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Compensation for Medical Emergencies

The Compensation for Medical Emergencies benefit will be offered to BENEFICIARIES up to the limit of the benefit, during an ELIGIBLE TRIP. The BENEFICIARIES will use the benefit, either when traveling together or separately.

What is considered a MEDICAL EMERGENCY?

A sudden, unforeseen and urgent medical condition that requires immediate medical services or treatment or surgical treatment to relieve acute pain and suffering during an ELIGIBLE TRIP and which may prevent the ELIGIBLE TRIP's completion, for which the BENEFICIARY seeks treatment, and for which medical services are paid for in accordance with the terms and conditions of these benefits.

How do you get the MEDICAL EMERGENCY benefit?

Should the BENEFICIARY need the services of a physician or a medical service provider, our CUSTOMER SERVICE is there to help him/her. The BENEFICIARY needs to contact our CUSTOMER SERVICE immediately or within 30 days following the date on which the MEDICAL EMERGENCY or ACCIDENT occurred.

What is the amount of the MEDICAL EMERGENCY benefit?

Each BENEFICIARY is entitled to receive up to US\$ 25,000 (€ 30,000 in European Union countries participating in the Schengen Treaty) for the USUAL, REASONABLE AND CUSTOMARY CHARGES incurred for included medical expenses in the event of a MEDICAL EMERGENCY or ACCIDENT during the course of an ELIGIBLE TRIP. All medical expenses included are in excess of any other valid type of insurance that the BENEFICIARY holds. The benefit will not apply in the case of CHRONIC ILLNESS or PRE-EXISTING CONDITIONS. Treatment must be received upon the recommendation of a LICENSED PHYSICIAN and provided during the course of an ELIGIBLE TRIP.

When are the benefits offered?

The benefit will be granted for incidents which have occurred up to the 60th (sixtieth) day of an ELIGIBLE TRIP. Should the BENEFICIARY be hospitalized, the benefit will be extended until the earlier of the following, whichever comes first:

- the maximum limits of the benefit are reached; or
- the BENEFICIARY is discharged from the hospital.

What are the main characteristics of the MEDICAL EMERGENCY benefit?

- ❖ This benefit is valid anywhere in the world, except for the COUNTRY OF RESIDENCE of the BENEFICIARY or the COUNTRY OF CARD ISSUANCE;
- ❖ The benefit is valid for an ELIGIBLE TRIP for up to sixty (60) consecutive days;
- ❖ The benefit of compensation for Medical Emergencies will be offered up to the maximum limit of US\$ 25,000 per BENEFICIARY-;
- ❖ There is no limitation on the number of ELIGIBLE TRIPS; and
- ❖ Benefits in the Schengen area: when the BENEFICIARY travels to any European Union country participating in the Schengen Treaty during an ELIGIBLE TRIP, the maximum benefit for medical expenses will be automatically increased to up to € 30.000 in said country.

What should the BENEFICIARY do if he/she needs emergency medical assistance during an ELIGIBLE TRIP?

The CARDHOLDER, the person designated by the CARDHOLDER or the CARDHOLDER's representative must contact our CUSTOMER SERVICE immediately or within no more than 30 days of the occurrence of the ACCIDENT or MEDICAL EMERGENCY. Delayed communication may result in the loss of the benefit.

Will the BENEFICIARY have to pay for all of his/her medical expenses?

In the event that the BENEFICIARY contacts our CUSTOMER SERVICE due to an ACCIDENT or MEDICAL EMERGENCY, CUSTOMER SERVICE will coordinate the services provided and when possible, pay all of the included medical expenses directly, which will allow the BENEFICIARY to avoid using his/her funds to pay for included medical expenses and have to request reimbursement. Payment by CUSTOMER SERVICE for all included medical expenses on behalf of the BENEFICIARY is only possible if CUSTOMER SERVICE is notified at the point of service and certain documentation is provided as requested by CUSTOMER SERVICE, which enables our CUSTOMER SERVICE to contact the hospital or clinic directly and process the payment, so that the CARDHOLDER is not required to make any payments. However, certain restrictions apply based upon the location and the requirements of the medical provider.

