INTERNATIONAL TRAVEL INSURANCE

1052 Avenida Muñoz Rivera, San Juan, PR 00927
PO Box 363786 San Juan, PR 00936-3786
787-777-8432

Triple-S Vida, Inc. agrees to pay benefits for losses resulting exclusively from a sudden or unforeseen accident or illness that occurs while you are traveling outside of Puerto Rico, in accordance with the terms, conditions, limitations, and exclusions of the policy.

This policy is issued in consideration of the application and payment of the single premium by you.

This policy is a legal contract between you and Triple-S Vida, Inc.

Signed by Triple-S Vida, Inc., on the policy effective date.

Senior Vicepresident of Finances

INTERNATIONAL TRAVEL INSURANCE

LIMITED BENEFITS
NO DEDUCTIBLES

This Policy is not a Health Insurance Plan.

This is not a supplemental policy to Medicare. If you or any person proposed for insurance under this policy is eligible for Medicare benefits, please consult the Health Insurance Guide for People with Medicare available from the Company.

THIS POLICY IS NOT MEDICAL INSURANCE

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PROCESSES TO REQUEST ASSISTANCE, ASSISTANCE CENTER

If assistance is needed in the event of an international emergency and before the Insured commits to any expense, they must contact the Assistance Center directly or through a personal representative to request assistance for the Insured, **within 72 hours of the medical emergency**. **In case of benefits related to documents, luggage, early return, cancellations, flight delays, interruption, you must contact the Assistance Center within 24 hours of the event**.

Failure to comply with this rule automatically forfeits any claim rights of the Insured.

The Insured may contact the Assistance Center via telephone and electronically as indicated below.

HOW TO REACH THE ASSISTANCE CENTER VIA TELEPHONE:

Continental Assist Number: [+1 939-475-1760]

Note: The phone number must be dialed as listed above. Likewise, the Insured may call through the international operator of the country where they are located, asking for said call to be collect and placed to the following telephone number in the United States of America: [1-786-613-7102]. In all cases, the Insured must provide their name, policy number, effective date, location, contact telephone number, and the reason why they are requesting assistance.

HOW TO REACH THE ASSISTANCE CENTER BY ELECTRONIC MEANS:

WHATSAPP: [+13507225824]

DEFINITIONS

Below is the meaning of the terms used in this policy:

Accident means an unforeseen, unexpected, external event that has not been intentionally caused by the Insured, that directly causes accidental bodily injury to the Insured, that occurs by accidental means regardless of illness or any other cause, and that occurs while the policy is in force.

Annual Multi-Travel means that the policy is valid for 365 days and offers protection for the trips made by the Insured while the policy is in force. Subject to each trip having a maximum of 30 insured days.

Insured: This is the natural person whose name appears on the insurance schedule and is the only individual entitled to receive its benefits. **Insured** according to the plan based on which the policy is issued:

If the Plan is:	**Insured** includes:
Individual	Insured only

Additional benefits are those benefits that the Insured has the option to purchase as an addition, rider or supplement and therefore protect them up to the maximum amount contracted to this effect.

Good health means that the applicant does not suffer from a severe, significant, or serious illness and is free from any ailment that seriously affects their system's vigor or overall health.

Catastrophe is an unfortunate event that seriously alters the regular order of things and in which numerous people are involved.

Assistance Center is the Continental Assist company in charge of coordinating the services requested in case of emergencies, its network of providers worldwide, and the medical professionals who intervene and make decisions in all matters and/or benefits provided or to be provided in accordance with the limits, exclusions, and terms of this policy.

Company means Triple-S Vida, Inc.

Covid-19 is understood as the infectious disease known as CORONAVIRUS and which has been defined by the World Health Organization as a global pandemic.

Spouse is the legal spouse of the Insured.

Domicile means that the Insured lives permanently in Puerto Rico for at least 9 months in the year prior to purchasing the insurance.

Routine Medical Examination means the medical services offered through regularly scheduled appointments with a provider for the sole purpose of monitoring the Insured's health status as preventive follow-up.

Illness is a body condition or disorder that originates from organ failure or loss of health. This term does not include preexisting illnesses.

Congenital Illness is a pathology present or existing before the time of birth.

Chronic Illness is any continuous, repetitive, and persistent pathological process lasting more than 90 days.

Serious Illness is an alteration or deviation of the physiological state in one or more parts of the body and whose evolution is foreseeable.

Acute Illness is the short and severe process that alters the state of the body or one of its organs, which interrupts or alters the balance of vital functions, causing pain, weakness, or other manifestations that are not part of its normal behavior.

Preexisting Illness means any serious, acute, or chronic illness or accidental injury of an Insured who, within 180 days prior to and including the date of purchase of this policy:

a) Presented serious symptoms including congenital illnesses and/or birth complications; and/or
b) For which the Insured had consultations, examinations, received medical or surgical treatment, warning or diagnosis, or for which medical expenses had been incurred within the 180 days prior to the effective date of the Insured's coverage under this policy.

Recurring Illness is the return, repetition, or onset of the same disease after having been treated, regardless of the affected organ.

Sudden or Unforeseen Illness is an unforeseen Illness, unexpectedly and suddenly contracted after the assistance plan's effective starting date and which results in a short and relatively serious process of alteration of the state of the Insured's body or of any of their organs, which disrupts or alters the balance of normal functions, and which could lead to pain, weakness, or other manifestation outside their normal behavior.

Europe means the following countries:

Albania	Cyprus	Georgia	Luxemburg	United Kingdom
Germany	Vatican City	Greece	North Macedonia	Czechia
Andorra	Croatia	Hungary	Malta	Romania
Armenia	Denmark	Ireland	Moldavia	Russia
Austria	Slovakia	Iceland	Monaco	San Marino
Azerbaijan	Slovenia	Italy	Montenegro	Serbia
Belgium	Spain	Kazakhstan	Norway	Sweden
Belorussia	Estonia	Latvia	Netherlands	Switzerland
Bosnia and Herzegovina	Finland	Liechtenstein	Poland	Turkey
Bulgaria	France	Lithuania	Portugal	Ukraine

Baggage means a suitcase or bag that has been handed over to employees of the carrier and that was registered, labeled, and dispatched from the carrier's terminal to be stowed in the carrier's hold.

Medical Examination means a medical test or analysis associated with the covered illness or accident. The purpose of the medical examination must be to diagnose or provide treatment to the Insured.

Relative means a first-degree blood relative. In other words, parents, children, siblings, spouse, or partner.

Effective Date is the date when insurance under the policy begins. The effective date appears on the insurance schedule. It describes the period in which the Insured can obtain assistance services and benefits. It is the period that elapses from zero hours on the day when said plan goes into effect, while the Insured is outside of Puerto Rico, until the 24th hour of the day when said effectiveness ends. The benefits and features described in the policy will be valid if the insurance has been paid on the date when the trip starts. Expiration of the effective period will imply the termination of coverage.

This insurance operates under the modality of consecutive days. Therefore, once the term of the insurance begins it is not possible to interrupt it. Periods of unused days included in the effective date appearing on the insurance schedule are non-refundable. Once the term of the insurance expires, it automatically ends and cannot be reactivated later.

