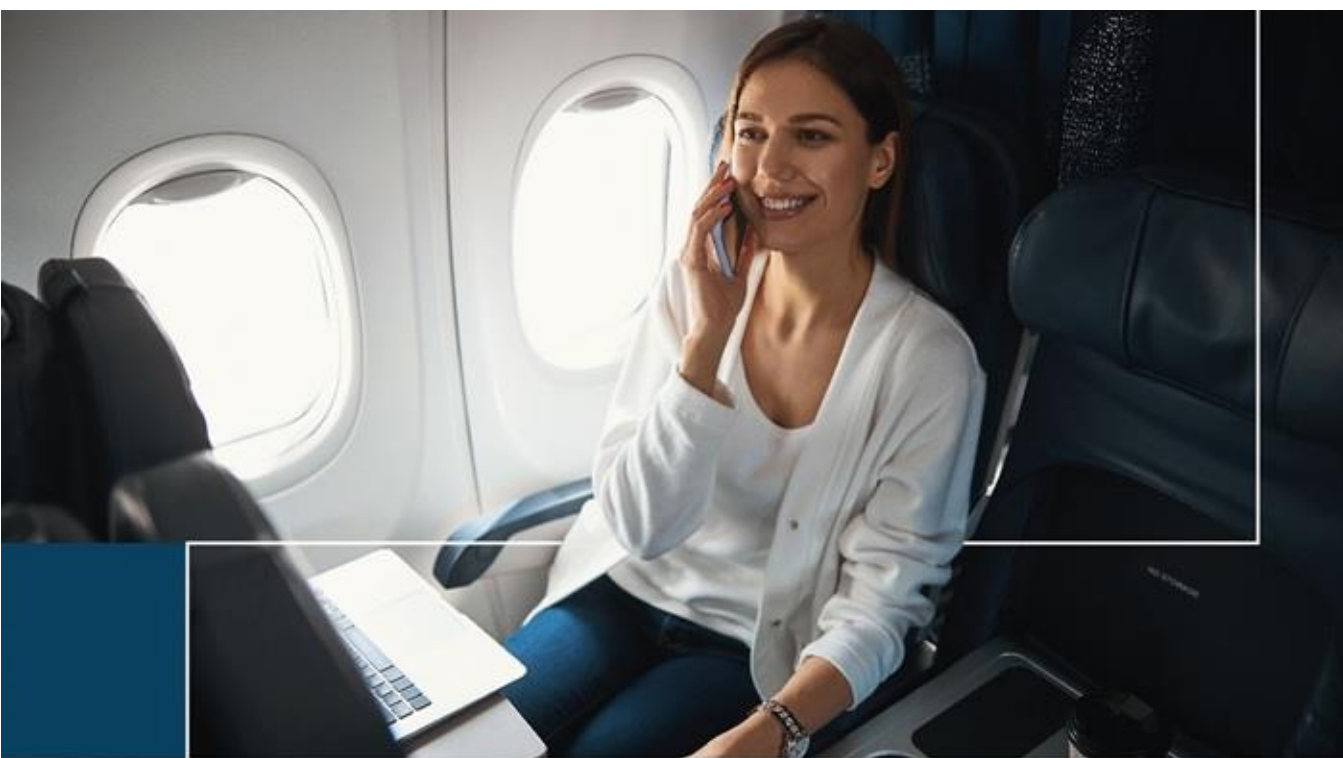


# Life Insurance

& TRAVEL ASSISTANCE ABROAD



**Personal**  
Accidents



Travel and enjoy  
full protection

## Life Insurance and Travel Assistance Abroad

You will make a safe trip because you are protected against any medical eventuality, including hospital and dental expenses, delay or loss of luggage, among other benefits



### *¡Enjoy your trip!*



✓ **Accidental Death\***

The Company shall pay **US\$50,000.00** to the Beneficiaries the Insured Amount if the insured dies as a direct and immediate result of an Accident during his trip.

- ✓ **Hospital Cash for hospitalization:** daily income indicated if the Insured is hospitalized as a result of an Accident or Illness during the term up to **US\$ 1,800.00** (US\$ 20 per each hospitalization day). It is covered up to a maximum of 90 days of hospitalization with one event per year.
- ✓ **Funeral Aid:** Compensation for funeral expenses incurred up to **US\$1,000.00** by the insured in the event of death due to illness or accident.



