdrawal request.

16.5 The refund will be made through the same means and method as the premium payment, without prejudice to other methods provided by the insurer and expressly accepted by the Insured.

17. TERMINATION AND CANCELLATION

17.1 The insurance can be cancelled at any time by mutual agreement between the Insured and the Insurer, respecting the corresponding period of coverage for the premium paid.

17.2 In the event of cancellation at the request of the Insured or the Insurer, the Insurer will retain, in addition to the fees, the proportionate part of the premium received for the time elapsed between the start of coverage and the cancellation date.

17.3 In plans with premium instalment, if the Insured is in default for a period exceeding 60 consecutive days, the Insurer may automatically cancel the insurance, and the coverage period will be adjusted based on the premium actually paid proportionally to the coverage period of the Insurance Policy using the pro-rata month method.

17.4 If the Insured, their representative, or their insurance broker make inaccurate statements or omit circumstances that may affect the acceptance of the proposal or the premium amount, the right to indemnification will be forfeited, and the Insured will be obliged to pay the overdue premium.

18. LOSS OF RIGHTS

18.1 **THE INSURER WILL NOT PAY ANY INDEMNITY BASED ON THIS INSURANCE IF THE INSURED, THEIR LEGAL REPRESENTATIVE, OR THEIR INSURANCE BROKER MAKE INACCURATE STATEMENTS OR OMIT CIRCUMSTANCES THAT MAY AFFECT THE ACCEPTANCE OF THE PROPOSAL OR THE PREMIUM AMOUNT.**

18.2 **THE INSURED WILL LOSE THE RIGHT TO ANY INDEMNITY AND PREMIUM REFUND ARISING FROM THIS CONTRACT WHEN:**

18.2.1 **INTENTIONALLY AGGRAVATING THE RISK, AFTER A VOLUNTARY ACTION;**

18.2.2 **FAILING TO COMPLY WITH THE OBLIGATIONS AGREED UPON IN THIS CONTRACT;**

18.2.3 IF THE INSURED, EITHER BY THEMSELVES OR THROUGH THEIR REPRESENTATIVE, MAKES INACCURATE STATEMENTS OR OMITTS CIRCUMSTANCES THAT MAY INFLUENCE THE ACCEPTANCE OF THE INSURANCE.

18.2.1 IF THE INACCURACY OR OMISSION IN THE STATEMENTS IS NOT DUE TO THE INSURED'S BAD FAITH, THE INSURER MAY

A. IN THE EVENT OF NO OCCURRENCE OF A CLAIM:

i. CANCEL THE INSURANCE, RETAINING, FROM THE ORIGINALLY AGREED PREMIUM, THE PROPORTIONAL PART FOR THE TIME ELAPSED;

ii. ALLOW THE CONTINUATION OF THE INSURANCE, CHARGING THE APPROPRIATE PREMIUM DIFFERENCE;

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

i. CANCEL THE INSURANCE, AFTER THE PAYMENT OF THE INDEMNITY, RETAINING, FROM THE ORIGINALLY AGREED PREMIUM, IN ADDITION TO THE APPROPRIATE DIFFERENCE, THE PART CALCULATED PROPORTIONALLY TO THE TIME ELAPSED; OR

ii. BY MUTUAL AGREEMENT BETWEEN THE PARTIES, ALLOW THE CONTINUATION OF THE INSURANCE, CHARGING THE APPROPRIATE PREMIUM DIFFERENCE OR DEDUCTING IT FROM THE AMOUNT TO BE PAID TO THE INSURED OR THE BENEFICIARY(IES) OR RESTRICTING THE CONTRACTED COVERAGE FOR FUTURE RISKS.

C. IN THE EVENT OF A CLAIM WITH FULL INDEMNITY PAYMENT, CANCEL THE INSURANCE, AFTER THE PAYMENT OF THE INDEMNITY, DEDUCTING, FROM THE AMOUNT TO BE INDEMNIFIED, THE APPROPRIATE PREMIUM DIFFERENCE.

18.3 IN ADDITION TO THE OBLIGATIONS THAT MAY BE PROVIDED FOR IN OTHER CLAUSES OF THIS CONTRACT, THE INSURED IS OBLIGED TO FOLLOW THE CONDITIONS BELOW, UNDER PENALTY OF SUSPENSION, TERMINATION, OR NULLITY OF THE INSURANCE CONTRACT.

18.3.1 REPORT THE OCCURRENCE OF THE CLAIM TO THE COMPETENT AUTHORITIES IF NECESSARY;

18.3.2 PROVIDE THE INSURER AND FACILITATE ITS ACCESS TO ALL KINDS OF INFORMATION ABOUT THE CIRCUMSTANCES AND CONSEQUENCES OF THE CLAIM, AS WELL AS THE DOCUMENTS NECESSARY FOR THE ASSESSMENT OF DAMAGES AND DETERMINATION OF INDEMNITY;

18.3.3 IN ADDITION TO THE OBLIGATIONS OF THIS CLAUSE, THE INSURED, IN CASE OF A CLAIM, MUST COMPLY WITH THE INSTRUCTIONS SPECIFIED IN THE CONDITIONS OF EACH COVERAGE.

18.3.4 PAY THE INSURANCE PREMIUMS PROMPTLY AS SET FORTH IN THE INSURER'S BILLING DOCUMENTS OR ANY OTHER AGREED-UPON METHOD;

18.3.5 NOTIFY THE INSURER OF THE CLAIM AS SOON AS THEY BECOME AWARE AND TAKE IMMEDIATE STEPS TO MINIMIZE ITS CONSEQUENCES;

18.4 FAILURE BY THE INSURED TO COMPLY WITH THE OBLIGATIONS AND RULES ESTABLISHED IN THIS CLAUSE, AS WELL AS IN THESE CONDITIONS AS A WHOLE, MAY RESULT IN THE SUSPENSION OR TERMINATION OF THE INSURANCE CONTRACT, ACCORDING TO THE ANALYSIS CONDUCTED BY THE INSURER.

19. UPDATE OF CONTRACTED VALUES AND MORATORY CHARGES

19.1 The Insurer will make the payment of amounts related to monetary updates and late payment interest independently of notification or judicial demand, all at once, together with the main pecuniary obligation.

19.2 The maximum indemnity limits, premiums, and other values described in the General Conditions are expressed in Reais and will be updated or monetarily corrected based on the positive variation of the IPCA/IBGE (Broad National Consumer Price Index).

19.3 The update will be conducted based on the variation between the last index published before the date of the pecuniary obligation's enforceability and the one published immediately prior to its effective settlement.

19.4 In case of the extinction of the agreed index - IPCA/IBGE as the value update index, the Insurer will use the National Consumer Price Index/ Brazilian Institute of Geography and Statistics - INPC/IBGE.

19.5 The amounts due for premium refunds are subject to monetary updates from the date they become due:

19.5.1 In the event of the cancellation of the Insurance Policy: from the date of receipt of the cancellation request or the effective cancellation date, if done at the initiative of the insurance company;

19.5.2 In the event of an undue premium receipt: from the date of premium receipt;

20. PRESCRIPTION

20.1 The prescriptive periods will be those determined by law.

21. JURISDICTION

21.1 It is established that legal issues between the Insured and the Insurer will be resolved in the jurisdiction of the Insured's domicile as appropriate. In the absence of a relationship of vulnerability between the parties, the choice of a different jurisdiction from the Insured's domicile will be valid.

22. EMBARGOES AND ECONOMIC SANCTIONS

It is understood and agreed that, in compliance with Law 13.810/2019, as well as all the content of the General Conditions, Additional Coverages, and Specific Clauses of this insurance contract, criteria and procedures are established regarding situations of non-coverage or suspension of coverage in payment, including any indemnities or refunds due by the Insurer, in which the Insured, their beneficiary(ies), their location(s) are included in lists of embargoes or sanctions issued by national or international bodies combating money laundering and terrorism financing or subject to 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.

- a) United Nations - UN: <https://nacoesunidas.org/conheca/>;
b) United Kingdom and European Union: <https://www.consilium.europa.eu/pt/policies/sanctions/>;
c) Office of Foreign Assets Control - OFAC (U.S. Department of the Treasury's Office of Foreign Assets Control): <https://sanctionssearch.ofac.treas.gov/>;
d) FATF - Financial Action Task Force on Money Laundering and Terrorism Financing: <http://www.fazenda.gov.br/assuntos/prevencao-lavagem-dinheiro/alertas-pld-ft>.

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

For the applicability of the clause, the proponent, when proposing the insurance, is obliged to inform whether they or their indemnity beneficiaries or locations of origin, destination, are included in embargo or sanction lists, and the insurer will proceed with analyses through its controls.

In the middle of the insurance period, if the insured, their indemnity beneficiaries, or locations of origin, destination are included or excluded from embargo and sanction lists, the insured must promptly inform this Insurer of the inclusion and/or exclusion date under penalty of non-coverage of insurance.

In the situations mentioned above, in the event of silence from the Insured and/or their representative, due to fault or intent, if said action or omission has a causal connection with the event that triggered the claim, the risk will be considered not accepted and not covered. The Insured and their beneficiaries will lose the right to indemnification if, as a result of the imposition of embargoes and sanctions by international organizations, there is intentional conduct by the insured or their legal representative and a causal connection with the event that triggered the claim.

Upon communication from the Insured, the coverages of this insurance, as well as the payment of indemnities, will be suspended for the insured and their indemnity beneficiaries during the period in which they are included in embargo and sanction lists from 24 hours of the inclusion date until 24 hours of the exclusion date or any judicial decision.

Once the obligation is fulfilled, in case the insurer accepts the risk, from the beginning of the risk until the settlement of a claimed claim, the right to the contracted coverage will not be affected, however, the payment of indemnities or expense reimbursements will be suspended until the said embargo is overcome or until any judicial 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 - DATA USAGE CONSENT CLAUSE

With the voluntary acquisition of this Insurance Product, the end customer and those directly involved in the Insurance Product, such as Beneficiaries, Spouses, and/or Policyholders (hereinafter referred to collectively as "customers"), understand that AXA SEGUROS S/A may, by itself, by companies belonging to or affiliated with 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 are related to the maintenance of this Insurance Product, its complete and proper execution of purpose, and aim to maximize and improve the customer experience with Insurance Products, according to their profile.

Customers agree and understand that their data may be used for basic functionality assessments, tests, applications, policy administration, contact methods, all with the main expectation of enhancing our products and services and managing requests. If customers do

not provide the information, it may not be possible to fully perform the activities of AXA SEGUROS S/A.

Therefore, by providing us with the 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 bodies, regulators, law enforcement agencies, and as required by any current 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 your consultation at www.axa.com.br through the "Privacy Policy" section. In case of doubts, requests, or exercise of the data subject's rights, regarding the General Data Protection Law (LGPD) or our Privacy Policy, please contact AXA SEGUROS' official Data Privacy channel at the email address: dataprivacy.br@axa.com.

24. OMBUDSMAN

AXA Seguros aims to ensure the satisfaction of its customers. Therefore, our Ombudsman acts impartially in resolving 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 assist policyholders with the same care and attention, acting as an initial sphere for clarifying doubts, attending to requests, solving complaints, and recording compliments.

Service Channels

Customer Service - AXA Help:

0800 292 4357 (24h)

www.axa.com.br - Customer Area

Hearing Impaired

0800 292 1900 (24h)

www.axa.com.br - Customer Area

Ombudsman

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

Letter: To the attention of the Ombudsman at Av. Pres. Juscelino Kubitschek, 1600 - 15th floor Itaim Bibi - São Paulo - SP CEP: 04543-000

Email: ouvidoria.br@axa.com

SPECIAL CONDITIONS

25. MEDICAL AND HOSPITAL EXPENSES DURING NATIONAL TRAVEL (DMHO-VN)

25.1 COVERED RISKS

25.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees the reimbursement or provision of services, limited to the Insured Amount, for medical, hospital, and/or dental expenses incurred by the Insured for their treatment, under medical guidance, caused by a personal accident or sudden and acute illness, occurring during the period of national travel and once their departure from the city of domicile is confirmed, except for the excluded risks provided for in the Insurance Policy;

25.1.1.1 This clause covers episodes of crisis caused by pre-existing or chronic illnesses, when they result in an emergency or urgent clinical condition, up to the contracted Insured Amount. Expenses related to stabilizing the insured's clinical condition to allow them to continue their journey or return to their place of residence are covered, with no coverage for the continuation and control of previous treatments, check-ups, and prescription extensions.

25.1.2 The Insured Amount will be limited and specified in the Insurance Policy.

25.1.3 For coverage purposes and determination of the insured amount, the "date of the covered event" will be considered the date on the documents proving the need for expenses, with no changes to the Insured Amount made after the covered event prevailing.

25.1.4 Emergency and urgent care under medical guidance must be provided while the insured is traveling and respecting the validity period of the Insurance Policy.

25.1.5 Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

25.1.6 The Insured Amount related to this Coverage will be fully reinstated automatically after each Covered Event, without any additional Premium charge.

25.1.7 When contracting this coverage, the Medical Transfer (TM) coverage must also be mandatory.

25.1.8 This coverage is extended to emergency events caused by complications arising from pregnancy, for pregnant women up to the 32nd week of gestation.

25.1.8.1 From the 32nd week of gestation, medical care arising exclusively from a covered personal accident will be guaranteed.

25.1.8.2 Reimbursement and/or provision of services, even under medical guidance, for newborns are not included in the same insured amount contracted for this coverage.

Important: It is essential for the pregnant woman to travel with written consent from her attending physician.

25.1.9 Eligibility:

25.1.9.1 Individuals who are within the contracted travel period are eligible.

25.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND IN THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. STATES OF CONVALESCENCE (AFTER HOSPITAL DISCHARGE) AND ACCOMPANYING EXPENSES;**
- B. DEVICES REFERRING TO PROSTHESES, EXCEPT FOR PROSTHESES FOR THE LOSS OF NATURAL TEETH DUE TO A COVERED PERSONAL ACCIDENT;**
- C. REPLACEMENT OF LENSES, GLASSES, ORTHODONTIC APPLIANCES, ETC;**
- D. INJURIES OR ILLNESSES THAT DO NOT REQUIRE MEDICAL ATTENTION;**
- E. COMPRESSIVE NERVE SYNDROMES;**
- F. PATHOLOGICAL FRACTURES; DORSALGIAS, RADICULOPATHIES, SCIATICA, AND OTHER CHRONIC NEURITIS;**
- G. MENTAL, PSYCHOLOGICAL, AND PSYCHIATRIC ILLNESSES.**
- H. ENGAGING IN SPORTS AND ACTIVITIES LISTED BELOW:**
 - 1. PARTICIPATING IN HUNTING;**
 - 2. ANY TYPE OF DIVING WITH THE USE OF A CYLINDER BY INSUREDS WHO ARE NOT PROPERLY QUALIFIED;**
 - 3. CAVE EXPLORATION;**
 - 4. SPEED OR TIME TRIALS OR RACES OF ANY KIND OTHER THAN ON FOOT, EXCEPT CROSS-COUNTRY SKIING, WINTER BIATHLON, ALPINE SKIING, AND SNOWBOARDING.**
 - 5. ANY TYPE OF SPORT PLAYED ON AN UNREGULATED TRACK.**
- I. ANY MEDICAL, HOSPITAL, AND/OR DENTAL EXPENSES INCURRED BY THE INSURED ARISING FROM A TRIP TO A SPECIFIC COUNTRY OR REGION WHERE SOME COMPETENT AUTHORITY/ORGANIZATION DISCOURAGES TRAVEL TO THIS LOCATION;**
- J. ANY MEDICAL, HOSPITAL, AND/OR DENTAL EXPENSES THAT RESULT FROM THE INSURED NOT TAKING THE VACCINES AND MEDICATIONS RECOMMENDED FOR THEIR TRIP;**
- K. ATTENDANCE FOR PRESCRIPTION OF MEDICATIONS.**

- L. **PERFORMANCE OF COMMON AND/OR LOW-COMPLEXITY DRESSINGS.**
- M. **NON-COMPLIANCE WITH MEDICAL GUIDELINES AND/OR PRESCRIPTIONS.**
- N. **COMPLICATIONS OF PROCEDURES AND/OR TREATMENTS INITIATED BEFORE THE EFFECTIVE DATE OF THIS COVERAGE.**
- O. **HIGH-RISK PREGNANCIES, AT ANY GESTATIONAL AGE.**

25.3 PROCEDURES IN CASE OF CLAIMS

25.3.1 Calculation of Indemnity

25.3.2 If the Insured has more than one insurance contract, with this insurer or another that guarantees reimbursement of Medical and/or Dental Expenses, the responsibility of this Insurer for this Insurance will be equal, for each Coverage, to the amount obtained by prorating the total expenses incurred proportionally to the insured limits for each Coverage in all Insurance Policies in force on the date of the covered event. The insured may designate a single person to conduct the necessary procedures for the settlement of their claim.

25.3.3 If the insured is unable to conduct the claim settlement or designate a responsible person for this purpose, it will be the responsibility of the legal representative to conduct such procedures and/or designate qualified personnel for this purpose.

25.3.4 For the purposes of this clause, the person conducting the claim settlement will be the only one to be contacted by the Assistance Center and responsible for all decision-making, document submission, updates, etc.

25.3.4.1 Prior Communication

25.3.4.2 The Insured has the freedom to choose healthcare providers, whether medical, hospital, or dental, as long as they are legally qualified. **In the event of inability to contact by phone, as well as any other means of free communication provided by the insurer and/or the use of authorized professionals and/or service network, the insured or beneficiary may opt for service providers of their choice, as long as they are legally qualified, with the insurance company being responsible for the reimbursement of expenses, after analysing all necessary documentation, when covered by the General Conditions, up to the maximum limit of the insured capital contracted.**

25.3.4.2.1 **The provision of services does not imply, on the part of the Insurer, the recognition that indemnities provided for in other coverages indicated in the Insurance Policy become due.**

25.3.4.2.2 **Opting for assistance services ceases the right to any reimbursement or indemnity for any expenses.**

25.3.4.2.3 If the Insured opts for a different service than that indicated by the Assistance, they are hereby informed that they will be responsible for all costs, and reimbursement approval will depend on the technical analysis of all documentation by the Insurer's Medical Department.

25.3.4.3 In the event that the Insured uses the service provision from the Insurer, the beneficiary or their representative must contact the AXA Seguros Assistance Center, which may be charged, and provide the Full Name of the Insured, TAXPAYER ID or Insurance Policy number; Location and Phone Number of Where they are; and the Issue, type of information, or assistance needed.