If your insurance was issued in the Annual Multi-Travel modality, the insurance offers coverage for a maximum of 30 days on each trip made during the term of the policy.

If the Insured is still hospitalized at the time of termination of coverage, the Assistance Center will recognize the hospitalization expenses subject to whichever occurs first:

a) Until the hospitalization benefit limit is exhausted, or
b) For up to 7 additional days; or
c) The Insured is discharged from the hospital

The Insured must deliver to the Assistance Center official documents issued by the government of Puerto Rico or the United States federal government showing the date of departure from Puerto Rico and the date of entry into the country from where they requested assistance. Including passport or visa.

Force Majeure means circumstances that were unavoidable, uncontrollable, unexpected, external, and not intentionally caused by the Insured.

Hotel Expenses are limited to the cost of a single room per night. Restaurant, laundry, telephone, minibar, room service, services requested from the hotel or third parties, or any other type of expense of any kind are not considered hotel expenses.

Reasonable or Customary Charge means a fee or rate usually charged by most providers to persons living in the same geographic area for the same or similar procedure, service, or treatment provided to the Insured.

Expenses Incurred is the amount of money that the Insured pays with their own funds.

Dependent Child means a child, stepchild, legally adopted child, or foster child of the Insured who is unmarried, dependent on the Insured for support and who, on the date stated on this policy's application, has not reached the age of 21 years, or 25 years if they are a student enrolled in 12 or more credits per semester at an accredited school, college, or university.

Hospital is an institution duly accredited as such by the relevant authorities. Hospital does not include institutions that are primarily a convalescence home, hospice, nursing home, or institution for the care or treatment of alcoholics, drug addicts, or the elderly.

Injury is an accidental bodily injury that requires medical treatment, is the direct cause for which the benefit is claimed, and it occurred during the term of this policy while the Insured was away from their domicile.

Physician is the medical professional legally licensed in medicine who, acting within the framework of their license, is authorized to offer the services covered under this policy. The physician cannot be you, any Insured, or any immediate family member, including the spouse, children, parents, grandparents, grandchildren, brothers or sisters, uncles or aunts, nephews, cousins, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the Insured.

Specialist Physician is a medical professional with postgraduate studies who has specialized knowledge in relation to a specific area of the human body, surgical techniques, or a specific diagnostic method.

Medically Necessary means that the care ordered, prescribed, or provided by a hospital or a physician to care for the injury or illness is: a) consistent with the diagnosis and treatment, b) adequate according to the standards of good medical practice, c) the supply or service provided is adequate and delivered in a safe manner, d) it is not provided solely for the convenience of the Insured.

Treating Physician is the medical professional authorized by the Assistance Center to assist the Insured in their office or clinical institute outside the Insured's usual Puerto Rico domicile.

Aggregate Amount is the maximum amount that will be paid on each policy regardless of the number of Insureds covered and the number of claims filed. The aggregate amount is stated on the schedule of benefits that appears in the insurance schedule.

Insurance Amount is the maximum amount that will be paid per benefit, subject to the aggregate insured amount.

"We", "us", or **"our"** refer to Triple-S Vida, Inc.

Our **Main Office** is located at 1052 Ave. Muñoz Rivera, San Juan, PR 00927.

Our **postal address** is Box 363786, San Juan, PR 00936-3786.

Partner is the person with whom the Insured lives in a recognized consensual relationship.

Recreational Practice means practicing a sport for fun and pleasure, outside of any type of organization or event with the objective of training to compete, beat records or defeat an opponent.

Provider is the person, public or private entity that delivers assistance services in different assistance areas to the Insured while they are abroad on a trip, and who, at the request of the Assistance Center, is entrusted with providing the service the Insured needs and is part of the Company's network of providers.

Emergency Room refers to the unit in a hospital that is accredited and authorized to operate as such by the relevant authorities. Emergency room does not include a dispensary, physician's office, or other center or place offering treatment or medical services.

Carrier means a natural or legal person who is bound by contract to transport people or goods from one place to another using any means of transportation.

Emergency Medical Treatment refers to the medical services used to tend to the immediate medical care needs of the Insured to prevent loss of life or the worsening of an illness or injury.

"You", "Your" or **"Yours"** refers to the Insured under the policy.

ELIGIBILITY

An individual will be eligible for this insurance:

1. Up to the maximum issue age of 84 years.
2. If their permanent domicile is Puerto Rico and they have lived in Puerto Rico during the last 9 months.
3. To receive benefits while traveling away from their domicile.

TERMINATION OF INSURANCE

This policy will terminate on the earliest of the following:

a) Death of the Insured.
b) At the policy's termination date
c) On the date when the policy's insured amount has been paid.
d) Upon return to domicile, even if it is before the trip's declared return date.

e) Termination age at 85 years old.
f) When the aggregate amount is paid.

EMERGENCY MEDICAL EXPENSE BENEFITS DUE TO ACCIDENT OR ILLNESS

We will pay up to the applicable amount of insurance benefits for emergency medical expenses incurred due to an injury or illness. The expenses incurred must be reasonable or customary expenses related to the sustained injury or illness and medically necessary.

If more than one covered loss occurs due to the same accident or illness, we will pay up to the applicable insurance amount, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule, regardless of the number of injuries sustained in the accident or illnesses suffered during the term of the policy.

If more than one accident or illness occurs during the term of this policy, we will pay up to the applicable insurance amount of each benefit claimed, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule, regardless of the number of accidents or illnesses that have occurred.

If any loss is payable under more than one benefit, we will pay the loss only once under the benefit that pays the highest amount.

All benefits are subject to authorization from the Assistance Center. All expenses incurred without the authorization of the Assistance Center will be Insured's sole responsibility, without the right to reimbursement or claim.

In case of benefits related to emergency medical expenses, you must contact the Assistance Center within 72 hours.

All this is subject to the illness not being a preexisting condition, except when the Insured has paid the premium for the Preexisting Illness Benefits rider.

Medical Consultation
We will pay expenses incurred, up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule, in the event of an acute and unforeseen accident or non-preexisting illness for consultations between the Insured and a licensed physician to determine which medical examinations or procedures are appropriate based on the Insured's health status. Consultations will be held at the location where the Insured is staying or at the physician's office. This benefit is not available for consultations due to pregnancy complications.

Medical Consultation by a Specialist
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule for consultations between the Insured and a licensed specialist physician to determine which examinations or medical procedures are appropriate according to the Insured's health status. Consultations will take place in the physician's office.

Surgical Interventions
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule for surgical procedures due to a covered injury or illness.

Intensive Care Unit and Coronary Unit
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule if, due to injury or illness, the Insured is confined to a hospital's intensive care unit or coronary unit. We will pay the daily benefit for the duration of confinement, not to exceed 15 days per confinement period, or 60 days for all confinement periods throughout the life of the Insured. Two confinement periods due to the same illness or injury separated by less than 30 days will be considered part of the same confinement period.