In the event that the BENEFICIARY is unable to, or chooses not to, contact CUSTOMER SERVICE, he/she should contact a LICENSED PHYSICIAN or a licensed and authorized hospital, pay for the services provided and submit the itemized bills for the included medical expenses to CUSTOMER SERVICE to claim reimbursement.

What is included in the Compensation for Medical Emergencies benefit?

The expenses covered by this benefit are the medical and prescription expenses incurred by the BENEFICIARY during an ELIGIBLE TRIP following the recommendations of a LICENSED PHYSICIAN. Subject to the benefit limit, as described above, the benefit includes expenses related to:

- ❖ Services of a physician;
- ❖ Hospitalization and use of operating room;
- ❖ Anesthetics (including their administration), x-rays, or treatments and lab exams;
- ❖ Ambulance services, medications, therapeutic services and supplies; and
- ❖ Emergency Dental Care resulting from an ACCIDENT -, up to a maximum amount of US\$ 1,000.

What hospitals are approved to provide the services?

Hospitals approved to provide the services are those that:

- ❖ Hold a valid license (if required by law);
- ❖ Have as their primary business the treatment and care of ill or injured people;
- ❖ Maintain a staff of one or more physicians available at all hours;
- ❖ Provide 24-hour nursing services and have at least one registered nurse at all hours;
- ❖ Have organized facilities for diagnostics and surgery, whether on location or in facilities made available to the hospital as a result of a previous negotiation; and
- ❖ Are not, except incidentally, a clinic, nursing home, retirement home or place of convalescence for the elderly or a facility operated as a center for treating drug and/or alcohol addiction.

What is not included?

Limitations and Exclusions

1. ANY CHRONIC ILLNESS OR PRE-EXISTING CONDITION AND THEIR CONSEQUENCES OR CONSEQUENCES RELATED THERETO AND/OR ANY RELAPSE OR PERIODS OF CONVALESCENCE. FOR PURPOSES OF THIS LIMITATION AND EXCLUSION, CONSEQUENCES OR CONSEQUENCES RELATED THERETO ARE ANY COMPLICATIONS OR EFFECTS RELATED TO THE **PRE-EXISTING CONDITION** OR **CHRONIC ILLNESS** THAT MAY HAVE ANY CONTRIBUTION TO THE MEDICAL EMERGENCY. SOME EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, ADHESIONS FROM A PRIOR RUPTURED APPENDIX CAUSING A BOWEL OBSTRUCTION; FRACTURE ACROSS AN OLD FRACTURE SITE; ACUTE BRONCHITIS IN A PATIENT WITH CHRONIC BRONCHITIS; EMBOLIC STROKE IN A PATIENT WITH STABLE ATRIAL FIBRILLATION; HEART ATTACKS IN THE PRESENCE OF HIGH BLOOD PRESSURE OR HIGH CHOLESTEROL.

