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IMPORTANT RECOMENDATIONS

We invite **DOCTOR CARD** beneficiaries to read these conditions before the start of the trip. In the following pages, you will find the General Terms and Conditions, Special Conditions and Exclusions, and instructions that will allow better use of the benefits and contracted services.

I. PREFACE

All services provided by the assistance plan, are covered through **DOCTOR CARD**, a company whose principal purpose is to provide, among others, health care services, legal assistance and personal assistance only in emergencies during the course of an international trip. These general conditions define the way of obtaining the benefits to which the Beneficiary of a **DOCTOR CARD** plan will be able to request in emergency cases while abroad during the period of validity of the plan.

Acceptance of the Beneficiary

These Terms together with the other documents that are made available to the Beneficiary at the time of purchase of the plan, form the contract of travel assistance provided **DOCTOR CARD**. The Beneficiary acknowledges and accepts these General Conditions. This acceptance is ratified through any of the following acts:

1. Payment of contracted services.
2. The use or attempted use of any of the contracted services.

The Beneficiaries acknowledges they have read, chosen and accepted the terms and conditions contained herein, and as such, the ruling of the Particular Terms & Conditions as a binding contract between the parties.

It is clearly understood and accepted by the Beneficiary that **DOCTOR CARD** plans are not, under any reason, an insurance or related product, nor is a program of social security or prepaid medicine, medical service at home or unlimited medical service program. Therefore, they don't have as main objective the complete cure or definitive treatment of the Beneficiary's condition. The medical assistance services to be rendered by **DOCTOR CARD** are limited only to emergency treatment of acute cases and are only oriented to primary travel assistance for sudden and unpredictable events where a clear, verifiable and acute illness or condition or accident has been diagnosed and prevents the normal continuation of a trip, as long as the illness or condition listed in the exclusions. These plans are designed to ensure primary and normal recovery of the Beneficiary's physical conditions that allow a normal continuation of the trip. They are not designed for nor provide:

- Elective medical procedures.
- Routine medical checkups or screenings that have not been previously authorized by the Emergency Management Center.
- Start of long term treatments or procedures.

Any assistance or treatment will cease and not be the responsibility of **DOCTOR CARD** once the Beneficiary is back to their place of residence or the expiry of the period of validity of the chosen plan. The acquisition of one or more plans does not produce the accumulation of services and/or benefits contemplated in them. In these cases, only the limits established in the first contracted voucher may apply.

NOTE: It is clearly understood and accepted by the Beneficiary that this plan is a product of travel assistance and in the event that is offered through an insurance company, it doesn't make it an International Insurance.

Moreover, once initiated the validity of the voucher, the Beneficiary may not make changes extend the period of validity or proceed to the cancellation of the voucher for any reason or under any circumstances. Notwithstanding the foregoing, if the Beneficiary extends the trip unexpectedly, they may request the issuance of a new voucher. **DOCTOR CARD** reserves the right to accept or deny this renovation without explanations, under the following conditions:

- a. The Beneficiary will not have the right to a voucher renewal if they have used any of the services of **DOCTOR CARD** during the period of validity of the first voucher.
- b. The Beneficiary shall be able to renew the voucher as long as they contract same or greater coverage as the original voucher, plans with less coverage than the original one cannot be used for renewals.
- c. The Beneficiary must request authorization of the new voucher exclusively to the issuing agent, in which the original assistance was acquired or in case it was purchased directly on the web-site, through "Contact Us", and must indicate the amount of days they want to obtain. The issuing agent is obliged to inform DOCTOR CARD that it is an issuance in destination country, and will request authorization for the new contracting period.
- d. The application for this new Plan should be submitted prior to the end of the previous Plan, with the new Plan becoming effective immediately after the end of the previous one.
- e. The Beneficiary must designate the person who will make the corresponding payment in the offices of the agent, and will receive the new voucher which will be created and delivered in the same act.

Any new plan issued under the foregoing circumstances can in no way be used to initiate or continue treatment or make use of the benefits and services contained herein that may of have been incurred by the Beneficiary under the previous Plan, independently of any dealings and treatments previously authorized by **DOCTOR CARD** or by third parties.

When the validity of the previous voucher has ended at the time of purchase or the passenger purchases at the destination, the voucher will be issued with a 15 (fifteen) days grace period for COVID-19 expenses and 3 (three) days for any other contemplated expenses within the coverage chart. The above, only after having received the issuing agency / tour operator and others, express authorization from the Assistance Services Center.

Definitions

A

- **Accident:** The event which generates body damage to the Beneficiary caused by unexpected agents, out of control, in motion, external, violent and visible. Every time the term "accident" is used it is understood that the wound or injury resulting for such event has been provoked directly by those agents besides any other cause. Nevertheless, if the body damage has been produced as a consequence of different causes of the before mentioned, then the maximum amount of the "Medical Assistance in case of Accident", will be automatically reduced up to the amount determined in the respective purchased plan in cases of "Medical Assistance in case of Illness".
- **Acute illness or acute medical condition:** Short process and relatively severe alteration of the body condition or any of its organs that could interfere or change the normal balance of the vital functions, generating pain, weakness or any other strange symptom to its normal state.

C

- **Catastrophe:** Unfortunate event that seriously alters the normal order of things, were many people are involved.
- **Chronic illness or chronic medical condition:** Any continuous and persistent pathological process lasting more than 30 days.
- **Congenital illness:** Pathology present or existing since before birth.

D

- **Days of grace:** The period of time that the coverage will not be effective in the plan. The mentioned period will be calculated by days from the initial coverage date, provided that the Beneficiary is not in their place of habitual residence in the moment of purchase.

E

- **Emergency management center:** The office which coordinates the services to be provided to the Beneficiary in case of an Emergency.
- **Expenses of first necessity:** costs incurred for the purchase of personal and non-transferable items. Understood solely as: clothing (outerwear, underwear), shoes, personal care items (shampoo, conditioner, soap-liquid, stick in dust-, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and makeup. Any other items not considered in the list given above, shall be construed as excluded from any coverage.

F

- **Force majeure:** Events which cannot be anticipated or resisted, and exempts from any obligation a third party.

M

- **Maximum coverage:** Maximum coverage amounts given by **DOCTOR CARD**, indicated in the voucher for each of the benefits and according to the contracted assistance plan.
- **Medical department:** Group of professionals from **DOCTOR CARD** that intervene and make decisions in every issue and/or benefits given or that will be given according to the present general conditions.

P

- **Preexistent illness or preexistent medical condition:** any pathological physical process that recognizes an origin or an earlier etiology of the effective date of the plan or the trip (or whichever is later) and is likely to be objectified through complementary methods diagnostic routine, daily accessible and frequent use in all countries of the world (including, but not limited to: Doppler, nuclear resonance, magnetic, catheterization, radiology, etc.). It is understood as preexistent any disease or condition of the body, known or not by the Beneficiary, that needs or requires a formation or incubation period within the body of the

Beneficiary before effective date of the plan or the trip (or whichever is later). Common examples of preexistences, just to name a few: kidney or gallstones, obstruction of arteries or veins by blood clots or other, respiratory diseases such as asthma, lung problems, emphysema, HIV, usually related problems blood pressure, glaucoma, cataracts, nephritis, ulcers or gastric diseases, diseases resulting from congenital malformations, genital mycosis, liver abscess, cirrhosis, blood sugar, high cholesterol, high triglycerides, and others. They require a period of short or long incubation, but in all more than a few hours' flight cases, recognizing that such state or pathological process existed within the body before getting on the plane or the means of transport at the time of the effective date of plan of assistance, even if the symptoms are present for the first time after starting the trip.

- **Product or Plan:** Set of services acquired by the Beneficiary, for which maximum coverage amounts for each service is specified in the voucher.

R

- **Recurrent illness or medical condition:** Return of the same treated illness usually over 3 or more times in a year.

S

- **Sudden or unpredicted sickness (disease, illness):** None predicted sickness, acquired after the effective date of validity of the plan.

T

- **Treating physician:** Medical professional provided or authorized by the **DOCTOR CARD** Emergency Management Center that assists the Beneficiary in the area the before mentioned is located.

V

- **Voucher:** Document validly assigned by the company which indicates the contracted product.

II. BENEFICIARY/AGE LIMITATION

The Beneficiary is the person whose name appears on the **DOCTOR CARD** Plan and is the sole Beneficiary of the benefits and services that occur during the period of eligibility, inclusive up to the anniversary day of their age limitation according to the acquired plan, date after which coverage ceases and the Beneficiary loses all rights to the benefits and services contained herein, as well as those that may otherwise be valid including any right to reimbursement or claim.

The benefits and services contained herein are for the exclusive use of the Beneficiary and are nontransferable. The Beneficiary may be asked to show proper identification as well as their **DOCTOR CARD** Plan as well the necessary travel documents in order to verify eligibility when services are required.

The Beneficiary may use the acquired services up to 00:00 hours of their birthday according to the purchased plan. From that date on the Beneficiary loses all rights and benefits regarding assistance services defined in these general conditions, as well as the right to reimbursement or any claim originated in events after the before mention date. As an example, a person is considered to be 84 years old until the day before they turn 85 years old.