25.3.5 Basic Documents in case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit," duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured;
- d. Copy of the Police Report and/or CAT (Work Accident Report);
- e. Copy of the CNH (National Driver's License), in case of an accident with a vehicle driven by the Insured;
- f. Copy of the Alcohol and/or Toxicological Dosage Examination report;
- g. Copy of the technical expertise report conducted at the accident site;
- h. X-rays and/or results of the examinations performed;
- i. Original invoices and receipts of medical, hospital, and/or dental expenses. Invoices related to medication expenses must be accompanied by the respective medical prescriptions. In case the original Invoices are retained by the insurer guaranteeing the mandatory DPVAT insurance, in case of a car accident, authenticated copies of the Invoices will be accepted, provided they are accompanied by a declaration issued by the responsible party of said insurer, indicating which original Invoices are retained and informing the amount that will be reimbursed as a first risk through DPVAT;
- j. Declaration from the attending physician, indicating the medications and procedures performed and used, with a signature and stamp containing the CRM (Medical Council Registration Number);
- k. Copy of the Insurance Policy;

25.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

26. MEDICAL, HOSPITAL, AND/OR DENTAL EXPENSES DURING INTERNATIONAL TRAVEL (DMHO-VI)

26.1 COVERED RISKS

26.1.1 This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of services, limited to the Insured Amount, for medical, hospital, and/or dental expenses incurred by the Insured for their treatment, under medical guidance, caused by a personal accident or sudden and acute illness, occurring during the period of travel abroad and once their departure from the country of domicile is confirmed, excluding the risks excluded as provided in the Insurance Policy;

26.1.2 This clause covers episodes of crisis caused by pre-existing or chronic illnesses, when they result in an emergency or urgent clinical condition, up to the limit of the insured amount contracted. Expenses related to stabilizing the insured's clinical condition to allow them to continue their journey or return to their place of residence are covered, with no coverage for the continuation and control of previous treatments, check-ups, and prescription extensions.

26.1.3 The Insured Amount will be limited and specified in the Insurance Policy.

26.1.4 For the purpose of coverage and determination of the insured amount, the "date of the covered event" will be considered as the date indicated in the documents proving the need for expenses, with no alteration of the insured amount made after the covered event prevailing.

26.1.5 Emergency and urgent care under medical guidance must be provided while the insured is traveling and in compliance with the period of validity of the Insurance Policy.

26.1.6 Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

26.1.7 The Insured Amount related to this Coverage will be fully reinstated automatically after each Covered Event, without any additional Premium charge.

26.1.8 When contracting this coverage, the Medical Transfer (TM) coverage must also be mandatory.

26.1.9 This coverage is extended to emergency events caused by complications arising from pregnancy, for pregnant women up to the 32nd week of gestation.

26.1.9.1 From the 32nd week of gestation, medical care arising exclusively from a covered personal accident will be guaranteed.

26.1.9.2 **Reimbursement and/or provision of services, even under medical guidance, for newborns are not included in the same insured amount contracted for this coverage. Important: It is essential that the pregnant woman travels with written consent from her attending physician.**

26.1.10 Eligibility:

Individuals who are within the contracted travel period are eligible.

26.2 EXCLUDED RISKS

IN ADDITION TO THE RISKS EXCLUDED AS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND IN THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING RISKS ARE ALSO EXCLUDED:

- a. STATES OF CONVALESCENCE (AFTER HOSPITAL DISCHARGE) AND ACCOMPANYING EXPENSES;
- b. APPLIANCES REFERRING TO PROSTHESES, EXCEPT FOR PROSTHESES FOR THE LOSS OF NATURAL TEETH(S) RESULTING FROM A COVERED PERSONAL ACCIDENT;
- c. REPLACEMENT OF LENSES, GLASSES, ORTHODONTIC APPLIANCES, etc.;
- d. COMPRESSIVE NERVE SYNDROMES, SUCH AS, BUT NOT LIMITED TO SCIATICA, HERNIAS, etc., AND OTHER NEURITIS;
- e. PATHOLOGICAL FRACTURES;
- f. DORSALGIAS, RADICULOPATHIES, SCIATICA, AND ALL CHRONIC NEURITIS;
- g. MENTAL, PSYCHOLOGICAL, AND PSYCHIATRIC ILLNESSES;
- h. FROM THE PRACTICE OF SPORTS AND ACTIVITIES LISTED BELOW:
 1. PARTICIPATION IN HUNTING;
 2. ANY TYPE OF DIVING WITH THE USE OF A CYLINDER BY INSURED NOT PROPERLY QUALIFIED;
 3. CAVE EXPLORATION;
 4. SPEED OR TIME TRIALS OR RACES OF ANY KIND OTHER THAN ON FOOT. SPORTS SUCH AS CROSS-COUNTRY SKIING, WINTER BIATHLON, ALPINE SKIING, AND SNOWBOARDING ARE NOT INCLUDED IN THIS EXCLUSION;
 5. ANY TYPE OF SPORT PRACTICED ON AN UNREGULATED TRACK.
- I. ANY MEDICAL, HOSPITAL, AND/OR DENTAL EXPENSES INCURRED BY THE INSURED RESULTING FROM A TRIP TO A SPECIFIC COUNTRY OR REGION WHERE SOME COMPETENT AUTHORITY/ORGANIZATION DISCOURAGES TRAVEL TO THIS LOCATION;
- M. ANY MEDICAL, HOSPITAL, AND/OR DENTAL EXPENSES THAT RESULT FROM THE INSURED NOT HAVING TAKEN THE VACCINES AND MEDICATIONS RECOMMENDED FOR THEIR TRIP.
- N. MEDICATION PRESCRIPTION SERVICES.
- O. PERFORMANCE OF COMMON AND/OR LOW-COMPLEXITY DRESSINGS.
- P. FAILURE TO OBSERVE MEDICAL GUIDELINES AND/OR PRESCRIPTIONS.
- Q. COMPLICATIONS OF PROCEDURES AND/OR TREATMENTS INITIATED BEFORE THE EFFECTIVE DATE OF THIS COVERAGE.

R. HIGH-RISK PREGNANCIES, AT ANY GESTATIONAL AGE.

26.3 CLAIMS PROCEDURES

26.3.1 Calculation of Compensation

26.3.1.1 Expenses incurred abroad must be reimbursed in Brazilian Reais (R\$) based on the official selling exchange rate on the date and in the currency of the actual payment made by the Insured, respecting the insured capital limits contractually established for this Coverage.

26.3.2 If the Insured has more than one insurance contract, either with this insurer or another insurer, that guarantees reimbursement of Medical-Hospital and Dental Expenses, the responsibility of this Insurer for this Insurance will be equal, for each Coverage, to the amount obtained by prorating the total expenses proportionally to the insured limits for each Coverage in all Insurance Policies in force on the date of the accident.

26.3.3 The Insured may designate a single person responsible for conducting the necessary procedures to conduct their claim.

26.3.4 If the Insured is unable to conduct the claim or designate a responsible person for this purpose, it will be the responsibility of the legal representative to conduct such conduct and/or designate qualified personnel for this purpose.

26.3.5 For the purposes of this clause, the person conducting the claim will be the only one to be contacted by the Assistance Center and responsible for all decision-making, document submission, updates, etc.

26.3.6 PRIOR COMMUNICATION

26.3.6.1 The Insured has the freedom to choose healthcare providers, hospitals, and dental services, provided they are legally qualified. In the event of inability to **contact by phone or any other free means of communication provided by the insurer and/or the inability of the insurance company to organize care through the use of professionals, clinics, or hospitals in its network, the Insured or beneficiary may choose providers of their choice, as long as they are legally qualified, with the insurance company being responsible for reimbursing the expenses, after analysing all necessary documentation, when covered by the General Conditions, up to the maximum limit of the insured capital.**

26.3.6.1.1 The provision of services does not imply, on the part of the Insurer, the recognition that indemnities provided for in other coverages indicated in the Insurance Policy will become due, whose approval will depend on the technical analysis of all documentation by the Insurer's Medical Department.

26.3.6.1.2 Opting for assistance services ceases the right to any reimbursement or indemnity for services already provided.

26.3.6.2 If the Insured opts for a different service provider than the one indicated by the Assistance, they are hereby informed that they will be responsible for covering all expenses. To request reimbursement, approval will be subject to the technical analysis

of all documentation by the Insurance Company's Medical Department. In the event that the Insured uses services provided by the Insurance Company, the Insured themselves, the beneficiary, or their representative must contact AXA Seguros Customer Service, which may be a collect call, and provide the Insured's Full Name, TAXPAYER ID or policy number; Location and Phone Number; and the Issue, type of information, or assistance needed.

26.3.7 Basic Documents in case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. Claim Form, duly filled out and signed by the Insured;
- b. Authorization Form for Indemnity Credit, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured;
- d. Copy of the Police Report and/or CAT (Work Accident Report), if applicable;
- e. Copy of the CNH (National Driver's License), in case of an accident involving a vehicle driven by the Insured;
- f. Copy of the Alcohol and/or Toxicology Test Report;
- g. Copy of the technical expert report conducted at the accident site;
- h. X-rays and/or results of the examinations performed;
- i. Original invoices and receipts of medical, hospital, and/or dental expenses. Invoices related to medication expenses must be accompanied by the respective medical prescriptions. In case the original invoices are retained by the insurer guaranteeing the mandatory DPVAT insurance, in case of a car accident, authenticated copies of the invoices will be accepted, provided they are accompanied by a statement issued by the responsible party of the insurer, indicating which original invoices are retained, and informing the amount that will be reimbursed as a first risk through DPVAT;
- j. Declaration from the attending physician, indicating the medications and procedures performed and used, with signature and stamp containing the CRM (Medical Council Registration);
- k. Copy of the Insurance Policy;

26.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

THIS COVERAGE CANNOT BE PURCHASED INDIVIDUALLY.

27. BODY TRANSPORTATION (TC)

27.1 COVERED RISKS

27.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees the reimbursement or provision of the service, limited to the Insured Amount, for expenses related to the release and transportation of the insured's body from the location of the covered event to the residence or burial place, including essential procedures for the body's transportation, such as embalming, documentation, transportation expenses, and coffin, all in the basic category, excluding the risks excluded as provided in the Insurance Policy.

27.1.2 The Insured Amount will be limited and specified in the Insurance Policy, any excess amount will be the responsibility of the insured's representative.

27.1.3 For coverage purposes and determination of the insured amount, the "date of the covered event" will be considered the date of the insured's death, as determined through the analysis of the documentation presented.

27.1.4 Indemnities under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

27.1.5 In the provision of services, all procedures will be in the basic category. If the insured's representative chooses to contract procedures with a value above the basic level, they must bear the expenses and later submit them for reimbursement, limited to the value of the basic category and the insured amount.

27.1.6 If the insured's family chooses cremation, the insurance will transport the urn with the ashes.

27.1.6.1 The costs of cremation are not covered by this coverage, only the transportation of the urn with the ashes.

27.1.7 Eligibility:

Individuals who are within the contracted travel period are eligible.

27.2 Excluded risks

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

27.3 PROCEDURES IN CASE OF CLAIMS

27.3.1 If the option for service provision exists without the need for disbursement, the beneficiary or the insured's representative must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID or Insurance Policy number; Location and Phone Number; and the Issue, type of information, or assistance needed.

27.3.2 The insured may designate a responsible person to conduct the necessary procedures for the handling of their claim.

27.3.3 If the insured is unable to manage the claim or designate a responsible person for this purpose, it will be the responsibility of the legal representative to manage the claim and/or designate qualified personnel for this purpose.

27.3.4 For the purposes of this clause, the responsible party managing the claim will be the only one to be contacted by the Assistance Center and will be responsible for all decision-making, document submission, updates, etc.

27.3.5 Basic Documents in Case of Claims

For the analysis of the Indemnity payment, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be submitted:

I. Death Due to Illness:

- a. "Claim Notice" form duly filled out and signed by the Beneficiary(ies);
- b. "Payment Authorization - Claim Credit" form, duly filled out and signed by each of the Beneficiaries;
- c. Copies of the ID (identity card), TAXPAYER ID and proof of residence of the Insured and the Beneficiary(ies); Copy of the Insured's Death Certificate;
- d. Copy of the Necropsy Report - IML (Legal Medical Institute);
- e. Complete Medical Record, in case of prior medical treatment;
- f. Original invoices and receipts for the expenses related to the release and transportation of the insured's body;
- g. Copy of the Insurance Policy.

II. Death Due to Accident:

In addition to the Documents listed in Item I above, provide:

- a. Copy of the Police Report and/or CAT (Work Accident Report);
- b. Copy of the Necropsy Report - IML (Legal Medical Institute);
- c. Copy of the Driver's License, in case of an accident involving a vehicle driven by the Insured; d. Copy of the Alcohol and/or Toxicology Test Report;
- e. Copy of the technical expertise report conducted at the accident site.

27.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

28. MEDICAL REPATRIATION (RS)

28.1 COVERED RISKS

This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Sum, for expenses related to the repatriation of the insured immediately after medical and/or hospital discharge, in the event of a covered medical condition, if the insured cannot return as a regular passenger. The Assistance Center will organize their repatriation by the most appropriate means of transportation, to the city of domicile, whether to a hospital or their own residence, following all the rules and procedures indicated in this clause, **except for the excluded risks specified in the Insurance Policy.**

Note: All procedures adopted for the adequate provision of service are subject to the deadlines of medical authorities, hospital units, regulatory authorities, airports, airlines, etc.

Eligibility:

Individuals who are within the contracted travel period are eligible.

28.1.1 The Insured Sum will be limited and specified in the Insurance Policy.

28.1.2 For the purpose of coverage and determination of the insured sum, the "date of the covered event" will be considered the date indicated in the documents proving the need for expenses, with no changes to the Insured Sum made after the covered event prevailing.

28.1.3 The Indemnities provided for in this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

28.1.4 For the purpose of this coverage, the insured must necessarily contact the assistance center so that it can make the indication and coordination of the service.

28.1.5 The service includes the organization of the return trip with coordination at embarkation and arrival, with technical and operational infrastructure, including the accompaniment of specialized medical personnel and/or nurses in international medical transportation, if necessary.

28.1.6 This service will only be provided upon presentation and access to the complete medical record related to the care received at the event location, which must be accessed by the medical department of the assistance center.

28.1.7 If the client's destination must be a hospital:

1- It will be the responsibility of the legal representative to locate and secure a hospital bed at the destination;

2- It will be the responsibility of the legal representative to send written confirmation of the hospital bed, duly signed and identified with the Regional Medical Code (CRM) of the hospital's doctor to whom the insured will be transferred, to the Medical Team of the Assistance Center.

3- Repatriation procedures will only begin when the destination hospital bed is secured.

28.1.8 The use of air ICU will only occur when:

- a) If the origin and destination of the insured are an ICU hospital;
- b) There is a technical need for its use, provided that it is proven and justified through the medical record and there is confirmation of severe organic dysfunctions that require intensive monitoring during repatriation and cannot be done in any other way.

28.2 If the insurer, in the absence of providers, does not have the adequate means to carry out the repatriation, the insured may do so through reimbursement analysis, however, always with the consent and regulation of the medical department of the Assistance Center and complying with all the requirements of the general conditions, with the insured or their legal representative being responsible for obtaining all supporting documentation.

28.3 EXCLUDED RISKS

28.3.1 THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND IN THE CLAUSE - "EXCLUDED RISKS" OF THE GENERAL CONDITIONS ARE RATIFIED.

28.4 PROCEDURES IN CASE OF CLAIMS

28.4.1 Provided that there is the option for the provision of service without the need for disbursement, the beneficiary or representative of the Insured must contact the AXA Seguros Assistance Center, which can be collect, and provide the Full Name of the Insured, TAXPAYER ID or Insurance Policy number; Location and Phone Number Where They Are; and the Problem, the type of information or assistance needed.

28.4.2 The insured may designate a single person responsible for conducting the necessary procedures to conduct their claim.

28.4.3 If the insured is unable to conduct the claim or designate a responsible person for this purpose, it will be the responsibility of the legal representative to conduct such procedures and/or designate suitable personnel for this purpose.

28.4.4 For the purpose of this clause, the responsible person conducting the claim will be the only one to be contacted by the Assistance Center and responsible for all decision-making, document submission, updates, etc.

28.4.5 Basic Documents in Case of Claims

For the analysis of the payment of the Indemnity, respecting the provisions in the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented, in addition to those described in the previous clauses:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit", duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID and proof of residence of the Insured;
- d. Original invoices and receipts of expenses for the repatriation of the insured to the place of origin of the trip or their domicile.
- e. Medical report/certificate from the attending physician stating that the insured was not fit to return as a regular passenger due to personal accident or illness, with signature and stamp containing the CRM number.



f. Copy of the Insurance Policy;

28.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

29. MEDICAL TRANSFER (TM)

29.1 COVERED RISKS

29.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees the reimbursement or provision of service, limited to the Insured Amount, for expenses related to the transfer of the insured from a clinic or hospital where they received initial care, provided that it is proven that the place where the Insured is initially being treated does not have the necessary technical and/or technological structure to handle the case. This proof must be provided through a medical report attesting to this condition and the real need to transfer the Insured to a clinic or hospital closer and capable of attending to them, due to covered personal accident or illness, excluding the risks **excluded as provided in the Insurance Policy**.

29.1.2 The Insured Amount will be limited and specified in the Insurance Policy.

29.1.3 For the purpose of coverage and determination of the insured amount, the "date of the covered event" will be considered the date stated in the documents proving the need for expenses, with any subsequent change in the Insured Amount not prevailing after the covered event.

29.1.4 The Indemnities provided in this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

29.1.5 For the use of this coverage, transportation by vehicles specifically intended for medical transfer is considered valid, provided it is compatible with the clinical need of the case.

29.1.6 For the purposes of this coverage, the decision for medical transfer must be preceded by an analysis by the Insurance Company's Medical Department, which may request additional information from the attending physician.

29.1.7 Eligibility:

Individuals who are within the contracted travel period are eligible.

29.2 EXCLUDED RISKS

29.2.1 THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND IN THE CLAUSE - "EXCLUDED RISKS" OF THE GENERAL CONDITIONS ARE RATIFIED.

29.3 PROCEDURES IN CASE OF CLAIMS

29.3.1 Provided there is the option for the provision of service without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Assistance Center, which can be collect, and provide the Full Name of the Insured, TAXPAYER ID or Insurance Policy number; Location and Phone Number Where They Are; and the Problem, the type of information or assistance needed.

29.3.2 The insured may designate a single person responsible for conducting the necessary procedures to conduct their claim.

29.3.3 If the insured is unable to conduct the claim or designate a responsible person for this purpose, it will be the responsibility of the legal representative to conduct such procedures and/or designate suitable personnel for this purpose.

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29.3.4 For the purposes of this clause, the person responsible for conducting the claim will be the only one to be contacted by the Assistance Center and responsible for all decision-making, document submission, updates, etc.

29.3.5 For the use of this coverage, reaffirming the provision in these general conditions, prior communication from the Insured to the Insurance Company is necessary, in accordance with clause 26.3.2 and following.

29.3.6 Basic Documents in Case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured;
- d. Original invoices and receipts of expenses related to the removal or transfer of the insured.
- e. Declaration/Report from the attending physician, duly licensed, for the initial care at the location, attesting and specifying the technical and/or technological insufficiency of the Clinic or Hospital, as well as the real need to transfer the Insured to a clinic or hospital that has the conditions to address them, with a signature and stamp containing the CRM;
- f. Copy of the Insurance Policy;

29.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

30. DEATH DURING TRAVEL (MV)

30.1 COVERED RISKS

30.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the payment of the insured capital to the beneficiaries in the event of the insured's death during the travel period directly and exclusively due to natural or accidental causes, excluding the **excluded risks specified in the Insurance Policy**.