First Clinical Consultation Where the Preexistence of the Illness is Determined
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule if the Insured becomes ill during their trip abroad due to a preexisting illness that began before

purchasing this insurance, regardless of when the disease is diagnosed.

Pregnancy Complications
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appear in the insurance schedule if the Insured is up to 28 weeks pregnant and suffers a health emergency, for consultations between the Insured and a licensed physician to determine which medical examinations or procedures are appropriate based on the Insured's health status. Consultations will be held at the location where the Insured is staying or at the physician's office.

Prescription Drugs
We will pay expenses incurred up to an amount that does not exceed the limit of the aggregate insured amount stated on the Schedule of Benefits that appears in the Insurance Schedule for the purchase of medications prescribed by the physician authorized by the Assistance Center.

Dental Emergency
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appear in the insurance schedule for the treatment of a tooth damaged by injury to healthy, natural teeth or to relieve pain due to a covered accident or illness.

Transportation to the Nearest Hospital
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule if the Insured is transferred by medical order to the nearest hospital where appropriate medical treatment for a covered injury or illness is available. This benefit includes treatment that the Insured receives during transportation. This benefit does not cover any expenses incurred for any medical services the Insured receives once they arrive at the facility to which they were sent. If it is necessary to transport the Insured for a medical consultation at a care center located more than 25 kilometers away from where they are at the time of the request, the Assistance Center will authorize the expense incurred for land transportation paid by the Insured. To this effect, you must keep the receipt or invoice of expenses for eventual reimbursement.

Health Repatriation
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule if due to a covered injury or illness, the Insured, by medical order, must return to their domicile because they cannot continue their trip. Repatriation will be carried out via commercial airline on a regular flight, subject to seat availability, to the Insured's domicile. Health repatriation ends when the Insured arrives at the airport of entry to their domicile. Health repatriation is not an evacuation service in the event of pandemics, epidemics that are detected or that arise suddenly in the Insured's destination countries.

Funeral Repatriation
We will pay expenses incurred up to an amount that does not exceed the limit of the aggregate insured amount stated on the Schedule of Benefits that appears in the Insurance Schedule if the Insured dies away from their domicile and the remains of the Insured have been repatriated to their domicile. This benefit is only to pay for charges involving embalming, air transportation, and container used by the airline or shipping company to transport the body. This benefit does not cover any expenses related to caskets, funeral or mortuary services, burial, or cremation.

Transportation Expenses of a Family Member Due to Hospitalization of the Insured
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule if the hospitalization of an Insured, traveling alone and unaccompanied, is greater than five (5) days, the Company will procure an airline ticket in coach class, subject to space availability, for a family member. The Insured may be entitled to hotel expenses for their family member, with a maximum of US$80 (eighty United States dollars) per day for a maximum of seven days, or until the patient is discharged, whichever occurs first. Both for this benefit and any other benefit that covers hotel expenses, it is hereby explained that the benefit is limited to simple lodging and excludes restaurant, laundry, telephone, or others such as minibar, room service, or any other type of expense.

Hotel Convalescence Expenses
We will pay hotel expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule if due to a covered injury or illness and after a covered hospital stay of at least seven (7) days, the Insured is given a medical order to rest. This benefit has a maximum of five (5) consecutive days.

Virtual or Telephone Medical Consultation
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule, if due to a covered injury or illness, the Insured receives recommendations from a health professional via telephone conference or otherwise remotely available, guidance for the purpose of alleviating symptoms, or authorization to receive treatment in an emergency room according to the severity of the symptoms described.

Amateur Sports Practice
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule if, due to an injury, the Insured requires medical attention as a result of recreational practice in the following sports: aerobic gymnastics, angling, archery, track and field, badminton, baseball, basketball, bowling, cricket, dancing, curling, cycling, kayaking up to level 3, netball, golf, swimming, snorkeling, roller skating, tennis, hiking, racquetball, skateboarding, handball, squash, volleyball, rowing, coastal sailing, trekking, football, water polo, surfing, beach volleyball, boogie boarding, canoeing, yoga, table tennis.

Telephone Psychological Assistance
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule, if due to medical repatriation, death of a family member or catastrophe, the Insured needs psychological assistance during their return trip.

Medical Examinations
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule, if due to a covered injury or illness the Insured requires medical examinations.

Physiotherapy
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule for physical therapies, not to exceed 10 sessions, due to a covered accident or illness. Physiotherapy will be covered only in cases where the ailment has been caused by a non-labor accident. This treatment must be received during the trip.

Hospitalization
We will pay expenses incurred up to an amount that shall not exceed the limit of the aggregate insured amount stated on the schedule of benefits that appears in the insurance schedule, for a hospitalization in case of accident or non-preexisting acute and unforeseen illness up to the maximum applicable amount. This benefit is payable from the first day of hospitalization. Confinement must begin within 30 days of the accident. A day of confinement means a period of 24 consecutive hours. Two periods of confinement separated by less than 90 days will be considered part of the same confinement period. A stay in the Emergency Room will not be considered a hospital confinement, even if it exceeds a period of 24 hours. In periods of less than one month, the benefit will be calculated at a rate of 1/30 per day.

BENEFITS RELATED TO DOCUMENTS AND BAGGAGE

We will pay up to the applicable insurance amount for benefits related to documents and baggage. If more than one covered loss occurs, we will pay up to the applicable insurance amount, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule.

If more than one accident or illness occurs during the term of this policy, we will pay up to the applicable insurance amount of each benefit claimed, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule.

If any loss is payable under more than one benefit, we will pay the loss only once under the benefit that pays the highest amount.

All benefits are subject to authorization by the Assistance Center. All expenses incurred without the authorization of the Assistance Center will be the Insured’s sole responsibility, without the right to reimbursement or claim.

For benefits related to documents and baggage, you must contact the Assistance Center within 24 hours of the event taking place.

Baggage Delay
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for expenses in personal hygiene products and clothing as a result of a baggage delay for six (6) hours or more upon arriving at the travel destination country or state, subject to (a) the Assistance Center authorizing this expense, (b) you having notified the Assistance Center and the carrier within 24 hours of the delay.

Lost Baggage on Airline
We will pay an amount equal to that paid or recognized by the carrier up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for the loss of baggage during an international commercial flight outside the Insured's domicile, subject to (a) the baggage being duly registered, tagged, and dispatched to the aircraft hold, (b) the Assistance Center and the carrier being notified within 24 hours of the loss, and (c) the carrier has acknowledged its liability. Baggage means a suitcase or bag that has been registered, tagged, and dispatched from the carrier's terminal to be stowed in the carrier's hold. This benefit excludes baggage delay, partial losses. If the Assistance Center has authorized reimbursement for baggage delay, the amount reimbursed for baggage delay will be reduced from the baggage loss benefit. One (1) suitcase will be compensated per covered Insured. Lost baggage means that the suitcase was lost and could not be located. Loss or theft of belongings contained in a suitcase is excluded.