III. EFFECTIVE DATES / ELIGIBILITY

The benefits and services described herein will only be valid during the effective dates shown on the Voucher and begins at 00:00 Hrs. on the date indicated and terminate at 23:59 Hrs. on the date indicated, provided that the Beneficiary has already started the trip overseas. As a general rule no unilateral changes, modifications, extensions or cancellations will be possible once the effective date on the voucher has begun.

Plans in the category "Short Trips" will have a maximum duration of 90 consecutive days of travel, while plans "Long Stay" and "Student", will have a total duration of 365 consecutive days of coverage. After these periods, the Beneficiary will lose any benefit from the assistance services contracted while on that trip.

Note: "Student" plans can only be purchased by people who are currently studying or going to study, therefore a school certificate or card, student or acceptance to an educational institution will be requested when requesting assistance.

"Multitrip" plans are valid for 365 days in total, however, the Beneficiary may not remain on every trip, as indicated in the plan, more than 30, 45, 60 or 90 days abroad for every trip. **DOCTOR CARD** Emergency Management Center will ask for a copy of the passport by fax or e-mail, showing the departure from their country of habitual residence or the date of entry into the country from which the Beneficiary requests assistance.

DOCTOR CARD plans, operate in the form of calendar days, therefore, once initiated the validity of a plan, the Beneficiary cannot stop it and the periods of unused days in the voucher are not refundable. Once interrupted the validity of a plan, it expires and cannot be reactivated later.

The purpose of the trip will have to be tourist and at no time can cover any people exercising a professional activity abroad. If the reason for the trip was the execution of works or tasks that involve professional risks or performing tasks highly specialized where life is exposed, exposition to hazardous substances, handling heavy machinery or working with gases, air pressure or fluid hydropneumatic, which require special physical abilities, or being exposed to danger and as a result suffering an accident or consequential disease, **DOCTOR CARD** will be absolved of all responsibility to provide services or assume costs arising from such circumstances, and in such cases employers will be obliged to assume them through their accountability professional risk plan. This regulation also applies to those who are not occupationally linked with a company and who act on their own as independent workers or illegal immigration or illegal employment status.

As soon as the validity ends, all benefits will automatically cease, services in course or not, including the cases when these are initiated in the moment or before the term of validity, except in the cases that the Beneficiary is hospitalized by an illness, condition and/or accident covered by **DOCTOR CARD** by the end date. In these cases, the coverage will only include hospitalization expenses within the coverage of illness and/or accident whichever is applicable understood as follows:

1. Up to 8 additional days that start counting from the end date, or
2. Until the maximum coverage is reached, or
3. Until the treating physician discharges the Beneficiary during the period of the 8 days in which the coverage is extended.

Each assistance or treatment will cease and will not be responsibility of **DOCTOR CARD** once the Beneficiary returns to their place of residence or the validity period of the plan expires not including the before mentioned exceptions.

Note: in cases where the Beneficiary is already in the destination country and requests the authorization to issue a travel assistance plan, as long as it is authorized by the Emergency Central, said plan will have a 5-day grace period.

IV. GEOGRAPHICAL VALIDITY

The geographical coverage is global or exclusively for Europe, depending of the plan purchased. Regardless of where the Beneficiary is, coverage will be given if assistance is required according to the respective plan purchased. In any case, the country of habitual residence of the Beneficiary or country where the Assistance Plan was issued is excluded.

V. PROCEDURE FOR REQUESTING ASSISTANCE

If in need of assistance, regardless of their geographical location, the Beneficiary should contact the Emergency Management Center.

To communicate with said central via telephone, the Beneficiary must request collect call or call directly to the numbers authorized by the countries listed below. If the Beneficiary is charged for any calls to the Emergency Management Center, **DOCTOR CARD** will refund such the cost; the Beneficiary is advised to keep proof of payment of the call to request reimbursement, the Beneficiary must keep a copy of the invoice in which is reflected the charging for the call to the specified numbers.

It is the obligation of the Beneficiary to always call to report the emergency. In case the Beneficiary cannot do it personally, any companion, friend or relative can do it, but the call or notice must be made no later than within 24 hours after the emergency occurred. Failure to comply with this rule entails automatic loss of any right to claim by the Beneficiary.

Country	Phone Number	Country	Phone Number
Free number from Doctor Card lines	096	WhatsApp	+57 3167636033
Spain (Main)	900 838 237	Skype	asistencia.internacional
United States (Main)	+1 877 216 5860	E-mail	assistance@wt-assist.com
United States / Reverse Collection	+1-954-472-1895	Chile	562-9382411
Germany	0800-185-9976	Mexico	1866-261-1935
Argentina	0800-666-2984	United Kingdom	0808-234-1766
Brazil	0800-891-4530	Costa Rica	0800-013-1372
Spain	911-815-905	Colombia	571-5938795
France	0800-905-030	Dominican Republic	1888-751-8475
Italy	800-839-070	United States	1-877-889-0149

Note: The Toll frees shall be dialed as they appear in the voucher. In case the Beneficiary is in a country where there is no toll free, they shall call through the international operator of the country where they are located asking to make a collect call in the United States telephone

indicated in the table above, likewise, the Beneficiary can communicate through electronic media such as E-mail, WhatsApp and Skype.

VI. BENEFICIARY'S OBLIGATIONS

In all cases, the Beneficiary must:

1. Request and obtain authorization from the Emergency Management Center before taking any step or incurring any expenses in relation to the benefits provided by the plan. In cases where authorization has not been obtained by the Central, refunds shall not come, or give rights to claims.
2. It is clearly understood that the notification to the Emergency Management Center is essential, even if the issue is completely resolved, as **DOCTOR CARD** cannot take over the cost of any assistance without previous knowledge and authorization to the Emergency Management Center.
3. The Beneficiary accepts that **DOCTOR CARD** reserves the right to record and audit telephone conversations as needed for the proper development of the provision of services. The Beneficiary expressly accepts the established procedure and agrees on the eventual use of the records as evidence in case of existence of disputes concerning the assistance provided.
4. If the Beneficiary or a third person could not communicate by any circumstance or involuntary reason with the Emergency Management Center before being assisted, the Beneficiary or a third party, with the inescapable obligation, shall inform the latest within 24 hours of the event. Failure to notify within 24 hours leads to the automatic loss of the rights of the Beneficiary to claim or request compensation.
5. Agree to abide the solutions indicated and recommended by the Emergency Management Center and, if necessary, consent to repatriation to their country of origin when, according to medical opinion, as long as the Beneficiary's health condition allows it and requires it.
6. Provide documentation that confirms the merits of the case and all original receipts for expenses to be evaluated for possible reimbursement by **DOCTOR CARD** and all medical information (including prior to departure), which allows the Central an assessment of the case.
7. Provide all necessary authorizations and releases to **DOCTOR CARD** in order to obtain the Beneficiary's medical history, by filling and signing the RECORD RELEASE FORM which will be sent by the Emergency Management Center and faxed back to it. The Beneficiary authorizes in an absolute and irrevocable manner **DOCTOR CARD** to request on their behalf, any medical records and information from professional overseas and in their country of residence, in order to evaluate and eventually decide about the applicability of the restrictions in case of chronic or preexistence illness, affections or diseases that could derive in the request of assistance.

Note: In some countries, mainly in the United States and Europe, due to reasons of computer standardization most medical facilities such as hospitals, doctor's offices, clinics and laboratories, often send invoices and/or payment claims to patients attended, even after the bills or invoices have been paid and settled. If this happens, the Beneficiary should contact the

Emergency Management Center to the numbers provided above or by writing to claims@wt-assist.com and notify this situation. The Central will clarify the situation with the provider.

VII. DOCTOR CARD OBLIGATIONS

1. Comply with the benefits and services described herein in events within coverage in the obtained plan during the valid period of the voucher.
2. **DOCTOR CARD** is expressly released, extent and excused of any obligations and responsibility in any case that the holder suffers any harm or requests assistance as a result of a major force or fortuitous event, the following events are an example and are not a limitation: catastrophes, earthquakes, floods, storms, International or civil war declared or not, rebellions, disturbances, civil insurrections, guerrilla or anti-guerrilla acts, hostilities, retaliation, conflicts, embargoes, constraints, strikes, popular movements, lockouts, acts of sabotage or terrorism, labor disturbances, acts of governmental authorities, etc.; as well as delay that may result in the termination, interruption or suspension of communication services. When elements of this nature intervene and once overcome, **DOCTOR CARD** agrees to comply its commitments and obligations within the shortest possible time.
3. **DOCTOR CARD** agrees to analyze each reimbursement request to determine whether it is appropriate and thus repay the amounts that may correspond in accordance with these terms and amounts of coverage of the contracted Plan. All compensation and/or reimbursement and/or other costs to be assumed by **DOCTOR CARD**, under this contract, shall be paid in local currency.

Established timeframes for processing a reimbursement are:

- a. The Beneficiary has up to thirty (30) calendar days from the day end of the term of the voucher to present documentation and support necessary to start the reimbursement study. After that time, no documents will be accepted for processing any claim.
- b. Upon receipt of the documents, **DOCTOR CARD** has up to five (5) calendar days to request any missing document that has not been delivered by the Beneficiary.
- c. With all the necessary documents in hand, **DOCTOR CARD** shall within fifteen (15) working days to review the case and issue a letter of approval or denial of reimbursement.
- d. If approved, **DOCTOR CARD** will proceed to make the payment within 15 days after the date of receipt of complete bank information by written for the completion of the transfer.

