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IMPORTANT RECOMMENDATION

We invite beneficiaries of a voucher or assistance plan from NEW TRAVEL ASSISTANCE to carefully read these general terms and conditions before embarking on their trip. In the following pages, you will find:

- General Terms and Conditions
- Specific Terms and Conditions
- Exclusions
- Instructions to better utilize the contracted benefits and services.

I. INTRODUCTION

All services provided under this assistance plan are covered through NEW TRAVEL ASSISTANCE, a company whose primary purpose is to offer, among other things, medical, legal, and personal assistance services exclusively in cases of EMERGENCIAS and during the course of a trip, within the validity period of the contracted plan.

Beneficiary Acceptance

These General Terms and Conditions, together with the remaining documentation, are made available to the Beneficiary at the time of purchasing the plan and constitute the traveler assistance contract provided by NEW TRAVEL ASSISTANCE. The Beneficiary acknowledges and accepts these General Terms and Conditions, and such acceptance is confirmed by any of the following acts:

1. The payment of the contracted services
2. The use or attempt to use any of the contracted services

In both cases, the Beneficiary acknowledges that they have chosen, read, and accepted all the terms and conditions of the services outlined in these General Terms and Conditions, which will govern the relationship between the parties at all times, becoming an adhesion contract.

It is clearly understood and accepted by the Beneficiary that NEW TRAVEL ASSISTANCE plans, under no circumstances, constitute insurance or a related product, nor are they a social security program, prepaid medicine service, or unlimited medical care. Therefore, their primary purpose is not complete healthcare nor the definitive treatment of the Beneficiary's ailments. The medical assistance services provided by NEW TRAVEL ASSISTANCE are expressly and exclusively limited to urgent treatment for acute conditions and are solely aimed at primary assistance during a trip in response to sudden and unforeseen events where a clear, verifiable, and acute illness or medical condition has been diagnosed that prevents the normal continuation of a trip, provided that such illness or medical condition is not listed among the exclusions. These plans are designed to ensure the primary and initial recovery of the Beneficiary and the physical condition necessary to allow the normal continuation of their trip. They are not designed, nor contracted, nor provided for:

- Elective medical procedures
- Routine medical check-ups or check-ups not previously authorized by the Assistance Service Center
- Advancing benign or long-term treatments or procedures

All assistance or treatment will cease and will not be the responsibility of NEW TRAVEL ASSISTANCE once the Beneficiary returns to their place of residence or when the validity period of the chosen plan expires. The acquisition of one or more vouchers by a Beneficiary does not result in



the accumulation of benefits or time as outlined in the vouchers; in such cases, only the limits established in the first issued voucher will apply.

NOTE: It is clearly understood by the Beneficiary that this plan is a travel assistance product and, in the event that it is offered through an insurance company, this does not make it international health insurance.

Once the voucher validity has begun, the Beneficiary may not make changes or upgrades to the contracted product, nor will the voucher be canceled for any reason or under any circumstances. Notwithstanding the above, if the Beneficiary unexpectedly extends their trip, they may request the issuance of a new voucher. NEW TRAVEL ASSISTANCE reserves the right to accept or deny this renewal without further explanation and under the following conditions:

- a. The Beneficiary may not request the renewal of their voucher if they have used any of NEW TRAVEL ASSISTANCE's services during the validity of the first voucher.

- b. The Beneficiary may renew their voucher with a plan that has the same or greater coverage than the first; a plan with lesser coverage than originally contracted will not be issued.

- c. The Beneficiary must request authorization for the issuance of a new voucher exclusively from the issuing agent with whom the original assistance was contracted, or if purchased online, through the "Contact" form on the website, indicating the number of days they wish to contract. The issuing agent is required to inform NEW TRAVEL ASSISTANCE that this is a reissuance and will request authorization for the new contract period.

- d. The request for the issuance of a new voucher must be made before the expiration of the original voucher's validity.

- e. The Beneficiary must make the payment for the new voucher at the time of issuance.

The new travel assistance service plan and the corresponding voucher issued under the conditions outlined in this clause may not, under any circumstances, be used to initiate or continue treatment and/or assistance for problems that arose during the validity of the previous voucher, nor before the validity of the new plan and/or voucher, regardless of whether the ongoing management or treatments were authorized by NEW TRAVEL ASSISTANCE or third parties. All medical assistance provided during the validity of the first voucher will automatically be considered pre-existing during the validity of the second voucher and therefore will not be covered by NEW TRAVEL ASSISTANCE.

When the validity of the previous voucher has expired, at the time of purchase or if the passenger purchases new assistance while traveling, the new voucher will be issued with a three (3) day waiting period for any expenses covered under the coverage table. This will only occur after the issuing agency/tour operator and others have received express authorization from the Assistance Service Center.

Definitions

The following definitions are provided for a clearer understanding of the terms used in these general conditions for beneficiaries of a NEW TRAVEL ASSISTANCE plan:

A

- Accident: An event that causes bodily harm to the Beneficiary, resulting from external, uncontrolled, moving, visible, and sudden agents. Whenever the term "accident" is mentioned, it shall be understood that the resulting injury or ailment was directly caused by such agents and independent of any other cause. Accidents resulting from negligence, provocation, or lack of preventive measures by the Beneficiary are excluded from all assistance. If the bodily harm results from causes other than those mentioned, the Beneficiary will be covered up to the Medical Assistance for Illness limit of the purchased plan.
- Serious Accident: An accident that results in the amputation of any body part; fracture of long bones (femur, tibia, fibula, humerus, radius, and ulna); cranial trauma; second and third-degree burns; severe hand injuries such as crushing or burns; severe spinal injuries involving the spinal cord; eye injuries affecting visual acuity or field of vision, or injuries affecting hearing ability. In general, any accident where the patient's life is at risk.

C

- Catastrophe: An unfortunate event that severely disrupts the regular order of things and involves numerous people.
- Assistance Service Central: The office that coordinates the provision of services required by the Beneficiary due to their assistance needs. It is also the department of professionals that provides supervision, control, and coordination services involved in and deciding all matters and/or services to be provided or facilitated under these general conditions and related to medical matters.

D

- Medical Department: A group of medical professionals at NEW TRAVEL ASSISTANCE who intervene and make decisions on all matters and/or benefits provided or to be provided in accordance with these General Conditions.
- Amateur Sports: Sports practiced by enthusiasts for leisure and/or recreational activities.
- Professional Sports: Sports practiced with or without financial gain, conducted in any type of competition such as intercollegiate events, tournaments, championships, and high-risk sports, among others.

E

- Acute Illness or Medical Condition: A short-term and relatively severe alteration in the state of the body or any of its organs, which may interrupt or alter vital functions, potentially causing pain, weakness, or other manifestations deviating from normal behavior.
- Congenital Illness: A pathology present or existing before birth.
- Chronic Illness: Any pathological condition that is continuous, recurrent, and persistent over time, lasting more than 30 days.
- Pre-existing Illness or Medical Condition: Any physical pathological condition with an origin or etiology prior to the start date of the plan or trip (or subsequent date) and that can be diagnosed using commonly accessible, frequent diagnostic methods worldwide (including but not limited to: Doppler, nuclear magnetic resonance, catheterization, radiology, etc.). A pre-existing condition is any illness, body state, or process, known or unknown to the Beneficiary, that required a period of development, gestation, or incubation within the Beneficiary's body before the trip began. Clear and common examples of pre-existing conditions include: kidney or gallbladder stones, artery or vein obstructions due to clots or other factors, respiratory

diseases such as asthma, lung problems, emphysema, HIV, generally blood pressure issues, glaucoma, cataracts, nephritis, ulcers or gastric diseases, congenital deformities, genital mycoses, liver abscesses, cirrhosis, blood sugar issues, high cholesterol, high triglycerides, among others. These conditions require a short or long development period, but in all cases, longer than a few hours of flight, recognizing that such a pathological state or process existed in the body before boarding the plane or other means of transportation at the start date of the assistance service, even if symptoms first appear after the trip has begun.

E

- **Recurrent Illness or Medical Condition:** The return, repetition, or reappearance of the same illness or condition after it has been treated.
- **Sudden or Unexpected Illness or Medical Condition:** An illness that is sudden, unforeseen, and contracted after the start date of the Beneficiary's NEW TRAVEL ASSISTANCE medical travel service coverage.
- **Severe Illness:** An alteration or deviation from the physiological state in one or more parts of the body, manifested by symptoms and characteristic signs, with a more or less predictable evolution. This includes any ailment or injury with permanent or non-permanent sequelae that partially or totally limits the person's usual occupation or activity, or incapacitates them for any activity, requiring or not requiring the assistance of others for the most essential activities of life.

F

- **Force Majeure:** An event that, due to its unforeseeability or resistance, exempts compliance with any obligation and/or arises from the will of a third party.

G

- **Essential Expenses:** Expenses for the purchase of personal and non-transferable items. These include only: clothing (outerwear, underwear), shoes, personal hygiene items (shampoo, conditioner, soap - liquid, bar, powder -, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and makeup. Any other items not listed above are excluded from coverage.

M

- **Treating Physician:** A medical professional provided or authorized by the NEW TRAVEL ASSISTANCE Service Central who assists the Beneficiary at their current location.

P

- **Stable Patient:** A patient whose health status shows no variation, usually indicating that symptoms and signs have not recently changed.
- **Assistance Plan or Product:** The detailed set of travel assistance services offered, including a specific enumeration of services and their monetary, quantitative, geographical, and age limits for the Beneficiary.
- **Waiting Period:** The interval of time during which the coverages included in the Plan are not effective. This period is calculated in days from the start date of the voucher, provided that the Beneficiary is already outside their usual place of residence at the time of purchase.

T



- **Maximum Limits:** The maximum coverage amounts provided by NEW TRAVEL ASSISTANCE, indicated on the voucher for each service and according to the contracted assistance product.

V

- **Voucher:** The document received upon purchasing your NEW TRAVEL ASSISTANCE product, containing your details to be provided to the service central in case of requesting assistance.