Lost Baggage on a Cruise Ship
We will pay an amount equal to that paid or recognized by the carrier up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for loss of baggage during transportation on board a cruise ship, subject to (a) the baggage being duly registered, tagged, and dispatched to the hold of the vessel, (b) the baggage being duly presented and delivered to the cruise company's personnel at the terminal office, (c) the baggage loss having occurred between the moment it was handed over to the cruise company's authorized personnel to be brought onboard and the moment it should have been returned to the passenger at the end of the trip, (d) the carrier acknowledging its liability and paying the Insured for this loss, (e) the Assistance Center and the carrier being notified within 24 hours of reporting the loss to the carrier, and (f) the carrier has acknowledged its liability. Baggage means a suitcase or bag that has been registered, tagged, and dispatched from the carrier's terminal to be stored in the carrier's hold. This benefit excludes baggage delay, partial losses. Only one (1) suitcase per Insured will be compensated. If the missing suitcase was in the name of several Insureds, the compensation will be prorated among them if it includes their corresponding ticket numbers. Lost baggage means that the suitcase was lost and could not be located. Loss or theft of belongings contained in a suitcase is excluded. Losses incurred on land transportation in ports are not eligible for this compensation. We hereby explain that baggage delays are not entitled to compensation. The Insured may only claim lost baggage compensation reimbursement after the cruise company liable for the loss has duly indemnified the Insured. The Insured cannot be compensated without proof of payment from the cruise company.

Lost Passport
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for the loss of passport, subject to (a) the Assistance Center being notified within 24 hours of the loss outside the jurisdiction of Puerto Rico, and (b) submitting evidence of the complaint filed with the relevant authorities in the state or country where the loss occurred, as well as in the country or state where the passport was issued.

Compensation for Baggage Damage
We will pay the expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule if the Insured's suitcases suffer any type of damage that exposes the belongings contained inside them, as well as the tampering of its locks with the same effect.

To invoke this benefit, the damage must occur between the moment the baggage was loaded into the airplane's cargo hold and the moment it should have been delivered to the Insured at the airport's baggage claim area. Additionally, the event must have been reported to the Assistance Center within 24 hours of its occurrence. The Insured must provide the Assistance Center with the complaint submitted to the airline or cruise company and the original invoices for repairing or replacing the baggage.

Assistance in Case of Lost Baggage/Documents
The Assistance Center will advise the Insured to report the loss or theft of their baggage and personal effects, as well as in the event of loss of travel documents and/or credit cards, instructing the Insured to file the respective complaints and initiate the process to recover their property.

BENEFITS RELATED TO EARLY RETURN, CANCELLATIONS, FLIGHT DELAYS, INTERRUPTION

We will pay up to the applicable insurance amount for benefits related to early return, cancellations, flight delays, interruption. If more than one covered loss occurs, we will pay up to the applicable insurance amount, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule.

If more than one accident or illness occurs during the term of this policy, we will pay up to the applicable insurance amount of each benefit claimed, subject to the aggregate amount stated on the schedule of benefits that appears in the insurance schedule.

If any loss is payable under more than one benefit, we will pay the loss only once under the benefit that pays the highest amount.

All benefits are subject to authorization from the Assistance Center. All expenses incurred without the authorization of the Assistance Center will be the sole responsibility of the Insured, without the right to reimbursement or claim.

In case of benefits related to early return, cancellations, flight delays, interruptions, you must contact the Assistance Center within 24 hours of the event taking place.

Return Trip Due to Death of a Family Member
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for the difference in cost, if any, of the return airfare to the Insured's domicile if they must return to their domicile due to the death of a relative within the first degree of consanguinity, that is, parents, spouse, children or siblings.

Loss Due to Delayed or Canceled Flight
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appear in the insurance schedule for accommodations, food, and communication due to the delay or cancellation of a flight. If once outside the jurisdiction of Puerto Rico, the flight's scheduled departure is delayed by 6 or more consecutive hours or is canceled by the carrier, and the carrier does not provide alternative solutions to the Insured. This benefit is only offered to Insureds who had an assigned seat at the time of the delay or cancellation. This benefit excludes Insureds who travel with a ticket subject to space availability. The Insured must notify the Assistance Center within 24 hours of the delay or cancellation of the flight.

Missed International Flight or Train Connection
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule, for accommodations, food, communication, and payment of penalties for the issuance, reissuance or purchase of new tickets caused by missing a flight or train connection on trips outside the jurisdiction of Puerto Rico. The Insured must contact the Assistance Center the moment they miss the connection from the airport or train station.

Missed Boarding on a Cruise
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule on a one-way coach class air ticket issued by a commercial airline from the airport nearest the port of boarding to the airport closest to the next port that is a scheduled stop for the cruise as a result of the Insured not being able to board on the cruise's initial scheduled departure date due to a delay of more than six (6) hours in their connecting flight.

Cancellation or Interruption of Contracted Trip
We will pay expenses incurred up to the limit of the insurance amount stated on the schedule of benefits that appears in the insurance schedule for penalties due to canceling early or interrupting a trip known as tours, tourist packages, excursions, air tickets, and cruises that have been organized by a travel agency (tour operator) or a cruise company duly accredited in the destination of said trip.

The Insured must (1) submit the contract that clearly indicates the procedure for applying penalties or penalty clauses for early cancellation, (2) present proof that demonstrates the amount of the penalty effectively applied to your particular contract and the refund amount if applicable. Once the above documentation has been obtained, (3) demonstrate to

the Assistance Center, in writing and in a clear and satisfactory manner, that the cause or causes that produced the trip cancellation are one of the justified causes described below, (4) send all the documentation described herein to the Assistance Center. This benefit will not apply if the Insured agrees with the company to any type of arrangement in which future travel will be possible instead of contractual penalties being applied.

Once the plan is acquired under the conditions indicated above, and if the benefit is applicable, its term begins the moment when the Insured purchases their assistance plan and ends the moment when the trip begins.

The following will be considered justified causes for interruption or cancellation of a contracted trip, subject to the Assistance Center being notified of the event that motivates the cancellation within 7 hours of it taking place:

(a) death of the Insured
(b) accident suffered by the Insured
(c) non-preexisting serious illness
(d) illness or death of a first-degree consanguinity relative; in other words, parents, children, siblings, spouse or partner
(e) summons or citation that requires the Insured to participate as a jury or witness in a judicial process that will be held during the trip dates
(f) damage due to fire, robbery, theft or force of nature in their habitual residence or in their professional premises that render them uninhabitable and inevitably justify their presence
(g) medical quarantine resulting from an accidental event
(h) confirmed layoff from work on a date after contracting the assistance plan
(i) emergency call to military, medical or public service.

ASSISTANCE BENEFITS

All benefits are subject to authorization by the Assistance Center. All expenses incurred without the authorization of the Assistance Center will be the sole responsibility of the Insured, without the right to reimbursement or claim.

24 Hour Help Line
From the moment they acquire the policy and until its termination, the Insured may request information from the Assistance Center regarding consular and health obligations. The Assistance Center's concierge service will also be available to passengers where applicable.

LIMITATIONS AND EXCLUSIONS

Limitations
This policy does not offer travel insurance for the purpose of receiving medical treatment outside of Puerto Rico.