Note: Reimbursements are paid directly by DOCTOR CARD and they can be made through bank transfer, international money transfer or check. DOCTOR CARD bear the expenses incurred by the agency, the cost for sending the check, as well as all direct charges from DOCTOR CARD bank; any additional charges made by the bank of the Beneficiary will be covered by the Beneficiary itself.

VIII. CURRENCY

The benefits offered by **DOCTOR CARD** detailed in point IX and maximum limits of coverage are reflected in the contracted plan expressed in US Dollars (USD) or Euros (EUR), depending on the chosen plan and its geographic coverage.

IX. BENEFITS

Some benefits are included only in some **DOCTOR CARD** plans. Check your voucher benefits and amounts. If any item is not listed in the voucher, it is because the chosen product doesn't have this service.

Medical assistance in case of accident or non-preexistent illness/condition

- **Medical Consultations:** these will be provided in case of an accident or acute illness.
- **Specialist Care:** when indicated by the Medical Department of **DOCTOR CARD** of the area where the Beneficiary is located.
- **Additional Medical Tests:** when indicated by the Medical Department of **DOCTOR CARD**.
- **Hospitalizations:** According to the nature of the injury or disease, and whenever the medical department of **DOCTOR CARD** prescribes it, the hospitalization of the Beneficiary will proceed in the nearest medical facility. This item applies only to the Beneficiary, and under no circumstances bed or food will be covered in the hospital or clinic for an accompanying person.
- **Surgical Interventions:** When authorized by the medical department of **DOCTOR CARD** and in the cases where treatment is required immediately, and cannot be deferred to the moment that the Beneficiary returns to their place of residence.
- **Prescribed Medicine:** Medicine expenses prescribed by the treating physician in case of ambulatory assistance and the medicine used while hospitalized. The purchase made by the Beneficiary and authorized by the **DOCTOR CARD** will be reimbursed, once the Beneficiary returns to their place of residence, within the limits of coverage, providing the original documentation.

Note 1: Emergency Management Center reserves the right to decide the most appropriate among the treatments proposed by the medical profession or repatriation to the country of residence if their physical condition permits it. If in the judgment of the treating physicians of the Emergency Management Center is possible to return the Beneficiary to their country of residence for long-term treatment, programmable surgery or non-urgent surgeries, the Emergency Management Center will proceed with the repatriation of the Beneficiary, who is obliged to accept such solution, in case of rejection, the Beneficiary will lose all benefits provided by the plan.

Medical assistance for COVID-19

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

- **Hospital Expenses for COVID-19:** In case of requiring hospitalization to stabilize the Beneficiary's condition.
- **Mechanical respirator fees:** If the Medical Department, together with the treating doctor, considers the use of a mechanical respirator necessary, the Central will authorize and cover said expense.

THIS BENEFIT WILL NOT OPERATE WITH A REFUND.

Clarification Protocol Emissions Covid-19.

It is important to indicate, that according to the date of issuance of the voucher, the Covid-19 emissions protocol will operate in the following ways.

As of December 2020

The emissions at origin or destination, for passengers between 0 to 64 years old, will have Covid-19 coverage up to the contracted limit for "Medical assistance for non-pre-existing illness, The emissions at origin for passengers between 65 to 70 years old, will have coverage for Covid-19 up to a limit of USD/EUR 30,000. (Applies in plans equal or greater than USD/EUR 30,000 of the benefit "Medical assistance for non-pre-existing illness", The emissions at destination for Passengers between 65 to 70 years old, the coverage for Covid-19 will be up to USD 10. (This coverage may be increased through Covid-19 upgrade to USD/EUR 30,000.), Emissions at origin or destination, for passengers between 71 - 85 years of age, will have Covid-19 medical coverage only through upgrade, up to USD 30,000. Emissions at origin or destination, for passengers 85 years of age and older, will have Covid-19 medical coverage through upgrade, up to USD 10,000.

As of March 2021

Note1: The age limit for this benefit is 70 years old. Beneficiaries over 70 years of age, and up to 85 years of age, will be able to acquire coronavirus coverage through the purchase of the Benefit, which will grant them an amount of USD 30,000 as long as the contracted plan is equal to or greater than USD/EUR 30,000. Finally, Beneficiaries over 85 years of age may purchase the USD 10,000 plan including the Benefit which will guarantee coverage for USD 10,000 for medical expenses related to Coronavirus.

Note2: This product will not cover hotel quarantine expenses; it will be limited to medical expenses only.

Effective June 2021

Note1: The age limit for this benefit is 70 years of age. For beneficiaries up to 75 years of age, the contracted coverage will be equal to the cap for non-pre-existing illness. The origin or destination emissions for passengers between 76 - 85 years old will have medical coverage by Covid-19 only through up-grade, which must be linked to a plan equal or greater than USD/EUR 30,000, also, the maximum limit for origin emissions will be USD 50,000 and for destination emissions USD 30,000. Finally, beneficiaries over 86 years old, may acquire additional coverage by COVID-19, through the purchase of the Up-grade, which will grant them a maximum amount of USD 10,000 for medical expenses of Covid 19.

As of August 2021

Note1: The age limit for this benefit is 75 years old. For beneficiaries up to age 75, the contracted coverage will be equal to the non-pre-existing condition cap. The emissions in origin or destination

for passengers between 76 - 85 years old will have medical coverage by Covid-19 only through up-grade, which must be linked to a plan equal or greater than USD/EUR 30,000, also, the maximum limit for emissions in origin will be USD 50,000 and for emissions in destination USD 30,000. Finally, beneficiaries older than 86 years old, may acquire additional coverage by COVID-19, through the purchase of the Up-grade, which will grant them a maximum amount of USD 10,000 for medical expenses of Covid 19.

Medical assistance due to pre-existing illness.

In those cases in which the Beneficiary specifically contracts the coverage for emergencies suffered by a pre-existing and / or chronic condition, it will be covered up to the amount that is clearly specified in your voucher. The coverage provided for chronic and / or pre-existing diseases includes the following eventualities:

Acute episode or unpredictable event, decompensation of chronic and / or pre-existing diseases known or previously asymptomatic. This coverage is provided exclusively for primary medical care in the acute episode, or case not predictable, the emergency must require assistance during the trip and can not be postponed until the return to the country of residence, the Assistance Center reserves the right to decide the most appropriate treatment among those proposed by medical personnel and / or repatriation to their country of residence. Repatriation will be a solution in cases in which treatments require long-term evolution, scheduled surgeries or non-urgent surgeries, the beneficiary is obliged to accept this solution, losing in case of rejection of the solution of all the benefits offered by the patient. assistance plan.

Excluded from this benefit is the initiation or continuation of treatments, diagnostic procedures, research, or diagnostic and therapeutic behavior, which are not related to the acute and unpredictable episode.

Excluded from this coverage are all diseases related to sexual transmission, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), the acquired immunodeficiency syndrome (AIDS), among others.

It is not treated in any of our plans, dialysis procedures, transplants, oncology and psychiatric treatment, hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, specific disposable equipment, etc. diseases caused by the ingestion of drugs, narcotics, medicines that are taken unreliably without a prescription, alcoholism, etc.

Injuries sustained during an illegal act are not covered by our coverage. Obligations of the beneficiary:

1. The Beneficiary must follow all medical instructions given by the treating physician assigned by **DOCTOR CARD** and take all medications in the prescribed manner and as required.
2. If the Beneficiary interested in hiring a plan that includes emergency assistance coverage for pre-existing conditions, suffer from any of the following conditions: any type of cancer, heart disease, chronic lung disease and / or chronic liver disease, the beneficiary should consult his personal physician in his country of origin before starting the trip and get written confirmation that he is able to travel for all the days planned, the desired destination and can do without any problems all activities programmed.
3. The beneficiary can not start the trip after receiving a terminal diagnosis.

4. In order to access this coverage, the beneficiary must have been stable for more than 12 months.

If the reason for the trip was determined was the treatment abroad for a chronic or pre-existing condition, the Assistance Center will deny coverage.

Prescribed medication

Within the coverage limits, **DOCTOR CARD** will bear the costs of prescription given to the Beneficiary by the medical department of the Emergency Management Center. Expenditures incurred by the Beneficiary for the purchase of drugs previously approved by the Emergency Management Center will be reimbursed within the limits of coverage once returned to the country of origin, and the prior presentation of the original proof of purchase or invoice, the original copy of the medical report which describes the name of the medicine and refers to the name of the illness suffered by the Beneficiary. We encourage Beneficiaries not forget to apply for these documents to the treating physician, the failure to submit these documents may result in non-reimbursement of expenses.

It is noted and reported that drug costs in respect of pre-existing conditions will not be assumed by **DOCTOR CARD**. Drugs for treatment of mental or psychological or emotional illnesses even in cases where the medical consultation has been authorized by the medical department of **DOCTOR CARD** are excluded as well. Neither birth control pills, injections, intrauterine devices or any other method of family planning are covered.

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

Dental emergency

Up to the limit of coverage contracted, **DOCTOR CARD** will pay for the reasonable and necessary expenses incurred by the Beneficiary for emergency dental treatment. The benefit is limited to the treatment of pain and/or extraction of the affected teeth. Root canals, change of fillings, crowns, dentures, sealings, cleanings, smile designs or any other treatment not clearly specified in these conditions are excluded from coverage.