- ✓ **Medical Abroad Expenses Aid** due to accident or non-preexisting illness up to **US\$25,000.00** and **US\$500.00** due to preexisting illness or accident on recreational sport

**Services:**

- **Medical consultations** will be provided in case of accident or sudden acute illness
- **Specialist care** includes complementary medical examinations, follow-ups and controls until the emergency is over.
- **Hospitalizations** when the injury or illness request it, they will be carried out in the Health Center closest to the place where it is located.
- **Surgical interventions** in cases of emergency that immediately require this treatment and that cannot be delayed until return to their country of origin.
- **Intensive therapy** when the nature of the disease or injury so requires.
- **Physical recovery therapy or physiotherapy** in case of trauma, under medical prescription during the trip. (Maximum 10 therapies)
- **Medical assistance for COVID-19:** if you present symptoms related to COVID-19, the Assistance Center will coordinate the relevant medical consultation, according to the safety and health protocols of each country, covering the expenses incurred up to **US\$25,000.00** Includes: Hospital expenses, mechanical ventilator



✓ **Luggage protection:**

- Lost baggage- up to **US\$750.00**
- Delay of checked bag more than 24 hours – **US\$100.00** as part of the luggage protection



✓ **Medical repatriation assistance (medical transfer and/or repatriation)**

Transfer to the nearest Health Center and / or to the airport of entry to the country of residence.



✓ **Accommodation expenses in case of convalescence**

Hosting help in case of convalescence in case of forced rest-quarantine hotel expenses will be covered up to a maximum of 8 days (**US\$100.00 per night**) and **US\$1,000.00** in additional transfer



✓ **Telemedicine support o Teledoctor (digital medical consultations)**

you will be able to receive recommendations through conference call and/or videoconference with a health professional who will provide guidance on what to do to relieve your symptoms and according to medical recommendation you will be assisted by a doctor at home, in emergency centers or emergency rooms.

\* All assistance requires prior authorization from the Medical Department of the Assistance Center. Assistance provided by TERRAWIND REPS S.A. DE C.V., "TERRAWIND"

# Life Insurance General Conditions Extract

ANNEX "A" TO THE GROUP INSURANCE POLICY CERTIFICATE REQUESTED FROM PAN-AMERICAN MÉXICO, COMPAÑÍA DE SEGUROS, S.A. DE C.V. EXTRACT OF THE GENERAL CONDITIONS OF THE PRODUCT (COVERAGES, LIMITATIONS EXCLUSIONS, WAITING PERIODS, DEFAULT INTEREST) NEXO "A" AL CERTIFICADO DE PÓLIZA DE SEGURO DE GRUPO SOLICITADA A PAN-AMERICAN MÉXICO, COMPAÑÍA DE SEGUROS, S.A. DE C.V.

## 1. MAIN COVERAGE

### 1.1 DEATH

The Company will pay the Beneficiary with respect to this coverage, in a single exhibition, the respective contracted Insured Sum, which will not exceed in any case, the Maximum Insured Sum established on the Cover of the Policy and / or in the corresponding Individual Certificate.

**The Minimum Age of Acceptance is 1 (day) and the maximum age for coverage is until the age of 75 (seventy-five) years of age.** In the case of children under 12 years of age, the Sum Insured may not be greater than 60 times the Unit of Account in force in Mexico City on the date of death. For this coverage the waiting Period does not apply.

### 1.2 VERIFICATION

To make effective the payment of the compensation for this coverage, the following information must be presented to the Company, in addition to the documentation indicated in clause Five of the General Conditions:

- Death certificate (Original or apostilled)
- Invoices to cover the expenses incurred due to burial or incineration, grave or niche and transportation of the corpse or ashes of the Insured
- Voucher o Certificate
- Account statement for payment

## 2. ADDITIONAL BENEFITS

### 2.1 COMPENSATION FOR ACCIDENTAL DEATH

In the event of the death of the Insured during the validity of the Individual Certificate **as a direct and immediate consequence of an Accident**, the Company will pay the designated Beneficiary(s) in a single exhibition the Insured Sum contracted for this coverage specified in the respective Individual Certificate, **if this coverage has been expressly contracted as specified in the Cover of the Policy and / or the Individual Certificate**. Accidental death shall be understood as one that occurs within 90 (ninety) days following the occurrence of the Accident and is independent of the payment of compensation for the death coverage described in clause 2.1 above.

**The death of the Insured are excluded as result of:**

- (a) Accident that has occurred before the Registration of the Individual Certificate;
- (b) Any Illness or Event other than an Accident;
- (c) The one that derives from malicious acts committed against the Insured, as long as he is an active subject of a crime;
- (d) Accidents that occur due to negligence as a result of being under the influence of alcohol, drugs, hallucinogens, sleeping pills or other toxic substances, except if they were prescribed by a Physician legally authorized to practice as such and this is qualified regarding the abuse drugs and medications;
- (e) Accidents that occurred during the direct participation of the Insured in civil or military war, declared or not, invasion, action of a foreign enemy, hostilities, invasion, rebellion, insurrection, acts of terrorism, demonstration, labor disturbances, military coup, usurped power, riots social, participation in a riot, participation in criminal acts or being part of a local armed force or of any country;
- (f) Accidents that occur during the direct participation of the Insured in reckless acts or in any maneuver, experiment, exhibition, challenge or notoriously dangerous activity, understood as situations where the life and physical integrity of people are endangered, unless this exclusion is remove via Endorsement;
- (g) Accidents that occur during the provision of services of the Insured in the armed forces, police, law enforcement of any kind, rescue forces or firefighters, whether public or private, unless this exclusion is eliminated via Endorsement;
- (h) Intentional participation in criminal or criminal acts, regardless of whether or not the Insured has been convicted, acts of guerrilla warfare, rebellion, sedition, riot, terrorism or acts of terrorism, or popular tumult;
- (i) Aircraft accidents, except as a passenger of an aircraft owned and operated by a duly authorized commercial airline or company authorized by the competent authorities to provide air transport services;