The Company reserves the right to investigate the existence of a direct or indirect relationship between the treatment received and the preexisting condition. In cases where it is confirmed that the trip was used to receive medical treatment outside of Puerto Rico, the Company reserves the right to rescind of the policy and return unearned premiums.

The Company shall not be liable for delays or breach due to catastrophes, strikes, wars, invasions, acts of sabotage, hostilities, rebellion, insurrection, terrorism or protests, citizen demonstrations, radioactivity, epidemic, pandemic, or any other cause of force majeure.

The Assistance Center strives to make the best health professionals and services available to the Insured. However, they can never be held totally or partially liable for poor services or professional malpractice from professionals or entities that offer their services. This policy only provides financial assistance to receive services for injuries or illnesses that occur outside of Puerto Rico.

All benefits are subject to authorization by the Assistance Center. All expenses incurred without the authorization of the Assistance Center will be the sole responsibility of the Insured, without the right to reimbursement or claim.

Exclusions
We will not pay benefits under any loss resulting from, or caused, directly, indirectly, in whole or in part, by:

1. A physical or mental illness condition or medical or surgical treatment for that condition
2. A bacterial infection, unless the infection occurs in an accidental wound or cut
3. Attempted suicide or self-inflicted wound or injury, regardless of the mental state of the Insured. Any act of evident irresponsibility or recklessness carried out by the Insured will also be considered a suicide attempt.
4. War or act of war, whether declared or undeclared, or active military duty served for any country; invasion, terrorism, hostilities, rebellion, insurrection, riots, demonstrations, turmoil, or disturbance of public order occurring in the country visited by the Insured.
5. Commission or attempt to commit a crime by the Insured; fights, quarrels, flagellation, confrontation between two (2) or more people; disregard for rules or procedures.
6. Being intoxicated or under the influence of any drug, except as prescribed by a physician.
7. Being intoxicated or under the influence of alcohol, according to the regulations of the country the Insured is visiting.
8. Driving a motor vehicle with a blood alcohol level that exceeds the limit established by law or being under the influence of drugs, except as prescribed by a physician, in accordance with the regulations of the country where the Insured is located.
9. Flying aboard or disembarking from any type of aircraft, except as a paid passenger on a commercial airline flight.
10. Participating in motor vehicle races, as driver or passenger of the vehicle.
11. Inhalation, administration or absorption of any poison, gas, or vapor, whether accidentally, involuntarily, or voluntarily.
12. Cancellation, rescheduling, or interruption of the trip for unjustified reasons as stated in the Cancellation or Interruption of Contracted Trip section.
13. Arrest of the Insured.
14. Participation of the Insured in a criminal enterprise.
15. The Insured's age is 86 or older on the date they sign the application.
16. Any service received during the policy's effective period but was contracted prior to the policy's effective period.
17. Preexisting conditions.
18. Expenses for medications to treat mental, psychological, or emotional illnesses, even in cases where medical consultation has been authorized.
19. Cases in which it is determined that the reason for the trip was to obtain treatment abroad for a chronic or preexisting condition.
20. Dialysis procedures, transplants, oncology treatments, psychiatric treatments, hearing aids, glasses, contact lenses, dental bridges or prostheses, pacemakers, implantable defibrillators, ambulatory respirators, implantable devices, specific disposable materials, diseases caused by the ingestion of drugs, narcotics, or medications taken without a medical prescription or in a different manner than they were originally prescribed, treatments for alcoholism or drug addiction.
21. Illnesses, injuries, conditions, or medical complications resulting from treatments performed or carried out by people or professionals not authorized by the Assistance Center.
22. Elective medical treatments; elective medical tests, elective medical examinations.
23. All types of mental, nervous, or psychological illnesses.
24. Acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) in all its forms, aftereffects, and consequences.
25. Injuries or illness due to disasters.
26. Routine medical examinations.
27. Laboratory tests for medical checkups, diagnostic and control tests, clinical or radiological tests or by other means in preexisting conditions. Except if you purchase the preexisting illness benefits rider.
28. Congenital diseases of the Insured. Except if you purchase the preexisting illness benefits rider.
29. Accident as a driver or passenger in vehicles of any kind, including motor vehicles, regardless of whether they are non-commercial, private, rented vehicles, or charter flights, bicycles, motorcycles, mopeds. We will also not pay benefits as a driver or passenger in vehicles involved in accidents when driving without a driver's license, or as a passenger without wearing a helmet, or for being a driver or passenger in vehicles of any kind without insurance contracted specifically for the activity being carried out.
30. Injuries or illnesses that occurred in countries engaged in civil war or at war with another country such as Afghanistan, Syria, Iraq, Sudan, Somalia, North Korea. This list is limited and not exhaustive.
31. Performing work or tasks that involve a professional risk, carrying out highly specialized tasks where life is at risk, or you are exposed to dangerous substances; or handling heavy machinery or those that operate with gases, air pressure or hydropneumatic fluids, or that require special physical abilities.
32. Handling dangerous substances, working underground or underwater with oxygen tanks or diving suits.
33. Handling explosives.
34. Working without using the basic industrial safety tools or utensils necessary to carry out the assigned work.
35. The Insured is in an illegal immigration or work situation. This includes undeclared work in the country from where assistance is requested.

36. Births, abortions, gynecological checkups, related examinations, and all contraceptive methods, except for products included in the Future Mom benefit, all routine examinations or checkups are not covered. Birth control pills, birth control injections, intrauterine devices or any other family planning methods are also not covered.
37. All types of mental, nervous, or psychological illnesses, including nervous breakdowns, panic attacks, stress attacks or similar, eating disorders such as bulimia, anorexia, vigorexia, and megarexia, among others.
38. Events associated with and the consequences of natural forces, tsunamis, tremors, earthquakes, storms, tempests, volcanic ash, hurricanes, cyclones, floods, nuclear radiation and radioactive events, as well as any other natural or non-natural phenomenon of an extraordinary character or an event that, due to its proportions or severity, is considered a national disaster or a regional or local catastrophe.
39. Accidents whose origin is due to the Insured failing to comply with instructions, laws, or regulations in force at the time the event occurs.
40. Routine medical examinations, laboratory tests for medical checkups, diagnostic and/or control tests, laboratory or radiological tests or testing done using other means and whose purpose is to determine whether the disease is preexisting, such as radiology tests, Doppler, magnetic resonance imaging, tomography, ultrasound, imaging, scanning of all kinds, etc.
41. Expenses corresponding to public or private transportation or trips paid by the Insured from their hotel or place where they are to the hospital, medical center, or physician's office unless such expenses have been expressly authorized by the Assistance Center.
42. Assistance for endemic, pandemic, or epidemic diseases in countries with or without a health emergency if the Insured has not followed the suggestions and/or instructions on travel restrictions and/or prophylactic treatment and/or vaccinations issued by health authorities.
43. Physiotherapy referrals to treat ailments related to work accidents, repetitive tasks or chronic and/or degenerative diseases of the bones or muscles.
44. If it is confirmed that the reason for the trip was to obtain treatment abroad for a preexisting condition and the claimed treatment is somehow directly or indirectly linked to the prior ailment that was the reason for the trip.
45. Due to fortuitous events or force majeure, which are listed as an example and not exhaustively: natural disasters, earthquakes, floods, storms, volcanic eruptions and ashes, international war or declared or undeclared civil war, rebellions, internal commotion, civil insurrection, guerrilla or anti-guerrilla acts, hostilities, retaliations, conflicts, embargoes, enforcement measures, strikes, citizen demonstrations, lockout, acts of sabotage or terrorism, labor unrest, acts by government authorities, etc.; as well as problems and/or delays resulting from the termination, interruption or suspension of communication services.
46. Events that occur as consequence of simple training, simple practices or active or non-active participation in sports competitions (professional or amateur). Furthermore, occurrences resulting from the practice of dangerous or risky or extreme sports are expressly excluded, including but not limited to: motorcycling, motor racing, boxing, polo, water skiing, diving, hang gliding, karting, ATVs, mountain climbing, skiing, football, boxing, canoeing, paragliding, kayak, badminton, basketball, volleyball, handball, karate do, kung fu, judo, archery, rifle shooting, shuffleboard, rappelling, diving, canyoning, mountaineering, climbing, bungee jumping, track and field, cycling, luge, caving, skeleton, animal hunting, bobsleighing, etc., and other sports practiced outside of regulatory tracks and authorized by their respective sports federations. Except for a plan to which specific assistance for sports practices has been added through the purchase of an upgrade and in which only the following sports are excluded: motorcycling, motor racing, canyoning, mountaineering, climbing, bungee jumping, luge, caving, skeleton, animal hunting, bobsleighing, paragliding, boxing, karate do, kung fu, judo, archery, rifle shooting.