Repatriation or sanitary transfer

In case of an emergency and if the Emergency Management Center deems it necessary, the transfer of the Beneficiary to the nearest health center will be organized by means of transport that the medical department of the Emergency Management Center deems appropriate and as required by the nature of the injury or illness. It is also established that even cases categorized as emergency health transfer must be requested and approved in advance by **DOCTOR CARD**. Failure to comply with this rule exempts **DOCTOR CARD** to take charge of the transfer coverage.

When the medical department of the Emergency Management Center deems necessary to carry out the medical evacuation of the Beneficiary, this will be made in regular airline with medical escort or nurse if applicable, subject to seating space, to the country of habitual residence of the Beneficiary.

Medical repatriation means the transfer of sick or injured Beneficiary from the place where they are to the nearest airport to their city of habitual residence, in the country where the voucher must be issued. Only **DOCTOR CARD** may take all measures referred to in this clause, therefore, the Beneficiary or their family member are strictly prohibited from doing so without the prior written permission from **DOCTOR CARD**.

Additionally, the repatriation must be authorized and medical and scientifically justified by the treating physician from **DOCTOR CARD**, in the case where the Beneficiary's family or companions decide to make the return aside or without seeking the opinion of the Medical Department, no responsibility shall fall on **DOCTOR CARD**, thus, the repatriation and all other costs and consequences shall be borne by the sick or injured Beneficiary or their family or companions, without any right or claim against **DOCTOR CARD**.

When **DOCTOR CARD**'s Medical Department, in consultation with the attending physician deems necessary and recommends medical repatriation, this shall be done by the most convenient means of transportation available for it, and/or commercial airline tickets, in tourist class and subject to availability, to the airport of the country of residence. **DOCTOR CARD** will be responsible for paying the difference of costs for the change of dates of the original ticket. This assistance includes transportation by ambulance or other means of transport that supports the Beneficiary's health and approved by **DOCTOR CARD**'s Medical Department, with the necessary support structure including stretcher, wheelchair, walker etc.

Any expense for repatriation when the cause that gave rise to it is a result of a preexisting condition or to obey an event listed in the general exclusions are excluded from coverage. Beneficiary is entitled to the services within the validity of the voucher.

Repatriation of mortal remains

In the event of death of the Beneficiary while traveling, **DOCTOR CARD** will make the necessary arrangements and pay, up to the amount specified in the contracted plan for the transportation of the remains to the country of origin, including a provisional casket suitable for international transportation and the necessary paperwork. Specifically excluded are costs and expenses related to transportation and cremation within the country of residence, funeral home costs and any casket other than that used in the repatriation.

If the entitled wishes so, they may choose to cremate the remains and the paperwork for this decision will be included, like the transportation of the remains to the place of residence of the Beneficiary. **DOCTOR CARD** is exempted from providing services and bear the costs relating to this benefit if the death of the Beneficiary was caused by suicide or a preexisting, chronic or recurrent condition. See exclusions table.

This benefit doesn't, under any circumstances include costs of return of accompanying relatives of the deceased.

Transportation of a family member for hospitalization in 1st. Degree of consanguinity

In the event the Beneficiary is traveling alone and is hospitalized for over ten (10) days, **DOCTOR CARD** will provide a round trip economy airfare to the place of hospitalization for a member of the Beneficiary's family. The Beneficiary may be entitled to hotel costs for their family companion up to seven days or until discharge, whichever comes first. Should be referred to in the table of product benefits, the beneficiary may be entitled to hotel expenses by USD 80.00 (eighty dollars) per day for

their family caregivers for a maximum of seven days or until the patient's discharge, whichever comes first.

Note: Both for this clause and for any other that covers hotel expenses, these are understood to be limited to simple lodging, without restaurant, laundry, telephony or any other expenses such as mini bar, food taken in the room, or other type of expense.

Convalescence expense in a hotel

In the event that the Beneficiary is hospitalized for a period of at least five (5) days and has subsequently been prescribed a period of rest and is unable to continue their trip or return home, **DOCTOR CARD**, and subject to approval of the Emergency Management Center, will pay up to the maximum amount listed in the contracted plan, for up to ten (10) days for the cost of lodging. This item applies only to the Beneficiary of the plan, and under no circumstances the costs for an accompanying person will be covered.

DOCTOR CARD clarifies that no hotel expenses for convalescence will be covered when the admission has been caused by a pre-existing illness or preexisting medical condition.

Attention: The above mentioned rest will have to be ordered for the doctors of the head office exclusively and they will contemplate only the coverage of the cost of the room without any type of supply or such expenses of another nature as laundry, telephonic calls (except those effected to DOCTOR CARD head office), mini bars etc.

Lost documents and personal effects assistance

DOCTOR CARD will advise the Beneficiary for reporting the loss or theft of baggage and personal effects, for which it will make available the services of the Emergency Management Center. **DOCTOR CARD** will also assist the Beneficiary in case of loss of travel documents, credit cards by giving them directions to make respective denouncements, recovery and process them.

Return due to death of an immediate family member (1st. Degree of consanguinity)

If the Beneficiary has to interrupt their trip and return home due to death of a family member (parent, spouse, children or sibling) in the place of residence, **DOCTOR CARD** will reimburse the Beneficiary the penalty of the change of date on the original ticket, or the purchase of a new one as long as the original ticket is unusable due to restrictions. This assistance must be accredited with the death certificate of the family member and a document that acknowledges family relationship.

Early return due to serious disaster at home

In case of fire, explosion, flood or theft with damages and violence in the home of a Beneficiary, while traveling, if there was no one who can take care of the situation and if the original return ticket does not allow free date change, **DOCTOR CARD** will cover the change penalty or the cost of a new ticket in economy class from the place where the Beneficiary is to the closes airport to the Beneficiary's home in the country of residence. This request for assistance must be certified by the presentation of the original police report issued in the following twenty-four hours to the occurrence of the event to

the Emergency Management Center. The Beneficiary must unfailingly contact the Emergency Management Center to be authorized to proceed.

Minor escort

If the Beneficiary is the sole traveling companion of children under 15 years of age who are also considered Beneficiaries of a **DOCTOR CARD** plan, and due to illness or accident of the Beneficiary, the children are left unattended, **DOCTOR CARD** will make the necessary arrangements and pay for the repatriation of the minor children to their city of residence in their country of origin. **DOCTOR CARD** will pay the difference between the cost of the early return flight and the original ticket, if the original ticket is unusable due to restrictions **DOCTOR CARD** will by the new ticket in economy class.

Trip cancellation

DOCTOR CARD will cover the penalties for canceling in advance a trip known as a tour, tour package, excursion, air tickets and cruises organized by a recognized professional tour operator in the trips destination. To be eligible to these benefits the holder must:

1. Acquire the plan a maximum of 72 hours after the first payment of the tour services that could be canceled.
2. Notify **DOCTOR CARD** in a maximum of 24 hours after the event of the cancellation occurs.
3. Present all documentation that **DOCTOR CARD** considers to evaluate the coverage of this benefit including but not limited to: Documents that clearly show the motive of cancellation, respective paperwork of the service contracted, invoices and payment receipts.

Note: to Multitrip plans the cancellation will be renewed each time the Beneficiary travels according to the acquired plan and applies as long as the requirements established to be eligible to these benefits in each trip are met. This benefit does not apply to Beneficiaries over 74 years of age.

Cancellation of a cruise before beginning

In this case, the Beneficiary must immediately:

- Notify their decision to the shipping company and obtain written proof of this unequivocally indicating the date of the formal notification of the inability to start the cruise trip on the boat and date originally contracted.
- The Beneficiary shall also obtain from the shipping company the General Conditions of cruise, where the application, procedure, penalties or penalty clauses for early termination of a contract and fully paid cruise are clearly indicated.
- The Beneficiary must obtain proof of the shipping company showing the amount of the penalty applicable to their particular cruise contract and the amount of the refund if applicable.

Once the above documentation must demonstrate in writing to **DOCTOR CARD** clearly and authoritatively as the cause or causes that led to the cancellation of travel and send to the Emergency

Management Center such documentation for eventual verification by **DOCTOR CARD** and eventual refund if appropriate.

The causes are justified for the purposes of the present benefit:

1. Death, accident or serious (non-preexistent) illness of the Beneficiary or immediate family member (spouse, children, parents, siblings). A serious illness is defined as a sudden alteration of health that requires hospitalization or total rest, and that according to the **DOCTOR CARD** medical department, prevents the initiation of the trip on the designated travel date.
2. Being summoned to testify in a court or selected for Jury duty.
3. Damages to the Beneficiaries primary residence or professional place of work caused by fire, burglary, vandalism or Force of Nature causing damage to such an extent as to render them uninhabitable and consequently requires the presence of the Beneficiary.
4. Medical quarantine which prohibits the Beneficiary from leaving the country.
5. Proven job dismissal of the Beneficiary, dated after the acquisition of the voucher.
6. Emergency call to provide military, medical or public service.
7. For epidemic, natural disaster or volcanic ashes. In the cases of cruise products, the emission of volcanic ashes will not be a valid reason to access this benefit.
8. When the traveling companion of the Beneficiary who shares the same hotel room or the cruise cabin or first degree of consanguinity (spouse, parents, children, brothers and sisters), also a Beneficiary of a Plan issued under the same conditions as the Beneficiary, has to cancel their trip for any of the previously mentioned circumstances.