2. ANY MEDICAL EMERGENCY RESULTING FROM A AN ELIGIBLE TRIP UNDERTAKEN AGAINST MEDICAL ADVICE OR OCCURRING WHILE A PRE-EXISTING CONDITION WAS BEING TREATED ABROAD.
3. TREATMENT, COMPLICATIONS OR SIDE EFFECTS RESULTING FROM THE INGESTION OF DRUGS FOR MENTAL OR NERVOUS ILLNESS. TREATMENT OF MENTAL ILLNESS OR NERVOUS DISORDERS. CONSULTATION AND TREATMENT DETERMINED BY A PSYCHIATRIST. ILLNESS, INJURIES AND EXPENSES ARISING FROM THE USE OF NARCOTICS, DRUGS OR MEDICATION TAKEN WITHOUT A PRESCRIPTION. TREATMENT OF ALCOHOLISM OR ANY TYPE OF DRUG ADDICTION AND ANY COMPLICATIONS ARISING THEREFROM INCLUDING, BUT NOT LIMITED TO, SERVICES OR PROGRAMS FOR TREATING ALCOHOLISM AND DRUG ADDICTION.
4. ANY COMPLICATION DUE TO PREGNANCY, CHILDBIRTH, MISCARRIAGE OR ABORTION, INCLUDING THOSE THAT OCCUR DURING THE FIRST TRIMESTER OF PREGNANCY.
5. TREATMENT OF ANY ILLNESS OR SELF-INFLICTED INJURY, SUCH AS SUICIDE OR ATTEMPTED SUICIDE, AND ANY CONSEQUENCES THEREOF, WHICH OCCURRED WHEN THE BENEFICIARY WAS IN A SOUND OR UNSOUND STATE OF MIND.
6. BEING UNDER THE INFLUENCE OF DRUGS OR NARCOTICS, EXCEPT WHEN THEY HAVE BEEN PRESCRIBED BY A LICENSED PHYSICIAN.
7. TREATMENT AND/OR COMPLICATIONS DUE TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) OR ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC). TREATMENT OF SEXUALLY TRANSMITTED DISEASES.
8. CHIROPRACTIC TREATMENT; HOMEOPATHIC TREATMENT; ACUPUNCTURE, OCCUPATIONAL THERAPY, PHYSICAL THERAPY.
9. ANY TREATMENT OR SERVICE PROVIDED BY REHABILITATION INSTITUTIONS OR TREATMENT CENTERS, GERIATRIC INSTITUTIONS OR TREATMENT CENTERS, AND BY INSTITUTIONS THAT ARE NOT HOSPITALS INCLUDING, BUT NOT LIMITED TO, THERMAL BATHS, SPAS AND HYDROTHERAPY CLINICS.
10. ANY DENTAL OR ORTHODONTIC TREATMENT, EXCEPT IN THE EVENT OF EMERGENCY DENTAL CARE.
11. DIAGNOSTIC EXAMS OR TESTS THAT ARE PART OF A ROUTINE PHYSICAL EXAMINATION OR SCHEDULED TREATMENT, INCLUDING, BUT NOT LIMITED TO: VACCINES, ROUTINE EYE AND EAR EXAMS, OPTOMETRY AND VISION CORRECTION, EYEGLASSES, CONTACT LENSES, HEARING AIDS AND ANY KIND OF MAINTENANCE OR ADJUSTMENT THEREOF, PROSTHETICS, PURCHASE OR RENTAL OF HUMIDIFIERS, ATOMIZERS, WALKERS OR CANES, INHALERS, EXERCISE EQUIPMENT OR SIMILAR EQUIPMENT.
12. COSMETIC PLASTIC SURGERY, EXCEPT FOR RECONSTRUCTION SURGERY PERFORMED AS A RESULT OF AN ACCIDENT OR MEDICAL EMERGENCY.

