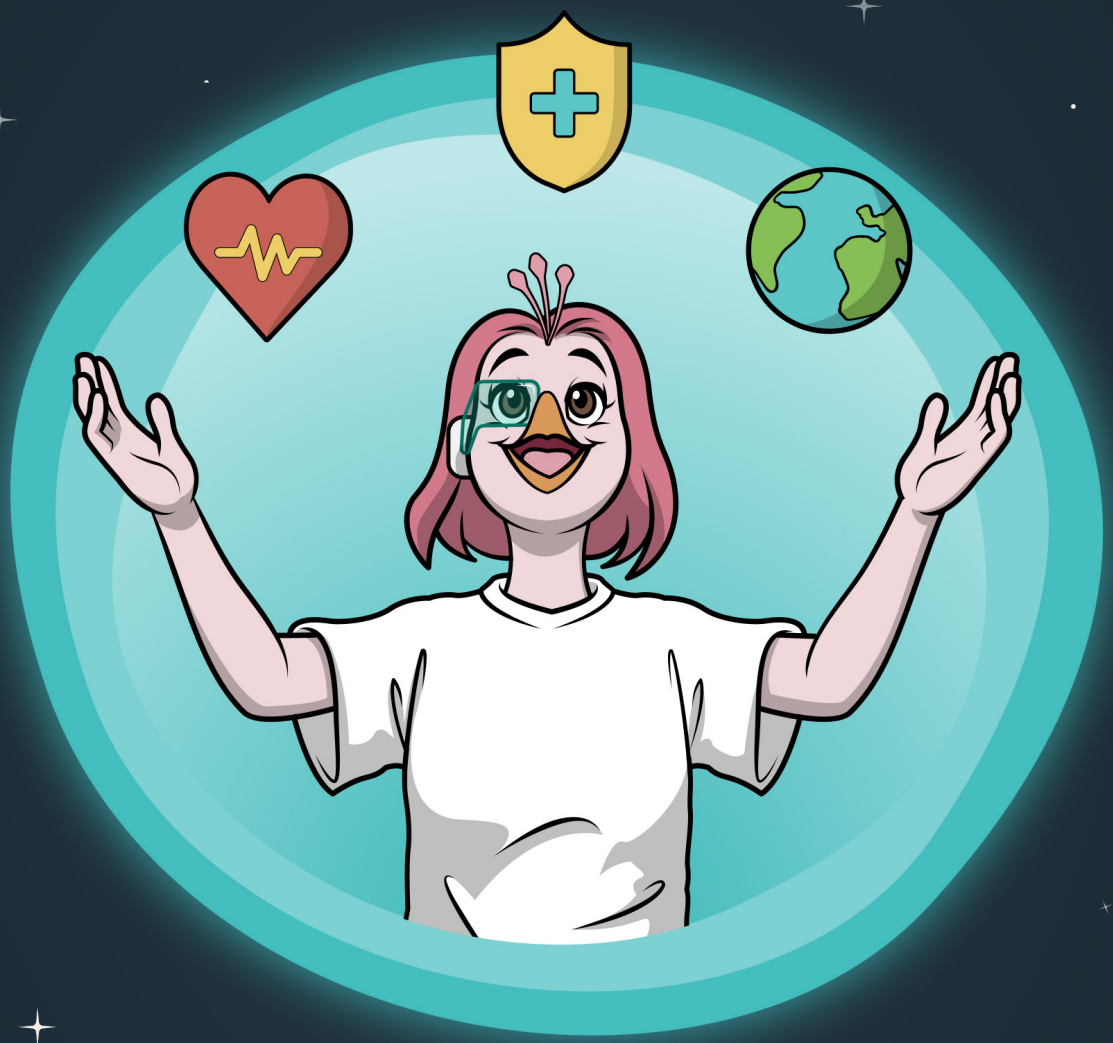
Certificate of insurance

SWI II-DOC-NC2.0

Global insurance for Nomad Citizens

Effective date **1 July 2026**



SafetyWing

SafetyWing insurance I.I. is organized under chapter 61 of the puerto rico insurance code.

No coverage issued by this insurer is protected by any guarantee or insolvency fund in Puerto Rico.

Certificate of insurance for Nomad Citizens

What is this insurance?

This is an individual insurance intended to protect you and your family from unexpected financial burdens. It includes coverage for your travels, health, and income, and for your family's income in the event of your death.

The overall annual limit for all claims is $1,500,000, subject to sub-limits for specific benefits. All amounts listed are maximum limits per **active insurance period** unless otherwise stated, and are not guaranteed payouts. We reimburse actual, eligible costs up to the listed limit. All amounts stated in this policy are in U.S. dollars.