The validity of this benefit starts as soon as the Beneficiary purchases the plan and ends with the date of initiation of the voucher. This benefit does not apply for Beneficiaries older than 74 years of age at the time of the trip.

Trip cancellation by COVID-19

If contemplated within the voucher, the Beneficiary may cancel the trip in advance for the following reasons:

1. In case of positive diagnosis of COVID-19 of the Beneficiary, travel companion or family member in the first degree of consanguinity.

In any case, the Voucher must be issued at least 14 days before the date of departure, or effective date, whichever comes first.

Note: Does not apply to Beneficiaries over 70 years of age. Travel Cancellation requests will not be covered, if it were to occur due to a closure of borders by the Government of origin or destination. Additionally, if the hotel provider, airline or any other tour operator offers the Beneficiary the option of

leaving the dates open, reschedule, credit in favor, and among other solutions, even if the Beneficiary rejects said option, there will be no refund for expenses incurred.

Upgrade for Coronavirus

In cases where the Beneficiary explicitly contracts the upgrade for coronavirus expenses, the Beneficiary will have access to the following benefits:

1. Hotel and food costs for up to 15 days.
2. Transfer of a family member due to hospitalization, provide proof that the treating doctor authorizes the hospital visit or accompaniment at the hotel.
3. Difference in Fare or penalty for delayed or anticipated return travel of the holder.
4. Cancellation of travel contracted for Covid-19 intra-hospital assistance and Covid-19 Positive Diagnostic
5. Assistance through telemedicine during mandatory isolation, for monitoring the patient's health status.
6. Emotional support through tele psychology.

The following conditions must be met in order to access these benefits.

1. Medical report indicating that the patient should remain self-isolated.
 2. This upgrade guarantees hotel fees per booking, which means that if two or more people sharing the same room are diagnosed with covid-19, the costs to be reimbursed will correspond to this reservation. That said, it is understood that one room will not be paid for each reservation.
 3. Quarantine hotel charges will be covered as long as the booking has already paid for the passenger has ended.
- The product will have a cap of USD 20,000 for groups.
 - The maximum amount of this coverage is \$1,500

This product can be purchased for short stay trips up to 90 days, or annual multi-trips but per trip that is made must generate the purchase of the upgrade.

Upgrade for Coronavirus

In cases where the Beneficiary explicitly contracts the upgrade for coronavirus expenses, the Beneficiary will have access to the following benefits:

4. Hotel and food costs for up to 15 days.
5. Transfer of a family member due to hospitalization, provide proof that the treating doctor authorizes the hospital visit or accompaniment at the hotel.
6. Difference in Fare or penalty for delayed or anticipated return travel of the holder.
7. Cancellation of travel contracted for Covid-19 intra-hospital assistance and Covid-19 Positive Diagnostic
8. Assistance through telemedicine during mandatory isolation, for monitoring the patient's health status.
9. Emotional support through tele psychology.

The following conditions must be met in order to access these benefits.

10. Medical report indicating that the patient should remain self-isolated.
 11. This upgrade guarantees hotel fees per booking, which means that if two or more people sharing the same room are diagnosed with covid-19, the costs to be reimbursed will correspond to this reservation. That said, it is understood that one room will not be paid for each reservation.
 12. Quarantine hotel charges will be covered as long as the booking has already paid for the passenger has ended.
- The product will have a cap of USD 20,000 for groups.
 - The maximum amount of this coverage is \$1,500

This product can be purchased for short stay trips up to 90 days, or annual multi-trips but per trip that is made must generate the purchase of the upgrade.

Substitution of an executive

In the event a Beneficiary is traveling abroad on a business trip and is hospitalized for a covered medical emergency which inhibits their ability to carry out their professional responsibilities, **DOCTOR CARD** will cover for a round trip economy airline ticket and up to USD 80 dollars daily for hotel expenses up to five (5) days, for a substitute person designated by the employer, to assume the Beneficiaries responsibilities. This benefit is subject to seating availability and approval from **DOCTOR CARD**' Emergency Management Center.

24 hours' information line

Beneficiaries of a **DOCTOR CARD** plan, can request to the Emergency Management Center, information concerning consular and health obligations, as well as touristic information and others concerning the country of destination. **DOCTOR CARD** also offers concierge service to help with booking of hotels, restaurants, sporting events, cultural events, among others.

Emergency message transmission

Upon the Beneficiaries request, **DOCTOR CARD** will provide the Beneficiary's family and/or employer with information regarding the use of any of the benefits and service contained herein.

Emergency cash transfer and Emergency cash transfer for bail bond

If during the trip abroad the Beneficiary requires an emergency cash transfer, **DOCTOR CARD** will cover the expenses (fee) of the money transfer to the Beneficiary up to the limit specified, the money must be previously deposited in the nearest **DOCTOR CARD**' offices by the Beneficiary's family. If the Beneficiary were imprisoned as a result of a traffic accident, **DOCTOR CARD** will cover the expenses (fee) of the money transfer to the Beneficiary up to the sum specified in the Benefits, in order to pay the bail bond. The money must be previously deposited in the nearest **DOCTOR CARD**' offices by the Beneficiary's family. This coverage will apply only once, regardless of the period of validity of the Assistance Plan.

Legal assistance for traffic accident

Due to an automobile accident, **DOCTOR CARD** will pay, up to the amount specified in the Benefits, for the attorney's fees incurred for the Beneficiaries civil or criminal defense.

Total and definitive loss of baggage

DOCTOR CARD will indemnify the Beneficiary of a plan that includes this complementary benefit, an equal amount to that awarded by the airline, up to the maximum amount specified in the Schedule of Benefits. In order to be compensated for lost baggage, the following conditions must be met:

- That the airline and the Emergency Management Center have been formally notified of such loss before the Beneficiary leaves the airport where the baggage was supposed to be delivered.
- The baggage has been lost during its transportation on a regularly scheduled international flight, this benefit does not apply when the loss originates on a domestic flight, charter flight, private or military aircraft, or any flight that does not have a fixed itinerary published and operates regularly, nor when the loss arises from domestic flights abroad.
- That the baggage has been duly registered, labeled and shipped in the hold of the aircraft and has been duly presented and delivered to the airline staff at the airport. **DOCTOR CARD**, won't compensate the Beneficiaries for the loss of baggage considered as hand baggage or transported in the cabin of the aircraft or any other package that has not been properly registered with the airline.
- That the loss of the baggage occurred between the moment that it was delivered to the authorized personnel to be shipped and the time the baggage was supposed to be delivered to the Beneficiary.
- That the airline has taken responsibility for the loss of the mentioned baggage, and has paid the beneficiary the indemnity intended for it.
- Losses occurred during land transportation of any kind is not included.
- The compensation will be limited to one completely missing bag and to a single Beneficiary. In case the baggage is in the name of several Beneficiaries, the compensation will be prorated between each of ticket holders.
- If the airline offered as compensation to the beneficiary the opportunity to choose between receiving a cash value or one or more tickets, **DOCTOR CARD** will proceed to pay the beneficiary the economic compensation, once the option is taken.

It is important to note that in the case of lost baggage, the direct responsible are the airlines or transportation companies, therefore **DOCTOR CARD** will act as a facilitator between the airline and/or Transportation Company and the Beneficiary, and therefore shall not be considered or taken as directly responsible for the loss or baggage search. The airlines reserve the right to accept or not

DOCTOR CARD claims and in general terms they may require that the claims are brought directly by the Beneficiaries, not allowing any interference from **DOCTOR CARD**.

The compensation, if approved, will only be paid once the Beneficiary is back in their country of origin and where the plan was purchased. Upon returning, the Beneficiary must present to **DOCTOR CARD**, the following documentation:

- The Property Irregularity Report (P.I.R)
- Identification document
- Voucher
- Original copy of receipt proving payment by the airline/ Airline Tickets

DOCTOR CARD may proceed with the compensation only after the airline responsible for the loss duly compensates the Beneficiary. **DOCTOR CARD** won't be able to compensate the Beneficiary without proof of payment of the airline.

NOTE: The compensation to the Beneficiary will be complementary to that paid by the airline as indicated in the voucher corresponding to the acquired DOCTOR CARD plan. In case of supplementary compensation, the amount of the same shall be determined as the difference between the amount paid by the airline and the amount determined in accordance with the stipulated in the acquired plan, and always up to the maximum limit indicated by this concept in the voucher. No compensation will be valid if the compensation of the airline equals or exceeds the maximum limit established in the voucher for this concept. Besides, compensation for loss of baggage applies per package or load and not per person.

Expenses for delay in returning the luggage

DOCTOR CARD will reimburse the Beneficiary whose plan so provides, by presenting the original proof of purchase, for expenses for the purchase of first necessities during the period of the delay in delivering their luggage. This service will be provided only if the baggage is not located within six (6) hours from the arrival of the flight. "Within 6 hours" refers only to the period up to the location of the baggage. The subsequent period to the physical delivery of the baggage by is out of **DOCTOR CARD** responsibility and therefore will not be taken into account in computing the 6 hours.