## 2.2 VERIFICATION

To make effective the payment of the compensation for this coverage, the following information must be presented to the Company, in addition to the documentation indicated in clause Five of the General Conditions:

### Documents to present in case of claim:

- Death certificate - Apostille in case of being abroad
- Minutes of the public ministry, in the event that the death of the insured has happened violently, or its equivalent depending on the country (copy)
- Account statement for payment
- Identification of the insured
- Identification of the beneficiaries
- Document that proves relationship with the holder (marriage-concubinage certificate, birth certificate and declaration under protest of telling the truth that there is no other person with a better right to claim insurance).
- Voucher or Certificate

## 3. GENERAL CONDITIONS

### 3.1 Age

The Insured must be a natural person over 1 (day) and the maximum age for coverage is until the fulfillment of 75 (seventy-five) years of age. The maximum age of renewal of coverage will be 75 (seventy-five) years with 364 (three hundred and sixty-four days) as a general rule, unless different minimum and maximum ages are specified by endorsement.

### 3.1 Premium

The amount, periodicity and term for the payment of the Premium in favor of the Company, are specified in the Cover of the Policy. The payment of the Premium may be agreed in a single exhibition or through fractional payments, in this regard, the Company will charge the corresponding fractional payment financing rate.

### 3.2 Coverage Period

This Insurance Contract will begin its validity from 00:00 hours of the Effective Start Date specified on the cover of the policy and / or in the respective Individual Certificate and will end its validity at 23:59 of the dates stipulated in the aforementioned cover of the policy and / or respective Individual Certificate

### 3.2 Renewal

In accordance with the provisions of clause 4.3 above, the term of the Insurance Contract and/or the Individual Certificates is subject to the dates and periods specified on the Cover of the Policy and/or on the Individual Certificate. Once the period of validity of the Insurance Contract has elapsed, the Company may proceed to renew it for successive equal periods, under the same conditions in which it was hired and provided that the requirements established by the Regulation are met

### 3.3 Payment of the Insured Sum

The Company will pay to the corresponding Beneficiary(s) the indemnities for the coverages and, where appropriate, additional benefits contracted and affected, after verification of the occurrence of the Event.

### 3.6 Beneficiaries

The Beneficiary(s) will be considered as the person(s) expressly designated by the Insured in the Individual Certificate.

### 3.7 Event Occurrence Notice

As soon as the Insured and/or the Beneficiary become aware of the realization of the claim (Event) and the right constituted in their favor in this Insurance Contract, they must inform the Company.

### 3.8 Pre-existing Conditions

To resolve the origin of the claim in case of Pre-existing Conditions, when the Company has documentary evidence that the Insured has incurred expenses to receive a diagnosis of the Disease and / or Condition in question, it may request the result of the corresponding diagnosis, or where appropriate, the clinical summary. In the event that such information is not provided to you, the Company will be released from any obligation arising from the corresponding claim.

The Company will not cover Pre-Existing Conditions in accordance with the rules stipulated under the definition of Pre-Existing Conditions included in Chapter I. DEFINITIONS of these General Conditions. Any Pre-Existing Condition that has not been stated in the Insurance Application or is disclosed inaccurately, with omission or falsehood, it will entitle the Company to terminate the Insurance as of right, even if said omission or inaccurate statement has not influenced the realization of the Claim.

### 3.9 Indemnity for Late Payment

In the event that the Company, despite having received the documents and information that allow it to know the basis of the

claim that has been presented by the Insured or the Beneficiary(s), does not comply with the obligation to pay the compensation, in terms of Article 71 of the Law on the Insurance Contract, it is obliged to pay the Insured or the Beneficiary(s) compensation for late payment in accordance with the provisions of Article 276 of the Law on Insurance Institutions and Bonds, corresponding to the period in which the breach persists. This interest will be computed from the day following that on which the obligation becomes enforceable.

### **3.10 Prescription**

The actions derived from the Insurance Contract will prescribe, with respect to the death coverages in 5 (five) years counted from the date of the event that gave rise to them and with respect to the remaining coverages, in 2 (two) years counted from the date of the event that gave rise to them, in terms of Article 81 of the Law on the Insurance Contract, except in the cases of exception set forth in Article 82 of the same Law.