30.1.2 The Insured Capital will be limited and indicated in the Insurance Policy.

30.1.3 For the purpose of coverage and determination of the insured capital, the "date of the covered event" will be considered the date of the insured's death, as determined through the analysis of the presented documentation.

30.1.4 The Indemnities provided in this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

30.1.5 In the case of an insured person under 14 years of age (inclusive), the indemnity will be exclusively for the reimbursement of funeral expenses, which must be proven by the presentation of original supporting documents. The indemnity will be limited to the insured capital contracted for this guarantee.

30.1.6 Eligibility:

Individuals who are in the contracted travel period are eligible.

30.2 EXCLUDED RISKS

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

30.3 PROCEDURES IN CASE OF CLAIMS

30.3.1 Basic Documents in Case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

I. Death Due to Illness:

- a. "Claim Notice" form, duly filled out and signed by the Beneficiary(ies);
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by each of the Beneficiaries;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured and the Beneficiary(ies);
- d. Copy of the Death Certificate of the Insured;
- e. Copy of the complete Medical Record;

- f. Copy of the Forensic Report - IML (Forensic Medical Institute);
- g. Copy of the Insurance Policy.
- h. Original invoices and receipts of expenses related to the release and transportation of the insured's body;

II. Death Resulting from an Accident:

In addition to the Documents listed in Item I. above, provide:

- a. Copy of the Police Report (Boletim de Ocorrência Policial) and/or CAT (Work Accident Report);
- b. Copy of the Forensic Report - IML (Forensic Medical Institute);
- c. Copy of the Driver's License, in case of an accident involving a vehicle driven by the Insured;
- d. Copy of the Alcohol and/or Toxicological Test Report;
- e. Copy of the complete Medical Record;
- f. Copy of the technical expertise report conducted at the accident site.

III. In case there is no designated Beneficiary(ies), also present:

- a. Original declaration signed by the Beneficiary(ies), indicating the marital status of the Insured at the time of death, whether they were in a stable union and with whom, and listing all legal heirs left behind.

IV. Other documents required for the qualification of the Beneficiary(ies):

- a. Spouse: copy of the updated Marriage Certificate;
- b. Partner: proof of a stable union at the time of the incident;
- c. Child(ren): copy of the Birth Certificate if lacking ID and TAXPAYER ID.

30.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

Special Conditions

31. ACCIDENTAL DEATH DURING TRAVEL (MAV)

31.1 COVERED RISKS

31.1.1 This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees the payment of the insured capital to the beneficiaries in case of the insured's death during the travel period directly and exclusively due to a covered personal accident, excluding the risks excluded as provided in the Insurance Policy.

31.1.2 The Insured Capital will be limited and indicated in the Insurance Policy.

31.1.3 For the coverage and determination of the insured capital, the "date of the covered event" will be considered the date of the insured's accident, as determined through the analysis of the presented documentation.

31.1.4 The Indemnities provided in this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

31.1.5 In the case of insured individuals under 14 years of age (inclusive), the indemnity will be exclusively allocated to the reimbursement of funeral expenses, which must be proven by presenting original supporting invoices. The indemnity will be limited to the insured capital contracted for this guarantee.

31.1.6 Eligibility:

Individuals who are in the contracted travel period are eligible.

31.2 EXCLUDED RISKS

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

31.3 PROCEDURES IN CASE OF CLAIMS

31.3.1 Basic Documents in case of Claims

For the analysis of the Indemnity payment, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. Fully completed and signed "Claim Notice" form by the Beneficiary(ies);
- b. Fully completed and signed "Payment Authorization - Claim Credit" form by each of the Beneficiaries;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured and the Beneficiary(ies);
- d. Copy of the Insured's Death Certificate;
- e. Copy of the Police Report and/or CAT (Work Accident Report);
- f. Copy of the Forensic Report - IML (Institute of Legal Medicine).



- g. Copy of the complete Medical Record;
- h. Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- i. Copy of the Alcohol and/or Toxicological Dosage Examination Report;
- j. Copy of the technical expertise report conducted at the accident site.

I. If there is no indication of Beneficiaries, also provide:

a. Original declaration signed by the Beneficiaries, indicating the marital status of the Insured at the time of death, if they were possibly in a stable union and with whom, and listing all legal heirs.

II. Other documents for the qualification of the Beneficiaries:

- a. Spouse: updated copy of the Marriage Certificate;
- b. Partner: proof of stable union at the time of the Incident;
- c. Child(ren): copy of the Birth Certificate, in the absence of ID and TAXPAYER ID.

31.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

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

32.1 COVERED RISKS

32.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees the payment of compensation to the insured for the loss, reduction, or definitive functional impotence, total or partial, of a limb or organ due to physical injury caused by a covered personal accident that occurred during the travel period, excluding the excluded risks provided in the Insurance Policy.

32.1.2 The Insured Amount will be limited and indicated in the Insurance Policy.

32.1.3 For coverage purposes and determination of the insured amount, the "date of the covered event" will be considered the date of the insured's accident, as evidenced by the analysis of the documentation presented.

32.1.4 The Insured Amount related to this Coverage will be reinstated automatically after each Covered Event, without charging an additional Premium.

32.1.5 Compensation under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

32.1.6 Eligibility

Individuals who are in the contracted travel period are eligible.

32.2 EXCLUDED RISKS

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

32.3 PROCEDURES IN CASE OF CLAIM

32.3.1 Determination of the Degree of Disability

a. The payment of any compensation for Permanent Disability due to an Accident, whether total or partial, will be subject to the confirmation of Permanent Disability, i.e., after the insured's treatment is completed, or all available therapeutic resources for recovery are exhausted, and the existence of Permanent Disability is confirmed upon definitive medical discharge (with the degree(s) and types of disability definitively characterized and based on the final medical diagnosis to be presented by the insured), the Insurer will assess and pay the Compensation according to the percentages established in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 29.3.2.

b. In the case of Partial Disability due to an Accident, where the functions of the injured limb or organ are not completely abolished, the compensation amount for partial loss will be calculated by applying the percentage provided in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 29.3.2., for its total loss, based on the degree of functional reduction presented.

c. In the absence of an exact indication of the presented percentage reduction level, and considering the classification of such level as maximum, medium, or minimum, the proportional compensation will be calculated based on the percentages of 75, 50, and 25% respectively, applied to the same Table for

Calculation of Compensation in case of Permanent Disability due to Accident, as transcribed in Item 29.3.2.

d. In all cases of partial disability not specified in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 29.3.2, the compensation will be established based on the permanent decrease in the insured's physical capacity, regardless of their profession.

e. If a single accident results in disability in more than one limb or organ, the compensation will be calculated by adding the percentages established for each, according to the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 29.3.2, ensuring that the total compensation does not exceed 100% of the insured amount for Total or Partial Permanent Disability due to an Accident.

f. If there are two or more partial injuries in the same limb or organ, the sum of compensations cannot exceed the total amount specified in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 29.3.2, in the event of complete loss of that limb.

g. A greater loss or reduction in the partial or total function of a limb or organ that was already defective before the accident will not entitle to claims, unless previously declared in the application proposal, in which case the pre-existing disability will be reduced from the final degree in the compensation calculation.

h. Permanent Disability must be proven through a medical statement, and retirement due to disability granted by official social security institutions or similar entities does not in itself characterize the state of permanent disability.

i. In case of disagreements regarding the cause, nature, or extent of injuries, as well as the assessment of the insured's disability, the insurance company must propose to the insured, through written correspondence, within 15 (fifteen) days from the date of the dispute, the establishment of a medical board.

j. If both coverages for death and total or partial permanent disability due to an accident have been contracted, their compensations will not accumulate. If, after paying compensation for permanent disability due to an accident, the insured's death occurs as a result of the same accident, the death compensation will be reduced by the amount already paid for permanent disability.

32.3.2 TABLE FOR CALCULATION OF COMPENSATION IN CASE OF PERMANENT DISABILITY DUE TO AN ACCIDENT

PERMANENT DISABILITY	DESCRIPTION	% ON INSURED CAPITAL
TOTAL	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 one upper limb and one 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	
PARTIAL (VARIOUS)	Total loss of vision in one eye	30
	Total loss of vision in one eye, when the Insured no longer has another view	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 vertebral column	20
	Immobility of the thoraco-lumbo-sacral segment of the vertebral column	25
PARTIAL (SUPERIOR MEMBERS)	Total loss of use of one upper limb	70
	Total loss of use of one hand	60
	Non-consolidated fracture of one of the humeri	50
	Non-consolidated fracture of one of the radio-ulnar segments	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	25
	Total loss of use of one thumb, excluding the metacarpal	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 little finger and one middle finger	12
	Total loss of use of one ring finger	09
	Total loss of use of any phalanx, excluding those of the thumb: Compensation equivalent to 1/3 (one third) of the value of the respective finger.	
PARTIAL (INFERIOR MEMBERS)	Total loss of use of one lower limb	70

	Total loss of use of one foot	50
	Non-consolidated fracture of a femur	50
	Non-consolidated fracture of one of the tibiofibular segments	25
	Non-consolidated fracture of the patella	20
	Non-consolidated fracture of a foot	20
	Total ankylosis of one knee	20
	Total ankylosis of one ankle	20
	Total ankylosis of one hip	20
	Partial loss of one foot (loss of all toes and a part of the same foot)	25
	Amputation of the first finger - thumb	10
	Amputation of any other finger	03
	Total loss of use of a phalanx of the first finger: Compensation equivalent to 1/2 (half), and of the other fingers, equivalent to 1/3 (one third) of the respective finger.	
	Shortening of one lower limb:	
	• 5 (five) centimeters or more	15
	• 4 (four) centimeters	10
	• 3 (three) centimeters	06
	• less than 3 (three) centimeters	No Compensation

LOSS OF USE OF MEMBERS WITHOUT ANATOMICAL LOSS

The loss or reduction of strength or functional capacity considered is one that does not result from joint injuries or amputated segments, as listed in the table.

PERMANENT INVALIDITY	DISCRIMINATION	% ON THE INSURED CAPITAL
JAW	Lower jaw (mandible) reduced movement:	
	In minimal degree	10
	In medium degree	20
NOSE	In maximum degree	30
	Total loss of the nose	25
	Total loss of smell	07

	Loss of smell with gustatory alterations	10
VISUAL SYSTEM	Tear Duct Injuries:	
	Unilateral	07
	Unilateral with fistulas	15
	Bilateral	14
	Bilateral with fistulas	25
	Injuries of the eyelid, orbit, cornea, sclera, and iris	
	Unilateral ectropion	03
	Bilateral ectropion	06
	Unilateral entropion	07
	Bilateral entropion	14
Unilateral eyelid malocclusion	03	
Bilateral eyelid malocclusion	06	
Unilateral eyelid ptosis	05	
Bilateral eyelid ptosis	10	
SPEECH APPARATUS	Loss of substance (soft and hard palate)	15
	Total amputation of the tongue	50
	Partial - less than 50% - More than 50%	15 30
AUDITORY SYSTEM	Total loss of one ear	08
	Total loss of both ears	16
ANKYLOSIS	For malposition, add the percentages provided 25 (twenty-five), 50 (fifty), or 75% (seventy-five percent) of its value, according to the unfavorable position observed, that is, in minimal, medium, or maximum degree, respectively.	
LOSS OF STRENGTH OR FUNCTIONAL CAPACITY OF LIMBS	The loss or reduction of strength or functional capacity considered is one that does not result from joint injuries or amputated segments, as listed in the table.	
	Spleen Loss	15
URINARY SYSTEM	Chronic Urine Retention (Mandatory Catheterization)	15
	Cystostomy (definitive)	30
	Permanent Urinary Incontinence	30
	Loss of one kidney: Preserved renal function	15
	Minimal reduction in renal function Moderate reduction in renal function Renal insufficiency	25 50 75
GENITAL AND REPRODUCTIVE SYSTEM	Loss of one testicle	05
	Loss of two testicles	15
	Traumatic amputation of the penis	40
	Loss of one ovary	05

AXA Seguros S.A. | CNPJ/MF: 19.323.190/0001-06 | SUSEP Registration 02852.

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	Loss of two ovaries	15
	Loss of the uterus before menopause	30
	Loss of the uterus after menopause	10
ABDOMINAL WALL	Traumatic hernia 10	
	In case of surgical cure of traumatic hernia without compensation	without indemnity
PSYCHIATRIC SYNDROMES	Post-concussional syndrome	10
	Neurotic disorder (post-traumatic stress)	02
NECK	Pharyngeal stenosis with swallowing obstruction	15
	Esophageal injury with motor function disorders	15
	Paralysis of one vocal cord	10
	Paralysis of two vocal cords	30
	Definitive tracheostomy	40
THORAX	RESPIRATORY SYSTEM	
	Post-traumatic pleural sequelae	10
	Total or partial resection of a lung (partial or total pneumonectomy):	
	Preserved respiratory function	15
	Minimal reduction in respiratory function	25
	Moderate reduction in respiratory function	50
	Respiratory insufficiency	75
	BREASTS	
	Unilateral mastectomy	10
	Bilateral mastectomy	20
	ABDOMEN (ORGANS AND VISCERA)	
	Partial gastrectomy	10
	Subtotal gastrectomy	20
	Total gastrectomy	40
	SMALL INTESTINE	
	Partial resection without functional repercussion	10
	Partial resection with minimal functional repercussion	20
	Partial resection with moderate functional repercussion	45
	Partial or total resection with maximum functional repercussion	70
	LARGE INTESTINE	
	Partial colectomy without functional disorder	05
	Partial colectomy with minimal functional disorder	10
	Partial colectomy with moderate functional disorder	35
	Total colectomy	60
	Permanent colostomy	50
	RECTUM AND ANUS	
	Fecal incontinence without prolapse	30
	Fecal incontinence with prolapse	50
	Hepatic lobectomy without functional alteration	10
	Removal of the gallbladder	07

32.3.3 Basic Documents in case of Claims

For the analysis of the payment of Compensation, respecting the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS", item - "Basic Documents in Case of Claims" of the General Conditions, the following basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Compensation Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID and proof of residence of the Insured;
- d. Copy of the Police Report and/or CAT (Work Accident Report)
- e. Copy of the CNH (National Driver's License), in case of an accident with a vehicle driven by the Insured;
- f. Copy of the Alcohol and/or Toxicological Examination Report;
- g. Copy of the technical expertise report carried out at the accident scene;
- h. Complete copy of the Medical Record;
- i. Copy of the Insurance Ticket.

32.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

33. BAGGAGE - COMPLEMENTARY (BC)

33.1 COVERED RISKS

33.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees compensation, limited to the Insured Amount, in case of total and definitive loss of baggage, during the travel period, provided it is under the responsibility of the Transport Company and proven through the presentation of the loss report (PIR - Property Irregularity Report), excluding the excluded risks provided in the Insurance Policy.

33.1.2 The compensation will be calculated exclusively based on the weight of the baggage stated on the Transport Company's ticket, regardless of its content under any claim.

33.1.2.1 The maximum weight to be contracted for trips will follow the classification provided by the Transport Companies.

33.1.2.2 The Insured Amount will be calculated based on the weight of the checked baggage, considering the per kilo value defined in the contracted plan, limited to the Insured Amount defined in the Insurance Policy.

33.1.3 The Insured Amount will be limited and indicated in the Insurance Policy.

33.1.4 It is essential that the transport company has acknowledged its responsibility for the total and definitive loss of the baggage.

33.1.5 The Insured will only be entitled to Coverage if the loss occurred during the delivery of the baggage to the authorized personnel of the Transport Company for boarding and the moment of return to the passenger upon disembarkation.

33.1.6 The actual loss of the baggage will only be covered if it is immediately reported to the Transport Company before leaving the baggage delivery area, where the Insured noticed the missing baggage, with the mandatory opening of the P.I.R. (Property Irregularity Report).

33.1.6.1 The Insured will only be entitled to compensation in cases where the P.I.R (Property Irregularity Report) and the baggage ticket are in the Insured's name.

33.1.7 For the purpose of coverage and determination of the insured capital, the "covered event date" will be considered the date of notification to the Transport Company, as stated in the irregularity report, filled out before the Insured leaves the disembarkation area;

33.1.8 The Compensation provided in this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

33.1.9 Eligibility:

Individuals who are in the contracted travel period are eligible.

33.2 EXCLUDED RISKS

33.2.1 IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

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- A. CONFISCATION OR SEIZURE BY CUSTOMS OR OTHER GOVERNMENTAL AUTHORITY;**
- B. DEPRECIATION AND NORMAL DETERIORATION OF OBJECTS;**
- C. PRECIOUS METALS AND THEIR ALLOYS, WORKED OR NOT, JEWELRY, NATURAL OR SYNTHETIC FURS, PAINTINGS AND ANY WORKS OF ART, JEWELRY OF ANY KIND, WATCHES, AND SECURITIES;**
- D. ANY TYPES OF ANIMALS;**
- E. OBJECTS THAT THE INSURED CARRIES WITH THEM OR IN HAND LUGGAGE, FOR WHICH THEY ARE RESPONSIBLE, INCLUDING AMONG OTHER ITEMS: CLOTHING, WATCHES, PENS, KEYCHAINS, PERSONAL ITEMS, GLASSES, CINEMA, PHOTOGRAPHY AND OPTICAL EQUIPMENT, SOUND AND VIDEO EQUIPMENT;**
- F. ACTING AS AN OPERATOR OR MEMBER OF THE CREW IN THE TRANSPORTATION MEDIUM THAT GAVE RISE TO THE EVENT;**
- G. THE EVENT IN WHICH THE INSURED DOES NOT NOTIFY THE TRANSPORT COMPANY, THROUGH THE FILLING OUT OF THE PROPERTY IRREGULARITY REPORT (PIR), BEFORE LEAVING THE DISCHARGE LOCATION;**
- H. THE EVENT IN WHICH THE INSURED DOES NOT TAKE THE NECESSARY MEASURES TO SAFEGUARD OR RECOVER THE LOST BAGGAGE.**
- I. PHYSICAL DAMAGES CAUSED TO GOODS CHECKED DURING THE TRIP;**
- J. ANY VALUE RELATED TO THE CONTENTS OF THE BAGGAGE, WITH COMPENSATION CALCULATED EXCLUSIVELY BASED ON THE WEIGHT OF THE BAGGAGE, AS PER THE TRANSPORT COMPANY'S RECEIPT;**
- K. LOSSES OCCURRED DURING PRE-DESPATCH TRAVELS OF THE BAGGAGE;**
- L. PHYSICAL DAMAGES CAUSED TO THE BAGGAGE.**

33.3 PROCEDURES IN CASE OF CLAIMS

33.3.1 Basic Documents in Case of Claims

For the analysis of the payment of Compensation, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;**
- b. "Authorization for Compensation Credit", duly filled out and signed by the Insured;**
- c. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured;**
- d. Loss or damage report issued by the responsible transport company (PIR - Property Irregularity Report) attesting to the weight, in kilograms, of the lost baggage. A PIR (Property Irregularity Report) is required for each lost baggage.**



- e. Original Baggage Check Ticket, attesting the weight, in kilograms, of the baggage;
- f. Bank proof of payment of Compensation with the Transport Company as the payer;
- g. Copy of the Insurance Ticket;
- h. Document issued by the Transport Company confirming the total and definitive loss of the baggage;

33.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

34. FUNERAL WHILE TRAVELING (FV)

34.1 COVERED RISKS

34.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees the Beneficiary(ies), in addition to the Body Transfer coverage, the reimbursement of funeral expenses or service provision, up to the contracted insured amount, exclusively as a result of the Insured's Death or the need for amputation of lower or upper limbs performed through a surgical procedure, during the travel period, **excluding the risks excluded as provided in the Insurance Policy.**

34.1.2 This Coverage is not an advance of the Travel Death Coverage.

34.1.3 The Insured Amount will be limited and specified in the Insurance Policy.

34.1.4 For the purpose of this Clause, the date of the event, for the determination of the Insured Amount, shall be considered as the date of the Insured's Death or the date of the limb amputation.