I. BENEFICIARY/AGE LIMIT

The Beneficiary is the natural person whose name appears on the assistance plan and is the sole recipient of all coverages until the anniversary date of their age limit according to the type of plan purchased. From this date onward, the Beneficiary loses all rights to benefits and all assistance services defined in these general conditions, as well as any right to reimbursement or claims arising from events occurring after this date.

The benefits or services of the respective plan can only be received by the Beneficiary and are non-transferable. The Beneficiary must verify and demonstrate their identity, present the voucher letter or corresponding voucher, and travel documents to determine the validity and applicability of the requested services or benefits.

The Beneficiary may use the contracted services until 00:00 hours on the anniversary date according to the contracted plan. From that date, the Beneficiary loses all rights to benefits regarding the assistance services defined in these General Conditions, as well as the right to reimbursement or any claims arising from events occurring after this date. For example, a person is considered to be 84 years old until the day before turning 85.

II. VALIDITY - EFFECTIVENESS

Validity is the time period during which the benefits indicated in the NEW TRAVEL ASSISTANCE medical assistance plans can be obtained. It starts from 00:00 hours on the start date of the plan's validity, while the passenger is in a foreign territory, until 24:00 (23:59) hours on the end date of the validity, as reflected on the voucher purchased by the Beneficiary. The end of the validity will result in the automatic cessation of all benefits, services, or ongoing services, including cases or treatments started at or before the end of the validity period.

Plans in the "Short Trips" category have a maximum validity of 90 consecutive days of travel, while "Long Stay" plans have a total validity of 365 consecutive days of coverage.

Note: "Student" plans can only be purchased by individuals who are currently studying or will be pursuing studies; therefore, a certificate or student ID card from an educational institution will be required when requesting assistance.

"Annual Multi-Trip" plans have a validity of 365 days in total. However, the Beneficiary cannot stay on each trip, according to the assistance plan purchased, for more than 30, 45, 60, or 90 days abroad per trip within the validity period. The NEW TRAVEL ASSISTANCE Service Central will request a copy of the passport by fax or email, showing the departure date from the country of habitual residence or the date of entry into the country from which assistance is requested.



NEW TRAVEL ASSISTANCE plans operate on a continuous day basis, so once the validity of a plan begins, it cannot be interrupted. Unused days on the voucher are non-refundable. Once the validity of a plan is interrupted, it expires and cannot be reactivated later.

The purpose of the trip must be tourism, and it cannot be guaranteed to individuals engaged in professional activities abroad. If the purpose of the Beneficiary's trip is to perform work or tasks involving professional risks, such as high-specialization tasks that endanger life, exposure to hazardous substances, operation of heavy machinery or equipment with gases, air pressure, or hydraulic fluids, requiring special physical skills, or exposure to danger leading to an accident or consequential illness, NEW TRAVEL ASSISTANCE will be exempt from any responsibility to provide services or assume costs arising from such circumstances. In these cases, the employer's responsibility is to cover them through their professional risk insurance plan. This rule also applies to individuals who are not employed by a company and act as independent workers or are in an illegal immigration or employment situation.

In cases where the Beneficiary is hospitalized for an illness and/or accident covered by NEW TRAVEL ASSISTANCE at the end of the coverage period, expenses will be covered only within the medical expenses coverage for illness and/or accident as follows:

1. Up to eight (8) additional days counted from the end date of the voucher validity, or
2. Until the contracted coverage is exhausted, or
3. Until the physician signs the discharge of the Beneficiary within the eight (8) days of extended coverage.

All assistance or treatment will cease, and NEW TRAVEL ASSISTANCE will not be responsible once the Beneficiary returns to their place of residence or the validity period of the chosen plan expires, except for the aforementioned exceptions.

Note 1: In cases where the Beneficiary is already in the destination country and requests authorization to issue a travel assistance plan, provided it is authorized by the Emergency Central, the plan will have a 3-day waiting period.

Note 2: Passengers who have been in the destination country for more than two years cannot purchase a new travel plan, as they are considered residents of that country.

III. GEOGRAPHICAL VALIDITY

Geographical coverage will be worldwide or exclusively for Europe, depending on the purchased voucher. Regardless of where the Beneficiary is, coverage will be provided if assistance is required, according to the respective plan purchased. The country of habitual residence of the Beneficiary or the country where the Assistance Plan was issued is excluded in all cases.

IV. ASSISTANCE REQUEST PROCEDURE - ASSISTANCE CENTRALS

If assistance is needed, regardless of geographic location and in strict accordance with the rest of the clauses of these general conditions, the Beneficiary will contact the NEW TRAVEL ASSISTANCE Service Central. To communicate with this central by phone, the Beneficiary must request the call to be collect or call directly to the Assistance Service Central using the numbers provided for the indicated countries.

In cases where there is a charge for calling the Assistance Service Central, NEW TRAVEL ASSISTANCE will reimburse the Beneficiary for the call cost. It is necessary to keep and present the receipt or invoice for the call payment, showing the charge to one of the numbers listed below.



The Beneficiary is always required to call and report the emergency. If the Beneficiary cannot do it personally, a companion, friend, or family member may do so, but the call or notice must be made no later than 24 hours after the emergency occurred. For cases where the Beneficiary is at sea and thus unable to communicate with the Assistance Central, the medical fact must be reported within 24 hours after disembarking at the first port of arrival. Failure to comply with this rule will result in the automatic loss of any right to claim by the Beneficiary.

Country	Telephone	Country	Telephone
Germany	0800-185-9976	United Kingdom	0808-234-1766
Argentina	0800-666-2984	Costa Rica	0800-013-1372
Brazil	0800-891-4530	Colombia	571-5938795
Spain	911-815-905	República Dominicana	1888-751-8475
France	0800-905-030	United States	1-877-889-0149
Italy		United States/Collect Call	+1-954-472-1895
Chile	562-29382411	E-mail	assistance@ilsols.com
Mexico	1866-261-1935	Skype	asistencia.internacional
WhatsApp	+1 863-204-0491		

Note: Toll-free (0800) numbers should be dialed exactly as they appear from landline phones. If the country where the Beneficiary is located does not have a toll-free number, the Beneficiary should call the international operator in their current country to request a reverse charge call to the U.S. number listed in the table above. Alternatively, they can use electronic means such as email, WhatsApp, and Skype.

I. OBLIGATIONS OF THE BENEFICIARY

In all cases, to obtain services, the Beneficiary must:

1. Request and obtain authorization from the Assistance Services Center before taking any action or incurring any expense related to the benefits provided by the assistance plan voucher. In cases where authorization has not been requested or obtained from the center, no reimbursements will be processed, nor will any claims be accepted.
2. It is clearly understood that notification to the center is essential, even if the issue has been fully resolved, as NEW TRAVEL ASSISTANCE will not cover any costs of assistance without prior knowledge and authorization from the Assistance Services Center.

3. Recording and Auditing of Calls

The Beneficiary agrees that NEW TRAVEL ASSISTANCE reserves the right to record and audit any telephone conversations deemed necessary for the proper execution of its services. The Beneficiary expressly accepts this practice and agrees that the recordings may be used as evidence in the event of disputes regarding the assistance provided.

4. Reporting Obligations

If the Beneficiary or a third party is unable to contact the Assistance Center due to an involuntary circumstance or reason before receiving assistance, the Beneficiary or a third party must inform the



Center within 24 hours of the event. Failure to notify within 24 hours will result in the automatic forfeiture of the Beneficiary's right to claim or seek compensation.

5. Compliance with Assistance Solutions

The Beneficiary must accept and follow the solutions indicated and recommended by the Assistance Center and, if necessary, consent to repatriation to their country of origin if, according to medical opinion, their health condition permits and requires it.

6. Documentation and Information

The Beneficiary must provide documentation to confirm the legitimacy of the case, including all original expense receipts to be evaluated for potential reimbursement by NEW TRAVEL ASSISTANCE and all medical information (including prior to the trip) necessary for the Center's evaluation of the case.

7. Authorization for Medical Information

In cases where NEW TRAVEL ASSISTANCE requires it, the Beneficiary must authorize the release of their medical history by completing the Record Release Form provided by the medical center and returning it by fax to the Assistance Center. The Beneficiary irrevocably authorizes NEW TRAVEL ASSISTANCE to request any medical information from professionals both abroad and in their country of residence to evaluate and determine the applicability of restrictions in cases of pre-existing conditions or the condition leading to their assistance. Beneficiaries are strongly advised to complete the Form when registering at a medical facility, as this will greatly aid in reimbursement cases and decision-making regarding cases requiring review of the patient's medical history.

Note: In some countries, especially in the United States and Europe, due to standardization issues, many medical centers such as hospitals, clinics, and laboratories may send invoices and/or payment claims to patients even after bills have been paid. If this occurs, the Beneficiary should contact the Assistance Center by calling the provided numbers or writing to claims@ilsols.com to report the situation. The Center will handle clarifying the situation with the provider.

Obligations Assumed by NEW TRAVEL ASSISTANCE

1. NEW TRAVEL ASSISTANCE is committed to providing the services and benefits described in the General Conditions of covered events in the plan contracted during the validity of the voucher.
2. NEW TRAVEL ASSISTANCE is expressly released from any obligations and responsibilities if the Beneficiary suffers any damage or requests assistance due to an act of God or force majeure, including but not limited to: natural disasters, earthquakes, floods, storms, international or civil war (declared or not), rebellions, internal commotion, civil insurrection, guerrilla or anti-guerrilla acts, hostilities, reprisals, conflicts, embargos, pressings, strikes, popular movements, lockouts, sabotage, terrorism, labor disturbances, government actions, etc.; as well as issues and/or delays resulting from the termination, interruption, or suspension of communication services. When such events occur and are overcome, NEW TRAVEL ASSISTANCE commits to fulfilling its obligations within the shortest possible time.
3. NEW TRAVEL ASSISTANCE is obligated to analyze each reimbursement request to determine its validity and, accordingly, reimburse the amounts due in accordance with these general conditions and the coverage limits of the contracted Plan. All compensations and/or reimbursements and/or other expenses assumed by NEW TRAVEL ASSISTANCE under this contract may be paid in local currency.