13. ORGAN TRANSPLANTS OR THE TRANSPORT THEREOF;
14. FOOT TREATMENTS INCLUDING, BUT NOT LIMITED TO, CALLUSES, CORNS, FLAT FEET, WEAK ARCHES, CONGENITAL DISEASE AND ANY TYPE OF PROSTHESIS.
15. TREATMENT OF SEXUAL DYSFUNCTION OR SEXUAL ISSUES. SERVICES OR CARE RELATED TO MALE OR FEMALE STERILIZATION. SERVICES OR CARE RELATED TO BIRTH CONTROL.
16. ANY TREATMENT THAT IS NOT RELATED TO AN ACCIDENT OR A MEDICAL EMERGENCY.
17. ANY KIND OF SERVICE OR CARE RECEIVED BY THE BENEFICIARY RELATED TO WEIGHT CONTROL OR THE TREATMENT OF OBESITY, WHETHER IN THE FORM OF DIET, LIQUID INJECTION, MEDICATION OR SURGERY OF ANY KIND.
18. TREATMENT OF ANY MEDICAL EMERGENCY, ACCIDENT OR INCIDENTAL EXPENSES RESULTING DIRECTLY OR INDIRECTLY FROM THE BENEFICIARY'S INVOLVEMENT IN WARS, REVOLUTIONS, CIVIL UNREST, CONSPIRACIES, RIOTS, PUBLIC DISTURBANCES, OR ANY CRIMINAL OR ILLEGAL ACTIVITY, WHETHER AS A PRINCIPAL, AID, OR IN ANY OTHER CAPACITY, INCLUDING, BUT NOT LIMITED TO, PHYSICAL FIGHTS INITIATED BY THE BENEFICIARY.
19. HOTEL, RESTAURANT OR TAXI EXPENSES.
20. ANY COSTS OF MEDICAL CARE AND/OR MEDICAL TREATMENT INCURRED BY THE BENEFICIARY AFTER THE END OF THE ELIGIBLE TRIP, RELATED OR UNRELATED TO AN ACCIDENT OR MEDICAL EMERGENCY THAT APPEARED OR WERE DIAGNOSED WHILE THE BENEFICIARY WAS TRAVELING.
21. WORK-RELATED DISEASES OR THEIR CONSEQUENCES.
22. ANY TREATMENT OR SERVICE THAT IS NOT SPECIFICALLY PROVIDED FOR UNDER THIS BENEFIT.
23. CIRCUMSTANCES RESULTING FROM OR IN ANY WAY RELATED TO FORCE MAJEURE, SUCH AS STRIKES, ACTS OF SABOTAGE, CIVIL OR INTERNATIONAL WARS, RIOTS, TERRORISM, ETC.
24. MEDICAL RECORDS FEES.
25. THE COSTS OF A FUNERAL.
26. ANY MEDICAL TREATMENT, MEDICAL CHECK OR MEDICAL SERVICE KNOWN BEFORE HAND, OR MEDICAL EXPENSES INCURRED WHERE TRAVEL HAS BEEN UNDERTAKEN FOR THE SPECIFIC PURPOSE OF SECURING MEDICAL TREATMENT.
27. TREATMENT OF A MEDICAL EMERGENCY OR FROM AN ACCIDENT RESULTING FROM THE PRACTICE OF A PROFESSIONAL SPORT OR OF ANY SPORT OR ACTIVITY THAT MAY POSE A RISK TO THE BENEFICIARY'S LIFE, RESULTING OR NOT FROM THE BENEFICIARY'S OWN

IRRESPONSIBILITY, LACK OF SKILL, OR LACK OF EXPERIENCE, INCLUDING, BUT NOT LIMITED TO: SKYDIVING, PARAGLIDING, HANG-GLIDING, RAFTING, DRIVING UNLICENSED OFF-ROAD VEHICLES, MOUNTAINEERING, EQUESTRIAN SPORTS, WINTER SPORTS NOT PRACTICED IN A RESORT AND UNDER NORMAL SAFETY CONDITIONS, CAR RACING, MOTORCYCLE RACING AND ANY TYPE OF RACES EXCEPT FOR FOOTRACES, AND UNDERWATER ACTIVITIES.

28. TREATMENT OF A MEDICAL EMERGENCY OR FROM AN ACCIDENT RESULTING FROM THE FAILURE TO ABIDE BY LOCAL LAWS, RULES, REGULATIONS OR NORMAL SAFETY STANDARDS.

The BENEFICIARY is also entitled to the following services worldwide:

- ❖ **Emergency Medical Evacuation:** up to **US\$ 50,000** to include expenses incurred during the course of an ELIGIBLE TRIP should the BENEFICIARY'S MEDICAL EMERGENCY require an emergency medical evacuation, due to a lack of appropriate medical facilities at the site where the ACCIDENT or MEDICAL EMERGENCY occurred. CUSTOMER SERVICE will coordinate and pay for USUAL, REASONABLE AND CUSTOMARY EXPENSES incurred for emergency medical evacuation to the nearest medical facility equipped to provide the adequate emergency treatment;
- ❖ **Repatriation of Mortal Remains:** up to a maximum of **US\$25,000** for USUAL, REASONABLE AND CUSTOMARY EXPENSES in the event of the BENEFICIARY's unexpected death during an ELIGIBLE TRIP. Our CUSTOMER SERVICE will secure the proper governmental authorizations and pay for the USUAL, REASONABLE AND CUSTOMARY EXPENSES to preserve and bring the BENEFICIARY'S mortal remains and the required COUNTRY OF RESIDENCE casket for repatriating the mortal remains to the BENEFICIARY's COUNTRY OF RESIDENCE. THE COSTS OF A FUNERAL ARE EXCLUDED;
- ❖ **Early Return:** up to a maximum of **US\$5,000** to pay for the additional charge imposed by the TRANSPORTATION COMPANY for a ticket change requested for the early return of the BENEFICIARY due to the unexpected death, or MEDICAL EMERGENCY of his/her traveling companion or immediate family member (ascendant or descendent up to the first generation and collateral up to the second generation). If the ticket is not reimbursable and there is no way to change the flight, this benefit will cover an economy class ticket whose cost is lower than the maximum benefit indicated herein. CUSTOMER SERVICE must coordinate and make all the necessary arrangements to bring the BENEFICIARY home;
- ❖ **Trip Interruption:** up to a maximum of **US\$ 500** for the BENEFICIARY'S loss of unused pre-paid travel and/or lodging expenses (that are not eligible for reimbursement, either in cash or credit), in the event that an ELIGIBLE TRIP is interrupted due to an ACCIDENT or MEDICAL EMERGENCY of the BENEFICIARY or BENEFICIARY's traveling companion or immediate family member (ascendant or descendent up to the first generation and collateral up to the second generation);
- ❖ **Convalescence:** up to a maximum of **US\$ 750 (US\$ 150 per day)** to meet the costs of a hotel room if it is determined that the BENEFICIARY needs convalescence as a result of an included hospitalization, due to an ACCIDENT or MEDICAL EMERGENCY. The BENEFICIARY will receive or

be reimbursed for the costs that do not exceed the USUAL, REASONABLE AND CUSTOMARY CHARGES of a hotel room only in case the BENEFICIARY has been hospitalized for five (05) consecutive days or more;

- ❖ **Emergency Family Travel:** up to a maximum of **US\$5,000** if the BENEFICIARY is hospitalized for more than 5 days, provided that said hospitalization is included in this protection, while undertaking an ELIGIBLE TRIP with no companion. Arrangements will be made and the cost of a round- trip economy class air ticket will be paid for so that a family member or a person designated by the CARDHOLDER may stay with the CARDHOLDER. OTHER EXPENSES INCURRED BY THE FAMILY MEMBER OR BY THE PERSON DESIGNATED BY THE CARDHOLDER WILL NOT BE INCLUDED. Maximum benefit will not exceed the amount of US\$ 5,000 per 12-month period;
- ❖ **Return of an Elderly Traveling Companion or Minor:** up to a maximum of **US\$ 5,000** to include the cost of a BENEFICIARY, or the cost for a person who will accompany the minor or elderly dependent during the trip back home, in the event that the BENEFICIARY is hospitalized in a foreign country, except the COUNTRY OF RESIDENCE or COUNTRY OF CARD ISSUANCE for more than five (05) days during an ELIGIBLE TRIP;
- ❖ **Emergency Dental Care:** up to a maximum of **US\$ 1,000** to include the cost of emergency dental treatment, understood as an accidental injury to healthy and natural teeth, that requires immediate treatment for temporary relief of pain and acute suffering;
- ❖ **Out-of-Pocket Prescription Expenses:** up to a maximum of **US\$ 1,000** to meet prescription expenses prescribed by a **LICENSED PHYSICIAN** which are incurred for treating an ACCIDENT or MEDICAL EMERGENCY; and
- ❖ **Legal Expenses:** reimbursement, after a determination that the benefit is included, up to a maximum of **US\$ 1,000** to include legal expenses, should the BENEFICIARY incur this type of expense during an ELIGIBLE TRIP as the result of a false arrest or wrongful detention by any government or foreign power.