If the delay or loss of luggage occurs in the flight back to the country where the ticket was issued or the country of habitual residence of the Beneficiary, no compensation will be awarded.

In the event that it was finally declared a total loss of luggage by the airline responsible for its management and considers appropriate to indemnify the Beneficiary, if used, this benefit shall be deducted from the amount to compensate by **DOCTOR CARD** on "Total and definitive loss of baggage" benefit, the amount that would have been paid to cover for expenses for delay in returning the baggage.

This service operates on reimbursement prior approval of the Emergency Management Center and governed under the times established in the procedures for reimbursement.

Note: the compensation for delay in return of luggage applies per package or load and not per person.

Delayed or cancelled flight

If the Beneficiary's flight is delayed for at least 6 consecutive hours of the original scheduled departure time, and there is no other alternative form of transportation during this period **DOCTOR CARD** will reimburse up to the maximum benefit indicated in the voucher for reasonable accommodations, traveling expenses, food and communication charges incurred during the hours of delay and until travel becomes possible. Prior authorization from **DOCTOR CARD**, presentation of valid original receipts and a report from the transporting airline indicating the reason for the delay is required. Beneficiaries with stand-by tickets are not eligible for this benefit nor does this benefit apply in the Beneficiary's country of residence.

This benefit will not be provided if the flight was at an airport located in the vicinity of the city of habitual residence so that the distance is greater than 100 km or within the city of the Beneficiary's habitual residence; nor if the Beneficiary travels with a ticket subject to availability of space. This service does not apply if the cancellation is due to bankruptcy and / or cessation of airline services.

Continuation of trip/cruise

DOCTOR CARD will bear the cost of a ticket in economy class, one-way, from the port of embarkation until the next port of call of the contracted cruise, if the Beneficiary initially missed the scheduled departure of the cruise due to a delayed connecting flight for more than (6) hours of the scheduled time. This benefit is paid as a reimbursement upon presentation of proper receipts and report from the airline (PIR).

Amateur sports coverage

Provides coverage of equestrian sports, snow sports, team sports, strength sports, winter sports, martial arts, sport shooting championships practiced in regulated ranges, watersports, skiing, surfing, recreational kitesurfing, recreational diving (up to 15 meters maximum), swimming, skating, snowboarding, when practiced as amateur activities. This coverage also applies to professional athletes when they are members of a federation, only in cases of accidents caused by practicing winter sports on authorized tracks.

Psychological assistance

Telephone counseling 24 hours for Beneficiaries that because of medical repatriation, death of a family member or natural disaster have been affected during the trip. This service is provided psychological support at times that can generate strong emotional tension, in no case may replace direct attention Psychologist or Psychiatrist.

Videoconference medical assistance

DOCTOR CARD Beneficiaries may receive recommendations via teleconference and/or videoconference (subject to availability) with a health care professional who will provide guidance on what to do to relieve current symptoms, or recommend be assisted in a Medical Center or Hospital, according to the severity of the symptoms.

X. OPTIONAL PURCHASE OF ADDITIONAL BENEFITS FOR THE BENEFICIARY

The Beneficiaries will have the option of acquiring additional, but not separately, additional benefits to those established for each particular assistance plan of **DOCTOR CARD**, by paying a supplement to the price of the original plan, all in accordance with the provisions and prices of the public offering on the **DOCTOR CARD** web platform.

Upgrade Multi cause Cancellation Trip

In all such cases in which the Beneficiary has expressly purchased the Multi cause Cancellation Trip benefit offered by **DOCTOR CARD**, coverage will be granted up to the amount specifically contracted and said benefit must be expressly stated in the Beneficiary's voucher. This benefit is only valid for international travel.

DOCTOR CARD will cover up to the top of coverage according to the contracted plan the penalties for early cancellation of a trip known as tours, tour packages, excursions, airline tickets and cruises that have been organized by a professional tour operator duly accredited at the destination of said trip. To be eligible for this benefit, the Beneficiary must:

- 1) Acquire the plan a maximum of 72 hours after the first payment of the tour services that could be canceled.
- 2) Notify **DOCTOR CARD** in a maximum of 24 hours after the event of the cancellation occurs. The time used to determine the 24 hours will be calculated only by the occurrence of the event and not from the moment in which the beneficiary reports it to **DOCTOR CARD**. At the same time the beneficiary must cancel the cruise tourism agency, travel agency, tour operator, etc. in order to not increase the cancellation penalty applied by this agency.
- 3) Present all documentation that **DOCTOR CARD** considers to evaluate the coverage of this benefit including but not limited to: Documents that clearly show the motive of cancellation, respective paperwork of the service providers, invoices and payment receipts.
- 4) In the case of "Annual Multitrip" plans, this benefit will apply only once and corresponds to the initial trip of the passenger, it can not be considered as applicable for all trips that the Beneficiary may make during the total validity of the voucher.

Justified causes contemplated up to 100% of the coverage of the benefit indicated in the voucher, are as follows:

1. Death, accident or serious illness of the Beneficiary; death, accident or serious illness of a member of the Beneficiaries immediate family (spouse, children or parents). A serious illness is defined as a sudden alteration of health that requires hospitalization or total rest, and that according to the **DOCTOR CARD** medical department, prevents the initiation of the trip on the designated travel date.
2. Being summoned to testify in a court or selected for Jury duty.
3. Damages to the Beneficiaries primary residence or professional place of work caused by fire, burglary, vandalism or Force of Nature causing damage to such an extent as to render them uninhabitable and consequently requires the presence of the Beneficiary.

4. Medical quarantine caused by an accidental event which prohibits leaving the country.
5. Layoff checked with the date after the acquisition of the assistance.
6. Emergency call to provide military, medical or public service.
7. For epidemic, natural disaster or volcanic ashes. In the cases of cruise products, the emission of volcanic ashes will not be a valid reason to access this benefit.
8. When the traveling companion of the Beneficiary who shares the same hotel room or the cruise cabin or first degree of consanguinity (spouse, parents, children, brothers and sisters), also a Beneficiary of a Plan issued under the same conditions as the Beneficiary, has to cancel their trip for any of the previously mentioned circumstances.
9. Emergencies suffered due to pre-existent conditions, which is confirmed medically the impossibility to travel.
10. Pregnancy complications.
11. Wedding cancelation.
12. Delivery of child in adoption
13. Emergency birth delivery

Are Justified causes contemplated up to 70% of the coverage of the benefit indicated in the voucher, are as follows:

14. Kidnap of the beneficiary or direct family member, for this benefit it has to be of public knowledge and ascertainable.
15. Holiday Cancellation by company responsibility.
16. Change of job.
17. Denial of Visa (emitted 72h before)

The plan acquired with the before mentioned conditions and if applicable to the benefit , the validity of the same starts as soon as the beneficiary purchases the plan and ends in the initiation of the trip. This benefit does not apply for beneficiaries older than 74 years old at the time of the trip.

Upgrade Expectant Mother

Every pregnant person wishing to purchase a **DOCTOR CARD** plan, may do so by paying an additional amount. This benefit can be sold to pregnant woman up to a maximum 32 weeks of gestation. The benefit applies mainly for emergencies that arise during the trip, including emergency controls, emergency ultrasound, medical treatment for illnesses caused by their situation of pregnancy, emergency childbirth due to illness or accident that threatens the life of the mother or

child, abortions or any type and any medical assistance derived from the situation of pregnancy. This benefit will only have a maximum duration of 30 days, counted from the beginning of the trip abroad.

Exclusions specific to this benefit:

- a. Controls, ultrasound, medical consultations, general medical studies, etc., that are part of routine pregnancy process controls and non-emergency. Also, all the resulting complications during and after pregnancy.
- b. Deliveries and C-Sections within the normal course and on time.
- c. Medical expenses related to the newborn.
- d. If it is found that the reason for the trip is to deliver the baby outside the country of origin
- e. If it is established that the sale of the voucher was performed after 32 weeks of pregnancy

NOTE: the age limit to access the benefit of future mom is minimum of 19 years of age up to 45 years of age.

Upgrade Personal belongings

DOCTOR CARD will reimburse the beneficiary of a plan of assistance which thus establishes it, for the cost of your personal belongings or baggage that has been stolen during the trip stop contracted plan coverage. In addition costs will be refunded on purchase of necessities that you saw required to acquire as a result of the event

1. Up to \$ 250 for a valuable object, a set or a pair.
2. Loss of medication or medical equipment considered necessary and vital by the medical department to maintain the health of the beneficiary.

To access this benefit, the beneficiary must submit the documents deemed necessary, the Central services of assistance including, but not limited to:

- a. Complaint filed police within 24 hours of the fact, proving the theft of personal items.
- b. If the theft had occurred in a hotel, must present the complaint filed by the administration of the same.
- c. Invoice of purchase or customs declaration of the object lost or stolen with prior to the loss, theft or theft.
- d. If loss occurs under the custody of an airline or other means of transport must submit the P.I.R form or report obtained on the shipping company.
- e. Receipt of first necessity items, meaning is the same: exclusively: clothing (outerwear, underwear), shoes, items of personal hygiene (shampoo, conditioner, SOAP - liquid, bar, powder-, toothbrush, toothpaste, deodorant, shaving cream, razor, feminine hygiene products) and makeup.