Reimbursement Processing Times:

- a. The Beneficiary has up to thirty (30) consecutive days from the end date of the voucher's validity to present the necessary documentation and receipts to start the reimbursement process. Documents will not be accepted for processing after this period.
- b. Once the documents are received, NEW TRAVEL ASSISTANCE has up to five (5) consecutive days to request any missing documents not provided by the Beneficiary.
- c. With all necessary documents in hand, NEW TRAVEL ASSISTANCE will proceed within the following fifteen (15) business days to analyze the case and issue a letter of approval or denial for the reimbursement.
- d. If the reimbursement is approved, NEW TRAVEL ASSISTANCE will make the payment within 15 business days after receiving the complete data for the transfer.

Note: Reimbursements directly paid by NEW TRAVEL ASSISTANCE can be made via bank transfer, postal order, or check. NEW TRAVEL ASSISTANCE will cover the costs incurred by the postal agency, check delivery, and direct bank charges; any additional charges from the Beneficiary's bank will be borne by the Beneficiary.

II. Currency of Coverage and Services

The benefits offered by NEW TRAVEL ASSISTANCE are detailed in Section IX. and their maximum coverage limits are reflected in the contracted voucher expressed in US Dollars (USD) or Euros (EUR), depending on the chosen plan and geographic coverage.

III. Definition of Benefits

Some benefits are included only in certain NEW TRAVEL ASSISTANCE products. Check your voucher for the benefits and limits contracted. If an item is not listed on your voucher, it means the product you selected does not offer this service.

Medical Assistance for Accident/Illness or Non-Pre-Existing Medical Condition

- **Medical Consultations:** Provided in the case of an accident and acute and unforeseen medical condition that is non-pre-existing.
- **Specialist Care:** Provided only when indicated and authorized by the Medical Department of the Assistance Service Center of NEW TRAVEL ASSISTANCE or by the treating physician at the center.
- **Supplementary Medical Tests:** Provided only when indicated and previously authorized by the Medical Department of the Assistance Service Center.
- **Hospitalization:** Depending on the nature of the injury or illness, and provided that the Medical Department of the Assistance Service Center of NEW TRAVEL ASSISTANCE prescribes it, the Beneficiary will be admitted to the nearest healthcare facility. This item applies solely to the Beneficiary of the assistance plan, and under no circumstances will coverage be provided for the bed and/or meals for an accompanying person.
- **Surgical Interventions:** Authorized by the Medical Department of the Assistance Service Center in cases of emergencies requiring immediate treatment that cannot be deferred or postponed until the Beneficiary returns to their country of origin.



- **Intensive Care and Coronary Unit:** Provided when the nature of the illness or injury requires it, always with prior authorization from the Medical Department of the Assistance Service Center.

Note 1: The Assistance Service Center reserves the right to decide on the most appropriate treatment among those proposed by the medical staff and/or repatriation to the country of residence if the physical condition allows. If the treating physicians at the Assistance Service Center determine that returning to the country of origin for long-term treatment, scheduled surgery, or non-urgent surgeries is possible, repatriation will be carried out. The Beneficiary is obliged to accept this solution; in case of rejection, all benefits provided by their NEW TRAVEL ASSISTANCE plan will be forfeited.

Pharmacy Discount

This benefit is applicable at all pharmacies in the United States for medications needed based on a medical prescription. It is not necessary for the prescription to be issued by the company, but it must be presented at the time of purchase, as the benefit does not apply to over-the-counter medications. Additionally, to access this benefit, a code will be assigned, and it must be presented when visiting the pharmacy. It is important to note that the discount will be applied based on the medication and the pharmacy.

Medical Assistance for COVID-19

The Beneficiary must always, without exception, contact the Emergency Center, which will coordinate a virtual appointment via Telemedicine. Based on the assessment provided by the Medical Department, if the Beneficiary presents symptoms related to COVID-19, the Assistance Center will coordinate the appropriate medical consultation according to the safety and health protocols of each country, covering the expenses incurred up to the coverage limit specified in the voucher. The following expenses will be covered under the same limit:

- Hospital Expenses for COVID-19: In the event that hospitalization is required to stabilize the Beneficiary's condition.
- Mechanical Ventilator Expenses: If the Medical Department, in conjunction with the treating physician, deems the use of a mechanical ventilator necessary, the Center will authorize and cover this expense.

THIS BENEFIT WILL NOT BE OPERATED AS A REIMBURSEMENT.

Clarification on COVID-19 Emission Protocols

It is important to note that according to the voucher issuance date, the COVID-19 emission protocol will operate as follows:

From October 2022

Note 1: Coverage for medical expenses due to COVID-19 will apply to all plans for individuals aged 0 to 99 years and will cover up to the maximum limit contracted for non-pre-existing conditions.

Medical Assistance for Pre-Existing Conditions

In cases where the Beneficiary specifically contracts coverage for emergencies due to a pre-existing and/or chronic condition, coverage will be provided up to the amount clearly specified in the voucher. The coverage provided for chronic and/or pre-existing conditions includes the following scenarios: Acute episode or unpredictable event, decompensation of known chronic and/or pre-existing conditions or previously asymptomatic conditions.



This coverage is provided exclusively for primary medical care during the acute episode or unpredictable case. The emergency must require assistance during the trip and cannot be postponed until return to the country of residence. The Assistance Center reserves the right to decide the most appropriate treatment from those proposed by the medical staff and/or repatriation to the country of residence. Repatriation will be a solution in cases where treatments require long-term evolution, scheduled surgeries, or non-urgent surgeries. The Beneficiary is obligated to accept this solution; in the event of rejecting the proposed solution, all benefits provided by the assistance plan will be forfeited.

This benefit excludes the initiation or continuation of treatments, diagnostic procedures, research, or diagnostic and therapeutic conduct that are not related to the acute and unpredictable episode.

This coverage excludes all sexually transmitted diseases, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus, trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), among others.

It does not apply to any of our plans, dialysis procedures, transplants, oncology treatment, psychiatric treatment, hearing aids, glasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, specific disposable equipment, etc., diseases caused by the ingestion of drugs, narcotics, medications taken unreliably without a prescription, alcoholism, etc.

Injuries sustained during an illegal act are not covered under our policy.

Beneficiary Obligations:

1. The Beneficiary must follow all medical instructions provided by the treating physician assigned by NEW TRAVEL ASSISTANCE and take all medications as prescribed and as required.
2. If the Beneficiary interested in contracting a plan that includes emergency assistance coverage for pre-existing conditions suffers from any of the following conditions: any type of cancer, heart disease, chronic lung disease, and/or chronic liver disease, the Beneficiary must consult their personal physician in their country of origin before starting the trip and obtain written confirmation that they are fit to travel to the desired destination and for all the intended days, and can comfortably engage in all scheduled activities.
3. The Beneficiary may not start the trip after receiving a terminal diagnosis.
4. To access this coverage, the Beneficiary must have been stable for more than 12 months. If it is determined that the reason for the trip was treatment abroad for a chronic or pre-existing condition, the Assistance Center will deny coverage.

Prescription Medications

Within the coverage limits, NEW TRAVEL ASSISTANCE will cover the costs of medications prescribed by the treating physician of the Assistance Service Center up to the amounts established in the coverage limits of the contracted plan. Expenses incurred by the Beneficiary for the purchase of medications previously authorized by the Assistance Service Center will be reimbursed, within the coverage limits and once returned to the country of origin, against the prior presentation of original purchase receipts, the original copy of the medical report or diagnosis clearly indicating the received diagnosis, as well as the medical prescription. We recommend that Beneficiaries not forget to request these documents from the treating physician; failure to present these documents may result in non-reimbursement of the expenses.



It is stated and informed that medication expenses for pre-existing diseases will not be covered by NEW TRAVEL ASSISTANCE, even if diagnosed by the treating physician of the Assistance Service Center. Medications for the treatment of mental, psychological, or emotional diseases are also excluded, even if the medical consultation was authorized by the NEW TRAVEL ASSISTANCE Medical Department.

Under no circumstances will contraceptive pills, contraceptive injections, intrauterine devices, or any other method of family planning be covered, even if diagnosed by the treating physician of the Assistance Service Center.

Note: Medical prescriptions intended for the initial recovery of symptoms will only be authorized for the first 30 days of treatment.

Emergencia dental

En los límites de cobertura, **NEW TRAVEL ASSISTANCE** se hará cargo de los gastos por atención odontológica derivados de una urgencia, debido o causada por un trauma, accidente o infección, limitándose únicamente al tratamiento del dolor y/o a la extracción de la pieza dentaria resultante de infección o trauma únicamente. Los tratamientos odontológicos de conductos, cambios de calzas, coronas, prótesis, sellamientos, limpiezas dentales, diseños de sonrisa o cualquier otro tratamiento no especificado claramente en estas condiciones se encuentran excluidos de la cobertura.

Medical Transport and/or Medical Repatriation

In case of an emergency or urgent situation, if deemed necessary by the Assistance Service Central, the Beneficiary will be transported to the nearest healthcare facility by the means of transportation considered most appropriate by the Medical Department of the Assistance Service Central, according to the nature of the injury or illness. It is also established that even for treatments and surgeries classified as urgent or emergency, medical transport must be requested and authorized in advance by the NEW TRAVEL ASSISTANCE central. Failure to comply with this requirement exempts NEW TRAVEL ASSISTANCE from covering the cost of such transport.