### **3.11 Competition**

In case of controversy, the claimant may assert his rights before the Specialized Unit for Attention to Queries and Claims of the National Commission for the Protection and Defense of Users of Financial Services (CONDUSEF), being able at his choice, to determine the jurisdiction by territory, due to the domicile of any of its delegations,

### **3.12 Rectifications and Modifications**

If the content of the Insurance Contract and/or the Individual Certificate or its modifications do not agree with the offer, the Contractor and/or the Insured may request the corresponding rectification within 30 (thirty) days following the day on which they receive the policy or the Individual Certificate, respectively. After this period, the stipulations of the Insurance Contract or its modifications will be considered accepted.

The Particular Conditions applicable to this Insurance Contract may be modified by prior written consent of the contracting parties and stated by endorsement in terms of the applicable legislation.

### **3.13 Delivery of Individual Certificates**

The Contracting Party must deliver the Individual Certificate to the Insured in person or through the email provided by the Insured in which case the evidence must be provided both of the express written consent of the Insured and of the submission of the contractual documentation through email.

This Extract considers the coverage, limitations, exclusions, waiting periods, default interest and other additional general conditions that imply rights and obligations of the insured, in order to comply with the provisions of section IV of article 200 of the Law on Insurance Institutions and Bonds, in order to have a shorter and simpler guide to know the content of the insurance, however in order to know the full scope of all coverage will have to attend to the full text of the General Conditions, which the contractor must deliver according to the form indicated by the insured in the section corresponding to this certificate, since it has exclusions and limitations, which can also be consulted on the page <https://www.palig.com/mexico-seguro-viajero> and in the Registry of Insurance Adhesion Contracts of the National Commission for the Protection and Defense of Users of Financial Services with the registration number **CNSF-S0119-0451-2019/CONDUSEF-003992-01** and from the day 12/05/2020, with the number **BADI-S0119-0035-2020**

In compliance with the provisions of Article 202 of the Insurance and Surety Bond Companies Law (Ley de Instituciones de Seguros y Fianzas), the contractual documentation and the technical note that make up this insurance product were recorded with the National Insurance and Surety Bond Commission (Comisión Nacional de Seguros y Fianzas), as of October 2<sup>nd</sup> 2019, under number **CNSF-S0119-0451-2019 / CONDUSEF-003992-01**

# General Conditions of Hospital Cash for hospitalization as a result of Accident or Illness

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## 1. Description of Coverage

If this coverage is expressly contracted, the Company will pay the daily rent indicated in the Individual Certificate if the Insured is hospitalized as a result of an Accident or Illness that occurred during the validity of the Individual Certificate.

**In the case of Hospitalization due to Illness, it will be necessary to cover the Waiting Period indicated on the cover of the Policy and / or in the Individual Certificate, for this coverage to take effect, unless the Event is the result of a Medical Emergency. Medical Emergency is understood as the fortuitous appearance of an acute illness that does not derive from a pre-existing condition and endangers the life, an organ or a vital function of the Insured.**

The Minimum Age of Acceptance is 18 (eighteen) years and the maximum age for coverage is until the age of 65 (sixty-five) years of age.

### 1.1 Concepts included within the Coverage.

For the purposes of scope of this coverage, the following concepts, with their respective description, shall be described to be understood

#### a) Hospitalization:

Hospitalization means the internment of the Insured for more than 24 hours in a hospital institution legally authorized for the care of an illness or accident. It begins with admission and concludes with discharge granted by the attending physician.

#### b) Covered Days.

The benefit period is 180 days maximum, unless otherwise specified on the policy cover, individual certificates and / or endorsements to the policy, without the number of days exceeding 365 days. The Benefit Period is understood as the period of time by virtue of which the Company will cover the payment of claims that occurred within the term of the Contract, when it has been terminated, having as a limit, whatever occurs first of:

- i) Exhaustion of the Sum Insured; or
- ii) Expenses incurred within the aforementioned period or
- iii) The recovery of the health or vital vigor of the Insured, with respect to this covered benefit
- iv)

#### c) Amount to be compensated per day:

You will be compensated for the amount specified on the policy cover, individual certificates and / or endorsements to the policy

#### d) Number of events covered within the term:

Per event there is a limit of 30 days, unless otherwise described on the policy cover, individual certificates and / or endorsements to the policy

#### c) Days due to Relapses:

In case the event (accident) is a relapse, the days will be counted from the number following the last day of the previous hospitalization.

#### d) When it is considered relapse.

The claim in question must be related to a previous hospitalization and it is necessary to present the medical file in order to corroborate that it is indeed a relapse of an event previously covered by the company.