You can buy this insurance if you:

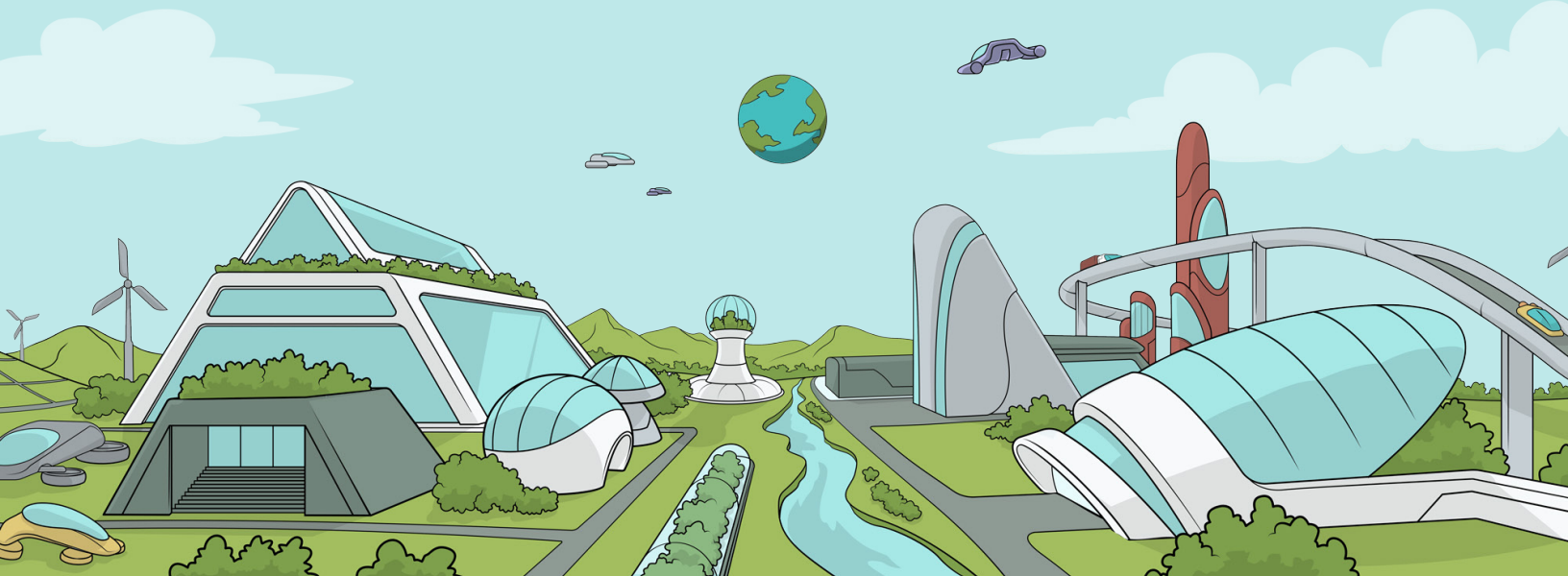
- Have an active membership in the **sponsoring organization**
- Are under age 56
- Are actively receiving income of at least $4,000 per month, either through employment or self-employment

Family members can be added to the plan if they are:

- Your spouse or domestic partner under the age of 56
- Your children under 18 (biological, adopted, step-children, or minors under your legal guardianship)

You can also add **family members** within 30 days of being added to your household under the above definitions, or if they lose their existing insurance. Children are eligible to be covered under your plan until they are 18 years old can access all coverage listed in this document except for:

- All coverage listed under "Income"
- The death benefit "Term life"