Medical repatriation refers to the transport of the ill or injured Beneficiary from their current location to the airport of entry into their country of habitual residence, where the voucher was issued. Only the Medical Department of NEW TRAVEL ASSISTANCE can authorize the measures described in this clause. The Beneficiary or a family member is prohibited from arranging this on their own without prior written authorization from NEW TRAVEL ASSISTANCE. Additionally, repatriation must be medically and scientifically justified by the Attending Physician of NEW TRAVEL ASSISTANCE. If the Beneficiary or their family members or companions decide to carry out the repatriation without consulting the Medical Department of NEW TRAVEL ASSISTANCE, NEW TRAVEL ASSISTANCE will not assume any responsibility, and all related costs and consequences will be the responsibility of the Beneficiary or their family members or companions, with no right to claim against NEW TRAVEL ASSISTANCE.

When the Medical Department of NEW TRAVEL ASSISTANCE, in agreement with the Attending Physician, deems repatriation necessary and recommends it, it will initially be carried out by the most convenient available means of transport and/or by commercial airline in economy class, subject to seat availability, to the airport of entry into the country of residence or the country of card purchase. NEW TRAVEL ASSISTANCE will cover the cost of differences for changing the date of the ticket or the purchase of a new one if the original ticket was non-changeable. This assistance includes transport in an ambulance or other means compatible with the Beneficiary's health condition and approved by the Medical Department of NEW TRAVEL ASSISTANCE from the



hospital to their residence, with necessary support structures including stretchers, wheelchairs, walkers, medical accompaniment, etc.

No expenses will be covered for repatriation if the cause of the repatriation is due to a pre-existing illness or falls under general exclusions, except in plans that cover pre-existing conditions. This benefit applies exclusively within the validity dates of the voucher.

Funeral Repatriation

In the event of the Beneficiary's death during the validity of the NEW TRAVEL ASSISTANCE card due to an event not excluded in the general conditions, NEW TRAVEL ASSISTANCE will arrange and cover the cost of funeral repatriation, including: a basic casket required for international transport, as well as administrative procedures and transport of the body by the most convenient means to the place of entry into the country of habitual residence of the deceased, up to the limit specified in the benefits table.

If desired, within this coverage, the Beneficiary may opt for cremation of the body, and this will also include all necessary administrative procedures and transport of the ashes to the deceased's country of habitual residence.

Expenses for a definitive casket, funeral arrangements, ground or air transport within the country of residence, and burial will not be covered by NEW TRAVEL ASSISTANCE. NEW TRAVEL ASSISTANCE will be exempt from providing services and assuming costs related to this benefit if the death of the Beneficiary results from suicide, death due to alcohol or drug ingestion, or a pre-existing, chronic, or recurrent medical condition. This benefit does not cover any costs for returning accompanying family members of the deceased; thus, NEW TRAVEL ASSISTANCE will not cover any third-party expenses.

Transport of a Family Member Due to Hospitalization

If the Beneficiary is hospitalized alone and the hospitalization exceeds ten (10) days, NEW TRAVEL ASSISTANCE will cover an economy class airfare, subject to space availability, for a family member to accompany them. If included in the benefits table of the products, the Beneficiary may also be entitled to hotel expenses of USD 80.00 (eighty dollars) per day for their accompanying family member for a maximum of seven days or until the patient is discharged, whichever comes first.

Note: For this clause and any other covering hotel expenses, it is understood that these are limited to simple accommodation, excluding restaurant, laundry, telephone, minibar, room service, or other such expenses.

Hotel Expenses for Convalescence

If, according to the attending physician and in agreement with the Medical Department of the Assistance Service Central, the Beneficiary has been hospitalized for at least five (5) days and must observe mandatory bed rest upon discharge, NEW TRAVEL ASSISTANCE will cover hotel expenses up to the amount indicated in their assistance plan, for a maximum of ten (10) days. This item applies only to the Beneficiary of the assistance plan, and under no circumstances will expenses for an accompanying person be covered.

It is clarified that NEW TRAVEL ASSISTANCE will not assume any hotel expenses for convalescence when the hospitalization has been caused by a pre-existing illness or medical condition.

Attention: Such rest must be ordered exclusively by the central doctors and will only cover the cost

of the room without any food or other expenses such as laundry, telephone calls (except those **made to the NEW TRAVEL ASSISTANCE central**), minibars, etc.

Guidance in case of lost luggage/documents

NEW TRAVEL ASSISTANCE will advise the Beneficiary on reporting the loss or theft of their luggage and personal belongings, providing access to the nearest Assistance Service Central. Additionally, NEW TRAVEL ASSISTANCE will assist the Beneficiary in case of loss of travel documents or credit cards, providing instructions for filing the respective reports and processing **their recovery**.

Return Trip Due to Family Member's Death

If the Beneficiary needs to return to their country of habitual residence due to the death of a direct relative (parent, spouse, child, or sibling) residing there, NEW TRAVEL ASSISTANCE will cover the difference in the cost of the Beneficiary's return airfare to their country of origin, only when their ticket is a reduced fare due to a fixed or limited return date. This assistance must be accredited by a death certificate of the relative and a document proving the relationship.

Note: If, according to these general conditions, the benefit of a return airfare ticket is granted, it must be used within the following five (5) days, not extendable, for the return to the country of origin, with the days counted from the date of issuance of the resolution authorizing the **reimbursement**.

Early Return Due to Serious Home Incident

In the event of a fire, explosion, flood, or theft with damage and violence at the Beneficiary's home while they are traveling, if there is no one who can handle the situation and their original return ticket does not allow free date changes, NEW TRAVEL ASSISTANCE will cover the difference or the cost of a new economy class ticket from the Beneficiary's current location to the nearest airport to their home in the country of residence. This assistance request must be substantiated by presenting the original police report at the Assistance Service Central within twenty-four hours of the incident. The Beneficiary must necessarily contact the Assistance Service Central to be authorized. Requests for reimbursement without justification will not be accepted.

Note: If, according to these general conditions, the benefit of a return airfare ticket is granted, it must be used within the following five (5) days, not extendable, for the return to the country of origin, with the days counted from the date of issuance of the resolution authorizing the **reimbursement**.

Accompaniment of Minors

If a Beneficiary is traveling as the sole companion of minors under fifteen (15) years who are also Beneficiaries of a NEW TRAVEL ASSISTANCE plan and is unable to care for them due to illness or accident as verified by the Medical Department of the Assistance Service Central, NEW TRAVEL ASSISTANCE will arrange and cover the cost of transporting these minors to their habitual residence in their country of origin, by the means it deems most appropriate.

Cancellation of Contracted Travel

NEW TRAVEL ASSISTANCE will cover up to the coverage limit and according to the contracted plan, penalties incurred for the early cancellation of travel such as tours, tourist packages, excursions, air tickets, and cruises.

To be eligible for this benefit, the voucher Beneficiary must:

1. Contract the plan within up to 72 hours following the purchase of the tourist package and/or cruise, provided that the penalty period published by the travel agency or shipping company has not commenced.
2. Notify the Assistance Service Central within a maximum of 24 hours after the event that prompts the cancellation.
3. Present all documentation deemed necessary by NEW TRAVEL ASSISTANCE to assess the coverage of this benefit, including but not limited to: document clearly and unequivocally proving the reason for trip cancellation (medical report, death certificate, etc.), letters from the respective service providers, invoices, and receipts (see specific requirements for cruises below).
4. The Beneficiary has up to thirty (30) continuous days from the date of the event to present complete documentation and necessary supporting documents to initiate the reimbursement process. After this period, documents will not be accepted for processing any reimbursement.

Note 1: For Annual Multitrip plans, cancellation will renew each time the Beneficiary travels as indicated in the assistance plan of the product purchased, provided that the requirements for eligibility are met on each trip. This benefit does not apply to Beneficiaries over 74 years old.

Note 2: Coverage is excluded for any event occurring prior to the issuance of the Assistance Plan. In the case of a single event involving more than one reservation, regardless of the number of affected Holders, the maximum indemnification liability of NEW TRAVEL ASSISTANCE for all affected holders will not exceed FORTY THOUSAND UNITED STATES DOLLARS (USD \$40,000.00) as a maximum global amount for the same incident. If the sum of the indemnifications exceeds the aforementioned amounts, each individual indemnification will be proportional to the maximum liability defined in the Voucher.

Cancellation of a Cruise Trip Before Its Start

In this case, the Beneficiary must:

- Immediately notify the shipping company in writing and obtain a certificate indicating unequivocally the date of such notification formalizing the impossibility of starting the cruise trip on the originally contracted ship and time.
- Obtain from the shipping company the General Conditions for booking cruises, indicating clearly the procedure for applying penalties or cancellation clauses for early cancellation of a fully paid cruise.
- Obtain from the shipping company a certificate demonstrating the amount of the penalty applicable to their specific cruise contract and the amount of reimbursement if applicable.

Once the above documentation is obtained, the Beneficiary must clearly and unequivocally demonstrate to NEW TRAVEL ASSISTANCE the cause or causes that led to the trip cancellation and send this documentation to the Assistance Service Central for possible verification by NEW TRAVEL ASSISTANCE and potential reimbursement if appropriate.

Justified causes for this benefit include:

1. Death, accident, or severe non-pre-existing illness of the Beneficiary or first-degree blood relative (parents, children, or siblings) or spouse, with severe illness being a health condition that, in the opinion of the Medical Department of the Assistance Service Central, prevents the Beneficiary from starting the trip on the originally contracted date.
2. Summons as a party, witness, or jury member in a court.
3. Damage due to fire, theft, burglary, or natural forces to their habitual residence or professional premises rendering them uninhabitable and necessitating their presence.



4. Medical quarantine requiring the Beneficiary to remain within their country of origin.
5. Verified job dismissal of the Beneficiary, occurring after the assistance plan was contracted.
6. Emergency call for military, medical, or public service.
7. Epidemics, natural disasters, or volcanic ash.
8. If the person accompanying the Beneficiary on the trip, understood as the person(s) sharing the same hotel room or cruise cabin with the Beneficiary, or first-degree blood relatives (parents, children, or siblings) or spouse, also holding an assistance plan under the same conditions as the Beneficiary, is/are forced to cancel the trip due to any of the above-listed causes.