ADDITIONAL GENERAL CONDITIONS

Currency
All amounts are stated in US dollars. If an expense incurred for which a benefit is offered in this policy is incurred in a foreign currency, the exchange rate will be the rate recognized by official international exchange entities at the time the expense was incurred. All payments will be made in US dollars.

Liability
The Company or the Assistance Center will not be liable for negligence, illegal acts and/or omissions by any provider that provides services, directly or indirectly, to the Insured. Nor will they be liable for negligence, illegal acts and/or omissions from any services provided or issued by other companies or insurers.

Overpayment
If we determine that we paid more than the amount payable on your claim, we will request a reimbursement of the excess paid. We reserve the right to apply future payments to overpayments. We have the right to recover any overpayment from your estate.

Taxes
This policy does not cover tax payments.

Medical Expenses and Related Expenses
Under no circumstances shall we pay for medical expenses incurred in Puerto Rico or expenses incurred in relation with medical treatments received in Puerto Rico.

OBLIGATIONS OF THE INSURED

In all cases, to obtain benefits and assistance services the Insured must:

a) Request and obtain authorization from the Assistance Center before taking any initiative or committing to any expense in relation to the benefits granted by the insurance. We recommend writing down the names, surnames, and authorization numbers given to you by the Assistance Center. In cases where authorization has not been requested from the Assistance Center or authorization has not been obtained, no refund will be issued, nor will any right to claims be granted.

b) In the event of a situation where the life of the Insured is at risk due to a real and verifiable accident or medical condition, they must go to the nearest medical center to seek the necessary treatment, with the unavoidable obligation to report it to the Assistance Center within 72 hours of the event taking place.

   The Insured must obtain prior authorization from the Assistance Center to receive medical treatment for an accident or illness in which the Insured's life was not at risk. If the Insured receives treatment for an emergency without prior authorization from the Assistance Center, we will reimburse the expense incurred up to $300.

c) Notify the Assistance Center of any circumstance that requires assistance no later than 72 hours after the event occurred. Failure to notify within 72 hours entails the automatic loss of the Insured's rights to claim or request any compensation. Exceptionally, in those cases in which the incident occurred during a cruise ship voyage and the Insured received assistance on board, the Assistance Center must be notified within 24 hours of the end of the cruise.

d) It is clearly understood that notifying the Assistance Center is necessary even if the ensued problem is completely resolved, as the Company will not bear the cost of any assistance without the Assistance Center's prior knowledge and authorization.

e) The Insured accepts that we reserve the right to record and audit telephone conversations that we deem necessary to properly provide our services. The Insured expressly accepts the indicated modality and expresses their agreement to the possible use of technological records, recordings, correspondence, and the like, as evidence in the event of disputes regarding the assistance provided.

f) Accept and abide by the solutions indicated and recommended by the Assistance Center and, if necessary, consent to repatriation to your country of origin, when, according to medical opinion, your health allows and requires it.

g) Provide documentation that justifies the claim, as well as all original receipts of expenses to be evaluated for eventual reimbursement by the Assistance Center, as well as all medical information.

h) In all cases in which the Company or the Assistance Center requires it, the Insured must sign authorizations to disclose their medical history. Likewise, the Insured authorizes the Company or the Assistance Center to request on their behalf any medical information from professionals both abroad and in their country of residence, to evaluate and eventually decide on the applicability of restrictions, exclusions, and limitations in cases of chronic or preexisting ailments and the illness or accident that led to their claim. The Insured must authorize the provider to deliver the medical record to the Assistance Center and always complete the hospital file when admitted to a hospital center, which will be of great help in cases of reimbursement and/or in decision-making on certain cases that require reviewing the patient's medical history.

i) It is the obligation of the Insured to deliver to the Assistance Center the air ticket(s) that they possess, in those cases in which the Assistance Center takes care of the difference between the original ticket(s) and the new one(s) issued, or when they proceed to repatriate the Insured for whatever reason.

In some countries and mainly in the United States of America and in Europe, due to or for reasons of computer standardization processes, most medical care centers such as hospitals, offices, clinics, and laboratories usually send invoices and/or payment requests to patients treated, even after accounts or invoices have been paid and settled by the Assistance Center. If this occurs, the Insured must contact the Assistance Center and notify this situation. The Center will clarify this situation with the hospital center.

EXCEPTIONAL CIRCUMSTANCES

The Company shall not be liable for fortuitous events that cause delays or breaches due to natural disasters, strikes, wars, invasions, acts of sabotage, hostilities, rebellion, insurrection, terrorism or protests, citizen demonstrations, radioactivity, or any other force majeure cause. When elements of this nature intervene, we agree to perform our commitments within the shortest possible time if said provision of services is feasible and if the contingency justifies it.

The Insured acknowledges that the Company is not liable nor has a duty to issue compensation for any damage, loss, injury, illness, professional malpractice suffered after receiving professional care, medical assistance, or other type of aid. The providers of the benefits described herein shall be considered as agents of the Insured from the moment the Insured accepts their services. This clause willl remain in force even after termination of the contract.

The coverage expressly excludes any payment obligation arising from risks that involve prohibited financial transactions in accordance with the regulations of the Office of Foreign Assets Control of the Government of the United States of America with respect to any insured, supplier, natural or legal person, or country that is included on the list issued by said agency.