What happens if the MEDICAL EMERGENCY is so severe that it results in death or requires an Emergency Medical Evacuation?

In the event of the BENEFICIARY's death during an ELIGIBLE TRIP, our CUSTOMER SERVICE will secure all of the necessary permits and pay the costs of transporting the mortal remains and the necessary casket for the return of the BENEFICIARY's remains to his/her COUNTRY OF RESIDENCE, up to a maximum of **US\$ 25,000**. THE COSTS OF A FUNERAL ARE EXCLUDED. If a LICENSED PHYSICIAN certifies that the seriousness or nature of the BENEFICIARY's illness or injury requires an Emergency Medical Evacuation, and provided that this evacuation is approved and authorized by CUSTOMER SERVICE upon consultation with the attending physician, the BENEFICIARY may count on up to **US\$ 50,000** for expenses incurred in the evacuation during the course of an ELIGIBLE TRIP.

Does the Emergency Medical Evacuation need to be pre-approved?

Yes, the evacuation must be approved and authorized by CUSTOMER SERVICE upon consultation with the LICENSED PHYSICIAN in charge, who will certify that the ACCIDENT or MEDICAL EMERGENCY requires the Emergency Medical Evacuation. The BENEFICIARY must obtain pre-approval from our CUSTOMER SERVICE, who will then make arrangements for the Emergency Medical Evacuation.

Under what conditions is the provision for Emergency Medical Evacuation granted?

The BENEFICIARY's medical condition must require immediate evacuation from the place of ACCIDENT or MEDICAL EMERGENCY to the nearest hospital equipped to provide the medical treatment he/she needs; and/or if after being treated at a local hospital, his/her medical condition requires transport to the nearest qualified medical facility or to his/her COUNTRY OF RESIDENCE for further hospitalization.

What type of transportation will be provided in the event of an Emergency Medical Evacuation?

Any means of land, water or air transportation needed to transport the BENEFICIARY during an Emergency Medical Evacuation will be provided. Special transportation includes, but is not limited to, air ambulances, land ambulances and/or private cars.

Does the Repatriation of Mortal Remains require pre-approval?

Yes, first and foremost, our CUSTOMER SERVICE must be contacted, and provided that the claim is approved, CUSTOMER SERVICE will make all of the arrangements for the Repatriation of Mortal Remains.

Is pre-approval required in the case of an Early Return?

Yes. Before using the Early Return benefit, the BENEFICIARY must obtain pre-approval from our CUSTOMER SERVICE, who will then make arrangements for his/her transport.

How can the CARDHOLDER obtain a certificate of benefits during an ELIGIBLE TRIP to European countries that participate in the Schengen Treaty?

The CARDHOLDER must call our CUSTOMER SERVICE to request a certificate. This certificate will be sent by fax or email at no additional cost to the CARDHOLDER.

General Definitions

- ❖ **BENEFICIARIES:** The Visa Platinum CARDHOLDER, his/her spouse and children considered ECONOMICALLY DEPENDENT, minor of 23 years of age.
- ❖ **SPOUSE:** person related to the CARDHOLDER by marriage or common-law marriage (stable relationship), under the applicable laws in force.