Exclusions to this coverage are:

- i. Will not be covered in the event that the loss occurs in the custody of an airline or other transportation and the beneficiary receives compensation for the mentioned loss.
- ii. No personal belongings or baggage that were stolen from a parked car will be covered, unless they were in the trunk of the car, out of the public view and locked in the case of caravans or if there is evidence that the theft was carried out using violence or force.
- iii. No unattended baggage will be covered unless they were in a hotel room or in a safe place, there must be evidence of forced entry.
- iv. Wheelchairs, strollers, tricycles, bicycles, motorcycles and jet skis.
- v. Contact lenses, dentures and hearing aids.
- vi. Stamps, documents, business goods and samples.
- vii. Custody or detention of the items by the customs authorities.
- viii. Cases in which the beneficiary does not take the necessary safety precautions.

Note: this benefit is not cumulative with others.

Upgrade Tech protection

DOCTOR CARD will reimburse the beneficiary a plan of assistance laying as well, for the loss, theft or theft of the following elements: still cameras, video cameras, smartphones, tablets and computers to the top of the contracted plan coverage. To access this benefit, the beneficiary must submit the documents deemed necessary, the Central services of assistance including, but not limited to:

1. Police report filed within 24 hours of the occurrence, attesting the theft of personal items. If the theft had occurred in a hotel, the Beneficiary must submit the complaint filed by the administration.
2. If the theft had occurred in a hotel, the complaint filed by the administration of the same must be presented.
3. Invoice of purchase or customs declaration of the object lost or stolen with prior to the loss, theft or theft.
4. If loss occurs under the custody of an airline or other means of transport must submit the P.I.R form or report obtained on the shipping company.
5. Invoice for the replacement of the stolen object, by one of the same brand and reference, after the eradication of the police report.

Note: this benefit is not cumulative with others.

Note1: Does not apply to Beneficiaries over 70 years of age. Travel Cancellation requests will not be covered, if it were to occur due to a closure of borders by the Government of origin or destination.

Additionally, if the hotel provider, airline or any other tour operator offers the Beneficiary the option of leaving the dates open, reschedule, credit in favor, and among other solutions, even if the Beneficiary rejects said option, there will be no refund for expenses incurred.

Extreme Sports

Beneficiaries shall have the option to further acquire, but not separately, an upgrade for amateur and extreme sports by paying a fee additional to the price of the original plan:

1. **Category 2:** water skiing, sprint track cycling, curling, figure skating, British canoeing, scuba diving (up to 30 meters maximum), marathons, artistic gymnastics, pony trekking, parasailing, roller hockey, free riding, ice skating, field hockey, kayaking levels 3 and 4, angling in deep coastal waters.
2. **Category 3:** Martial Arts, Skiing, Welsh football, American football, ice hockey, speed skating, short track speed skating, tobogganing, mountain biking, mountaineering, bobsleigh, climbing, roller derby, heli-skiing, show jumping, horse racing, competition riding, trampolining, rafting levels 4 and 5.
3. **Category 4:** Parachuting, paragliding, acrobatic skiing, downhill skiing, cross country skiing, luge, off-track skiing, rafting above level 5, canoeing level 5, ice climbing, motorcycling, motor racing, rugby, BMX.

NOTE: age limit for extreme sports in any category is minimum 15 years old and maximum 65 years old.

Upgrade pet assistance (accident, illness and funeral repatriation coverage)

The validity will be the same as the voucher assistance **DOCTOR CARD**, travel a maximum of 90 calendar days as long as the pet owner is out of the country. This benefit can be purchased by a pet owner, by paying an additional amount. This benefit can be sold for Dogs and Cats, as long as they are not described in the particular exclusions of this service.

In the event of an accident and / or non-pre-existing illness of the pet, **DOCTOR CARD**, Assist will cover the necessary veterinary care expenses, such as consultations, medication, diagnostic tests or surgery, among others, as long as it is a verifiable emergency. In addition, in the event of the death of the pet, **DOCTOR CARD**, will organize and pay for funeral repatriation and cover the expense of: International coffin for international transport, administrative procedures and transport of the body by the means deemed most convenient to the place of entry into the country of habitual residence of the owner of the pet, the same that appears in the assistance plan of **DOCTOR CARD**.

Particular requirements of this benefit:

- a. Dogs and cats will be accepted.
- b. The pet has at least completed four months of age and older than eight years.
- c. The pet owner must submit primer complete and current vaccination, on the understanding that the less than one year old pet show that they have received their booster shots.
- d. The pet upon travel must show no disease
- e. The pet must be submitted for wormed, internally and externally reception.
- f. It will only apply for one pet per person.

Particular exclusions for this benefit:

- i. No checks, investigations, medical consultations in general, medical studies, etc., that are not emergency will be covered.
- ii. Vaccines and/or deworming.
- iii. Diseases resulting from lack of deworming or vaccines.
- iv. Gestating pets.
- v. Pets at the time of travel are sick.
- vi. Pets in medical treatment.
- vii. Minor pets of four months and over eight years old.
- viii. Pets not have the full primer and current vaccination.
- ix. Pets that do not comply with the norms and legal requirements for international transfer.
- x. Others that apply in the main contract of **DOCTOR CARD**.

Upgrade medical assistance in case of pre-existing condition

The preexisting illness upgrade will only cover 30% of the medical coverage, without exceeding USD 30,000.

In those cases, in which the Beneficiary specifically hires the coverage for acute emergencies suffered for a preexistent and/or chronic condition, it will be covered up to the amount specified under the benefit of the plan named Medical assistance in case of preexistent condition, such coverage must be clearly identified in the Beneficiaries voucher. The coverage provided by the plan for Chronic and/or preexistent conditions contemplates the following eventualities:

Acute episode, or non-predictable event, decompensation of chronic and/or pre-existing diseases known, hidden or previously asymptomatic. This coverage is exclusively provided for primary medical care in the acute episode, or in the non-predictable event, with the top coverage specified by the plan hired, the emergency must require the assistance during the trip and cannot be deferred until the 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. the repatriation will a solution in cases in which the treatments requires long term evolution, programmed surgeries or not urgent surgeries, the Beneficiary is obliged to accept this solution, losing in case of rejection of the solution all the benefits offered by the assistance plan.

It is excluded from this benefit the commencement or continuation of treatments, diagnostic procedures, of investigation, diagnostic and / or therapeutic behavior, which are not related to the acute and non-predicted episode.

It is excluded from this coverage the all the illness related to sexual transmission, including but not limiting to syphilis, gonorrhea, genital herpes, chlamydia, human papilloma virus trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), among others.

It is not covered in any of our plans, dialysis procedures, transplants, oncology and psychiatric treatment, hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, outpatient respirators, implantable devices, specific disposable equipment, etc. diseases caused by ingestion of drugs, narcotics, medicines taken reliably without prescription, alcoholism, etc.

Note: This benefit will not cover for any reason the follow-up or continuation of treatments initiated during the validity of the first voucher of a passenger who has decided to renew their assistance plan; Besides, the coverage may not exceed USD 30,000.

Obligations of the Beneficiary:

1. The Beneficiary must follow all medical instructions given by the treating doctor assigned by **DOCTOR CARD** and take all medication as prescribed and required manner.
2. If the Beneficiary interested in hiring a plan that includes emergency coverage for pre-existing medical condition **DOCTOR CARD**, suffer some(s) of the following conditions: any type of cancer, heart disease, chronic lung disease and / or chronic liver disease, the Beneficiary should consult their personal physician in their home country before beginning the trip and get written confirmation they are fit to travel by all the planned days, the desired destination and the condition is not an inconvenience for all the scheduled activities.
3. The Beneficiary may not undertake journey after receiving a terminal diagnosis.
4. In order to access this coverage, the beneficiary must have been stable for more than 12 months.

In case it is determined the reason of the trip was the treatment abroad for a chronic or pre-existing condition, the Emergency Management Center will deny coverage.

Note: the age limit to access medical assistance in case of pre-existing condition is maximum 74 years of age.

XI. EXCLUSIONS APPLICABLE TO ALL SERVICES AND BENEFITS

DOCTOR CARD is excluded from liability to serve in case of:

1. Chronic or existing illnesses suffered before the commencement of the term of the Plan, known or not by the Beneficiary, as well as its complications and consequences even when they appear during the trip. Unless plans that include this benefit.
2. Disease, injury, illness or complications resulting from treatments performed by people or professionals not authorized by the Medical Department or the Emergency Management Center.
3. Homeopathic treatments, acupuncture, physical therapy, spa treatments, podiatry, etc.
4. Criminal intent or criminal action of the Beneficiary, directly or indirectly.
5. Illness treatment or pathological states as a consequence of consumption or intentional administration of toxics, drugs, narcotics or non-prescribed medicines.
6. Expenses incurred in any kind of prosthesis, including artificial teeth, eyeglasses, contact lenses, hearing aids, etc.