## 2. Exclusions

**The Company will not pay any compensation if the hospitalization is a consequence of the following:**

- a) Hospitalization in Cuba, Syria, Libya, Iran and North Korea because they are countries with which the United States of America, by legal provision, has interrupted or suspended commercial relations in accordance with the sanction programs of OFAC (Office of Control of Foreign Assets)
- b) Pre-existing Conditions.
- c) Surgeries that are not medically necessary.
- d) Plastic surgeries of any nature and baldness treatments.
- e) Complications derived from topical or ectopic pregnancy, normal or operative delivery and its complications, abortion, tubal ligation or vasectomy, treatment for sterility, artificial insemination.
- f) Sexually transmitted diseases.
- g) Convalescence, senility or rest.
- h) Medical and / or surgical rejuvenation treatment, in its various modalities.
- i) Psychiatric illnesses, mental illnesses, including those that require psychoanalysis, sanotherapy or psychotherapy.

- j) Diseases, conditions or congenital and / or hereditary malformations.
- k) Epidemics, collective poisoning or any other physical cause that massively affects the population.
- l) Hospitalization in rest or weight loss clinics, SPAs, hydrotherapeutic clinics and / or those that use natural therapeutic methods.
- m) Residential internment.
- n) Ambulatory treatments and / or surgeries.
- o) Myopia, astigmatism or presbyopia.
- p) Carrying out complementary exams of any nature for the purpose of evaluating the state of health and check-up.
- q) Experimental clinical or surgical treatments.
- r) Sex change surgeries.
- s) Reductive gastroplasty.
- t) Infertility, sterility, birth control, erectile dysfunction treatments, or any of its complications.
- u) Hospitalization as a result of epidemics officially declared by the competent authority with the exception of COVID

### 3. Compensation Criteria.

The value of the compensation will be calculated based on the number of days of hospitalization multiplied by the value of the daily income indicated on the Cover of the Policy and the Individual Certificate.

The daily income of hospitalization is understood as the period of 24 (twenty-four) hours. For the purposes of this insurance, the minimum period of hospitalization is 24 (twenty-four) hours, at the beginning or end of the hospitalization period.

The Company will make the payment of compensation in accordance with the following:

- When Hospitalization exceeds 30 (thirty) calendar days, payments will be made periodically by the Company, paying the daily rents due every 15 (fifteen) calendar days.
- The Company will make the payment of the daily rents corresponding to the period in which the Insured remains hospitalized, from the minimum period of 24 (twenty-four) hours of Hospitalization, or from the last payment made by the Company, until the medical discharge or the use of the limit of daily income indicated on the Cover of the Policy and the Individual Certificate that in no case may exceed 365 (three hundred and sixty-five) days per Event or series of Events.
- In cases where the period of Hospitalization does not exceed 30 (thirty) calendar days, the Company will make a single payment for the value of the corresponding daily income until medical discharge.

### 4. Verification

For the payment of compensation for this coverage, the following information and documentation must be submitted to the Company:

- Payment invoices and hospital note with dates of admission and discharge
- Identification of the insured
- Voucher or Certificate
- Account statement for payment

### 5. Renewal of this additional benefit

This Additional Benefit is subject to the dates and periods specified on the Policy Cover and/or on the Individual Certificate, according to the validity of the Insurance Contract and/or the Individual Certificates. Once the period of validity of the Insurance Contract has elapsed, the Company may proceed to renew it, provided that it is at the request of the contractor within a period not exceeding 10 working days prior to the termination of the term which will be for a successive period equal to the previous one in the same conditions in which it was contracted and provided that the requirements established by the Regulations are met, the foregoing in accordance with Clause 4.4 of the General Conditions of the product Vida Grupo with Option to Dividends for Own Experience, to which the present adheres.

In compliance with the provisions of Article 202 of the Insurance and Surety Bond Companies Law (Ley de Instituciones de Seguros y Fianzas), the contractual documentation and the technical note that make up this insurance product were recorded with the National Insurance and Surety Bond Commission (Comisión Nacional de Seguros y Fianzas), as of October 2<sup>nd</sup> 2019, under number **CNSF-S0119-0451-2019 / CONDUSEF-003992-01** and from September 15, 2020, with the number **BADI-S0119-0035-2**





## ASSISTANCE SERVICES GUIDE

### Personal Accidents



Peace of  
mind when





# Assistance Services Guide to the traveler



## Medical Assistance

in case of accident or illness

### Description:

In case of emergency due to suffering an accident or sudden illness (not pre-existing) during your trip (includes COVID) you will have medical assistance for up to **US \$ 25,000.00**

Additional in case you practice any recreational sport or have an emergency due to pre-existing illness you will have assistance to attend the emergency for up to **US \$ 500.00**

### If you need help during your trip, what to do?

When the emergency arises, you must immediately communicate by telephone to the central to the numbers that we detail or in [www.xcover.com/es/travel-insurance](http://www.xcover.com/es/travel-insurance), based on the emergency presented you can access a doctor in person or virtually or if required we will send an ambulance that will take you to a nearby hospital for your attention.