34.1.5 The Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

34.1.6 Eligibility:

Individuals who are in the contracted travel period are eligible.

34.1.7 Covered Expenses:

34.1.7.1 For the purpose of expense reimbursement, reimbursement of any expense related to the burial or cremation of the Insured at their place of residence will be guaranteed, duly proven by presenting invoices containing the breakdown of items or services acquired, up to the limit of the contracted insured amount.

34.1.7.1.1 Expenses related to the burial or cremation of lower and upper limbs of the Insured, in the case of amputation performed through a surgical procedure and upon medical recommendation, are covered;

34.2 EXCLUDED RISKS

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

34.3 PROCEDURES IN CASE OF CLAIMS

34.3.1 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact the AXA Seguros Customer Service, which may be collect, and provide the Full Name of the Insured, TAXPAYER ID or Insurance Policy number; Location and Phone Number of Where They Are; and the Issue, the type of information or assistance needed. For the analysis of the payment of Compensation, in compliance with the provisions of the "PROCEDURES IN CASE OF

CLAIMS" clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:



- a. "Claim Notice" form duly filled out and signed by the Beneficiary(ies);
- b. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured and the Beneficiary(ies);
- c. Copy of the Insured's Death Certificate;
- d. For burial or cremation of limbs, it will be necessary to present a complete Medical Record copy, duly signed and prepared on hospital letterhead, with a description of the amputated limb clearly justifying the surgical procedure;
- e. Proof of Beneficiary(ies) designation signed by the Insured;
- f. Copy of all Invoices;
- g. Copy of the Insurance Policy.

34.4 RATIFICATION

The other provisions of this Insurance Policy that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

35. TRIP CANCELLATION (CV)

35.1 COVERED RISKS

35.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees compensation to the Insured or Beneficiaries, limited to the Insured Amount, aiming to reimburse them for unrecoverable losses with deposits and/or expenses paid in advance for the purchase of tourist packages and/or travel services such as transportation and accommodation, whenever the trip cancellation (an event that prevents the start) is necessary and/or unavoidable, excluding the excluded risks provided in the Insurance Policy, and solely and exclusively as a result of:

35.1.1.1 Death, sudden and acute illness leading to hospitalization for a period exceeding 24 (twenty-four) hours or personal accident of the Insured, Spouse, or Family Members, preventing the start of their trip.

a. In cases of cancellation due to the death of the Insured or family members, it must have occurred within the 60 (sixty) days preceding the start of the trip;

35.1.1.2 Receipt of an unavoidable court notification for the Insured to appear in court, provided that the receipt of said notification is after the contracting of the trip and/or tourist services;

35.1.1.3 Declaration from a competent health authority placing the Insured in quarantine, provided that the declaration is after the contracting of the trip and/or tourist services.

35.1.1.4 Notifiable infectious diseases, duly proven by medical report and subsidiary exams, considered life-threatening for the Insured and/or other individuals during the trip, and contracted within a period of up to 14 (fourteen) days before the trip.

35.1.2 For the purpose of this Clause, the date of the event, for the determination of the Insured Amount, shall be the date indicated in the documents proving the trip cancellation.

35.1.3 The Insured Amount will be limited and specified in the Insurance Policy.

35.1.4 The Compensation provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

35.1.5 Eligibility:

Individuals who purchase trips and show interest in acquiring the insurance are eligible.

35.2 EXCLUDED RISKS

35.3.6 IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED: ADMISSIONS TO INSTITUTIONS OF THE FOLLOWING TYPES:

A. INSTITUTION FOR THE CARE OF MENTAL DISABILITIES, NAMELY, AN INSTITUTION PRIMARILY DEDICATED TO THE TREATMENT OF PSYCHIATRIC

ILLNESSES, INCLUDING SUBNORMALITIES; OR THE PSYCHIATRIC DEPARTMENT OF A HOSPITAL.

B. LOCATION FOR THE ELDERLY, REST HOMES, NURSING HOMES, AND SIMILAR;

C. CLINICS OR FACILITIES FOR THE RECOVERY OF ALCOHOL AND DRUG ADDICTS;

D. HYDROTHERAPY HEALTH INSTITUTIONS OR NATURAL HEALING METHOD CLINICS; CONVALESCENT HOME; SPECIAL HOSPITAL UNIT PRIMARILY USED AS A PLACE FOR DRUG OR ALCOHOL ADDICTS, OR AS A HEALTH INSTITUTION FOR CONVALESCENCE OR REHABILITATION; WEIGHT LOSS CLINICS AND SPAS;

E. CIRCUMSTANCES KNOWN BEFORE THE PURCHASE OF THE INSURANCE OR AT THE TIME OF RESERVING ANY TRAVEL SERVICE, WHICH COULD REASONABLY BE EXPECTED TO LEAD TO TRIP CANCELLATION;

F. ANY COSTS THAT HAVE ALREADY BEEN PAID IN ADVANCE BY THE INSURED AND ARE REIMBURSABLE BY:

I. TRANSPORT COMPANY, HOTEL, TOUR OPERATOR/TRAVEL AGENCY, AND/OR COMPANIES PROVIDING ENTERTAINMENT/ATTRACTIONS OR OTHER FORMS OF COMPENSATION;

II. CREDIT OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT COMPANY;

G. ANY CLAIM ARISING FROM A REASON NOT LISTED AS COVERED.

35.4 PROCEDURES IN CASE OF CLAIMS

35.4.1 Basic Documents in Case of Claims

For the analysis of the Compensation payment, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

I. For all occasions:

- a.** "Claim Notice" form, duly filled out and signed by the Insured;
- b.** "Authorization for Compensation Credit" form, duly filled out and signed by the Insured;
- c.** Copies of ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d.** Presentation of the Ticket or Travel Card purchase, indicating the embarkation date;
- e.** Copy of the Insurance Policy.

- f. Documents proving the amounts paid;
- g. Proof of the amounts of fines retained in case of cancellation;
- h. Service contract of the travel organizers, which must include penalties in case of cancellation, as required by law;
- i. Technical report and/or documentation proving the reason for cancellation according to the covered events;

II. Due to Illness:

In addition to the Documents listed in Item I above, provide:

- a. Declaration/Medical report from the attending physician, justifying the reason and confirming the hospitalization of the insured on the scheduled travel date, signed and stamped with the CRM;

III. Due to Accident:

In addition to the Documents listed in Item I above, provide:

- a. Results of exams conducted and statement/Medical report from the attending physician, indicating the injury and proof of inability to move, signed and stamped with the CRM;

IV. Due to the Death of Family Members:

In addition to the Documents listed in Item I above, provide:

- a. Presentation of documentation proving the relationship;
- b. Copy of the Death Certificate.

35.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

36. RETURN OF THE INSURED (RS)

36.1 COVERED RISKS

36.1.1 This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees reimbursement, limited to the Insured Capital, of expenses for the return of the insured to their place of origin of the trip or their city of residence, in case they are unable to complete the trip due to a covered event, excluding the risks excluded as provided in the Insurance Policy.

36.1.2 The Insured Capital will be limited and indicated in the Insurance Policy.

36.1.3 Expenses for the insured's return are understood as the cost of rescheduling the original return ticket, in economy class, or, when rescheduling is not possible, the cost of a return ticket, in economy class, from the location where the client is to their city of residence.

36.1.4 The insured's return will be covered exclusively for the following reasons:

36.1.4.1 Fire, explosion, theft with damage and/or violence at the insured's habitual residence upon presentation of a copy of the Police Report (BO) and Fire Department Report;

36.1.4.2 Sudden illness or covered accident of the insured or their travel companion, provided that the need for return is proven through a complete medical record and a report confirming the need for return;

36.1.4.3 Serious sudden illness or serious accident of family members who are not traveling with the Insured;

36.1.4.4 Death of their travel companion;

36.1.4.5 Death of a family member of the insured or their travel companion.

Additional clarification: For the cases provided in the clause, only the following individuals will be considered as family members: father, mother, siblings, spouses/partners, children, and stepchildren of the insured, residing in Brazil.

Serious illness or accident (item 37.1.4.3) is a health condition that poses a significant risk to life, requiring urgent medical intervention or prolonged hospitalization for recovery.

36.1.5 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, will be considered as the date indicated in the documents proving the need for expenses.

36.1.6 Compensation under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

36.1.7 Eligibility:

Individuals who are in the contracted travel period are eligible.

36.2 EXCLUDED RISKS

36.2.1 IN ADDITION TO THE RISKS EXCLUDED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE "EXCLUDED RISKS" OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. EXPENSES FOR THE RETURN OF THE INSURED'S TRAVEL COMPANION.

36.3 Procedures in Case of Claims

36.3.1 If the option for the provision of the service exists, without the need for disbursement of the amount, the beneficiary or representative of the Insured must contact AXA Seguros' Call Center, which may be charged, and provide the Insured's Full Name, TAXPAYER ID or Insurance Ticket number; Location and Telephone Number of Where They Are; and the Problem, the type of information or help needed.

36.3.2 Basic Documents in Case of Claims

For the analysis of the payment of the Indemnity, respecting the provisions of the Clause "Procedures in Case of Claims", item - "Basic Documents in Case of Claims" of the General Conditions, the following basic documents must be presented:

I. For all occasions:

- a. Form "Notice of Claim", duly completed and signed by the Insured;
- b. Form "Authorization for Credit of Indemnity", duly completed and signed by the Insured;
- c. Copies of the ID card (identity card), TAXPAYER ID, and proof of residence of the Insured;
- d. Original invoices and receipts for expenses with the early return of the insured to the place of origin of the trip or their domicile;
- e. Copy of the Insurance Ticket.

I. Due to Illness:

In addition to the Documents listed in Item I above, provide:

- f. f. Declaration/Report from the attending physician, justifying the reason and confirming the illness of the insured that requires him/her to return early, signed and with a recognized signature;

II. Due to Accident:

In addition to the Documents listed in Item I above, provide:

36.1.1 Declaration/Report from the attending physician, informing the injury occurred and proof of the impossibility of locomotion that requires him/her to return early, signed and with a recognized signature;

III. Due to Death of Family Members:

In addition to the Documents listed in Item I above, provide:

- a. Presentation of documentation proving the relationship;
- b. Copy of the Death Certificate.

36.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

37 HOTEL ACCOMMODATION AFTER HOSPITAL DISCHARGE (HHAH)

37.1 COVERED RISKS

37.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Capital, for accommodation expenses if it is determined by the medical team and required by the attending physician that the insured is unable to return to their place of origin of the trip or their domicile due to a personal accident or illness, even after hospital discharge, excluding the risks excluded as provided in the Insurance Policy.

37.1.2 The recommendation not to return to the place of origin of the trip or domicile must be made through a medical report.

37.1.3 Under no circumstances will there be compensation if the hotel chosen by the insured has daily rates lower than the Insured Capital limit.

37.1.4 Covered Expenses

For the purpose of expense reimbursement, only accommodation expenses will be guaranteed, duly proven by the presentation of invoices, up to the limit of the contracted insured capital.

37.1.5 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, is considered to be the date indicated in the documents proving the need for expenses.

37.1.6 The Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

37.1.7 Eligibility:

Individuals who are within the contracted travel period are eligible.

37.2 EXCLUDED RISKS

IN ADDITION TO THE RISKS EXCLUDED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. ADDITIONAL EXPENSES NOT RELATED TO ACCOMMODATION, SUCH AS: FOOD, ENTERTAINMENT, LEISURE, RENTALS, TELEPHONE, FAX, CELL PHONE, ETC.

37.3 PROCEDURES IN CASE OF CLAIMS

37.3.1 If the option for service provision exists without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Call Center, which may be charged, and provide the Insured's Full Name, TAXPAYER ID or

Insurance Ticket number; Location and Telephone Number of Where They Are; and the Problem, the type of information or help needed.

37.3.2 Basic Documents in case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured;
- d. Original invoices and receipts of expenses related to accommodation;
- e. Statement/Report from the attending physician, justifying the reason and confirming the illness and/or personal accident of the insured that prevents them from returning to their place of origin of the trip or their domicile, even after hospital discharge, requiring accommodation, with signature and stamp containing the CRM;
- f. Copy of the Insurance Ticket.

37.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

38 RETURN OF FAMILY MEMBERS IN CASE OF INSURED'S DEATH (RFFS)

38.1 COVERED RISKS

38.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Capital, for expenses related to the early return of the insured's family members to their place of origin of the trip or their domicile, in case they have an air ticket with a date or limitation for return and the insured dies due to a covered personal accident or illness, **excluding the excluded risks specified in the Insurance Ticket.**

38.1.2 Whenever the original ticket cannot be used, family members must return with an economy class air ticket.

38.1.3 The Insured Capital will be defined and indicated in the Insurance Ticket.

38.1.4 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, is considered to be the date indicated in the documents proving the need for expenses.

38.1.5 The Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

38.1.6 Eligibility:

Individuals who are family members of the insured are eligible.

38.2 EXCLUDED RISKS

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

38.3 PROCEDURES IN CASE OF CLAIMS

38.3.1 If the option for service provision exists without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Call Center, which may be charged, and provide the Insured's Full Name, TAXPAYER ID or Insurance Ticket number; Location and Telephone Number of Where They Are; and the Problem, the type of information or help needed.

38.3.2 Basic Documents in case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS" of the General Conditions, the respective basic documents must be presented:

I. Death Due to Illness:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. Copy of the Insured's Death Certificate;
- c. "Authorization for Indemnity Credit" form, duly filled out and signed by the Family Members; d. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Family Members.
- d. Original invoices and receipts for accommodation and transportation expenses

- e. Statement/Report from the attending physician, certifying the hospitalization with entry date, signed and duly recognized
- f. Original Air Tickets with respective payment receipts
- g. Proof of the amount of the fine(s) retained in case of cancellation
- h. Service contract from the trip organizers, including provisions for cancellation fines as per EMBRATUR regulations
- i. Copy of the Insurance Ticket

II. In case of Death Due to Accident:

SALTO

- a. Copy of the Police Report (BO) and/or Work Accident Report (CAT), if applicable
- b. Copy of the Necropsy Report - IML (Institute of Legal Medicine), if conducted
- c. Copy of the National Driver's License (CNH), in case of an accident involving a vehicle driven by the Insured
- d. Copy of the Alcohol and/or Toxicology Test Report, if conducted
- e. Copy of the technical expertise report conducted at the accident site, if available

38.4 RATIFICATION:

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

39 ACCOMPANIMENT TO THE INSURED USER HOSPITALIZED (AUSH)

39.1 COVERED RISKS

39.1.1 This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Capital, for expenses related to transportation, round-trip airfare (economy class) or bus, and accommodation for a single companion, in case the insured's hospitalization is expected to exceed 72 (seventy-two) hours due to a covered personal accident or illness, in a hospital located outside the insured's city of residence while the insured is traveling unaccompanied, excluding the risks excluded as specified in the Insurance Ticket.

39.1.1 The Insured Capital and the limit of daily allowances for the companion will be defined and indicated in the Insurance Ticket.

39.1.2 Under no circumstances will the extension of the daily allowance period established in the Insurance Ticket be allowed.

39.1.3 The companion should be appointed by the insured, or in the absence of such appointment, the person designated for emergency notifications by the insured will be considered. In the absence of both, the spouse or any first-degree relative of legal age.

Important: The person appointed to accompany the insured must reside in the insured's country of residence.

39.1.4 Under no circumstances will there be compensation of values if the hotel chosen by the insured has daily rates lower than the Insured Capital limit.

39.1.5 Covered Expenses

For the purpose of expense reimbursement, only accommodation and transportation expenses, duly evidenced by invoices, will be guaranteed up to the contracted insured capital limit.

39.1.6 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, will be considered as the date indicated in the documents proving the need for expenses.

39.1.7 Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

39.1.8 Eligibility:

Individuals who are within the contracted travel period are eligible.

39.2 EXCLUDED RISKS

IN ADDITION TO THE RISKS EXCLUDED AS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE "EXCLUDED RISKS" IN THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. EXTRA EXPENSES NOT RELATED TO ACCOMMODATION, SUCH AS: FOOD, ENTERTAINMENT, LEISURE, RENTALS, TELEPHONE, FAX, CELL PHONE, ETC.

39.3 PROCEDURES IN CASE OF CLAIMS

39.3.1 Provided that the option for service provision without the need for disbursement is available, the beneficiary or representative of the Insured must contact AXA Seguros' Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID or Insurance Policy Number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

39.3.2 Basic Documents in case of Claims

For the analysis of the Indemnity payment, in compliance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured;
- d. Original invoices and receipts of expenses for accommodation and transportation;
- e. Declaration/Report from the attending physician, certifying the hospitalization with entry date, with signature and stamp containing the CRM (Medical Council Registration);
- f. Copy of the Insurance Policy.

39.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

40. PHARMACEUTICAL EXPENSES (DF)

40.1.1 COVERED RISKS

This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees reimbursement, limited to the Insured Capital, for expenses with prescribed medication under medical guidance, for covered personal accidents or illnesses, **excluding the risks excluded as provided in the Insurance Policy.**

40.1.2 Covered Expenses

For the purpose of expense reimbursement, only medication expenses will be guaranteed, duly evidenced by invoices, up to the contracted insured capital limit.

40.1.3 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, will be considered as the date indicated in the documents proving the need for expenses.

40.1.4 Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

40.1.5 The Insured Capital will be defined and indicated in the Insurance Policy.

40.1.6 Eligibility:

Individuals who are within the contracted travel period are eligible.

40.2 EXCLUDED RISKS

IN ADDITION TO THE RISKS EXCLUDED AS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE "EXCLUDED RISKS" IN THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. ONGOING USE MEDICATIONS.

40.3 PROCEDURES IN CASE OF CLAIMS

40.3.1 Provided that the option for service provision without the need for disbursement is available, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID or Insurance Policy Number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

40.3.2 Basic Documents in case of Claims

For the analysis of the Indemnity payment, in compliance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), TAXPAYER ID, and proof of residence of the Insured;



- d. Original invoices and receipts for expenses with medications;
- e. Statement/Report from the attending physician, justifying the reason and confirming the insured's illness and/or personal accident and the necessary medications, with signature and stamp containing the CRM (Medical Council Registration Number);
- f. Copy of the Insurance Policy.