7. Events that occurred as a result of training, practice or active participation in professional or amateur sports competitions. Also expressly excluded occurrences consequent to the practice of dangerous sports, including but not limited to: Motorcycling, Motorsport, Boxing, Polo, jet skiing, diving (up to 30 meters maximum), Hang-gliding, karting, ATV, Mountaineering, Skiing, Football, Boxing, Canoeing, Paragliding, Kayaking, Badminton, Basketball Ball, Volleyball, Handball, Karate Do, Kung Fu, Judo, archery, rifle shot, Tejo, Rappel, Rappel, Mountain climbing, bungee jumping, athletics, cycling, Speleology Luge, Skeleton, hunting animals, Bobsleigh, etc., and other sports practiced off tracks and regulations approved by the respective sports federations.
8. Abortions, births, check-ups, tests and pregnancy complications. Also, all the resulting complications during and after pregnancy.
9. All types of mental illnesses, including but not limited to neurosis, psychosis or any other mental illness or psychological condition, as well as its consequences.
10. Conditions, illnesses or injuries resulting from the consumption of alcoholic beverages of any kind.
11. The Acquired Immunodeficiency Syndrome (AIDS) and human immunodeficiency virus (HIV) in all its forms, consequences and implications. Venereal and / or generally, examination and/or treatment that has not received the prior approval of the Emergency Management Center.
12. Event derived from natural disasters, nuclear radiation or radioactivity, as well any other phenomenon with extraordinary character or event that due to its proportions or seriousness it will be considered as a national disaster or catastrophe.
13. Suicide or intent of suicide or wounds self-inflicted by the Beneficiary and or their family, as well as any other act of obvious irresponsibility or imprudence by the Beneficiary.
14. Events derived as consequence of war (declared or not), terrorism, rebellion, civil war, insurrection, military or naval coup, government usurpation, serious alteration of the public order, with or without the personal participation of the Beneficiary or as a member or a civil or military organization.
15. Intentional acts or caused by bad faith by the Beneficiary or its representatives.
16. Routine check-ups, lab tests, tests of controls diagnosis, laboratory tests or radiological or other means, aimed to establish whether the disease is a pre-existence, such as examinations radiology, Doppler, MRI, CT, ultrasound images, scanner of all kinds, etc. The medical examinations to establish whether the condition corresponds to a pre-existing disease or not.
17. Expenditure on public and private transport paid by the Beneficiary from their hotel or location to a hospital, medical center or doctor's office. Unless these expenses have been expressly authorized in writing or orally by the Emergency Management Center.
18. Congenital diseases and their derivatives or consequences, known or unknown to the Beneficiary.

19. Injuries or accidents arising from aircrafts not authorized for public transportation, including private charter flights.
20. Illness, disease or injury arising directly or indirectly from quarrels or fights (unless it were a proven self-defense with police report), strike, acts of vandalism or popular tumult that the Beneficiary has participated as an active member. Or the attempt to commit an illegal act and, in general, any criminal or fraudulent action, including providing information that is different from the reality.
21. Treatment for endemic, epidemic or pandemic disease in countries with and without health emergency if the Beneficiary has not followed the suggestions and/or information on travel restrictions and mandatory vaccinations issued by respective health authorities in each country.
22. Any expense or care that has not been consulted and approved by **DOCTOR CARD** Emergency Management Center.
23. Diseases or ailments resulting from disorders in women menstrual period and delays; and abundant vaginal discharge.
24. Liver diseases such as cirrhosis, abscesses, and others.
25. Exams and/or hospitalization for stress tests and all types of preventive checkups.
26. Any type of hernia and its consequences.
27. Kidnapping or attempted kidnap.
28. Professional Risks: If the reason for the trip was Beneficiary perform work or tasks that involve a professional risk. Illness or work related accidents when performing highly specialized tasks where life is exposed or being exposed to hazardous substances or handling of heavy machinery, or manipulation of gas, air pressure or hydro fluids, or requiring special physical skills.
29. Driver or passenger injuries by the use of any type of vehicles, including bicycles, motorcycles and mopeds without a license or without a helmet, or without insurance policies.
30. Excluded are accidents and illnesses that occur while the Beneficiary is in countries where civil or foreign war. Example: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc.
31. No assistance will be provided to any Beneficiary in illegal immigration or employment status (including undeclared work in the country where attendance, or shocked students working in a foreign country without the appropriate permission from local authorities is required).
32. **DOCTOR CARD** will not be responsible for costs for physiotherapies referred to the treatment of ailments related to work accidents, repetitive tasks or chronic and / or degenerative diseases of the bones or muscles. The physiotherapies will be covered only in case the ailment has been caused by a non-work accident with prior authorization from the Medical Department of the Assistance Services Center in case it is determined that with them the passenger can improve their current condition and under no circumstances, may exceed ten (10) sessions.

In case that it is determined that the reason for traveling abroad was the treatment of a preexisting condition and that the current treatment has any direct or indirect link with the previous condition, **DOCTOR CARD** reserves the right to investigate the connection between the current event and the previous condition.

Agreement of competition: It is expressly agreed between the parties with respect to the contractual relationship between the Beneficiary and the provider Voucher any problem of interpretation of the scope of the same and / or legal claim, which cannot be resolved amicably between the parties, shall be subject to the jurisdiction of the courts of Doral, Florida, excluding any other jurisdiction and jurisdiction that may correspond

No joint services and / or intervention of other enterprises: In no **DOCTOR CARD** case will provide support services to the Beneficiary established in the health care plan of the travel certificate or fee reimbursement of any kind, as long as the Beneficiary requests or has requested services for the same problem and / or condition to any other company, before, during or after they are applied to the supplier.

XII. SUBROGATION

Until the amounts disbursed in compliance with the obligations arising from these general conditions, **DOCTOR CARD** and / or the insurance companies that assume the risk as a result of the **DOCTOR CARD** order will be automatically subrogated in the rights and actions that may correspond to the Beneficiary or to his or her heirs against third-party natural or legal persons by virtue of the event that motivates the assistance rendered and / or benefit paid.

The Beneficiary of the product granted agrees to pay on the spot **DOCTOR CARD** any amount that has been received from the party responsible for the event and / or his Insurance Company (s) as an advance (s) account of the liquidation of the final compensation to which the Beneficiary is entitled; this up to the amount of the payments that would have received from the insurance companies in the case occurred

In addition, **DOCTOR CARD** will be subrogated, it being understood that any insurance, travel assistance and / or medical insurance will have the obligation in the first instance of payment of all or part of the expenses that may be triggered by the event suffered by the Beneficiary.

This without that the enunciation must be understood exclusively, is expressly included in the subrogation before **DOCTOR CARD**:

- a. Accidents in any type of transport that is mandatory coverage of Third-Party Liability Insurance or its equivalent, must cover this insurance in the first instance. In case of overland transport of passengers in excess of the Third-Party Liability Insurance Third Party Liability Insurance will continue the coverage of the policy of contractual civil liability of the vehicle required. In excess of any additional insurance of the land, river or maritime transport, **DOCTOR CARD** will assume up to the indicated amount.
- b. Third parties responsible for a traffic accident.
- c. Third parties responsible for payment of all or part of expenses that may be triggered by the event suffered by the Beneficiary, understood as: national medical insurance of the Beneficiary, travel assistance company, travel assistance coverage included in the card (s) credit of the Beneficiary.
- d. Transport companies, with regard to the restitution - total or partial - of the price of unused tickets, when **DOCTOR CARD** has taken charge of the transfer of the Beneficiary or its

remains. Consequently, the Beneficiary irrevocably cedes in favor of **DOCTOR CARD** the rights and actions included in this clause, being obliged to carry out all the legal acts that for that purpose are necessary and to provide all the collaboration required by reason of the agreed subrogation.

Refusal to provide collaboration or subrogate such rights to **DOCTOR CARD** will be released from the obligation to fulfill the services offered and / or due. Likewise, **DOCTOR CARD** reserves the right to assign all or part of the rights that may arise from the contractual relationship with the Beneficiary, as well as the execution, rendering of services and other obligations under its charge to third professional legal entities. in the branch of assistance to companies in the field.

In this sense, the Beneficiary is aware of this right and therefore expressly waives to be notified or previously notified of such assignments.

XIII. EXCEPTIONAL CIRCUMSTANCES

DOCTOR CARD and its network of service providers, agent or agents are expressly released and will held harmless for cases in which fortuitous events cause delays or prevent the rendering of services due to acts of natural catastrophes, strikes, riots, wars, lock-outs, invasions, sabotage, hostilities, rebellion, insurrection, governmental decree, terrorism, popular uprisings or any other overpowering force including nuclear, biological or chemical. Whenever elements of nature are involved, **DOCTOR CARD** promises to make every effort to meet its commitments once the impeding cause has ceased

XIV. RECOURSE

DOCTOR CARD reserves the right to demand reimbursement from the Beneficiary for any expenses paid in error in the event **DOCTOR CARD** provided services or benefits not considered appropriately under the Plan or rendered outside the period of validity.

XV. DISCLAIMER

DOCTOR CARD does not guarantee the quality of service providers and **DOCTOR CARD** shall be held harmless for the acts or omissions, injuries or damages of any lawyer, doctor, hospital or common carrier whether or not recommended by **DOCTOR CARD** to provide the services included in this agreement. **DOCTOR CARD** only provides services when the Beneficiary requests them and the ultimate selection of the service provider shall be the responsibility of the Beneficiary.

XVI. TERMINATION

Any claim the Beneficiary may have that gives rise to the obligations that **DOCTOR CARD** should or could assume under these General Conditions will terminate unless received in writing within a period of 30 (thirty days) consecutive days beginning on the date in which the event giving rise to the claim took place.