Once the case is authorized, the caregiver will make the payment directly to the hospital for up to the insured amount. No deductible or copay applies.

- México: 0052 55 41708463
- Guatemala: 00502 2 2772634
- Colombia: 0057 1 4896988
- El Salvador: 00503 213 68757
- USA: 001 (516) 696-9016
- Costa Rica: 001 (516) 696-9016
- Honduras: 001 (516) 696-9016
- Peru: +1 (516) 696-9016

### Exclusions in case of accident or non pre-existing illness:

1. All chronic, pre-existing, congenital or recurrent conditions-known or unknown to the traveller- existing before the beginning of the trip and/or of the validity of the VOUCHER/CERTIFICATE, as well as its consequences and acute episodes (even when they appear for the first time during the trip), except as specified in clause Chronic or Pre-existing illnesses, Chronic or pre-existing illnesses are including but not limited: kidney lithiasis, vesicle lithiasis, diabetes, phlebitis, deep venous thrombosis and ulcers of any kind of etiology. (This list is limitative and not enunciative).
2. Diseases affecting the immunological system, both as a consequence of the disease or of the drugs used for treatment, oncology drugs, cardiovascular disorders, chronic respiratory illnesses, chronic kidney infections, hepatitis, any type of endemic, epidemic and/or pandemic diseases, etc., known by the CARD HOLDER.
3. Illnesses, ailments, injuries and their complications, resulting from the treatment or care given by persons or professionals not authorized by the Medical Department of the PROVIDER.
4. Homeopathic treatments, acupuncture, kinesio-therapy, thermal treatments, podiatry, etc
5. Ailments, diseases, or injuries resulting from criminal actions or misdemeanors directly or indirectly caused by the actions of the CARD HOLDER.
6. Treatment of illnesses or pathological conditions caused by the intentional ingestion or administration of toxics (drugs), narcotics, or the use of medications without a doctor's prescription.
7. Expenses for prosthesis or similar, orthosis, synthesis or mechanical-help devices of any type, either of internal or external use, including but not limited to: dental prosthesis, contact lenses, hearing aids, glasses, orthopedic devices, splints, crutches, wheelchairs, nebulizers, respirators, etc.
8. Accidents resulting from training, practice, or active participation in (professional or amateur) sports competitions as well as any events arising from the practice of hazardous sports, including but not limited to motorcycling, car racing, boxing, polo, water skiing, diving, hang-gliding, flights in any aircraft that is not commercial, parachuting, bungee jumping, kite surf, mountaineering, skiing, snowboarding and, in general, all winter sports.
9. Diagnosis, control, follow-up and treatment of pregnancy, childbirth, abortions and their consequences, except when they are consequence of an accident
10. Mental illnesses of any sort, emotional and psychological disturbances or treatments of any kind.
11. Illnesses, injuries or complications resulting from the use of alcohol or drugs of any nature
12. Blood pressure control. Hypertension and hypotension, and any of their consequences
13. Auto-Immune Deficiency Syndrome, AIDS and HIV in any/all its forms, as well as its consequences.

Venereal or sexually transmitted diseases, and/or any service, study and/or treatment performed without prior authorization from the PROVIDER.

14. Events that are consequence of the release of forces of nature, tremors, earthquakes, nuclear radiation and radioactivity, epidemic outbreaks, as well as any other extraordinary phenomenon or event different from that related to the climate that are covered in the VOUCHER, in the trip cancellation section, due to its proportions or gravity, may be considered a national disaster or catastrophe.
15. Suicide, suicide attempt or injuries intentionally provoked by the CARD HOLDER to self and/or his/her family, as well as any act of manifest irresponsibility or imprudence on the part of the CARD HOLDER and/or his companions.
16. Events derived from acts of war, terrorism or other serious disturbances of the public order.
17. Intentional or bad faith actions of the CARD HOLDER or any of his Attorneys-in-fact. If it is confirmed the true purpose of the trip was the treatment abroad of an existing disease and that the current treatment is directly or indirectly related to pre-existing ailments, the PROVIDER will be released from its obligation to provide services. To such end, the PROVIDER reserves the right to investigate the connection between the current event and prior ailments.
18. Cancer and all its treatments.
19. Lesions to drivers or passengers caused by the unlicensed use of uninsured vehicles, including mopeds, autocycles and motorcycles without a helmet.
20. Injuries resulting from participating in wagers or fights.
21. Plastic surgeries and esthetic or rejuvenation treatments.
22. Tests and/or hospitalization for tests, stress tests, and every kind of preventive checkups.
23. Any type of hernia and its consequences.
24. Kidnapping and/or kidnapping attempts.
25. Risks resulting from situations not included under the definition of personal accident, such as injuries resulting, depending, predisposed or facilitated by repeated efforts or cumulative micro traumas, or which have a cause and effect relationship, as well as injuries classified as: lesions due to repetitive strain, work-related musculoskeletal disorders, continuous or cumulative trauma disorders, or similar, as well as their consequences, treatments and post treatments, including surgeries at any time.
26. Professional Risks: If the traveler will execute work or tasks which entail a professional risk. In every case, the services described in the General Conditions of the PROVIDER will be complementary to those that have to be provided by assistance and insurance entities according to the industrial and professional risk security regulations that apply in the country where the illness or accident takes place.
27. Countries in civil or international war (including but not limited to: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc.) are excluded from this coverage.