If the plan was purchased under the above conditions, and if the benefit applies, its validity begins when the Beneficiary acquires their assistance plan and ends when the validity of the voucher commences. This benefit does not apply to Beneficiaries over 74 years old.

Note 1: Coverage is excluded for any event occurring prior to the issuance of the Assistance Plan. In the case of a single event involving more than one reservation, regardless of the number of affected Holders, the maximum indemnification liability of NEW TRAVEL ASSISTANCE for all affected holders will not exceed FORTY THOUSAND UNITED STATES DOLLARS (USD \$40,000.00) as a maximum global amount for the same incident. If the sum of the indemnifications exceeds the aforementioned amounts, each individual indemnification will be proportional to the maximum liability defined in the Voucher.

Trip Cancellation Due to COVID-19

If covered by the voucher, the Beneficiary may cancel their trip in advance for the following reasons:

1. Positive COVID-19 diagnosis of the Beneficiary, travel companion, or first-degree blood relative.
In any case, the Voucher must be issued at least 14 days prior to the departure date or the start of validity, whichever occurs first.

Note 1: This does not apply to Beneficiaries over 70 years old. Cancellation requests will not be covered if due to a government-imposed border closure at the origin or destination. Additionally, if the hotel provider, airline, or any other tour operator offers the Beneficiary options such as open dates, rescheduling, credit, or other solutions, even if the Beneficiary declines these options, no reimbursement will be provided for incurred expenses.

Note 2: Coverage is excluded for any event occurring prior to the issuance of the Assistance Plan. In the case of a single event involving more than one reservation, regardless of the number of affected Holders, the maximum indemnification liability of NEW TRAVEL ASSISTANCE for all affected holders will not exceed FORTY THOUSAND UNITED STATES DOLLARS (USD \$40,000.00) as a maximum global amount for the same incident. If the sum of the indemnifications exceeds the aforementioned amounts, each individual indemnification will be proportional to the maximum liability defined in the Voucher.

Replacement of Executive (Single Trip and Annual Multitrip)

If the Beneficiary is on a business trip abroad and is hospitalized due to a serious medical emergency preventing them from continuing their professional duties, NEW TRAVEL ASSISTANCE will cover the cost of an economy class ticket, subject to seat availability, for a person designated by their company as a replacement and hotel expenses up to a maximum of USD 80 (eighty dollars) per day for five (5) days.

24-Hour Inquiry Line

Beneficiaries of a NEW TRAVEL ASSISTANCE plan can request information from the Assistance Service Central regarding consular, health, tourism, and other obligations related to the destination country. Additionally, NEW TRAVEL ASSISTANCE's concierge service will be available to assist passengers with hotel reservations, restaurants, sports events, cultural events, and more.

Concierge Service

The NEW TRAVEL ASSISTANCE concierge service is available 24/7, 365 days a year, to assist Beneficiaries with obtaining information on tickets for shows, travel arrangements, vehicle rentals, theater reservations, and any other information needed in major cities worldwide. The Beneficiary will be responsible for all costs and expenses related to the request for concierge services; this service is purely informational.

Transmission of Urgent Messages

NEW TRAVEL ASSISTANCE will transmit urgent and justified messages related to any of the events covered by these general conditions.

Fund Transfer and Legal Bond Transfer in Case of Traffic Accident

During the trip, if the Beneficiary is imprisoned due to a traffic accident, NEW TRAVEL ASSISTANCE will arrange for the transfer of the amount specified in these general conditions to cover the payment of bail, provided that the referred amount has been deposited in the NEW TRAVEL ASSISTANCE office by the Beneficiary's family. The cost borne by NEW TRAVEL ASSISTANCE will only correspond to the value of the transfer made to the Beneficiary. These coverages will be applied only once, regardless of the validity period of the assistance voucher plan.

Legal Assistance for Traffic Accidents

- **Coverage:** NEW TRAVEL ASSISTANCE will cover legal fees for civil, criminal, or penal defense related to liability for a traffic accident, up to the limits specified in the plan.

Supplementary Compensation for Total Loss of Luggage on Airlines

- **Coverage:** NEW TRAVEL ASSISTANCE provides supplementary compensation for luggage loss during international flights, up to the limit specified in the benefits table.
- **Conditions:**
- **Notification:** The airline and NEW TRAVEL ASSISTANCE must be notified of the loss before leaving the airport.
- **Luggage:** The luggage must have been lost during international flights, properly registered, tagged, and dispatched. Domestic flights, chartered flights, private or military planes, or flights without a fixed itinerary are excluded.
- **Responsibility:** The airline must acknowledge responsibility for the loss and provide compensation. NEW TRAVEL ASSISTANCE cannot indemnify the beneficiary until the airline has made its payment.
- **Exclusions:** Compensation does not apply to losses in terrestrial transportation abroad.
- **Compensation:** Limited to one complete and missing bag per beneficiary. If the bag belongs to multiple beneficiaries, compensation is prorated. Partial losses are not covered.
- **Additional:** If the airline offers compensation in the form of money or vouchers, NEW TRAVEL ASSISTANCE will pay the monetary compensation after the option is exercised.



Compensation for Delay in Luggage Delivery

- **Coverage:** NEW TRAVEL ASSISTANCE will reimburse the beneficiary for essential items purchased during the delay, with original receipts provided. This applies if the luggage is not located within six hours from the flight's arrival.
 - **Conditions:**
 - **Claim Process:** Purchases must be made after notifying the airline and the Assistance Service Center, and the PIR number must be provided.
 - **Exclusions:** No compensation if the delay or loss occurs on return flights to the beneficiary's country of origin or residence. If the luggage is declared lost, the amount reimbursed for delay will be deducted from the total compensation for lost luggage.
-
- **Instructions:**
 1. Obtain and complete the P.I.R. (Property Irregularity Report) at the airport.
 2. To contact with the assistance center to report the delay within 24 hours after the event occurred.
-
- **Documentation Required:**
 1. P.I.R. form
 2. Receipts for essential items purchased
 3. Original flight itinerary

These summaries cover the compensation and assistance details for legal issues and luggage-related problems during travel, including necessary procedures and documentation for filing claims.

Compensation for Luggage Delay

- **Coverage:** Compensation applies per bag or cargo, not per person.

Compensation for Luggage Damage

- **Coverage:** If luggage is damaged in a way that exposes its contents or breaches its locks, NEW TRAVEL ASSISTANCE will compensate up to the limit specified in the plan.
- **Conditions:** The damage must have occurred between the time the luggage was checked and when it was supposed to be delivered. The beneficiary must report the damage to the Assistance Service Center within 24 hours and provide the airline or shipping company's damage report and original receipts for repairs or replacement.
- **Note:** Compensation is per bag or cargo, not per person.

Compensation for Loss of Luggage on a Cruise

- **Coverage:** If luggage is lost while on a cruise, NEW TRAVEL ASSISTANCE will cover the difference between the insurance payout from a legally established insurer and the coverage limit specified in the assistance plan, up to the maximum limit of the plan.
- **Conditions:**
- The cruise line and NEW TRAVEL ASSISTANCE must be notified before leaving the port where the loss occurred.

- The luggage must have been lost during transport aboard the cruise and properly registered and tagged with the shipping line. Luggage not registered with the shipping line or transported in the cabin is not covered.
- Compensation is limited to one complete and missing bag per beneficiary. If the missing bag is registered under multiple beneficiaries, compensation will be prorated among them.
- NEW TRAVEL ASSISTANCE acts as an intermediary between the cruise line and the passenger and is not directly responsible for the loss or search for the luggage. Claims must be directly filed with the cruise line, which may accept or reject claims from NEW TRAVEL ASSISTANCE.
- Compensation is for complete loss only, not partial losses.
- Compensation will be paid only in the country where the NEW TRAVEL ASSISTANCE plan was purchased, with bank and financial transaction fees deducted from the payment. Delays in luggage are not compensable.
- **Note:** Compensation is per bag or cargo, not per person.

This summary outlines the benefits and conditions related to luggage issues during travel, focusing on damage, delay, and loss, including specific procedures and limitations for compensation.

Flight Delay or Cancellation Compensation

- **Coverage:** If a flight is delayed by more than 6 consecutive hours, NEW TRAVEL ASSISTANCE will reimburse expenses for hotel, meals, and communications, up to the coverage limit. This is applicable if there is no alternative transportation available and requires original receipts and an airline certificate confirming the delay or cancellation.
- **Exclusions:** This benefit does not apply if the flight is in an airport close to the beneficiary's residence or if the ticket is subject to space availability. It also does not cover cancellations due to airline bankruptcy or service cessation.
- **Note:** This benefit is applicable only when outside the country of habitual residence.

Cruise Travel Assistance

- **Coverage:** NEW TRAVEL ASSISTANCE will cover the cost of a one-way economy ticket from the embarkation port to the next port of call under the following conditions:
- If the beneficiary missed the scheduled cruise departure due to a flight connection delay of more than 6 hours and provides appropriate documentation and airline report (PIR).
- If the beneficiary needs to be evacuated from the cruise due to vital emergency situations compromising their physical integrity.
- If the beneficiary becomes ill before boarding but is allowed to continue the trip after treatment, with documentation of the inability to board the cruise and medical clearance.
- **Reimbursement:** This benefit is reimbursed upon submission of the required documentation.

Flight Connection Loss

- **Coverage:** For loss of connection to international or direct flights due to any reason other than airline cancellation or delay, NEW TRAVEL ASSISTANCE will cover penalties, purchase of new tickets, food, calls, and hotel costs, up to the maximum coverage limit.
- **Exclusions:** This does not apply to flights starting from the habitual residence city or within 100 km of it. The beneficiary must report the loss of connection on the same day and contact NEW TRAVEL ASSISTANCE from the airport.

Amateur Sports Coverage

- **Coverage:** Covers injuries from amateur participation in equestrian sports, snow sports, team sports, strength sports, winter sports, martial arts, shooting championships, regulated sports, water sports, recreational skiing, surfing, kitesurfing, scuba diving (up to 15 meters), swimming, skating, and snowboarding.
- **Exclusions:** Professional sports or injuries from tournaments and competitions are not covered.