40.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

41. ACCOMPANIMENT OF MINOR AND/OR ELDERLY (AMI)

41.1 COVERED RISKS

This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Capital, for expenses related to the transfer of a person for accompaniment, in case the insured is traveling as the sole adult companion of one or more minors under 14 years old or elderly individuals over 70 years old, and they remain unaccompanied due to hospitalization under medical guidance resulting from covered personal accidents or illnesses, or the insured's death, **excluding the excluded risks specified in the Insurance Policy.**

41.1.1 Covered Expenses

41.1.1.1 For expense reimbursement purposes, only transportation expenses will be guaranteed, duly evidenced by the presentation of invoices, up to the contracted insured capital limit, and for a single companion throughout the entire hospitalization period. For the purposes of this clause, expenses incurred with rescheduling the return ticket for the minor(s)/elderly in economy class, and the expenses of purchasing a round-trip ticket in economy class for an adult designated by the insured's family to accompany the minor(s)/elderly back home will be considered.

41.1.1.2 Whenever the original ticket cannot be used, the return must be made with an economy class ticket.

41.1.1.3 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, will be considered as the date indicated in the documents proving the need for expenses.

41.1.1.4 Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

41.1.1.5 The Insured Capital will be defined and indicated in the Insurance Policy.

41.1.1.6 Eligibility:

Individuals, minors, or elderly individuals who are accompanying the insured on the trip are eligible.

41.2 EXCLUDED RISKS

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

A. EXTRA EXPENSES NOT RELATED TO TRANSPORTATION, SUCH AS, BUT NOT LIMITED TO: ACCOMMODATION, FOOD, ENTERTAINMENT, LEISURE, RENTALS, TELEPHONE, FAX, CELL PHONE, ETC.

B. EXPENSES AND/OR PROCEDURES RELATED TO TRAVEL DOCUMENTATION, SUCH AS, BUT NOT LIMITED TO: PASSPORTS, VISAS, VACCINATION CARDS, EXAMS, ETC.

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Av. Pres. Juscelino Kubitschek, 1600 – 15th Floor – Itaim Bibi | Zip Code: 04543-000 | São Paulo – SP

SUSEP Process 15414.900625/2015-73 | v18 (MAY2024 - CORIS)

41.3 PROCEDURES IN CASE OF CLAIMS

41.3.1 Provided that the option for service provision without the need for disbursement is available, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or insurance policy number; Location and Telephone Number of Where they are; and the Issue, type of information, or assistance required.

41.3.2 Basic Documents in case of Claims

For the analysis of the payment of the Indemnity, in compliance with the provisions in the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit," duly filled out and signed by the Insured;
- c. Copies of the RG (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Documents proving that the minor(s) and/or elderly individual(s) were indeed accompanying the insured on the trip, such as copies of the original tickets;
- e. Copies of the RG (identity card), Taxpayer ID, and proof of residence of the minor(s) and/or elderly individual(s);
- f. Original invoices and receipts of transportation expenses;
- g. Declaration/Medical Report from the attending physician, justifying the reason and confirming the illness and/or personal accident of the insured that prevents them from continuing to accompany the minor(s) and/or elderly individual(s), with a signature and stamp containing the CRM (Medical Council Registration);
- h. Copy of the Insurance Policy.

41.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

42 LEGAL ASSISTANCE (AJ)

42.1 COVERED RISKS

This Coverage, when contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of services, limited to the Insured Capital, for expenses with legal services for the defense of legal actions, caused by situations resulting in civil or criminal liability to the insured, during the travel period and duly covered, **excluding the excluded risks specified in the Insurance Policy.**

This Coverage can only be sold for international trips.

42.1.1 Covered Expenses

For the purpose of expense reimbursement, only expenses related to the lawyer's fees for legal representation in court will be guaranteed, duly proven by the presentation of invoices, up to the limit of the contracted insured capital.

42.1.2 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, is considered to be the date stated in the documents proving the need for expenses.

42.1.3 Indemnities provided under this Coverage will be due when the event occurs within the validity period of the contracted insurance.

42.1.4 The Insured Capital will be defined and indicated in the Insurance Policy.

42.1.5 This service can be requested within 60 (sixty) days from the date of the event, while the insured is still traveling.

42.1.6 Eligibility:

Individuals who are in the contracted travel period are eligible.

42.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. PROCESSES ARISING FROM EMPLOYMENT RELATIONSHIPS;**
- B. PROCESSES ARISING FROM DRUG TRAFFICKING OR POSSESSION;**
- C. PROCESSES ARISING FROM ATTEMPTS TO ILLEGALLY ENTER THE COUNTRY.**
- D. EXPERT AND/OR TECHNICAL ASSISTANT FEES, CLIENT AND/OR WITNESS TRANSPORTATION AND ACCOMMODATION;**
- E. PROCESS EXPENSES AND COSTS, AS WELL AS PAYMENTS OF INDEMNITY OR OTHER REMUNERATION DUE BY THE CLIENT TO THIRD PARTIES;**
- F. COSTS OF LITIGATION (COURT COSTS AND ATTORNEY FEES OF THE OPPOSING PARTY);**
- G. JUDICIAL OR EXTRAJUDICIAL CONVICTION OR SETTLEMENT.**

42.3 PROCEDURES IN CASE OF CLAIMS

42.3.1 If the option for service provision without the need for payment exists, the beneficiary or the Insured's representative must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID or Insurance Policy Number; Location and Contact Phone Number; and the Issue, type of information, or assistance required.

42.3.2 Basic Documents in Case of Claims

For the analysis of the Compensation payment, in accordance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the following basic documents must be submitted:

- a. "Demand for Claim" Form, duly completed and signed by the Insured;
- b. "Authorization for Compensation Credit" Form, duly completed and signed by the Insured;
- c. Copies of the Insured's ID (identity card), TAXPAYER ID, and proof of residence;
- d. Original invoices and receipts for legal services expenses;
- e. Copy of the Boarding Pass confirming the Insured is traveling;
- f. Police Report, if conducted.
- g. Copy of the Insurance Policy.

42.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

43 ACCIDENTAL DEATH IN AUTHORIZED PUBLIC TRANSPORT (MATA)

43.1 COVERED RISKS

43.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees the payment of the insured capital to the beneficiaries in case of the Insured's death caused by an accident in Authorized Public Transport, occurring exclusively during the Insured Trip, subject to the general and special conditions of the insurance. Except for the excluded risks specified in the Insurance Policy.

43.1.2 Authorized transport is considered to be companies registered with the transportation authorities in their own country and must have published routes and travel schedules.

43.1.3 The Insured Capital will be defined and indicated in the Insurance Policy.

43.1.4 For the purposes of this Clause, the date of the event, for the determination of the Insured Capital, is considered to be the date of the insured's accident.

43.1.5 In the case of insured persons under 14 years of age (inclusive), the indemnity will be exclusively for the reimbursement of funeral expenses, which must be proven by the presentation of original supporting invoices. The indemnity will be limited to the insured capital contracted for this guarantee.

43.1.6 Eligibility:

Individuals are eligible during two periods of the trip.

43.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. EVENTS ARISING FROM THE USE OF INDIVIDUAL PASSENGER TRANSPORTATION SUCH AS: TAXI, RENTAL VEHICLES, METRO, INTERCITY BUSES, OR ANY OTHER TYPE OF TRANSPORT COMPANY OR OPERATOR THAT DOES NOT HAVE PUBLISHED ROUTES AND TRAVEL SCHEDULES;**
- B. NOT ARISING FROM ACCIDENTS IN AUTHORIZED PUBLIC TRANSPORT;**
- C. WHERE THE INSURED WAS A PILOT, OPERATOR, OR CREW MEMBER;**
- D. EVENTS ARISING FROM THE USE OF LAND, MARITIME, OR AIR TRANSPORTATION THAT DID NOT HAVE A VALID LICENSE FOR PAID PASSENGER TRANSPORTATION, OR ANY OTHER MEANS OF TRANSPORTATION WITHOUT SUPERVISION;**
- E. EVENTS ARISING FROM THE USE OF PRIVATE OR CHARTERED PASSENGER TRANSPORTATION, SUCH AS AIRCRAFT, PRIVATE JET, HELICOPTER, BUS, YACHT, BOAT, AND SHIP.**

43.3 PROCEDURES IN CASE OF CLAIMS

- a. "Claim Notice" form duly filled out and signed by the Beneficiary(ies);
- b. "Payment Authorization - Claim Credit" form, duly filled out and signed by each of the Beneficiaries;
- c. Copies of the ID (identity card), TAXPAYER ID and proof of residence of the Insured and the Beneficiary(ies);
- d. Copy of the Insured's Death Certificate;
- e. Copy of the Police Report (Boletim de Ocorrência) and/or CAT (Work Accident Report), if applicable;
- f. Copy of the Necropsy Report - IML (Legal Medical Institute), if performed;
- g. Copy of the technical expertise report conducted at the accident site, if applicable.

I. In case there is no indication of Beneficiary(ies), also provide:

- a. Original declaration signed by the Beneficiary(ies), indicating the marital status of the Insured at the time of death, if they were possibly in a stable union and with whom, and listing all legal heirs.

II. Other documents for the qualification of the Beneficiary(ies):

- a. Spouse: copy of the updated Marriage Certificate;
- b. Partner: proof of stable union at the time of the Claim;
- c. Child(ren): copy of the Birth Certificate, in the absence of ID and TAXPAYER ID.

43.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

44 REFUND FOR DELAY OR CANCELLATION OF FLIGHT (OVER 6 HOURS) (RCV)

44.1 COVERED RISKS

44.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the insured a refund of food and accommodation expenses, limited to the Insured Capital, in case of a delay exceeding a period of 6 (six) consecutive hours of flights. Except for the excluded risks provided in the Insurance Policy.

44.1.2 The Insured Capital will be defined and indicated in the Insurance Policy.

44.1.3 For the purposes of this Clause, the date of the event, for the purpose of determining the Insured Capital, is considered to be the date indicated in the documents proving the need for expenses.

44.1.4 The Indemnities provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

44.1.5 For the purposes of this clause, the period of 6 (six) hours does not include the sum of hours of delay from different flights.

44.1.6 Delays and/or cancellations due to the following will be covered by this coverage:

- a. Any severe weather condition that delays the scheduled arrival or departure of a flight;
- b. Any labor issue that interferes with the departure or arrival of a flight (airline and/or airport staff strike);
- c. Any sudden, unforeseen breakdown in a regular airline's aircraft.
- d. Missed connection due to the cancellation and/or delay of a preceding flight, belonging to the same locator, exceeding the period of 6 (six) hours.

Clarification: Severe weather conditions are understood as atmospheric conditions that compromise the safety of the aircraft, such as rain, wind, hail, snow, fog, or excessive heat.

44.1.7 Eligibility:

Individuals who are in the contracted travel period are eligible.

44.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. EXTRA EXPENSES NOT RELATED TO ACCOMMODATION AND/OR FOOD, SUCH AS: ENTERTAINMENT, LEISURE, RENTALS, TELEPHONE, FAX, CELL PHONE, ALCOHOLIC BEVERAGES, ETC.

B. Loss of flight not resulting from a connection.

44.3 CLAIMS PROCEDURES

44.3.1 Provided that the option for service provision without the need for disbursement exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID or Insurance Ticket number; Location and Phone Number of Where They Are; and the Problem, type of information, or necessary assistance.

44.3.2 Basic Documents in case of Claims For the analysis of the Indemnity payment, in compliance with the provisions in the "CLAIMS PROCEDURES" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form duly filled out and signed by the Insured;
- c. Copies of the Insured's ID (identity card), TAXPAYER ID, and proof of residence;
- d. Original invoices and receipts of expenses for accommodation and meals;
- e. Copy of the airline ticket and boarding pass;
- f. Statement from the airline, unless it is a matter of public knowledge, confirming the delay and number of hours.

44.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

45 RETURN DUE TO INCIDENT AT HOME (RSD)

45.1 COVERED RISKS

45.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees the insured individual who is traveling, reimbursement or provision of service for their return due to fire, explosion, theft with damage and/or violence at their home, duly formalized with the competent authorities, and provided that there is no other person who can take care of the situation. **Excluding the excluded risks specified in the Insurance Policy.**

45.1.2 Whenever the original ticket cannot be used, the Insured must return with an economy class air ticket or a bus ticket.

45.1.3 The Insured Amount will be defined and indicated in the Insurance Policy.

45.1.4 For the purpose of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date indicated in the documents proving the need to return home.

45.1.5 Indemnities under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

45.1.6 Eligibility:

Individuals who are in the contracted travel period are eligible.

45.2 EXCLUDED RISKS IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. DAMAGES NOT FORMALLY REPORTED TO THE COMPETENT AUTHORITIES

45.3 CLAIMS PROCEDURES

45.3.1 Provided that the option for service provision without the need for disbursement exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID, or Insurance Ticket number; Location and Phone Number of Where They Are; and the Problem, type of information, or necessary assistance.

45.3.2 Basic Documents in case of Claims For the analysis of the Indemnity payment, in compliance with the provisions in the "CLAIMS PROCEDURES" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured.
- b. "Payment Authorization - Claim Credit" form duly filled out and signed by the Insured;
- c. Copies of the Insured's ID, Taxpayer ID, and proof of residence;



- d. Copy of the Police Report (Boletim de Ocorrência Policial);
- e. Boarding Pass or E-Ticket;
- f. Letter itemizing the damaged goods.

45.4 RATIFICATION

The other provisions of this Insurance Policy that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

46 COMPENSATION FOR BAGGAGE DELAY (CBD)

46.1 COVERED RISKS

46.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees the insured individual reimbursement for the delay in locating lost baggage. This reimbursement aims to cover expenses related to the purchase of basic clothing and personal hygiene items considered essential to the insured. **Excluding the excluded risks specified in the Insurance Policy.**

46.1.2 Definitions: Basic Personal Hygiene Items: the set of items for basic hygiene habits such as bathing, asepsis (deodorant and hand sanitizer), razor blade, sanitary pads, and oral hygiene (toothpaste, mouthwash, toothbrush, and dental floss). Basic Clothing Items: are clothes used to cover certain parts of the body. Defined as: underwear, pants, skirt, dress, t-shirt, sweater, shorts, socks, footwear.

46.1.3 The Insured Amount will be defined and indicated in the Insurance Policy.

46.1.4 For the purpose of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date indicated in the documents proving the need for expenses.

46.1.5 Indemnities under this Coverage will be due when the event occurs within the period of validity of the contracted insurance and:

46.1.5.1 When the lost baggage takes more than 6 hours from the registration of the complaint form issued by the airline. Once the baggage is located, no further indemnity will be provided. **46.1.6** The waiting time for locating the baggage will be counted from the time the Property Irregularity Report (PIR) is filled out until the time indicated on the baggage delivery receipt to the insured by the Airline.

46.2 Eligibility:

Individuals who are in the contracted travel period are eligible.

46.3 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. THE LOSS OF BAGGAGE ON THE INSURED'S RETURN JOURNEY TO THEIR USUAL PLACE OF RESIDENCE.

46.4 CLAIMS PROCEDURES

46.4.1 Provided that the option for service provision without the need for disbursement exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID, or Insurance Ticket number; Location and Phone Number of Where They Are; and the Problem, type of information, or necessary assistance.

46.4.2 Basic Documents in case of Claims

For the analysis of the payment of Compensation, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the following basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured;
- d. Copy of the Police Report (BO), when conducted by the Insured;
- e. Boarding Pass or E-Ticket;
- f. Original PIR ("Property Irregularity Report") form, which must be in the name of the Insured or their Representative, according to the procedures of each Transport Company;
- g. Original document with the baggage dispatch label number of the Insured and also of their representative, when used;
- h. Original Receipt of baggage delivery by the Transport Company to the Insured;
- i. Original invoices and receipts of expenses incurred;

46.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

47 LAPTOPS/SMARTPHONE INSURANCE (SLS)

47.1 COVERED RISKS

47.1.1 This Coverage, when contracted and upon payment of the corresponding premium, guarantees the insured a compensation of 60% of the value on the Invoice of equipment such as Laptops and Smartphones in case of theft and/or qualified theft, vehicle impact, aircraft and watercraft, fire, lightning, or explosion while the insured is traveling. Except for the excluded risks specified in the Insurance Policy.

47.1.2 The Insured Amount will be defined and indicated in the Insurance Policy.

47.1.3 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date of the event occurrence.

47.1.4 Compensation under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

47.2 Eligibility:

Individuals who are in the contracted travel period and devices with up to 1 year and 6 months of use, counted from the date of the Purchase Invoice, are eligible.

47.3 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. DEVICES LEFT INSIDE THE VEHICLE.

47.4 CLAIMS PROCEDURES

47.4.1 Provided that the option for service provision without the need for disbursement exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID, or Insurance Ticket number; Location and Phone Number of Where They Are; and the Problem, type of information, or necessary assistance.

47.4.2 Basic Documents in case of Claims For the analysis of the payment of Compensation, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the following basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Copy of the Police Report (BO), and the description of the item (ID/IMEI);
- e. Boarding Pass or E-Ticket;



- f. In the case of mandatory phones or smartphones, the electronic blocking of the item must be presented in the police report;
- g. Copy of the Purchase Invoice for the Laptop(s) and/or Smartphone(s).

47.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

48. COMPENSATION FOR EXPENSES OF ISSUING A PROVISIONAL PASSPORT (CGEP)

48.1 COVERED RISKS

This Coverage, when contracted and upon payment of the corresponding premium, guarantees the insured a reimbursement of expenses for obtaining a new provisional passport in case of loss or theft of their passport during the trip, limited to the **Maximum Indemnity Limit and excluding the excluded risks specified in the Insurance Policy.**

48.1.1 The Insured Amount will be defined and indicated in the Insurance Policy.

48.1.2 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date indicated in the documents proving the expenses.

48.1.3 Compensation under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

48.2 Eligibility:

Individuals who are in the contracted travel period are eligible.

48.3 EXCLUDED RISKS THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS ARE HEREBY RATIFIED.

48.4 CLAIMS PROCEDURES

48.4.1 Provided that the option for service provision without the need for disbursement exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, TAXPAYER ID, or Insurance Ticket number; Location and Phone Number of Where They Are; and the Problem, type of information, or necessary assistance.

48.4.2 Basic Documents in case of Claims For the analysis of the payment of Compensation, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the following basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID and proof of residence of the Insured;
- d. Copy of the Police Report (BO);
- e. Boarding Pass or E-Ticket;



48.5 RATIFICATION

The other provisions of this Insurance Policy that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

49 PHYSIOTHERAPY ASSISTANCE (AF)

49.1 COVERED RISKS This Coverage, when contracted and upon payment of the corresponding premium, guarantees the insured a reimbursement, limited to the insured amount, after hospital discharge resulting from a personal accident or sudden and acute illness that occurred during the trip, for physiotherapy treatment expenses, through physiotherapists and/or Physiotherapy Clinics to start the rehabilitation treatment. Excluding the excluded risks specified in the Insurance Policy.