COMMUNICATIONS RECORDING AND MONITORING

The Company and the Assistance Center reserve the right to record and audit telephone conversations deemed necessary to properly provide their services. The Insured expressly agrees to the indicated modality and the eventual use of the records as evidence in the event of disputes regarding the assistance provided.

GENERAL PROVISIONS

Civil Actions
No civil action in equity shall be brought to recover under this policy within 60 days of providing written proof of loss in accordance with the policy's requirements. No action shall be brought after 1 year from the date on which written proof of loss was required.

Notice and Proof of Loss

1. **Notice**
   We must receive written notice of the claim at our Main Office within 20 days after any loss covered by the policy has occurred or begun, if possible. If unable to do so, we must receive the notice as soon as reasonably possible.

2. **Claims Model**
   Upon receiving written notice of a claim, we will provide you with forms for submitting proof of loss. If you do not receive them within 15 days of giving notice, you may send us proof of loss in writing, describing what happened as well as the nature and amount of the losses for which the claim is made, without having to wait for the forms.

3. **Proof**
   a) You must provide us with written proof of loss at our Main Office within 90 days of the date of loss. If unable to submit the proof within that time limit, it must be submitted as soon as reasonably possible and in no case later than one year from the date proof is otherwise required.
   b) Proof of loss must include a description of what happened and the nature and extent of the losses for which the claim is being made.

c) Failure to provide such proof within the required time shall not invalidate or reduce a claim if it was not reasonably possible to provide such proof within such time, provided that such proof is furnished as soon as reasonably possible, and in no case, except in the absence of legal capacity, later than one (1) year from the date proof is otherwise required.

Change of Beneficiaries and Other Changes
The beneficiary is the person designated by you to receive the benefit if the Insured dies. If two (2) or more beneficiaries survive you, we will pay equal amounts to each beneficiary unless you have chosen otherwise.

You are the person who has the right to change the beneficiary, and the consent of any beneficiary is not necessary for the surrender or assignment of this policy or to make a change of beneficiary or any other change in this policy.

Bank Charges
We will not be responsible for any bank charges applied by your bank in any transaction associated with a claim.

Communications
All communications related to this policy will be in Spanish or English.

Assignment
This policy is non-transferable.

Entire Contract, Changes
This policy, the application, riders, and other attached documents, if any, constitute the entire insurance contract. No change to this policy will be valid until approved by one of our executive officers and such approval is endorsed or attached to the policy. No authorized representative has the authority to change this policy or waive any of its provisions.

Right to Cancel and Request Correction of Coverage
The Insured may request cancellation or correction in writing, provided that said request is made at least 48 hours prior to the starting date of the scheduled trip.

Third Party Rights
Only you and we can require compliance with the terms of this policy.

Owner
The owner of this policy is the Insured, unless otherwise stated on the application or a subsequent change is made. The owner may exercise all rights under the policy while the Insured is alive; they can also change the owner if they send us a written request to do so. If a new owner is appointed, any previous designation will be void. As owner, they can exercise all rights under the policy.

Incontestability After Reinstatement
If this policy is reinstated, it can only be contested on account of fraud or misrepresentation of facts that are material to the reinstatement and only for 2 years after the date of reinstatement.

Interest
No sum payable by us will include payment of interest unless it has been unreasonably late after having received all information necessary to review the claim.

Jurisdiction
It is expressly agreed between the parties, regarding the contractual relationship between the Insured and the Company as well as between the Insured and the providers, that any problem arising from the provision of services, as well as the interpretation of the scope thereof and/or judicial claim which cannot be resolved amicably between the parties, that they shall submit to the jurisdiction of the Court of First Instance of Puerto Rico, excluding any other forum and jurisdiction that may apply. This policy shall be interpreted in accordance with the Laws of the Commonwealth of Puerto Rico. The Court of First Instance of Puerto Rico will be the only court with jurisdiction over any claim.

Age Limit
Any coverage provided by the policy for which an identifiable premium is paid for said coverage and for which termination is provided by reason of reaching a certain age and if the date on which such age is reached falls within a period for which we have accepted the premium or accept it after such date, the coverage provided will continue in effect for the period for which the premium has been accepted. If the age of the Insured has been falsely stated, and if according to

the Insured's correct age the coverage provided by the policy would not have been effective or would have ceased prior to the acceptance of such premium or premiums, then our liability shall be limited to refunding all premiums paid for the period not covered by the policy.

Time Limit for Certain Defenses
After 2 years from the policy's effective date, no statement (except fraudulent statements) made by the applicant on the policy application may be used to void the policy or to deny a claim for a loss incurred or a disability starting after said 2-year period.

Statements made by the applicant on the policy application shall be understood to be representations and not guarantees. False declarations, omissions, concealment of facts, and incorrect statements will not prevent payment under the provisions of the policy, unless: (1) they are fraudulent, or (2) they are material, either to the acceptance of the risk or the danger assumed by us, or (3) we, in good faith, would not have issued the policy or provided coverage with respect to the risk resulting in loss, had we been made aware of the true facts as required in the policy application. If the applicant commits any of the acts listed, payment will be prevented only when the act or omission in question has contributed to the loss that is the subject of the cause of action.

No claim for incurred loss or disability (as defined in the policy) starting more than 2 years from the policy's effective date will be reduced or denied on the grounds that, prior to the effective date, there was a physical illness or injury not excluded from coverage by name or specific description, effective on the date of loss.

Notification
All processes associated with this policy and those require notification must be done in writing and sent to our Main Office. We will acknowledge receipt of any claim notification within 15 days of receiving it.

Payment of Claims
Compensation for loss of life of the Insured, as well as other compensation earned and not paid upon their death, will be paid to the designated beneficiary, if any, otherwise, to the estate of the Insured. Any other compensation will be paid to the Insured or to the policy owner if other than the Insured.

If any compensation is payable to the estate of the Insured, to a minor or to someone otherwise legally incompetent to issue a valid letter of payment, we may pay such compensation up to an amount not to exceed $1,000 to any relative of the Insured or beneficiary that we consider entitled to it. Any payment made by us in good faith under this provision shall relieve us of liability for the payment amount.

Subject to any written instructions from the Insured on the application or otherwise, all or part of the payments provided by this policy for hospital, nursing, medical or surgical services may be paid, at the option of the Company and unless the Insured requests otherwise in writing, no later than the date set for submitting proof of such losses directly to the hospital or to the person who provided such services, but the service is not required to be provided by any particular hospital or person.

Proof of Loss
In the event of a claim for losses for which this policy provides a periodic payment, provided that the losses continue, written proof must be sent to the Company within ninety (90) days of the end of the Company's liability period, and in the case of claiming any other loss within ninety (90) days of the date of said loss. Failure to provide said proof within the required time shall not invalidate or reduce any claim if it was not reasonably possible to provide said proof within said time, provided that proof is furnished as soon as reasonably possible, and in no event except in the absence of legal capacity, later than one (1) year from the date when proof is otherwise required.

Unpaid Premium
When a claim is paid under the policy, any unpaid overdue premium may be deducted from such payment.