- ❖ **ECONOMIC DEPENDENTS:** CARDHOLDER's single children and under 23 years old who cumulatively: (a) reside with the CARDHOLDER or is under his/her responsibility; and (b) are financially supported by the CARDHOLDER. This definition includes the CARDHOLDER's stepchildren.
- ❖ **CUSTOMER SERVICE:** Communication channel and available facilities (equipment, systems and staff) which purpose is to make the interface between Visa and customers. It can be accessed through the following telephone numbers: 1-800-396 9665 (USA and Canada) and 1-303-967-1098 (other countries), and can always be made by collect call.
- ❖ **TRANSPORTATION COMPANY:** company that operates a MEANS OF TRANSPORTATION, including an AIRLINE COMPANY.
- ❖ **MEANS OF TRANSPORTATION:** any means of transport operated by a TRANSPORTATION COMPANY under a valid license for paid transportation of passengers, including:
 - **AIR:** aircraft operated by an AIRLINE COMPANY, duly authorized by the competent authorities to operate regular scheduled flights;
 - **LAND AND SEA:** all those included in this definition, WITH THE EXCLUSION OF (i) rental vehicles, except those that have been rented by a TRANSPORTATION COMPANY for paid transportation of passengers; (ii) taxis, (iii) car rental companies' transfers, hotels or parking outside the boundaries of the airport;
- ❖ **AIRLINE COMPANY:** company listed in the Official Airline Guide (OAG) or in the ABC World Airways guide and that has a license, certificate or similar authorization for the regular air transportation issued by the competent authorities of the country in which the aircraft is registered and, in accordance with such authorization, maintains and publishes flight schedules and service fees to passengers for flights between airports at regular and specific schedules.
- ❖ **CARDHOLDER:** individual who holds an active and valid Visa Platinum Card, issued in its name in Latin America or Caribbean, as holder or additional holder.
- ❖ **CLAIM FORM:** document to be supplied by CUSTOMER SERVICE, upon notification of an incident or request for benefit, which must be filled out and returned together with the required documents within the deadlines for each of the benefits presented.
- ❖ **USUAL, REASONABLE AND CUSTOMARY CHARGES:** means that the benefit to the BENEFICIARY will include medical treatment, supplies and services that are medically necessary, provided that they do not exceed the typical or standard charges for similar medical treatment, supplies or services in the community or the locality where the medical treatment is provided.
- ❖ **CHRONIC ILLNESS:** means any diagnosed illness or abnormal physiological condition that exists over time and is unresolved or recurrent (or thought to be resolved or cured). Some examples

include, but are not limited to: cancers; fractured bones, whether repaired or not; diabetes; hypertension; atherosclerosis, coronary artery disease; osteoporosis; chronic lung disease; asthma; and chronic adhesions after abdominal infection or surgery, or any other illness or condition that falls into the definition of chronic illness, determined by a physician.

- ❖ **COUNTRY OF RESIDENCE:** means the country in which the BENEFICIARY keeps his/her effective, fixed and permanent home and main place of residence and to which the BENEFICIARY intends to return.
- ❖ **COUNTRY OF CARD ISSUANCE:** means the country in Latin America or Caribbean where a BENEFICIARY had his/her VISA card issued by a bank.
- ❖ **ELIGIBLE TRIP:** an itinerary, outside of the BENEFICIARY's COUNTRY OF RESIDENCE and COUNTRY OF CARD ISSUANCE, which satisfies any of the following characteristics:
 - full amount of the tickets were paid to a TRANSPORTATION COMPANY with a valid Visa Platinum Card; or
 - the tickets were purchased by redeeming points from a loyalty program, provided that the boarding fee and possible taxes due have been paid with a Visa Platinum Card; or
 - if no boarding fee or taxes are levied, just the tickets purchased through redemption of points obtained upon utilization of the Visa Platinum Card.
 - The benefits provided are only valid for an Eligible Trip for up to sixty (60) consecutive days of such Eligible Trip.
- ❖ **ACCIDENT:** means a sudden, unexpected, uncontrollable and unexpected physical event that happens to the BENEFICIARY due to external, violent and visible causes during an ELIGIBLE TRIP.
- ❖ **SCHENGEN CERTIFICATE:** means that when the BENEFICIARY travels to any European Union country participating in the Schengen Treaty during an ELIGIBLE TRIP, the maximum benefit for medical expenses will be automatically increased to up to € 30.000 in the event of a MEDICAL EMERGENCY occurring at said country.
- ❖ **MEDICAL EMERGENCY:** a sudden, unforeseen and urgent medical condition that requires immediate medical services or treatment or surgical treatment to relieve acute pain and suffering.
- ❖ **PRE-EXISTING CONDITION:** means any condition that occurs within one hundred eighty (180) days of the date on which the individual's benefit will become effective (inclusive) for which the BENEFICIARY has sought or has been advised to seek treatment by a LICENSED PHYSICIAN or for which there are symptoms that would lead a prudent person to seek diagnosis, care or treatment.
- ❖ **LICENSED PHYSICIAN:** means a professional with a degree in medicine or doctor of osteopathy qualified to provide medical services or perform surgeries in accordance with the laws of the