49.1.1 The Insured Amount will be defined and indicated in the Insurance Policy.

49.1.2 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date indicated in the documents proving the expenses.

49.1.3 Compensation under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

49.2 Eligibility:

Individuals who are in the contracted travel period are eligible.

Covered Expenses

a. This coverage includes only the payment of physiotherapy session fees, excluding expenses for food, transportation, or any type of material or accessory that may be necessary to complement the insured's physiotherapy treatment;

b. The Insured has the freedom to choose medical, hospital, and dental service providers, as long as they are legally. In the event of inability **to contact by phone, as well as any other free communication method provided by the insurer and/or the use of authorized professionals and/or service network**, the insured or beneficiary may opt for service providers of their choice, as long as they are legally qualified, with the insurance company being responsible for the reimbursement of expenses, after analyzing all necessary documentation, when covered by the General Conditions, up to the maximum limit of the insured amount contracted.

b.1 The provision of services does not imply, on the part of the Insurer, the recognition that indemnities provided for in other coverages indicated in the Insurance Policy become due.

b.2 Opting for assistance services terminates the right to any reimbursement or indemnity for any expenses.

b.3 If the Insured chooses a different service than that indicated by the Assistance, they are hereby informed that they will have to bear all costs of the service, request reimbursement, the approval of which will depend on the technical analysis of all documentation by the Insurer's Medical Department.

c. Physiotherapy treatment expenses will only be covered when under medical guidance.

49.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. PHYSIOTHERAPY TREATMENT GUIDES AND/OR REQUESTS SIGNED BY ANOTHER PHYSICIAN WHO DID NOT PROVIDE THE CARE DURING THE TRIP.**
- B. CONGENITAL ABNORMALITIES AND CONDITIONS RESULTING FROM THEM;**
- C. ANY PHYSIOTHERAPY TREATMENT THAT IS NOT STRICTLY MEDICALLY NECESSARY;**
- D. ROUTINE AND/OR PREVENTIVE PHYSICAL, LABORATORY, OR RADIOGRAPHIC EXAMS THAT ARE NOT STRICTLY NECESSARY AND ARE NOT A DIRECT CONSEQUENCE OF AN ILLNESS OR ACCIDENT COVERED BY THE INSURANCE.**
- E. REPAIR, PLASTIC, OR NON-ESSENTIAL SURGERY, EXCEPT AS A RESULT OF AN INJURY TO THE INSURED DURING THE TRIP AND COVERED BY THIS INSURANCE.**

49.3 PROCEDURES IN CASE OF CLAIMS

49.3.1 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Policy number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

49.3.2 Basic Documents in Case of Claims For the analysis of the Indemnity payment, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly completed and signed by the Insured;**
- b. "Payment Authorization - Claim Credit" form, duly completed and signed by the Insured;**
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;**
- d. Physiotherapy treatment guide and/or formal request from the physician who provided care to the Insured during the trip, formalizing the need for physiotherapy treatment;**
- e. Report on the physiotherapy sessions conducted.**
- f. Original invoices and receipts for physiotherapy expenses;**
- g. Boarding Pass or E-Ticket;**



49.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

50. SUBSTITUTE PROFESSIONAL TICKET (PPS)

50.1 COVERED RISKS

50.1.2 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the reimbursement of a round-trip airfare up to the Maximum Indemnity Limit for a substitute professional in case the insured is unable to perform their professional activities for a period exceeding 10 (ten) days due to a personal accident or illness. Except for the excluded risks specified in the Insurance Policy.

50.1.3 The Insured Amount will be defined and indicated in the Insurance Policy.

50.1.4 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, shall be considered as the date indicated in the documents proving the expenses.

50.1.5 Indemnities under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

50.2 Eligibility:

Individuals who are in the contracted travel period are eligible.

50.3 EXCLUDED RISKS THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS ARE HEREBY RATIFIED.

50.4 PROCEDURES IN CASE OF CLAIMS

50.4.1 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Policy number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

50.4.2 Basic Documents in Case of Claims

For the analysis of the Indemnity payment, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly completed and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly completed and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Police Report (if necessary);
- e. Hospitalization Guide.



- f. Copy of the complete Medical Record stating the insured's inability to perform their professional activities and the period they will remain absent;
- g. Boarding Pass or E-Ticket;

50.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

51 GUARANTEED TRAVEL (VG)

51.1 COVERED RISKS

51.1.2 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the insured the reimbursement of travel expenses in case the travel agency declares bankruptcy or judicial recovery. Except for the excluded risks specified in the Insurance Policy.

51.1.3 The Insured Amount will be defined and indicated in the Insurance Policy.

51.1.4 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, shall be considered as the date indicated in the documents proving the expenses.

51.2 Covered Expenses

51.2.1 This coverage includes only expenses related to travel packages purchased through a travel agency.

51.3 Eligibility:

Individuals who purchase travel packages through a travel agency are eligible.

51.4 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. EXPENSES NOT INCLUDED IN THE TRAVEL PACKAGE FROM THE AGENCY.

51.5 PROCEDURES IN CASE OF CLAIMS

51.5.1 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Policy number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

51.5.2 Basic Documents in Case of Claims

For the analysis of the Indemnity payment, in compliance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly completed and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly completed and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Police Report (if necessary), and the description of the item (ID/IMEI);
- e. Documents proving the cancellation of boarding;
- f. Documents proving the cancellation of the hotel reservation.

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- g.** Invoices and/or payment receipts for the travel package;
- h.** Boarding pass or E-ticket

51.6 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

52 SPECIAL BAGGAGE (BE)

52.1 COVERED RISKS

52.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the insured an indemnity/reimbursement in case of damage to special baggage during the trip and under the responsibility of the Carrier, duly proven through the Damage Supporting Report (PIR - Property Irregularity Report), limited to the contracted Insured Amount and excluding the excluded risks specified in the Insurance Policy.

52.1.2 This service is complementary to the reimbursement provided by the Carrier, and the sum of indemnities cannot exceed the value of the item.

52.1.3 In cases where the Carrier acknowledges the damage but does not agree with the Insured on the reimbursement value, the Insurer will indemnify up to the limit of the contracted Insured Amount, upon receipt of at least 2 (two) technical reports with repair or acquisition budget for the damaged item.

52.1.4 This coverage, when contracted, will be intended for the following items:

- A. Musical Instruments
- B. Surfboards
- C. Golf Clubs
- D. Bicycles
- E. Sports Equipment
- F. Baby Strollers

52.1.5 The insured is only entitled to coverage if the damage occurs between the moment the baggage is handed over to the Carrier for boarding and the moment it is returned to the Insured, concluding the trip.

52.2 Eligibility:

Individuals who are within the contracted travel period are eligible.

52.3 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. ITEMS NOT MENTIONED IN ITEM 50.1.4;
- B. DAMAGES NOT ACKNOWLEDGED BY THE CARRIER.

52.4 PROCEDURES IN CASE OF CLAIMS

52.4.1 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Policy number; Location and Phone Number of Where They Are; and the Issue, type of information, or assistance needed.

52.4.2 Basic Documents in Case of Claims

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For the analysis of the indemnity payment, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims" of the General Conditions, the following basic documents must be presented:

- a. "Claim Notice" form duly filled out and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form duly filled out and signed by the Insured;
- c. Copies of ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Copy of the Police Report (BO - Boletim de Ocorrência);
- e. Invoices or Ownership Certificates of the property (when available);
- f. Boarding Pass or E-ticket;
- g. Carrier Company Incident Protocol/Report.

52.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

53 TRIP CANCELLATION/INTERRUPTION - "PLUS REASON" OR TRIP ALTERATION (CIV-PR)

53.1 COVERED RISKS

53.1.2 This Coverage, if contracted and upon payment of the corresponding premium, guarantees an indemnity or reimbursement to the Insured or Beneficiaries, limited to the Insured Amount, aiming to compensate them for irrecoverable losses with deposits and/or expenses paid in advance for the purchase of travel packages and/or travel services such as transportation and accommodation, whenever the trip cancellation/interruption or alteration (event that prevents the start or continuation of the trip) is necessary and/or unavoidable, provided that the trip period corresponds to the insurance policy's validity, **excluding the excluded risks specified in the Insurance Policy, as a sole and exclusive** consequence of the reasons listed below and as long as the tour operator/travel agency does not refund.

53.2 Definitions:

I. **Irrecoverable losses are understood** as the amounts charged by the carrier company, hotel, tour operator/travel agency, and/or companies providing entertainment/attractions services, as fines or advances for reservations, in case of trip cancellation (interruption or alteration), provided for in the service contract or similar instrument as non-refundable and paid in advance by the insured. Irrecoverable loss will be characterized when all possibilities of rescheduling the trip date or refunding the amounts paid are exhausted.

II. **Trip cancellation is understood** as the non-occurrence of the trip due to a covered event that occurred before the trip's start.

III. **Trip alteration is understood** as the change in the trip's initial date, but without a change in the itinerary.

IV. **Trip interruption is understood** as the change in the trip's final date, but without a change in the itinerary.

53.2.2 If the reimbursement is partial, the insurer will only cover the difference between the amount refunded by the service provider(s) and the total expenses, provided that the contracted insured amount limit is respected.

53.2.3 If there is a delay in notifying the service provider(s), resulting in a proven aggravation of the fine to be paid, the insurer reserves the right to make the payment of the amount due that would have been paid immediately after the cancellation, and the rest must be paid by the insured.

53.2.4 For the purposes of this coverage, only the reasons listed below will be covered:

53.2.5 Death, sudden and acute illness, provided it is not excluded in these general conditions, resulting in hospitalization for a period exceeding 24 hours, or personal accident of the Insured, Spouse, First-degree Family Member, person designated for the custody of minors or incapacitated individuals, or professional substitute.

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a. In cases of cancellation due to the death of the insured or family members, it must have occurred within 60 days preceding the start of the trip, unless there is a contractual provision to the contrary.

53.2.6 Death of a family member up to the third degree of kinship.

53.2.7 Receipt of an unavoidable court notification for the Insured to appear in court, provided that the receipt of such notification is after the booking of the trip and/or tourist services.

53.2.8 Declaration from a competent health authority placing the Insured in quarantine, provided that the declaration is after the booking of the trip and/or tourist services.

53.2.9 Infectious diseases subject to mandatory notification, duly proven by medical reports and additional tests, considered life-threatening to the insured and/or others during the trip, and contracted within 14 days before the trip.

53.2.10 Severe losses resulting from fire or theft at the insured's residence or workplace.

53.2.11 Termination or termination of the insured's employment contract.

53.2.12 Incorporation into a new position at a different company with a work contract.

53.2.13 Cancellation letter for holidays issued by the insured's company, provided that the previous scheduling and holiday planning were before the insurance contract.

53.2.14 Participation in a public tender, duly proven by publication in the official gazette.

53.2.15 Appointment to a civil service position, duly proven by publication in the official gazette.

53.2.16 Call as a member of an electoral board, duly proven by official documentation.

53.2.17 Theft of documentation or luggage, preventing the insured from starting or continuing the trip, provided that attempts to resolve this issue are documented.

53.2.18 Visa denial for destinations where it is issued upon entry into the country.

53.2.19 Non-admission of a passenger/visa issued in Brazil, i.e., a refusal notification issued by the destination country.

53.2.20 Damage or accident to the rental vehicle or the insured's or spouse's vehicle, preventing the insured from starting or continuing the trip.

53.2.21 Extension of a work contract.

53.2.22 Forced work transfer exceeding 3 months.

53.2.23 Sudden and unavoidable call for surgery.

53.2.24 Cancellation of the insured's civil marriage.

- 53.2.25** Divorce of the Insured, proven to have occurred after the insurance contract.
- 53.2.26** Pregnancy contracted after the date of trip acquisition.
- 53.2.27** Pregnancy complications or abortion.
- 53.2.28** Change/cancellation of a meeting scheduled before the insurance contract and which demonstrably motivated the insured's trip, for documented reasons.
- 53.2.29** Cancellation of a companion for any covered reason (guarantees payment of the individual supplement and individual expenses for the disappearance of the minimum group).
- 53.2.30** Failure or recovery of subjects by the insured, spouse, or first-degree relative participating in the trip, which demonstrably impacts the trip period and cannot have their respective dates postponed.
- 53.2.31** Compensation for changes in exam dates, work, presentations of the insured, spouse, or first-degree relative.
- 53.2.32** For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, is considered the date indicated in the documents proving the trip cancellation.
- 53.2.33** The Insured Amount will be limited and indicated in the Insurance Ticket.
- 53.2.34** Indemnities under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.
- 53.2.35** If the tour operator/travel agency partially reimburses the insured for expenses, the insurer will only be responsible for the difference between the total amount spent and the refunded amount, respecting the Maximum Indemnity Limit.
- 53.2.36** Summons as a party or witness to a court or jury.
- 53.2.37** Legal request before the start of the trip (Summons/subpoena).
- 53.3 Eligibility:**
- 53.2.1** Individuals who purchase trips and show interest in acquiring insurance are eligible.
- 53.2.3 This coverage cannot be contracted together with the Cancellation/Interruption of Travel - "ANY Reason" or Travel Change (CIV-AR).**

53.2.4 EXCLUDED RISKS:

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. HOSPITALIZATIONS IN INSTITUTIONS SUCH AS:

AA. INSTITUTION FOR THE CARE OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES, I.E., AN INSTITUTION PRIMARILY DEDICATED TO THE TREATMENT OF PSYCHIATRIC ILLNESSES, INCLUDING SUBNORMALITIES; OR THE PSYCHIATRIC DEPARTMENT OF A HOSPITAL.

AB. PLACES FOR THE ELDERLY, REST HOMES, NURSING HOMES, AND

SIMILAR ESTABLISHMENTS.

AC. CLINICS OR FACILITIES FOR THE RECOVERY OF ALCOHOL AND DRUG ADDICTS.

AD. HYDROTHERAPY HEALTH INSTITUTIONS OR CLINICS WITH NATURAL CURATIVE METHODS; CONVALESCENT HOMES; SPECIAL HOSPITAL UNITS PRIMARILY USED AS A PLACE FOR DRUG OR ALCOHOL ADDICTS, OR AS A CONVALESCENT OR REHABILITATION HEALTH INSTITUTION; WEIGHT LOSS CLINICS AND SPAS.

B. EVENTS NOT REPORTED WITHIN 48 HOURS AFTER THE OCCURRENCE OF THE EVENT THAT LED TO THE CANCELLATION.

C. PARTICIPATION IN CRIMINAL ACTS.

D. INJURIES INFLICTED BY THE INSURED ON THEMSELVES.

E. ALCOHOLISM.

F. USE OF DRUGS, DRUG ADDICTION, OR USE OF MEDICATIONS WITHOUT MEDICAL PRESCRIPTION.

G. CASES WHERE THE LACK OF AN ENTRY VISA TO THE DESTINATION COUNTRY, WHICH MUST HAVE BEEN ISSUED BEFORE THE EVENT THAT LED TO THE CANCELLATION, IS A REQUIREMENT OF IMMIGRATION.

H. CANCELLATION RESULTING FROM A CANCELED CHARTERED FLIGHT.

I. CIRCUMSTANCES KNOWN BEFORE THE PURCHASE OF THE INSURANCE OR AT THE TIME OF BOOKING ANY TRAVEL SERVICE THAT COULD REASONABLY LEAD TO TRIP CANCELLATION.

J. ANY COSTS THAT HAVE ALREADY BEEN PAID IN ADVANCE BY THE INSURED AND ARE REIMBURSABLE BY:

I. TRANSPORTATION COMPANY, HOTEL, TOUR OPERATOR/TRAVEL AGENCY, OR COMPANIES PROVIDING ENTERTAINMENT/ATTRACTIONS OR OTHER FORMS OF COMPENSATION.

II. CREDIT CARD OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT SERVICE PROVIDER.

K. ANY CLAIM ARISING FROM A REASON NOT LISTED AS COVERED.

L. DENIED BOARDING.

M. OVERBOOKING.

53.5 PROCEDURES IN CASE OF CLAIMS:

53.5.1 If the option for service provision without the need for disbursement is available, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Full Name of the Insured, TAXPAYER ID or Insurance Ticket number; Location and Phone number of where they are; and the Problem, type of information, or assistance needed.

53.5.2 Basic Documents in Case of Claims

For the analysis of the compensation payment, in accordance with the provisions of the "PROCEDURES IN CASE OF CLAIMS" Clause, item - "Basic Documents in Case of Claims"

of the General Conditions, the respective basic documents must be submitted.

53.5.3 For all occasions:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Presentation of the purchase of the Ticket or Travel Card, indicating the embarkation date;
- e. Copy of the Insurance Ticket.
- f. Documents proving the amounts paid;
- g. Proof of the amounts of fines withheld in case of cancellation;
- h. Service provision contract from the travel organizers, which must include penalties in case of cancellation, as required by law.
- i. Technical report and/or documentation proving the reason for cancellation according to the covered events.
- j. For cancellations due to the companion of the traveler, all documents proving that the person was indeed the traveler's companion will be required.

53.5.4 In case of Illness:

In addition to the Documents listed in Item I above, provide:

- a. Statement/Report from the attending physician, justifying the reason and confirming the hospitalization of the insured on the scheduled date of the trip, signed and recognized.

53.5.5 In case of Accident:

In addition to the Documents listed in Item I above, provide:

- a. Results of exams conducted and statement/Report from the attending physician, informing the injury and providing proof of the inability to move, signed and recognized.

53.5.6 In case of Death of Family Members:

In addition to the Documents listed in Item I above, provide:

- a. Presentation of documentation proving the relationship;
- b. Copy of the Death Certificate.

53.6 RATIFICATION:

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

54 CANCELLATION/INTERRUPTION OF TRAVEL - "ANY REASON" OR TRAVEL CHANGE (CIV-AR)

54.1 COVERED RISKS

54.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees compensation by refund to the Insured or Beneficiaries, limited to the Insured Capital, aiming to reimburse them for irrecoverable losses with deposits and/or expenses paid in advance for the acquisition of tourist packages and/or travel services such as transportation and accommodation, whenever the cancellation, interruption, or alteration of the trip (an event that prevents the start or continuation of the trip) is necessary and/or unavoidable, except for the excluded risks provided for in the Insurance Ticket.

54.1.2 Definitions:

I. Irrecoverable losses are understood as the amounts charged by the transport company, hotel, tour operator/travel agency, and/or companies providing entertainment/attractions services, as a penalty or advances for reservations, in case of trip cancellation (interruption or alteration), provided for in the service provision contract or similar instrument as non-refundable and paid in advance by the insured. It will be considered an irrecoverable loss when all possibilities of rescheduling the trip date or refunding the amounts paid are exhausted.

II. Trip cancellation is understood as the non-occurrence of the trip due to a covered event that occurred before the trip began.