Loss or Theft of Passport (Travel Only)

- **Coverage:** NEW TRAVEL ASSISTANCE will reimburse the costs of replacing a lost or stolen passport while abroad, up to the benefit limit. This requires notification to the Assistance Service Center within 24 hours and a police report from both the home country and destination.

Psychological Support

- **Service:** Provides a 24-hour psychological support phone line for beneficiaries affected by medical repatriation, family death, or natural disasters during their trip. This is intended for emotional support and cannot replace direct psychological or psychiatric care. Beneficiaries should consult with professionals for diagnosis and treatment.

Return Guarantee (Daily and Annual Multi-Trip)

- **Coverage:** If the beneficiary is hospitalized due to an accident or illness and needs to change their return flight to their home country, NEW TRAVEL ASSISTANCE will cover the penalties for changing the flight date or purchase a new economy ticket. If feasible, NEW TRAVEL ASSISTANCE will arrange the flight change and cover the costs directly, or reimburse the beneficiary upon receipt of payment proof.
- **Conditions:** The guarantee is valid only if the hospitalization was arranged by the Assistance Service Center and continuation of care was recommended by attending doctors and the medical department.

Virtual Medical Service

Beneficiaries of NEW TRAVEL ASSISTANCE can receive recommendations via phone or video conference (subject to availability) from a healthcare professional who will provide guidance on managing symptoms at home or recommend seeking emergency care based on the severity of the symptoms described.

Pet Care Service

Validity:

- This service is valid for the same duration as the NEW TRAVEL ASSISTANCE travel voucher, with a maximum of 30 calendar days, provided the pet owner is out of the country.

Service Conditions:

- NEW TRAVEL ASSISTANCE provides pet hotel services for pets (dogs and cats only) if the beneficiary cannot leave their pet at home due to international travel.
- Pets must be dropped off with enough food for their stay and instructions on daily feeding to prevent dietary changes or gastrointestinal issues.



Pet Admission Requirements:

- Only dogs and cats are accepted.
- Pets must be at least 4 months old and no older than 8 years.
- A complete and up-to-date vaccination record must be presented. For pets under 1 year old, booster vaccination records are required.
- Pets must be healthy at the time of drop-off.
- Pets must be dewormed, both internally and externally.
- Sufficient food for the entire stay must be provided.
- Pets must weigh no more than 55 kilograms.
- Only one pet per person is allowed.

Event Limits and Territorial Coverage:

- The pet hotel service is provided for up to the contracted number of days and will not exceed 30 calendar days.
- The service is limited to USD 20.00 per day.

Service Exclusions:

- Aggressive or unsociable pets.
- Pets that are ill at the time of drop-off.
- Pets undergoing medical treatment.
- Pets younger than 4 months or older than 8 years.
- Pets without a complete and current vaccination record.
- Pets without sufficient food provided by the owner.
- Pets weighing over 55 kilograms.
- Other exclusions may apply as per the main contract.

Usage Instructions:

- Contact the Assistance Service Center to activate the benefit before the trip, providing details such as city of residence, destination, contact numbers, email, and total travel days for authorization.
- After the trip, submit the pet care documents for reimbursement to assistance@ilsols.com, including the owner's name and accommodation details. The benefit is only valid for international travel.

AirHelp Service

Beneficiaries have the option to submit claims to AirHelp for delayed or canceled flights. All requests are subject to AirHelp's terms and conditions, available at [AirHelp Terms](#).

Lounge Access for Flight Delays

Beneficiaries experiencing flight delays of more than 60 minutes can access VIP airport lounges, provided:



- The assistance plan is equal to or greater than USD 30,000 for short trips, long stays, multi-trips, and corporate categories.
- Flights must be registered at least 7 hours before departure via [Travel Registration](#).

Note: Access is subject to the terms and conditions of Collinson Service Solutions Limited, available in the provided PDF link.

Optional Upgrades

Beneficiaries can purchase additional benefits to complement their assistance plan, but these cannot be purchased separately. Upgrades are available according to the public offer on the NEW TRAVEL ASSISTANCE website and are valid only for daily travel categories.

Multi-Cause Cancellation Upgrade

If explicitly purchased, this benefit covers up to the contracted amount for multi-cause cancellations for international trips and must be listed on the beneficiary's voucher.

NEW TRAVEL ASSISTANCE will cover, up to the coverage limit according to the contracted plan, penalties for the early cancellation of travel such as tours, vacation packages, excursions, airline tickets, and cruises organized by a professional tour operator accredited at the travel destination. To qualify for this benefit, the Voucher Holder must:

1. Purchase the assistance plan before or up to a maximum of 72 hours after the first payment for the tourism services that may be canceled.
2. Notify the assistance center within 24 hours of the event causing the cancellation. The basis for calculating compensation will be the date of the cancellation cause, not the date of notification to NEW TRAVEL ASSISTANCE. At the same time, the beneficiary must cancel with the tourism entity (cruise, travel agency, tour operator, etc.) to avoid increasing the penalty imposed by the same entity.
3. Submit all documentation required by NEW TRAVEL ASSISTANCE within 30 calendar days after the end date of the voucher, including but not limited to: a clear document showing the reason for cancellation, letters from service providers, invoices, and payment receipts.
4. For "Annual Multi-trip" plans, this benefit applies only once and corresponds to the initial trip of the passenger; it cannot be applied to all trips the beneficiary may take during the total validity of the voucher.
5. The beneficiary has up to 30 continuous days from the date of the event to present complete documentation and necessary evidence to start the reimbursement process. After this period, documents for reimbursement will not be accepted.

Justified causes for this benefit, covered up to 100% of the voucher's limit, include:

1. Death, accident, or serious non-pre-existing illness of the beneficiary or a first-degree relative (spouse, parents, children, siblings). A serious illness is defined as a health alteration that, in the judgment of the Assistance Center's Medical Department, prevents the beneficiary from starting the trip on the originally scheduled date.
2. Summons as a party, witness, or juror in a court.
3. Damage due to fire, theft, burglary, or natural forces to the beneficiary's residence or professional premises making them uninhabitable, necessitating their presence.
4. Medical quarantine due to an accidental event.
5. Verified job termination, with a date after the assistance plan purchase.
6. Emergency call for military, medical, or public service.

7. Epidemics, natural disasters, or volcanic ash. For cruise products, volcanic ash emissions are not considered a justified cause.
8. If the person accompanying the beneficiary on the trip (sharing the same hotel room, cruise cabin, or first-degree relatives with the same assistance plan) is also required to cancel due to one of the aforementioned reasons.
9. Unexpected exacerbations of pre-existing conditions. The beneficiary or first-degree relative must have been stable for at least 6 months prior to the trip. NEW TRAVEL ASSISTANCE reserves the right to request the original medical history before the exacerbation of the condition.
10. Pregnancy complications.
11. Wedding cancellation.
12. Adoption of a child.
13. Emergency childbirth.

Justified causes for this benefit, covered up to 70% of the voucher's limit, include:

1. Kidnapping of the beneficiary or direct relatives, provided it is verifiable and publicly known.
2. Vacation cancellation due to company policy.
3. Job change.
4. Denial of visa for the destination country. This coverage is valid if the supplement is purchased at least 72 hours before the visa appointment. It does not cover consular processing fees (visa costs).

Once the plan is purchased under the specified conditions, and if the benefit is applicable, it will be valid from the moment the beneficiary acquires the assistance plan until the start of the voucher's validity. This benefit does not apply to beneficiaries over 74 years old.

Note 1: Any event occurring before the issuance of the Assistance Plan is excluded from coverage. In the case of the same event affecting multiple reservations, the maximum indemnification responsibility of NEW TRAVEL ASSISTANCE for all affected holders will not exceed USD 40,000. If the total indemnifications exceed this amount, each individual indemnification will be made proportionally to the maximum responsibility defined in the Voucher.

Future Mom Upgrade

Pregnant individuals wishing to purchase a NEW TRAVEL ASSISTANCE plan can do so by paying an additional amount. This benefit is available for pregnant individuals up to a maximum of 32 weeks of gestation. It covers emergencies during the trip, including emergency check-ups, urgent ultrasounds, medical assistance for pregnancy-related illnesses, emergency childbirth due to illness or accident threatening the life of the mother or child, abortions, or any medical assistance related to pregnancy. This benefit is valid for a maximum of 30 days from the start of the trip abroad.

Exclusions specific to this benefit:

- a. Routine pregnancy check-ups, ultrasounds, general medical consultations, and any complications occurring during or after pregnancy.
- b. Normal and term deliveries and cesarean sections.
- c. Medical expenses related to the newborn.
- d. If the trip's purpose is confirmed to be for childbirth abroad.
- e. If the voucher purchase is made after the 32nd week of pregnancy.



NOTE: The age limit to access the "Future Mom" benefit is from a minimum of 19 years old to a maximum of 45 years old.

Personal Belongings Upgrade NEW TRAVEL ASSISTANCE will compensate the beneficiary of an assistance plan that includes such coverage for the cost of personal belongings or luggage that has been stolen during the trip, up to the coverage limit of the contracted plan. Additionally, expenses for purchasing essential items that you were forced to acquire as a result of the incident will be reimbursed.