### In case of pre-existing illness and / or accident in recreational sport

Expenses to attend to the emergency and /or stabilization will be covered up to **US\$500.00**

### Documents to be submitted in case of reimbursement:

In some cases medical expenses can be reimbursed, but you must notify the Assistance Center in advance for authorization.

- Certificate issued by the treating physician, detailing the treatment received and the respective medical diagnosis. In case of Covid test with the respective result.
- Receipts, ballots, and invoices that prove the expense incurred as a result of payment of medical expenses.
- Copy of passport or identity document
- Voucher or Certificate



## Telemedicine

Beneficiaries may receive recommendations through a conference call and / or video conference (subject to availability) with a health professional who will provide guidance on what to do to relieve their symptoms, and according to his medical recommendation, will be assisted by house call doctor, in emergency centers or emergency rooms, according to the severity of the symptoms described.

In case of requiring attention in a physical way, due to the urgency or because it is an emergency, you will be indicated steps to follow

### If you need help during your trip, what to do?

When the emergency arises, you must immediately communicate by telephone to the central to the numbers that we detail.



## Medical transfer and health repatriation

### Sanitary transfer

#### Description:

In case of emergency and if THE ASSISTANCE deems it necessary, the Health Transfer to the nearest Health Center will be organized, by the means of transport that the Medical Department deems most appropriate and as appropriate to the nature of the injury or illness. It is established that even for cases of treatments and surgeries that occur in situations characterized as emergencies, the Sanitary Transfer must be required and authorized by the Medical Department of the Assistance provider

#### Documents to request service:

- Medical certificate issued by paramedics detailing the symptoms presented and the diagnosis for which the ambulance service was required.\*
- Receipts, tickets and invoices that prove the expense incurred for the ambulance service
- Copy of passport or identity document
- Voucher or Certificate

\*The opinion must have been provided by personnel of the service network to which the client was referred

### Sanitary Repatriation

#### Description:

This is the procedure used to transport the sick or injured, from the place where he/she traveled to the airport of entry in the country of permanent residence where the VOUCHER/CERTIFICATE was issued. Only the Medical Department of the Assistance may authorize to take all measures mentioned in this clause, being the titular or any of his relatives prohibited from doing so without the authorization of the provider. Repatriation must also be authorized and medically and scientifically justified by the treating physician.

When the Medical Department of the Assistance, in accordance with the attending physician, deems necessary and advises to proceed with the Sanitary Repatriation, it will take place in economy class of a commercial airline and subject to availability of seats, or else using the means of transportation the Medical Department deems the most appropriate, and accompanied by a doctor or nurse if applicable, to the airport of entry into the country of permanent residence.

From the moment the Titular is admitted in a medical facility, to the day of the returning trip, this assistance includes transport by ambulance or other means compatible with his state of health, and approved by the Medical Department of the Assistance, from the place of admission to the boarding airport, with the necessary support structure. The Assistance leads, always, the decision-making on Sanitary Repatriation, considering the well-being of the Assistance. It is understood that even in case of treatments and surgeries that occur in situations categorized as emergencies, Sanitary Repatriation should be required and authorized by the Medical Department of the Assistance.

#### Documents to present:

- Voucher o Certificado
- Certificate issued by the treating physician detailing the treatment received, the respective medical diagnosis and the need for the beneficiary to return to their country of origin. (The opinion must have been provided by personnel of the service network to which the client was referred
- Proof of payment for expenses incurred in the purchase or change of air ticket to return to the country of origin, you must deliver duly endorsed the ticket (s) you have for your return without any compensation.
- Air ticket purchased
- Original travel itinerary
- Copy of passport or identity document



## Emergency Dental Treatment

#### Description:

shall assume only expenses for emergency dental services, limited to the treatment of acute pain within the limits of the maximum global amount specified and/or extraction of the tooth resulting only from infection or trauma.

#### If you need help during your trip, what to do?

When the emergency arises, you must immediately communicate by telephone to the central to the numbers that we detail or in [www.xcover.com/es/travel-insurance](http://www.xcover.com/es/travel-insurance), based on the emergency presented you can access a doctor in person or virtually or if required we will send an ambulance that will take you to a nearby hospital for your attention. Once the case is authorized, the caregiver will make the payment directly to the hospital for up to the insured amount. There is no deductible or copay.