III. Trip alteration is understood as the change in the initial date of the trip, but without a change in the itinerary.

IV. Trip interruption is understood as the change in the final date of the trip, but without a change in the itinerary.

54.1.3 If the refund is partial, the insurer will only be responsible for the difference between the amount refunded by the service provider(s) and the total expenses, provided that the limit of the contracted insured capital is respected.

54.1.4 If there is a delay in notifying the service provider(s), resulting in a proven aggravation of the fine to be paid, the insurer reserves the right to make the payment of the amount due that would have been paid immediately after the cancellation, and the remainder must be paid by the insured.

54.1.5 For the purposes of this coverage, only the reasons listed below will be covered:

54.1.5.1 Death, sudden and acute illness leading to hospitalization for a period exceeding 24 (twenty-four) hours, or personal accident of the Insured, Spouse, First-degree Family Member, person designated for custody of minors or incapacitated individuals, or professional substitute.

a. In cases of cancellation due to the death of the insured or family members, it must have occurred within the 60 (sixty) days preceding the start of the trip, unless there is a contrary contractual provision.

- 54.1.5.2** Death of a family member up to the third degree of kinship;
- 54.1.5.3** Receipt of an unavoidable court notification for the Insured to appear before the Court, provided that the receipt of said notification is after the contracting of the trip and/or tourist services;
- 54.1.5.4** Declaration from a competent health authority placing the Insured in quarantine, provided that the declaration is after the contracting of the trip and/or tourist services;
- 54.1.5.5** Infectious diseases subject to mandatory notification, duly proven by medical reports and subsidiary exams, considered life-threatening to the Insured and/or other individuals during the trip, and contracted within a period of up to 14 (fourteen) days before the trip;
- 54.1.5.6** Serious damages (fire or theft) at the Insured's residence or workplace;
- 54.1.5.7** Termination of Employment of the Insured;
- 54.1.5.8** Incorporation into a new position in a different company, under a work contract;
- 54.1.5.9** Vacation cancellation letter issued by the Insured's employer;
- 54.1.5.10** Participation in public tender exams;
- 54.1.5.11** Appointment to a public position;
- 54.1.5.12** Call as a member of an electoral board;
- 54.1.5.13** Theft of documentation or luggage, preventing the Insured from starting or continuing the trip;
- 54.1.5.14** Visa denial for destinations where it is issued upon entry into the country;
- 54.1.5.15** Non-admission of a passenger/visa issued in Brazil, i.e., a refusal notification issued by the destination country;
- 54.1.5.16** Damage or accident to the vehicle owned by the Insured or their spouse, preventing the Insured from starting or continuing the trip;
- 54.1.5.17** Extension of work contract;
- 54.1.5.18** Forced work transfer, with a displacement exceeding 3 (three) months;
- 54.1.5.19** Unexpected call for surgical intervention;
- 54.1.5.20** Cancellation of the Insured's wedding;
- 54.1.5.21** Separation/Divorce of the Insured;
- 54.1.5.22** Pregnancy conceived after the issuance date of the travel insurance ticket;
- 54.1.5.23** Complication in pregnancy or abortion;
- 54.1.5.24** Alteration/Cancellation of a meeting for documented reasons;
- 54.1.5.25** Cancellation of a companion for any covered reason (guaranteeing payment of the individual supplement and individual expenses for the disappearance of the minimum group);
- 54.1.5.26** Failure in subjects of the Insured, spouse, or first-degree family member;
- 54.1.5.27** Compensation for changes in exam dates, work, presentations of the Insured, spouse, or first-degree family member.

54.1.5.28 Natural disasters such as tremors, earthquakes, volcanic eruptions, tsunamis, hurricanes, cyclones, tornadoes, floods, or strong winds occurring at the Insured's place of origin or destination city that prevent the Insured from making the trip and/or prevent any commercial flight from reaching the destination and/or taking off from the affected city;

54.1.5.29 If within 15 days before the departure or connections of the itinerary, the Insured or their companion have lost documents that make it impossible to start or continue the planned trip;

54.1.5.30 Other reasons (including withdrawal*) – when the trip cancellation occurs for a reason other than those listed above, the deductible amount will be deducted from the compensation.

54.1.6 IMPORTANT:

I. When the trip cancellation occurs for reasons different from those listed in this special condition (as per item 53.1.5.30), a deductible will be applied.

II. * **For trip cancellation due to withdrawal, only formal cancellation requests made at least 48 hours before boarding will be accepted without exception. Failure to comply with this deadline will result in the Insured losing the right to compensation.**

54.2 Eligibility:

54.2.1 Individuals who purchase trips and express interest in acquiring insurance are eligible.

54.2.2 This coverage cannot be purchased together with the Cancellation/Interruption of Travel – "Plus Reason" or Travel Change (CIV-PR) coverage.

54.3 EXCLUDED RISKS

54.3.1 IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. HOSPITALIZATIONS IN INSTITUTIONS OF THE FOLLOWING TYPES:

AA. INSTITUTION FOR THE CARE OF MENTAL DEFICIENCIES, I.E., AN INSTITUTION PRIMARILY DEDICATED TO THE TREATMENT OF PSYCHIATRIC ILLNESSES, INCLUDING SUBNORMALITIES; OR THE PSYCHIATRIC DEPARTMENT OF A HOSPITAL;

AB. PLACE FOR THE ELDERLY, REST HOMES, NURSING HOMES, AND SIMILAR ESTABLISHMENTS; AC. CLINICS OR PLACES FOR THE RECOVERY OF ALCOHOL AND DRUG ADDICTS;

AD. HYDROTHERAPY HEALTH INSTITUTIONS OR NATURAL HEALING METHOD CLINICS; CONVALESCENT HOME; SPECIAL HOSPITAL UNIT PRIMARILY USED AS A PLACE FOR DRUG OR ALCOHOL ADDICTS, OR AS A HEALTH INSTITUTION FOR CONVALESCENCE OR REHABILITATION; WEIGHT LOSS CLINICS AND SPAS.

- B. EVENTS NOT REPORTED WITHIN 48 HOURS AFTER THE EVENT THAT CAUSED THE CANCELLATION;**
- C. PARTICIPATION IN A CRIMINAL ACT;**
- D. INJURIES SELF-INFLICTED BY THE INSURED;**
- E. ALCOHOLISM;**
- F. USE OF DRUGS, DRUG ADDICTION, OR USE OF MEDICATION WITHOUT MEDICAL ORDER;**
- G. CASES WHERE ENTRY VISA REQUIREMENT IS MISSING FOR THE DESTINATION COUNTRY, WHICH MUST HAVE BEEN ISSUED PRIOR TO THE EVENT THAT CAUSED THE CANCELLATION;**
- H. WHEN CANCELLATION RESULTS FROM A CANCELED CHARTERED FLIGHT;**
- I. CIRCUMSTANCES KNOWN BEFORE THE PURCHASE OF THE INSURANCE OR AT THE TIME OF RESERVATION OF ANY TRAVEL SERVICE, WHICH COULD REASONABLY BE EXPECTED TO LEAD TO TRIP CANCELLATION;**
- J. ANY COSTS ALREADY PAID IN ADVANCE BY THE INSURED AND REIMBURSABLE BY:
 - I. TRANSPORT COMPANY, HOTEL, TOUR OPERATOR/TRAVEL AGENCY, AND/OR COMPANIES PROVIDING ENTERTAINMENT/ATTRACTIONS OR OTHER FORMS OF COMPENSATION;**
 - II. CREDIT OR DEBIT CARD ADMINISTRATOR OR OTHER PAYMENT METHODS COMPANY.****
- K. ANY CLAIM ARISING FROM A REASON NOT LISTED AS COVERED.**

54.4 DEDUCTIBLE

54.4.1 For cases where a deductible is applied, as per item 53.1.5.30, a deductible of 25% will be applied to the lower amount considered, the fine charged by the service provider(s), or the insured capital amount.

54.5 PROCEDURES IN CASE OF CLAIMS

54.5.1 Provided that the option for service provision exists without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Ticket number; Location and Phone Number Where They Are; and the Problem, type of information, or assistance needed.

54.5.2 Basic Documents in case of Claims For the analysis of the Indemnity payment, respecting the provisions in the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented.

54.5.3 For all occasions:

- a. "Claim Notice" form, duly filled out and signed by the Insured;**

- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Presentation of the Ticket or Travel Card purchase, which must include the embarkation date;
- e. Copy of the Insurance Ticket.
- f. Documents proving the amounts paid;
- g. Proof of the amounts of fines withheld in case of cancellation;
- h. Service provision contract of the travel organizers, which must include fines in case of cancellation, as required by law.
- i. Technical report and/or documentation proving the reason for cancellation according to the covered events.
- j. For cancellations due to the travel companion, all documents proving that the person was indeed the Insured's travel companion will be required.

54.5.4 Due to Illness:

In addition to the Documents listed in Item I above, provide:

- a. Statement/Report from the attending physician, justifying the reason and confirming the hospitalization of the Insured on the scheduled date of the trip, signed and duly recognized.

54.5.5 Due to Accident:

In addition to the Documents listed in Item I above, provide:

- a. Results of conducted exams and statement/Report from the attending physician, informing about the injury and proving the inability to move, signed and duly recognized.

54.5.6 Due to the Death of Family Members:

In addition to the Documents listed in Item I above, provide:

- a. Presentation of documentation proving the relationship;
- b. Copy of the Death Certificate.

54.6 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

55 LOSS OF SERVICES - REFUND OF CLASSES (PSC)

55.1 COVERED RISKS

55.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees compensation by refund to the Insured or Beneficiaries, limited to the Maximum Indemnity Limit, for the proportional value of the contracted services (classes), upon formalizing the reservation with the provider, and not utilized, in case the Insured interrupts their trip prematurely, excluding the risks excluded as provided in the Insurance Policy.

55.2 Eligibility

55.3 Only the loss of contracted services will be covered if the trip interruption is solely and exclusively a consequence of:

- a. Death, sudden and acute illness leading to hospitalization for a period exceeding 24 (twenty-four) hours, or personal accident of the policyholder, spouse, parents, siblings, or children, preventing the continuation of their trip;
- b. Receipt of an irrevocable court summons for the Insured to appear in court, provided that the receipt of said summons is after the contracting of the trip and/or tourist services;
- c. Declaration from a competent health authority placing the Insured in quarantine, provided that the declaration is after the contracting of the trip and/or tourist services;
- d. Notifiable infectious diseases, duly proven in a medical report and subsidiary exams, considered life-threatening to the Insured and/or other individuals during the trip, and contracted within a period of up to 14 (fourteen) days before the trip.

55.4 EXCLUDED RISKS

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

55.4.1 PROCEDURES IN CASE OF CLAIMS

55.4.2 Provided that the option for service provision exists, without the need for disbursement, the beneficiary or representative of the Insured must contact AXA Seguros' Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Policy number; Location and Phone Number where they are; and the Issue, type of information, or assistance needed.

55.4.3 Basic Documents in case of Claims For the analysis of the Indemnity payment, in compliance with the provisions in the "PROCEDURES IN CASE OF CLAIMS" clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Indemnity Credit" form, duly filled out and signed by the Insured;



- c. Copies of the RG (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Complete medical report or death certificate;
- e. Proof of the amount of fines withheld in case of cancellation;
- f. Service contract from the trip organizers, which must include penalties in case of cancellation, as determined by EMBRATUR;
- g. In case of trip cancellation due to the Insured's travel companion, documents proving that the person was indeed the Insured's travel companion will be required.
- h. Results of exams conducted and Medical Reports indicating the clinical condition presented by the Insured as well as the recommendation to return to Brazil;
- i. Original Airline Tickets with respective payment receipts;

55.5 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

56 BAGGAGE DAMAGE (DM)

56.1 COVERED RISKS

56.1.1 This Coverage, provided it is contracted and upon payment of the corresponding premium, guarantees compensation by refund to the Insured, limited to the Maximum Indemnity Limit, in case of damage to the Insured's luggage, provided it is under the responsibility of the Carrier, duly proven through the presentation of the damage report, registered with the Carrier, excluding the risks excluded as provided in the Insurance Policy.

56.1.2 The insurer will indemnify the Insured for the cost of replacement or repair of the damaged luggage, upon proof of loss, minus any amounts paid by the Carrier. In case repair is impossible, proven by a report, the Insured may purchase a new suitcase, present the invoice, and then be entitled to reimbursement.

56.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- A. Damage to the contents of the luggage;**
- B. Damage to glasses, contact lenses, and any oral apparatus;**
- C. Jewelry, furs, watches, securities, policies, and money (including traveler's checks);**
- D. Baggage that was not delivered under the responsibility of the Carrier and carry-on luggage; E. Pre-existing damage to the luggage known to the Insured before delivery to the Carrier;**
- F. Confiscation, seizure, damage, or destruction of luggage by Customs or any other governmental authority;**
- G. Luggage of pilots, crew members, employees, or individuals with interests in the Carrier;**
- H. Inherent defects in the luggage, spillage or leakage of liquids, gnawing, or any other damage, even total, caused by moths, insects, or mold, whose cause is not proven to be attributable to accidents or fire with the Carrier;**
- I. Simple or qualified theft and loss of luggage;**
- J. Any item stolen from inside the suitcase;**
- K. Failure to retrieve the luggage by the Insured as soon as it is made available by the Carrier;**
- L. Events not reported to the Carrier, through the completion of the irregularity report, before leaving the disembarkation area.**

56.3 CLAIM PROCEDURES

56.3.1 Provided that the option for service provision without the need for disbursement of funds exists, the beneficiary or representative of the Insured must contact AXA Seguros Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or Insurance Ticket number; Location and Telephone Where They Are; and the Problem, the type of information, or assistance required.

56.3.2 Basic Documents in case of Claims For the analysis of the Indemnity payment, in compliance with the provisions of the "CLAIM PROCEDURES" Clause, item - "Basic Documents in case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form duly completed and signed by the Insured;
- b. "Payment Authorization - Claim Credit" form, duly completed and signed by the Insured;
- c. Copies of the Insured's ID (identity card), Taxpayer ID, and proof of residence;
- d. Airline ticket or transportation ticket for the segment where the luggage was damaged;
- e. Original Baggage tickets for all checked volumes (in the case of airlines or maritime companies with the respective registered weights);
- f. P.I.R - Property Irregularity Report, for incidents with airlines, reporting the luggage damage;
- g. Irregularities Report from the carrier for maritime, land, and rail transport;
- g. Original invoice for luggage repair or report of impossibility of repair issued before the purchase of a new suitcase.

56.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

57. PERMANENT TOTAL OR PARTIAL DISABILITY DUE TO ACCIDENT IN AUTHORIZED PUBLIC TRANSPORT (IPATA)

57.1 COVERED RISKS

57.1.1 This Coverage, if contracted and upon payment of the corresponding premium, guarantees the insured the payment of compensation for the loss, reduction, or permanent, total, or partial functional impotence of a limb or organ due to physical injury caused by an accident in Authorized Public Transport, occurring exclusively during the Insured Trip, subject to the general and special conditions of the insurance. Except for the excluded risks provided in the Insurance Ticket.

57.1.2 Authorized transport is considered to be companies registered with transportation authorities in their own country and must have published routes and travel schedules.

57.1.3 The Insured Amount will be defined and indicated in the Insurance Ticket.

57.1.4 For the purposes of this Clause, the date of the event, for the determination of the Insured Amount, is considered to be the date of the insured's accident.

57.1.5 With the exception of total disability, the Insured Amount related to this coverage will be automatically reinstated after each covered event, without an additional premium charge.

57.1.6 The compensations provided for in this coverage will be due when the event occurs within the period of validity of the contracted insurance.

57.1.7 Eligibility:

Individuals are eligible during two periods of the trip.

57.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE PERSONAL ACCIDENT CONCEPT AND THE "EXCLUDED RISKS" CLAUSE OF THE GENERAL CONDITIONS, THE FOLLOWING ARE ALSO EXCLUDED:

A. EVENTS ARISING FROM THE USE OF INDIVIDUAL PASSENGER TRANSPORTATION SUCH AS: TAXI, RENTAL VEHICLES, METRO, INTERMUNICIPAL BUSES, OR ANY OTHER TYPE OF TRANSPORT COMPANY OR OPERATOR THAT DOES NOT HAVE PUBLISHED ROUTES AND TRAVEL SCHEDULES.

B. NOT ARISING FROM ACCIDENTS IN AUTHORIZED PUBLIC TRANSPORT;

C. WHERE THE INSURED WAS A PILOT, OPERATOR, OR MEMBER OF THE CREW;

D. EVENTS ARISING FROM THE USE OF LAND, MARITIME, OR AIR TRANSPORTATION THAT DID NOT HAVE A VALID LICENSE FOR PAID PASSENGER TRANSPORTATION, OR ANY OTHER MEANS OF TRANSPORTATION WITHOUT SUPERVISION;

E. EVENTS ARISING FROM THE USE OF PRIVATE OR CHARTERED PASSENGER TRANSPORTATION, SUCH AS AIRCRAFT, PRIVATE JET, HELICOPTER, BUS, YACHT, BOAT, AND SHIP.

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Av. Pres. Juscelino Kubitschek, 1600 – 15th Floor – Itaim Bibi | Zip Code: 04543-000 | São Paulo – SP

SUSEP Process 15414.900625/2015-73 | v18 (MAY2024 - CORIS)

57.3 PROCEDURES IN CASE OF CLAIMS

57.3.1 DETERMINATION OF THE DEGREE OF DISABILITY

- a. The payment of any compensation for Permanent Disability due to an Accident, whether total or partial, will be subject to the confirmation of Permanent Disability, that is, after the insured's treatment is completed, or all available therapeutic resources for recovery have been exhausted, and the existence of Permanent Disability evaluated at the time of definitive medical discharge (with the degree(s) and types of disability definitively characterized and through a final medical diagnosis to be presented by the insured), the Insurer will calculate and pay the Compensation according to the percentages established in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2.
- b. In the case of Partial Disability due to an Accident, where the functions of the injured limb or organ are not completely abolished, the compensation for partial loss will be calculated by applying the percentage provided in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2., for its total loss, based on the degree of functional reduction presented.
- c. In the absence of an exact indication of the percentage reduction presented, and if the mentioned degree is classified as maximum, medium, or minimum, the proportional compensation will be calculated based on the percentages of 75 (seventy-five), 50 (fifty), and 25% (twenty-five percent) respectively, applied to the same Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2.
- d. In all cases of unspecified partial disability in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2., the compensation will be established based on the permanent decrease in the insured's physical capacity, regardless of their profession.
- e. If the same accident results in disability in more than one limb or organ, the compensation will be calculated by adding the percentages established for each, according to the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2., ensuring that the total compensation does not exceed 100% (one hundred percent) of the insured amount for Total or Partial Permanent Disability due to an Accident.
- f. If there are two or more partial injuries in the same limb or organ, the sum of the compensations cannot exceed the total amount specified in the Table for Calculation of Compensation in Case of Permanent Disability due to an Accident, transcribed in Item 56.3.2., if there were a complete loss of that limb.
- g. A greater loss or reduction in the function of a limb or organ that was already defective before the accident does not entitle to claims, unless previously declared in the application, in which case the pre-existing disability will be reduced from the final degree of disability in the compensation calculation.
- h. Permanent Disability must be proven through a medical statement, and retirement due to disability granted by official social security institutions or similar entities does not automatically indicate permanent disability.

i. In case of disagreements regarding the cause, nature, or extent of injuries, as well as the assessment of the insured's related disability, the insurance company must propose to the insured, through written correspondence, within 15 (fifteen) days from the date of the dispute, the establishment of a medical board.

j. If both coverages for death and total or partial permanent disability due to an accident in authorized public transportation have been contracted, their compensations will not accumulate. If, after paying compensation for permanent disability due to an accident, the insured's death occurs as a result of the same accident, the death compensation will be reduced by the amount already paid for permanent disability.