country where these professional services are performed. THIS DEFINITION EXCLUDES CHIROPRACTORS, PHYSICAL THERAPISTS, AND HOMEOPATHIC AND NATUROPATHIC THERAPISTS.

- ❖ **REWARDS PROGRAM:** means a program developed/offered by an International Visa Card and its Issuing Bank allowing you to obtain value (mileage points, cash, etc.) and redeem rewards (goods, trips, etc.) under your eligible Visa Rewards Program or any frequent traveler's rewards program or additional tickets on which taxes and fees have been charged at the time of issuance of a ticket paid with an International Visa Card .

How do I submit a claim?

The CARDHOLDER, the person designated by the CARDHOLDER or the CARDHOLDER's representative must contact our CUSTOMER SERVICE immediately or within thirty (30) days of the date of the ACCIDENT or MEDICAL EMERGENCY. Delayed communication may result in the loss of benefit.

Timeframe for submitting documentation: No more than ninety (90) days from the notification date.

The documents required for compensation of the medical emergencies benefit are:

- ❖ Copy of your Visa Platinum Card statement, copy of the ticket for air, sea or land transportation related to the ELIGIBLE TRIP and proof that it was entirely paid for with the CARDHOLDER'S Visa Platinum Card.
- ❖ Copy of receipts provided by your medical service provider.
- ❖ Proof of travel dates
- ❖ Copy of the documentation pertaining to any other valid and collectible insurance.
- ❖ Copy of all medical reports, including the name and address of the medical facilities used and the physicians who provided the services.
- ❖ CLAIM FORM duly completed.
- ❖ In the case of Repatriation of Mortal Remains, a notarized copy of the death certificate and itemized bills for the services contracted.

Please submit all the above mentioned digitized documentation to the CUSTOMER SERVICE at clienteassist@axa-assistance.us. Or, if you prefer, send the information via courier to the address below:

AXA Assistance USA, Inc.
122 S. Michigan Avenue, Suite 1100
Chicago, IL 60603 – USA

Account and Billing Information

Important: the CARDHOLDER must contact the financial institution that issued his/her card directly for questions related to his/her account, such as account balance, line of credit, billing information (including exchange rates used in the transactions), commercial disputes or information on additional services not described in this guide. The telephone number for your financial institution is available in your monthly bill.

Keep all the Program General Provisions in Mind

All assistance services described herein are subject to change or cancellation. Therefore, this document may be altered from time to time and we ask you to consult it. This assistance is effective the later of July 1, 2004, the date your bank elected this benefit, or the date of issuance of your card, and will cease on the date your assistance services are terminated.

This description of the assistance is not a contract of insurance and is intended to be a general informative statement of the assistance services made available by Visa Inc. throughout Latin America and Caribbean Region. In some instances, according to the assistance contract, the laws in the jurisdiction where your local Visa Card has been issued, the US Dollar benefit shown will be converted to equivalent local currency and certain details of the benefit may differ from what is outlined in this document.

Complete provisions pertaining to these services are contained in the assistance services contract on file with Visa Inc., Latin America and Caribbean Region, Miami, Florida. If a statement in the description of the assistance services and description of the assistance services contract differ, the local requirements pertaining to assistance programs in the jurisdiction where your International Visa Card has been issued will govern. The assistance services are administered by:

AXA Assistance USA, Inc.

If you need to submit a claim or have questions regarding this program, call the Visa Assistance Center, 24 hours a day, 365 days a year.

PLEASE NOTE: the benefits described above do not apply to all International Visa Cards in Latin America and Caribbean Region. Please check with your bank if the benefit applies to your International Visa Card.