- |                                |                                  |
|--------------------------------|----------------------------------|
| • México: 0052 55 41708463     | • USA: 001 (516) 696-9016        |
| • Guatemala: 00502 2 2772634   | • Costa Rica: 001 (516) 696-9016 |
| • Colombia: 0057 1 4896988     | • Honduras: 001 (516) 696-9016   |
| • El Salvador: 00503 213 68757 | • Peru: +1 (516) 696-9016        |

#### Documentos to be presented:

- Certificate issued by the treating dentist, detailing the procedures performed and the diagnosis for which the treatment was required.
- Receipts, ballots and invoices that prove the expense incurred for the payment of dental expenses.
- Copy of passport or identity document
- Voucher or Certificate



## Hotel expenses during convalescence and/ or for COVID

### Description:

When the treating physician, approved by the Medical Department of the Assistance, **prescribes forced bed rest to the Titular**, the Assistance will only cover hotel expenses up to the amount indicated in the Particular Benefits of the ASSISTANCE PLAN, to a maximum of eight (8) days. This rest must be ordered by the doctors of the central exclusively and will contemplate only the coverage of the cost of the room without any type of food or expenses of another nature such as laundry, telephone calls (except those made to the central of the PROVIDER.), minibars, etc. The titular must inevitably contact the Central Alarm of the PROVIDER to be authorized. No later reimbursements requests will be accepted without proper justification. The titular will not be entitled to this benefit if the term and validity of the VOUCHER/CERTIFICATE have expired

### If you need help during your trip, what to do?

When the emergency arises, you must immediately communicate by telephone to the central to the numbers that we detail.

### Documents:

- Complete medical report of the hospitalization indicating the period during which the beneficiary was hospitalized and the indication to rest on discharge.
- COVID test with its respective result
- Quarantine request certificate
- Invoice of payment for expenses incurred in hosting
- Copy of passport or identity document
- Voucher or Certificate



## Asistencia de equipaje

Applies if the delay or loss of checked baggage is held with VOLARIS. It applies to connections and routes with other airlines as long as they have been purchased as a Volaris ticket at the time of purchase of the insurance. .

### If you need help during your trip, what to do?

- Immediately after the lack of luggage is verified, contact the airline or responsible person within the same enclosure where the luggage arrives, request and complete the P.I.R. (Property Irregularity Report) form.
- Before leaving the Airport, contact by telephone or through the APP with the Assistance Center, in order to notify the loss of your luggage indicating the number of the P.I.R. form for follow-up before the airline.

## Conditions:

- That the Assistance Central has been notified of the fact before leaving the Airport where the loss was registered and the P.I.R. (Property Irregularity Report) or complaint form with the airline.
- That the luggage has been lost-delayed during its transport on a regular international or domestic flight of international connection.
- That the aforementioned luggage has been duly dispatched in the hold.
- That the loss of luggage occurred between the moment it was delivered to the authorized personnel of the airline to be boarded and the moment it should have been returned to the traveller at the end of the trip.
- That the airline has taken responsibility for the loss of said luggage, and has paid the beneficiary the compensation provided by it.
- In the event that the airline offers the beneficiary as compensation the possibility of choosing between receiving a value in money or one or more tickets, the Assistance company will proceed to pay the economic compensation for lost luggage, once said option is exercised

### a) Lost Luggage

#### Exclusions:

- The traveller is a crewmember, employee or officer of the transportation company that caused the event.
- The luggage has been kept or retained by the customs or any other government authorities.
- In no case will the PROVIDER be liable for any missing goods and/or partial or total damage to the content of the luggage, or the pieces of luggage or any other element of transportation.

#### Documents to request service:

- Report of loss and / or delay issued by the responsible Airline (PIR-Property Irregularity Report)
- Letter issued by the Airline declaring the total loss of the luggage and the value to be compensated.
- Proof of payment / Bank statement reflecting that the payment by the airline was received.
- Air ticket for the route where the luggage was lost
- Baggage ticket
- Copy of passport or identity document
- Voucher or Certificate

### b) Luggage Delay

#### Exclusions:

1. The traveller is a crewmember, employee or officer of the transportation company that caused the event.
2. The luggage has been kept or retained by the customs or any other government authorities.

#### Documents to request service:

- Report of loss and / or delay issued by the responsible Airline (PIR-Property Irregularity Report)
- Original Baggage Boarding Ticket
- Proof of delivery of luggage from the carrier
- Air ticket for the route where the luggage delay occurred
- Copy of passport or identity document
- Voucher or Certificate

\*All assistance requires prior authorization from the Medical Department of the Assistance Center  
Assistance provided by **TERRAWIND REPS S.A. DE C.V., "TERRAWIND"**



# More information:

CLIC EN LOS ENLACES



<https://www.palig.com/mexico-seguro-viajero>

<https://www.xcover.com/es/claim>





   | [palig.com](http://palig.com)