57.3.2 TABLE FOR CALCULATION OF COMPENSATION IN CASE OF PERMANENT DISABILITY DUE TO AN ACCIDENT

PERMANENT DISABILITY	DESCRIPTION	% ON INSURED CAPITAL
TOTAL	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 one upper limb and one 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	
PARTIAL (VARIOUS)	Total loss of vision in one eye	30
	Total loss of vision in one eye, when the Insured no longer has another view	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 vertebral column	20
	Immobility of the thoraco-lumbo-sacral segment of the vertebral column	25
PARTIAL (SUPERIOR MEMBERS)	Total loss of use of one upper limb	70
	Total loss of use of one hand	60
	Non-consolidated fracture of one of the humeri	50
	Non-consolidated fracture of one of the radio-ulnar segments	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	25
	Total loss of use of one thumb, excluding the metacarpal	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 little finger and one middle finger	12
	Total loss of use of one ring finger	09
	Total loss of use of any phalanx, excluding those of the thumb: Compensation equivalent to 1/3 (one third) of the value of the respective finger.	
PARTIAL (INFERIOR MEMBERS)	Total loss of use of one lower limb	70
	Total loss of use of one foot	50
	Non-consolidated fracture of a femur	50
	Non-consolidated fracture of one of the tibiofibular segments	25
	Non-consolidated fracture of the patella	20
	Non-consolidated fracture of a foot	20
	Total ankylosis of one knee	20
	Total ankylosis of one ankle	20
	Total ankylosis of one hip	20
	Partial loss of one foot (loss of all toes and a part of the same foot)	25
	Amputation of the first finger - thumb	10
	Amputation of any other finger	03
	Total loss of use of a phalanx of the first finger: Compensation equivalent to 1/2 (half), and of the other fingers, equivalent to 1/3 (one third) of the respective finger.	

	Shortening of one lower limb: • 5 (five) centimeters or more • 4 (four) centimeters • 3 (three) centimeters • less than 3 (three) centimeters	15 10 06 No Compensation
LOSS OF USE OF MEMBERS WITHOUT ANATOMICAL LOSS		
<p>The loss or reduction of strength or functional capacity considered is one that does not result from joint injuries or amputated segments, as listed in the table.</p>		
PERMANENT INVALIDITY	DISCRIMINATION	% ON THE INSURED CAPITAL
JAW	Lower jaw (mandible) reduced movement: In minimal degree In medium degree In maximum degree	10 20 30
NOSE	Total loss of the nose Total loss of smell Loss of smell with gustatory alterations	25 07 10
VISUAL SYSTEM	Tear Duct Injuries: Unilateral Unilateral with fistulas Bilateral Bilateral with fistulas Injuries of the eyelid, orbit, cornea, sclera, and iris Unilateral ectropion Bilateral ectropion Unilateral entropion Bilateral entropion Unilateral eyelid malocclusion Bilateral eyelid malocclusion Unilateral eyelid ptosis Bilateral eyelid ptosis	07 15 14 25 03 06 07 14 03 06 05 10
SPEECH APPARATUS	Loss of substance (soft and hard palate) Total amputation of the tongue Partial - less than 50% - More than 50%	15 50 15 30
AUDITORY SYSTEM	Total loss of one ear Total loss of both ears	08 16

ANKYLOSIS	For malposition, add the percentages provided 25 (twenty-five), 50 (fifty), or 75% (seventy-five percent) of its value, according to the unfavorable position observed, that is, in minimal, medium, or maximum degree, respectively.	
LOSS OF STRENGTH OR FUNCTIONAL CAPACITY OF LIMBS	The loss or reduction of strength or functional capacity considered is one that does not result from joint injuries or amputated segments, as listed in the table.	
	Spleen Loss	15
URINARY SYSTEM	Chronic Urine Retention (Mandatory Catheterization)	15
	Cystostomy (definitive)	30
	Permanent Urinary Incontinence	30
	Loss of one kidney: Preserved renal function	15
	Minimal reduction in renal function Moderate reduction in renal function Renal insufficiency	25 50 75
GENITAL AND REPRODUCTIVE SYSTEM	Loss of one testicle	05
	Loss of two testicles	15
	Traumatic amputation of the penis	40
	Loss of one ovary	05
	Loss of two ovaries	15
	Loss of the uterus before menopause	30
	Loss of the uterus after menopause	10
ABDOMINAL WALL	Traumatic hernia 10	
	In case of surgical cure of traumatic hernia without compensation	Without Indemnity
PSYCHIATRIC SYNDROMES	Post-concussional syndrome	10
	Neurotic disorder (post-traumatic stress)	02
NECK	Pharyngeal stenosis with swallowing obstruction	15
	Esophageal injury with motor function disorders	15
	Paralysis of one vocal cord	10
	Paralysis of two vocal cords	30
	Definitive tracheostomy	40
THORAX	RESPIRATORY SYSTEM	
	Post-traumatic pleural sequelae	10
	Total or partial resection of a lung (partial or total pneumonectomy):	
	Preserved respiratory function	15
	Minimal reduction in respiratory function	25
	Moderate reduction in respiratory function	50
	Respiratory insufficiency	75
	BREASTS	
	Unilateral mastectomy	10
	Bilateral mastectomy	20
ABDOMEN (ORGANS AND VISCERA)		
Partial gastrectomy	10	
Subtotal gastrectomy	20	

Total gastrectomy	40
SMALL INTESTINE	
Partial resection without functional repercussion	10
Partial resection with minimal functional repercussion	20
Partial resection with moderate functional repercussion	45
Partial or total resection with maximum functional repercussion	70
LARGE INTESTINE	
Partial colectomy without functional disorder	05
Partial colectomy with minimal functional disorder	10
Partial colectomy with moderate functional disorder	35
Total colectomy	60
Permanent colostomy	50
RECTUM AND ANUS	
Fecal incontinence without prolapse	30
Fecal incontinence with prolapse	50
Hepatic lobectomy without functional alteration	10
Removal of the gallbladder	07

57.3.3 Basic Documents in case of Claims

For the analysis of the payment of Compensation, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the following basic documents must be presented:

- j. Claim Form, duly filled out and signed by the Insured;
- k. Authorization Form for Compensation Credit, duly filled out and signed by the Insured;
- l. Copies of ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- m. Copy of the Police Report and/or CAT (Work Accident Report), if applicable;
- n. Copy of the National Driver's License, in case of an accident involving a vehicle driven by the Insured;
- o. Copy of the Alcohol and/or Toxicology Test Report, if conducted;
- p. Copy of the technical expert report conducted at the accident site, if available;
- q. X-rays and results of conducted exams;
- r. Copy of the Insurance Policy.

57.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

58. HOSPITALIZATION INCOME (RCH)

58.1 COVERED RISKS

58.1.1 In the event of hospitalization due to sudden and acute illness or personal accident occurring during the international travel period, the insurer will pay compensation, per day of hospitalization, corresponding to the insured capital contracted for this coverage, excluding the excluded risks specified in the Insurance Policy.

58.1.2 The compensation is limited to 60 (sixty) daily allowances per event. The number of contracted daily allowances will be specified in the Insurance Policy.

58.1.3 For the purpose of this clause, the date of the event, for the determination of the insured capital, is considered to be the first day of hospitalization.

58.2 EXCLUDED RISKS

The excluded risks presented in the concept of personal accident and in the clause - "EXCLUDED RISKS" of the General Conditions are hereby ratified.

58.3 PROCEDURES IN CASE OF CLAIMS

58.3.1 Basic Documents in case of Claims For the analysis of the payment of Compensation, in compliance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in case of Claims" of the General Conditions, the following basic documents must be presented:

- a. Claim Form duly filled out and signed by the Insured;
- b. Authorization Form for Payment - Credit of Claim, duly filled out and signed by the Insured;
- c. Copies of ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Medical report attesting to the insured's hospitalization;
- e. Medical discharge document of the insured with date and time of the beginning and end of hospitalization.

58.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

59 PET EXPENSES (DP)

59.1 COVERED RISKS

59.1.1 This coverage, if contracted and upon payment of the corresponding premium, guarantees reimbursement, limited to the insured capital, for expenses related to consultation(s) and prescribed medication(s) under veterinary guidance for a pet (dog or cat) while traveling, due to an accident or sudden illness of the animal, excluding the excluded risks specified in the Insurance Policy.

59.2 Covered Expenses

59.2.1 Veterinary expenses resulting from an accident or sudden illness for consultation(s) and medication(s), duly evidenced by presenting invoices, up to the limit of the contracted insured capital.

59.2.2 For the purpose of this Clause, the date of the event, for the determination of the Insured Capital, is considered to be the date indicated in the documents proving the need for expenses.

59.2.3 Compensation provided under this Coverage will be due when the event occurs within the period of validity of the contracted insurance.

59.2.4 The Insured Capital will be defined and indicated in the Insurance Policy.

59.3 Eligibility:

Only dogs or cats traveling with the insured are eligible for this coverage.

59.3.1 This coverage does not allow for policy competition, therefore it cannot be supplemented by another insurance policy covering the same asset.

59.3.2 The pet owners must provide all necessary documentation for cremation and repatriation.

59.4 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CLAUSE - "EXCLUDED RISKS" OF THE GENERAL CONDITIONS, THE FOLLOWING EVENTS ARE EXCLUDED FROM THIS COVERAGE:

- A. ANY OTHER EXPENSES OTHER THAN REIMBURSEMENT FOR CONSULTATION, CREMATION, OR REPATRIATION AND PURCHASE OF MEDICATION DUE TO AN ACCIDENT OR SUDDEN ILLNESS OF THE ANIMAL;**
- B. EXPENSES FOR PETS NOT TRAVELING WITH THE INSURED;**
- C. ROUTINE OR ELECTIVE ROUTINE TREATMENTS;**
- D. TRANSPORT OF THE ANIMAL TO THE VETERINARIAN;**
- E. CASTRATION;**
- F. ACUPUNCTURE AND PHYSIOTHERAPY;**
- G. FUNERAL EXPENSES;**
- H. VACCINATIONS;**
- I. MICROCHIPPING.**

J. NON-ADMISSION IN THE DESTINATION COUNTRY DUE TO LACK OF VACCINATION OR NON-COMPLIANCE WITH ANY MANDATORY IMMIGRATION REQUIREMENTS THAT PREVENT ENTRY OR RETURN TO THE COUNTRY OF ORIGIN.

59.5 PROCEDURES IN CASE OF CLAIMS

59.5.1 Basic Documents in Case of Claims

For the analysis of the payment of Compensation, in accordance with the provisions of the Clause "PROCEDURES IN CASE OF CLAIMS," item - "Basic Documents in Case of Claims" of the General Conditions, the respective basic documents must be presented:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Compensation Credit" form, duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Original invoices and receipts of expenses for consultation and medications;
- e. Veterinarian's report, justifying the reason and confirming the illness and/or accident and the necessary medications, signed and stamped;
- f. Copy of the Insurance Policy;
- g. Copy of AWB (Air Waybill) and/or Presentation of the purchase of the Ticket or Travel Card, which must include the reservation of the pet (dog or cat);
- h. Letter issued by the airline confirming the definitive loss of the PET or original PIR (Property Irregularity Report) form, which must be in the name of the Insured or his or her Guardian, in accordance with the procedures of each Transport Company - specifically applicable to the Particular Condition of item 62 - "Theft, Robbery or Loss of PET during the Flight - Domestic and International

59.6 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

60 MEDICAL AND HOSPITAL EXPENSES FOR COVID-19 DURING INTERNATIONAL TRAVEL (DMHC-VI)

60.1 COVERED RISKS

60.1.1 This Coverage, provided that it is contracted and upon payment of the corresponding premium, guarantees reimbursement or provision of service, limited to the Insured Amount, for medical and hospital expenses incurred by the Insured for their treatment, under medical guidance, in case of a COVID-19 diagnosis, occurring during the period of travel abroad and once their departure from the country of domicile is confirmed, except for the excluded risks specified in the Insurance Policy;

60.1.2 This clause is limited to Medical and Hospital Expenses conducted on the order of a qualified doctor in the event the insured is diagnosed with COVID-19, up to the limit of the contracted insured amount. Expenses related to stabilizing the insured's clinical condition that allows them to continue their journey or return to their place of residence are covered, with no coverage for the continuation and control of previous treatments, check-ups, and prescription extensions.

60.1.3 The Insured Amount will be limited and indicated in the Insurance Policy.

60.1.4 For the purpose of coverage and determination of the insured amount, the "date of the covered event" will be considered the date on the documents proving the need for expenses, with no alteration of the insured amount made after the covered event prevailing.

60.1.5 The treatment must occur while the insured is traveling and respecting the validity period of the Insurance Policy.

60.1.6 Definitions:

60.1.6.1 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 and its variations/mutations.
- II. **Qualified Doctor:** a registered or licensed doctor or specialist authorized to practice medicine according to the laws of the country in which they practice, except:
 - A) an insured person; or
 - B) spouse/partner of the insured person; or
 - C) a family member of the insured person.

60.1.7 Eligibility:

Individuals who are in the contracted travel period are eligible.

60.2 EXCLUDED RISKS

IN ADDITION TO THE EXCLUDED RISKS PRESENTED IN THE CONCEPT OF PERSONAL ACCIDENT AND THE CLAUSE - "EXCLUDED RISKS" OF THE GENERAL CONDITIONS, THE FOLLOWING EVENTS ARE ALSO EXCLUDED:

- a. expenses for COVID-19 testing;

- b. when COVID-19 has been diagnosed before the start of the insurance policy's validity;
- c. when the insured is not under the care of qualified doctors;
- d. clinical or surgical treatments that constitute illegal or unethical acts;
- e. experimental treatments and medications not recognized by the Health Authority;
- f. involving travel specifically to obtain medical, dental, or aesthetic/cosmetic treatment;
- g. travel when the insured has been advised not to travel by a qualified doctor;
- h. pre-existing conditions;
- i. medical and hospital expenses not related to COVID-19;
- j. Any medical, hospital, and/or dental expenses incurred by the insured from a trip to a specific country or region where any competent authority/organization advises against travel to that location;
- k. Any medical, hospital, and/or dental expenses that result from the insured not taking the vaccines and medications recommended for their trip.

60.3 CLAIM PROCEDURES

60.3.1 Calculation of Compensation

60.3.1.1 Expenses incurred abroad must be reimbursed in Brazilian Reals (R\$) based on the official selling exchange rate on the date and in the currency of the actual payment made by the Insured, respecting the insured capital limits contractually established for this Coverage.

60.3.1.2 The Insured has the freedom to choose medical, hospital, and dental service providers, provided they are legally qualified. In the event of inability to contact by phone or any other free communication means provided by the insurer and/or the use of authorized professionals and/or service network, the insured or beneficiary may opt for service providers of their choice, as long as they are legally qualified, with the insurance company responsible for reimbursing the expenses, after analyzing all necessary documentation, when covered by the General Conditions, up to the maximum limit of the contracted insured capital.

60.3.1.3 The provision of services does not imply, on the part of the Insurer, the recognition that indemnities provided for in other coverages indicated in the Insurance Policy become due.

60.3.1.4 Opting for assistance services ceases the right to any reimbursement or indemnification of any expenses.

60.3.1.5 If the Insured chooses a different service than that indicated by the Assistance, they are aware that they must cover all costs, request reimbursement, which will be subject to the technical analysis of all documentation by the Insurer's Medical Department.

60.3.1.6 If the Insured chooses to receive the service without the need for disbursement, the Insured, the beneficiary, or their representative must contact AXA Seguros' Customer Service, which may be collect, and provide the Insured's Full Name, Taxpayer ID or insurance policy number; Location and Phone Number where they are located; and the Problem, type of information, or assistance required.

60.3.2 Basic Documents in the Event of Claims

For the analysis of the payment of Compensation, in compliance with the provisions in the "CLAIM PROCEDURES" Clause, item - "Basic Documents in the Event of Claims" of the General Conditions, the following basic documents must be submitted:

- a. "Claim Notice" form, duly filled out and signed by the Insured;
- b. "Authorization for Compensation Credit", duly filled out and signed by the Insured;
- c. Copies of the ID (identity card), Taxpayer ID, and proof of residence of the Insured;
- d. Positive COVID-19 test result;
- e. Original invoices and receipts for medical and hospital expenses. Invoices related to medication expenses must be accompanied by the respective medical prescriptions;
- f. Report or statement filled out by the accredited doctor who provided the care, with technical specifications and diagnoses;
- g. Copy of the Insurance Policy;

60.4 RATIFICATION

The other provisions of this Insurance Contract that have not been altered by these Special Conditions are hereby ratified.

SPECIAL CONDITIONS

61. PET EXPENSES (REFUND FOR CREMATION IN CASE OF DEATH DURING TRAVEL AND REPATRIATION REFUND IN CASE OF ILLNESS)

Contrary to what may be stated in the General Conditions, it is expressly understood and agreed that the **PET Expenses** coverage will be extended to cases of **Refund for Cremation in the event of Death during Travel - National and International**. Additionally, it will also be extended to cases of Repatriation Refund in case of Illness - for this, the International Veterinary Certificate issued or endorsed by the veterinary authorities of the animal's countries of origin must be presented, as well as the presentation of a Vaccination Certificate or any other health certification upon entry into the country.

The Insured Capital will be limited and indicated in the Insurance Policy.

All other terms of the General and/or Special Conditions that have not been altered or revoked by this Clause are hereby ratified.

SPECIAL CONDITIONS

62. PET EXPENSES (THEFT, ROBBERY OR LOSS OF PET DURING THE FLIGHT - DOMESTIC AND INTERNATIONAL)

Contrary to what may be stated in the General Conditions, it is hereby expressed, understood and agreed that the **PET Expenses** coverage will be extended to cases of **Theft, Robbery or Loss of PET during the flight - Domestic and International**. Please note that an indemnity payment will be made, limited to the Insured Capital of the PET Expenses coverage, and this will be due if the basic requirements of the National Civil Aviation Agency (ANAC) for traveling with a pet are met: presentation of the vaccination card, containing anti-rabies vaccine, applied more than 30 days ago and valid for 1 year and request that the animal is healthy at the time of travel, proven by means of a **veterinary medical certificate, valid for 10 days**.

The Insured Capital shall be limited and indicated on the Insurance Ticket.

All other terms of the General and/or Special Conditions which have not been altered or revoked by this Clause are hereby ratified