1. Up to USD \$250 for a valuable item, a set, or a pair.
2. Loss of medication or medical equipment deemed necessary and vital by the medical department to maintain the beneficiary's health. To access this benefit, the beneficiary must present the documents deemed necessary by the Assistance Center, including but not limited to:
 - a. A police report filed within 24 hours of the incident, confirming the theft of personal belongings.
 - b. If the theft occurred in a hotel, the report filed by the hotel management must be presented.
 - c. Purchase receipt or customs declaration of the lost or stolen item with a date prior to the loss, theft, or robbery.
 - d. If the loss occurs under the custody of an airline or other means of transportation, the P.I.R form or report obtained from the transport company must be presented.
 - e. Receipt for the purchase of essential items, which include: exclusively: outer clothing, underwear, shoes, personal hygiene items (shampoo, conditioner, soap -liquid, bar, powder-, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and makeup. Any other item not listed above will be considered excluded from any coverage. The date of purchase of these items must be after the date of filing the police report. Exclusions to this coverage include:
 - i. Personal belongings or luggage stolen from a parked vehicle unless they were in the trunk of the car out of public view and locked in the case of caravans, or if there is evidence that the theft was carried out with violence or force.
 - ii. Unattended luggage unless it is in a hotel room and in a secure place, with evidence of forced and violent entry.
 - iii. Wheelchairs, baby strollers, tricycles, bicycles, motorcycles, and jet skis.
 - iv. Contact lenses, dental prosthetics, and hearing aids.
 - v. Stamps, documents, business goods, and samples.
 - vi. Custody or seizure of items by customs authorities.
 - vii. Cases where the beneficiary did not take the necessary security precautions. **Note:** This benefit cannot be combined with others.

Sports Upgrade NEW TRAVEL ASSISTANCE will cover the costs of care resulting from accidents occurring from the recreational practice of high-risk sports, in professional practice competitions (up to the maximum of the medical coverage contracted, not exceeding USD 100,000) for the following sports:

1. Category 2: Water skiing, soccer, track cycling, figure skating, British canoeing, marathon, artistic gymnastics, pony trekking, parasailing, roller hockey, free riding, ice skating, field hockey, deep-sea fishing with a hook.
2. Category 3: Skiing, Welsh football, American football, curling, ice hockey, speed skating, short track speed skating, luge, mountain biking, mountaineering, bobsleigh, alpinism, roller derby, show jumping, horse racing, equestrian competition, trampoline gymnastics, river rafting, scuba diving (up to 30 meters maximum).
3. Category 4: Skydiving, paragliding, acrobatic skiing, alpine skiing, cross-country skiing, luge, off-piste skiing, rafting above level 5, canoeing level 5, ice mountain mountaineering, motorcycling, car racing, rugby, BMX, heli-skiing, martial arts, canoeing levels 3 and 4, white-water rafting. **NOTE:** The age limit for extreme sports in any category is from a minimum of 15 years to a maximum of 65 years.



Technology Protection Upgrade NEW TRAVEL ASSISTANCE will compensate the beneficiary of an assistance plan that includes such coverage for the loss, theft, or robbery of the following items: cameras, camcorders, smartphones, tablets, and computers up to the coverage limit of the contracted plan. To access this benefit, the beneficiary must present the documents deemed necessary by the Assistance Center, including but not limited to:

1. A police report filed within 24 hours of the incident, confirming the theft of personal belongings.
2. If the theft occurred in a hotel, the report filed by the hotel management must be presented.
3. Purchase receipt or customs declaration of the lost or stolen item with a date prior to the loss, theft, or robbery.
4. If the loss occurs under the custody of an airline or other means of transportation, the P.I.R form or report obtained from the transport company must be presented.
5. Receipt for the replacement of the stolen item with one of the same brand and reference, with a date after the filing of the police report. **Note:** This benefit cannot be combined with others.

Upgrade for Pre-existing Medical Condition Coverage The upgrade for pre-existing conditions will only cover 30% of the medical coverage, not exceeding USD 30,000. If the beneficiary has a pre-existing or chronic condition at the start of their trip abroad, even if it was not known to them, as established in these General Conditions, NEW TRAVEL ASSISTANCE is automatically exempt from providing services or assistance based on the purchased assistance plan. However, exceptionally and only in cases expressly stated, NEW TRAVEL ASSISTANCE will cover medical assistance for pre-existing or chronic conditions up to the maximum amount determined in the respective purchased plan. In these cases, NEW TRAVEL ASSISTANCE will recognize the initial clinical consultation in which the pre-existence of the condition is determined up to the amounts specified in the Benefit Summary Table. Acute episode or unpredictable event, decompensation of chronic and/or pre-existing conditions known, hidden, or previously asymptomatic. This coverage is provided exclusively for primary medical care during the acute episode, or in case of unpredictable events, with the superior coverage specified by the contracted plan. The emergency must require assistance during the trip and cannot be postponed until return to the country of residence. The Emergency Management Center reserves the right to decide the most appropriate treatment among those proposed by the medical staff and/or repatriation to the country of residence. Repatriation will be a solution in cases where treatments require long-term evolution, scheduled surgeries, or non-urgent surgeries. The beneficiary is required to accept this solution; otherwise, all benefits offered by the assistance plan will be lost. This benefit excludes the initiation or continuation of treatments, diagnostic procedures, investigations, or diagnostic and therapeutic conduct not related to the acute and unforeseen episode. This coverage excludes all sexually transmitted diseases, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), among others. Our plans do not cover dialysis procedures, transplants, oncology, psychiatric treatment, hearing aids, glasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external patient ventilators, implantable devices, specific disposable equipment, etc., diseases caused by drug ingestion, narcotics, medications reliably taken without prescription, alcoholism, etc. **Note:** This benefit will not cover the follow-up or continuation of treatments initiated during the validity of the first voucher for a passenger who has chosen to renew their assistance plan; additionally, coverage cannot exceed USD 30,000.

Beneficiary Obligations:

1. The beneficiary must follow all medical instructions given by the treating physician assigned by NEW TRAVEL ASSISTANCE and take all medications as prescribed.

2. If the beneficiary is interested in purchasing a plan that includes coverage for emergency pre-existing medical conditions from NEW TRAVEL ASSISTANCE and suffers any of the following conditions: any type of cancer, heart disease, chronic pulmonary disease, and/or chronic liver disease, the beneficiary must consult their personal physician in their country of origin before starting the trip and obtain written confirmation that they are fit to travel for the entire planned duration, to the desired destination, and that the condition does not interfere with any scheduled activities.
3. The beneficiary cannot commence travel after receiving a terminal diagnosis.
4. To access this coverage, the beneficiary must have been stable for more than 12 months. If it is determined that the purpose of the trip was treatment abroad for a chronic or pre-existing condition, the Emergency Management Center will deny coverage. **Note:** The age limit to access medical assistance for pre-existing conditions is a maximum of 74 years.

COVID-19 Cancellation and Quarantine Expenses Upgrade In cases where the beneficiary explicitly purchases the upgrade for coronavirus-related expenses, they will have access to the following benefits:

1. Hotel and food expenses for up to 15 days.
2. Transfer of a family member due to hospitalization, provided that the treating physician authorizes the hospital visit or accompaniment at the hotel.
3. Difference in fare or penalty for delayed or advanced return travel of the policyholder.
4. Cancellation of the trip contracted due to intra-hospital COVID-19 assistance and cancellation and interruption guarantee for COVID-19 diagnosis that prevents travel on the designated dates.
5. Telemedicine assistance during mandatory isolation, for monitoring the patient's health status.
6. Emotional support through telepsychology. To access these benefits, the following conditions must be met:
7. Medical report indicating that the patient must remain in self-isolation.
8. This upgrade guarantees hotel expenses per reservation, meaning that if two or more people sharing the same room are diagnosed with COVID-19, the reimbursed expenses will correspond to this reservation. Thus, payment will not be made for a room per reservation.
9. Hotel expenses for quarantine will be covered as long as the reservation already paid by the passenger has ended.
 - The product will have a maximum limit of USD 20,000 for groups.
 - The maximum amount of this coverage is USD 1,500. In all cases, the voucher must be issued at least 14 days before the departure date or start of validity, whichever comes first.

NOTE 1: To access the cancellation benefit, the beneficiary must meet the same conditions as the Multi-cause Cancellation Upgrade. **NOTE 2:** This product can be purchased for short stays up to 90 days, or annual multi-trip policies, but for each trip, the upgrade purchase is required. **NOTE 3:** Age limit, 70 years.

X. EXCLUSIONS APPLICABLE TO ALL SERVICES AND BENEFITS

The following events are expressly excluded from the NEW TRAVEL ASSISTANCE system:

1. Chronic or pre-existing conditions, defined or recurrent, suffered before the plan or trip became effective, whether known or unknown to the Beneficiary, as well as their

- exacerbations, sequelae, and direct or indirect consequences (even if they first appear during the trip).
2. Illnesses, injuries, conditions, or medical complications resulting from treatments performed by unauthorized persons or professionals not approved by the Medical Department of the NEW TRAVEL ASSISTANCE Service Center, except as provided in the previous point.
 3. Homeopathic treatments, acupuncture, physical therapy, spa treatments, podiatry, manicures, pedicures, etc.
 4. Illnesses, diseases, or injuries arising from a criminal or penal act attempted or committed by the Beneficiary, directly or indirectly, such as fights, brawls, flagellations, etc.
 5. Treatment of diseases or pathological conditions resulting from the intentional ingestion or administration of toxic substances (drugs), narcotics, alcohol, or the use of medication without a doctor's prescription.
 6. Expenses incurred for any type of orthotics, prosthetics, including dental, lenses, hearing aids, wheelchairs, crutches, glasses, etc.
 7. Events occurring as a result of simple training, minor practices, or active or non-active participation in sporting competitions (professional or amateur). Also, explicitly excluded are incidents resulting from the practice of dangerous, risky, or extreme sports, including but not limited to: motorcycling, car racing, boxing, polo, water skiing, diving (up to 30 meters max.), hang-gliding, karting, quad biking, mountaineering, skiing, football, boxing, canoeing, paragliding, kayaking, badminton, basketball, volleyball, handball, karate, kung fu, judo, archery, rifle shooting, curling, rappelling, diving, canyoning, mountaineering, rock climbing, bungee jumping, athletics, cycling, luge, caving, skeleton, animal hunting, bobsleigh, etc., and other sports practiced outside of officially regulated and authorized tracks by the respective sports federations.
 8. Childbirth, pregnancy conditions, gynecological checkups, and related exams. Abortions or miscarriages, regardless of their cause or origin, as well as any complications during and after pregnancy.
 9. Any type of mental illness, including but not limited to neuroses, psychoses, or any other mental or psychological condition, and their consequences.
 10. Conditions, illnesses, or injuries arising from the consumption of alcoholic beverages of any kind.
 11. Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) in all forms, sequelae, and consequences. Sexually transmitted diseases and/or infections and, in general, any type of care, exam, and/or treatment that has not received prior authorization from the Assistance Service Center.
 12. Events and consequences resulting from natural forces, tsunamis, tremors, earthquakes, storms, hurricanes, cyclones, floods, radiation events, radioactivity, and any other extraordinary natural or non-natural phenomenon considered a national, regional, or local disaster or catastrophe, including earthquakes, hurricanes, floods, etc.
 13. Suicide, suicide attempts, or self-inflicted injuries by the Beneficiary and/or their family, as well as any act of manifest irresponsibility or gross negligence by the Beneficiary during the trip.
 14. Events resulting from acts of war, invasion, acts committed by foreign or domestic enemies, terrorism, hostilities or war operations (whether war is declared or not), civil war, rebellion, insurrection, or military or usurped power, the Beneficiary's involvement in riots, demonstrations, or disturbances, regardless of whether these have the characteristics of civil war, whether the involvement is personal or as part of a civil or military organization; terrorism or another serious disruption of public order.
 15. Malicious or bad-faith acts by the Beneficiary or their representatives.