Claim Payment Time
All compensation payable under this policy other than for a loss for which periodic payment is provided, shall be paid upon receipt of satisfactory proof in writing. Losses for which periodic payment is provided shall be paid monthly upon receipt of proof, and any unpaid balance upon termination of our liability shall be paid immediately upon receipt of proof.

Other Insurance with Us
If the Insured has coverage in force under one or more policies similar to this policy, we shall pay benefits under the policy you choose and will refund the premiums paid for all other policies.

Insurance with Other Insurers
If there is another valid coverage, not with this insurer, that provides benefits for the same loss, we shall pay the benefits of the policy issued by us in accordance with our policy's applicable terms and conditions without exceeding the usual and customary cost, cost incurred, or expense incurred as applicable.

ASSISTANCE

The Assistance Center can provide medical assistance and services during your trip outside your domicile. It is important that you know your policy number and insurance effective date.

If the Insured is injured or becomes ill while traveling outside of Puerto Rico, they must immediately contact the Assistance Center if they need inpatient hospital treatment, medical treatment, medical tests, or to be return to Puerto Rico.

If you are unable to do so yourself, you must arrange for a personal representative to contact the Assistance Center immediately for you.

If you or your personal representative does not contact the Assistance Center, your claim could be rejected.

HOW TO CONTACT THE TRIPLE-S VIDA ASSISTANCE CENTER BY TELEPHONE:
Number: [+1 939-475-1760]

HOW TO CONTACT THE ASSISTANCE CENTER BY ELECTRONIC MEANS:
WHATSAPP: [+13057225824]
https://wa.me/18602187561?text=

Important: Please contact the Assistance Center before incurring any expenses.

TSV-10 SCHEDULE OF BENEFITS INTERNATIONAL TRAVEL INSURANCE – ANNUAL MULTI TRAVEL -	
AGGREGATE INSURANCE AMOUNT	**$10,000**
BENEFITS FOR MEDICAL EXPENSES DUE TO ACCIDENT OR ILLNESS	**INSURANCE AMOUNT**
Medical Consultation	Included
Medical Consultation by a Specialist	Included
Surgical Interventions	Included
Intensive Care Unit and Coronary Unit	Included
First Clinical Consultation Where Preexistence of the Illness is Determined	Up to $1,000
Pregnancy Complications	Up to $500
Prescription Drugs	Included
Dental Emergency	Up to $500
Transportation to the Nearest Hospital	Included
Health Repatriation	Included
Funeral Repatriation	Included
Family Member's Transportation Expenses Due to Hospitalization of the Insured	Coach class air ticket + hotel ($80/day, maximum of 7 days)
Expenses for Hotel Convalescence	Up to $1000
Virtual or Telephone Medical Consultation	Included
Amateur Sports Practice	Up to $1000
Telephone Psychological Assistance	Included
Medical Examinations	Included
Physiotherapy	Up to a maximum of 10 sessions
Hospitalization	Included
BENEFITS RELATED TO DOCUMENTS AND BAGGAGE	**INSURANCE AMOUNT**
Baggage Delay	Up to $500
Lost Baggage on Airline	Up to $1200
Lost Luggage on a Cruise Ship	Up to $500
Lost Passport	Up to $500
Compensation for Baggage Damage	Up to $100
Assistance in Case of Lost Baggage/Documents	Advise the Insured to report the loss or theft of their baggage and personal effects, as well as in the event of loss of travel documents and/or credit cards, providing the Insured with instructions to file the appropriate complaints and initiate the process to recover their property.
BENEFITS RELATED TO EARLY RETURN, CANCELLATIONS, FLIGHT DELAYS, INTERRUPTION	**INSURANCE AMOUNT**
Return Trip Due to Death of a Family Member	Difference in the cost of air ticket

1052 Avenida Muñoz Rivera San Juan, PR 00927 PO Box 363786 San Juan, PR 00936-3786 Tel (787) 777-8432

Missed International Flight or Train Connection	Up to $400
Missed Boarding on a Cruise	Coach class air ticket
Cancellation or Interruption of Contracted Trip and Cancellation of a Fully Paid Cruise Prior to Departure	Up to $2000
Loss Due to Delayed or Canceled Flight	Up to $300
ASSISTANCE BENEFITS	**INSURANCE AMOUNT**
24-Hour Help Line	Included
MANDATORY ENDORSEMENT	
COVID-19 UP TO 70 YEARS OLD ENDORSEMENT Medical Expenses / Isolation	Up to $10,000 / $100 per night up to 14 nights in hotel

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TRIPLE-S VIDA

TRIPLE-S VIDA, INC
1052 Avenida Muñoz Rivera San Juan, PR 00927
PO Box 363786 San Juan, PR 00936-3786
787-777-8432

COVID-19 RIDER FOR TRIPLE-S SALUD INSUREDS

Consideration: This rider is part of the international travel insurance policy to which it is attached. All provisions of the policy that are not in conflict with the provisions of this rider will apply to it.

Eligibility: Any insured who has not reached the age of 71 will be eligible.

The following benefit is hereby included in the Emergency Medical Expenses for Accident or Illness benefits section:

Medical Expenses Due to COVID-19
We will pay incurred expenses authorized by the Assistance Center up to an amount that shall not exceed the insurance amount limit for the COVID-19 medical expenses benefit up to age 70 on the application and insurance schedule and on this rider, subject to the aggregate amount, to cover the benefits described in this policy up to the maximum applicable amount for treatments directly or indirectly related to the COVID-19 disease, as long as the Insured has not reached the age of 71.

Hotel Isolation Due to COVID-19
We will pay incurred expenses authorized by the Assistance Center up to an amount that shall not exceed the insurance amount limit for the COVID-19 hotel isolation benefit stated on the application and insurance schedule, and on this rider when the Insured is diagnosed with COVID 19 and, by order of official authorities of the country visited, is ordered to undergo quarantine or sanitary isolation in a commercial hotel establishment, the Assistance Center will exclusively cover the accommodation expenses of said Insured, up to a maximum of fourteen (14) nights and up to the maximum amount indicated in the purchased plan. The following are not hotel expenses: restaurant, laundry, telephone, minibar, food, room service, services requested from the hotel or third parties, or any other type of expense of any kind. The COVID 19 detection test is not a benefit under this clause.

The COVID-19 RIDER's benefit limits will apply according to the contracted plan. The limits for each plan are included in the following table:

Benefits	TRIPLE-S 10
Medical Expenses	USD 10,000
Hotel Isolation	USD 100 per night

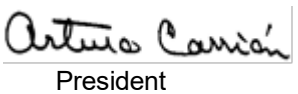
The following insurance amounts are available to the Insured, subject to the aggregate amount:

a) In the policy with an aggregate insurance amount of $10,000, the insurance amount for medical expenses due to COVID-19 is $10,000 and the insurance amount for hotel isolation is $100 per night, up to 14 nights.

Termination – This rider will terminate when the first of the following occurs:
1. Termination of the policy
2. When you reach the age of 71
3. When we pay the rider's benefit

Effective Date – This rider will be in force on the policy's effective date.

Signed by **Triple-S Vida, Inc**., on the policy's effective date.



President