16. Routine medical exams, laboratory tests for checkups, diagnostic or follow-up exams, lab tests, radiological exams, or other methods intended to determine if an illness is pre-existing, such as radiology tests, Doppler, MRIs, CT scans, ultrasounds, imaging, and scans of all kinds. Medical tests carried out to determine whether the condition is pre-existing or not.
17. Expenses related to public or private transport or travel paid by the Beneficiary from their hotel or location to the hospital, medical center, or doctor's office, unless such expenses have been expressly authorized in writing or verbally by the Assistance Service Center.
18. Illnesses arising from or resulting from known or unknown congenital deformities.
19. Injuries or accidents resulting from air accidents on planes not intended or authorized for public transport, including private charter flights.
20. Conditions, illnesses, or injuries arising directly or indirectly from fights or brawls (unless it is a proven case of self-defense with a police report), strikes, vandalism, or public disturbances in which the Beneficiary participated as an active element. Attempts or the commission of an illegal act and, in general, any fraudulent or criminal act by the Beneficiary, including providing false or misleading information.
21. Endemic, pandemic, or epidemic diseases, assistance for these illnesses in countries with or without a declared health emergency if the Beneficiary has not followed travel restrictions and/or prophylactic treatment and/or vaccination guidelines issued by health authorities.
22. Any medical expense or assistance that has not been previously consulted and authorized by the NEW TRAVEL ASSISTANCE Service Center.
23. Illnesses or indispositions resulting from menstrual disorders in women, such as early or late periods, as well as bleeding, discharges, and others.
24. Liver diseases, such as cirrhosis, abscesses, and others.
25. Exams and/or hospitalizations for stress tests and all types of preventive checkups.
26. Any type of hernia and its consequences.
27. Kidnapping or attempted kidnapping.
28. Occupational risks: if the Beneficiary's trip was for the purpose of performing work or tasks that involve occupational risks, as well as injuries classified as repetitive strain injuries, musculoskeletal diseases related to work, continuous or ongoing trauma injuries, etc., or similar, including post-treatment consequences even if surgical at any time.
29. Injuries to the driver or passenger resulting from the use of any type of vehicle, including bicycles, motorcycles, and mopeds without a valid driver's license, or without a helmet, or without insurance.
30. Accidents and illnesses occurring in countries in civil or foreign war. Example: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc.
31. No assistance of any kind will be provided to the Beneficiary if they are in an illegal immigration or labor situation (including undeclared work in the country from where assistance is requested, or students caught working in a foreign country without proper local authority authorization).
32. NEW TRAVEL ASSISTANCE will not cover physiotherapy costs related to work-related injuries, repetitive tasks, or chronic and/or degenerative bone or muscle diseases. Physiotherapy will only be covered if the injury was caused by a non-work-related accident with prior authorization from the Medical Department of the Assistance Service Center, provided that it is determined that such therapy will improve the current condition of the passenger, and under no circumstances will it exceed ten (10) sessions.

If it is found that the purpose of the trip was to receive treatment abroad for a pre-existing condition, and that the current treatment is directly or indirectly related to the previous illness, NEW TRAVEL ASSISTANCE will be relieved of its obligations to provide services. To this end, NEW TRAVEL



ASSISTANCE reserves the right to investigate the connection between the current event and the previous illness.

Competency Agreement: It is expressly agreed between the parties, regarding the contractual relationship between the Beneficiary of the voucher and the provider, that any issue of interpretation regarding its scope and/or judicial claims that cannot be resolved amicably between the parties must be submitted to the jurisdiction of the courts of Doral, Florida, to the exclusion of any other forum or jurisdiction that might otherwise apply.

Non-cumulative services and/or involvement of other companies: In no case will NEW TRAVEL ASSISTANCE provide the assistance services established in the MEDICAL ASSISTANCE PLAN of the TRAVEL CERTIFICATE, nor will it reimburse expenses of any kind if the Beneficiary requests or has requested services for the same problem and/or condition from any other company, before, during, or after having requested them from the provider.

XI. SUBROGATION AND ASSIGNMENT OF RIGHTS

To the extent of the amounts disbursed in compliance with the obligations arising from these General Conditions of NEW TRAVEL ASSISTANCE Services, the company will automatically be subrogated to the rights and actions that may correspond to the Holder or their heirs against third parties, whether physical or legal persons and/or public or official entities, due to the event that caused the assistance provided.

The Holder agrees to immediately reimburse NEW TRAVEL ASSISTANCE for any amount received from the party responsible and/or liable for the accident and/or their insurance company(ies) in advance of the final settlement to which the Holder may be entitled. This applies to the amounts borne by NEW TRAVEL ASSISTANCE in the case that occurred.

Without this enumeration being understood as limiting, the following rights and actions are expressly included in the subrogation:

1. Third parties responsible for an accident (traffic or otherwise) and/or their insurance companies.
2. Transportation companies, in relation to the total or partial refund of unused tickets when NEW TRAVEL ASSISTANCE has covered the Holder's transportation or the transportation of their remains.
3. Other companies that cover the same risk.

IMPORTANT: The Holder irrevocably assigns to NEW TRAVEL ASSISTANCE the rights and actions included in this Clause, committing to carry out all necessary legal acts and provide all the collaboration required due to the event. In this context, the Holder authorizes NEW TRAVEL ASSISTANCE to carry out all the necessary acts for this purpose, assuming the Holder the necessary expenses for complying with this obligation.

NEW TRAVEL ASSISTANCE shall be subrogated to the rights and actions corresponding to the Beneficiary, for events that prompted its intervention, up to the total cost of the services provided. Likewise, NEW TRAVEL ASSISTANCE reserves the right to assign, in whole or in part, both the rights it may have derived from the contractual relationship with the Beneficiary, as well as the execution, provision of services, and other obligations under its responsibility, to third-party legal entities specializing in the assistance sector. In this regard, the Beneficiary is aware of this right and therefore expressly waives the need to be **notified or informed in advance of such assignments.**



XII. EXCEPTIONAL CIRCUMSTANCES OF NON-EXECUTION NOT ATTRIBUTABLE

Neither NEW TRAVEL ASSISTANCE nor its network of service providers shall be liable, accountable, or enforceable in cases of unforeseen events that cause delays or non-performance not attributable to them, including natural disasters, strikes, wars, invasions, acts of sabotage, hostilities, rebellion, insurrection, terrorism, uprisings, public demonstrations, radioactivity, or any other force majeure. When such factors intervene, NEW TRAVEL ASSISTANCE commits to fulfilling its obligations as soon as possible, provided that once service provision is feasible, the contingency that justifies it remains.

XIII. RECOURSE

NEW TRAVEL ASSISTANCE reserves the right to demand reimbursement from the Beneficiary for any undue expenses incurred, in cases where services were provided that were not covered by this contract or were outside the validity period of the contracted assistance plan, as well as for any payment made on behalf of the Beneficiary.

XIV. LIABILITY

The service provided by NEW TRAVEL ASSISTANCE in accordance with these general terms and the travel assistance contract is strictly limited to facilitating the Beneficiary's access to professionals, who, under their sole and exclusive responsibility, will provide medical, dental, pharmaceutical, legal, and/or general assistance services.

In this way, NEW TRAVEL ASSISTANCE shall not be held liable, either directly or indirectly, for any claims made by the Beneficiary regarding the services provided by any of the aforementioned professionals.

NEW TRAVEL ASSISTANCE will not be responsible and will not compensate the Beneficiary for any type of damage, harm, injury, or illness caused by providing, at the Beneficiary's request, individuals or professionals to assist them medically, dentally, pharmaceutically, or legally. In such cases, the person or persons designated by NEW TRAVEL ASSISTANCE shall be regarded as agents of the Beneficiary, with no recourse of any kind or nature against NEW TRAVEL ASSISTANCE arising from such designation.

NEW TRAVEL ASSISTANCE strives to make the best healthcare professionals and resources available to travelers. However, NEW TRAVEL ASSISTANCE cannot be held, either fully or partially, responsible for the availability, quality, results, lack of care, medical services, or malpractice of such professionals or entities, as these are conditions entirely beyond the control of NEW TRAVEL ASSISTANCE.

XV. EXPIRATION – TERMINATION – MODIFICATION

Any claims seeking to enforce the obligations that NEW TRAVEL ASSISTANCE assumes through these general terms must be properly submitted in writing within a non-extendable maximum period of thirty (30) continuous calendar days, counted from the date of expiration of the voucher's validity. After this period, all rights that were not exercised in a timely manner will automatically expire.