Overview



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Summary of what's covered

Annual max limit: **$1,500,000**





Health | Travel | Income | In the event of your death

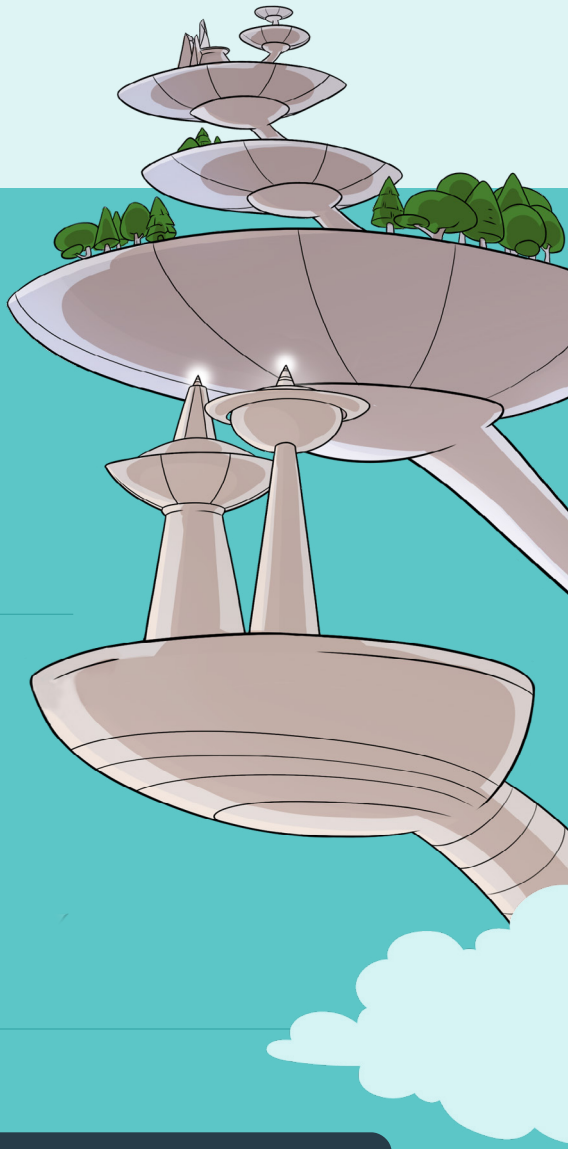
	Coverage limit per year
Clinic visits, prescriptions, physical therapy, specialists (outpatient)	**$5,000**
Hospitalization	**Up to max limit**
Outpatient surgery and procedures	**$500,000**
Dental	**$1,500**
Vision	**$500**
Preventive care	**$500**
Psychiatry and clinical psychology	**15 visits/year, up to $5,000 outpatient limit**
Wellness therapies	**15 visits/year, $60/visit**
Emergency ambulance	**Up to max limit**
Maternity care	**$4,500**
Maternity complications and newborn coverage	**$50,000**
Emergency medical transport and return	**$100,000**

Durable medical equipment	**$1,500 per medical condition**
Rehabilitation and specialized treatments	**$500,000**
Nurse care at home	**Up to 60 days**
Parent accommodation if child is hospitalized	**Up to max limit**
Public hospital cash benefit	**$150/night up to 30 nights**
Palliative care	**$50,000**
External prosthesis	**$1,000**
Congenital disorders	**$25,000, $50,000 lifetime max**
HIV/AIDS treatment (pre-existing excluded)	**$50,000**
Organ/tissue transplant	**Up to max limit** **$50,000 of medical expenses for the live donor**



Trip delay	**$60 for a 3-8 hour delay or $150 for 8+ hour delays, additional $150/night after the initial 8 hours. Up to $450 per trip and $900 per year**
Trip interruption	**$5,000 for one-way economy ticket**
Trip cancellation	**$300/trip, $600/year**
Delayed checked luggage	**$150 per item, up to $300 per year**
Lost checked luggage	**$500/item, $3,000/year**
Inaccessible or cancelled accommodation	**$150/night, $300/year**
Burglarized accommodation	**$500/item, $3,000/incident, $6,000 lifetime max**
Visit from a family member in relation to a serious illness or injury	**$6,000 for a one round-trip economy ticket and reasonable expenses up to 15 days**
Evacuation from local unrest	**$10,000 lifetime max**
Robbery	**$1,000/item, $300 for cash or cash equivalent, $10,000 lifetime max**
Support for your child if you're hospitalized	**$5,000**
Support for your pet if you’re hospitalized	**$1,000**
Stolen wallet	**$150/incident, $450 lifetime max**
Stolen passport or travel visa	**$100/incident, $300 lifetime max**
Stolen personal electronics	**$1,000/item, $3,000/year, $6,000 lifetime max**

Health | Travel | **Income**



Unexpected loss of income (full-time, salaried)	**$4,000/month for up to 6 months** **Waiting period: 2 years**
Unexpected loss of income (variable income)	**$4,000/month for up to 3 months** **Waiting period: 2 years**
Medical leave	**$4,000/month for up to 6 months** **Waiting period: 1 year**
Parental leave	**$4,000/month for up to 4 months for the birthing parent, 2 months for a co-parent** **Waiting period: 3 years**
Long-term critical illness or disability	**$4,000/month until you are 60** **Waiting period: 3 years**
Long-term care support	**$4,000/month from ages 61-75** **Waiting period: 3 years**

In the event of your death

Burial or return of your remains	**$20,000 to return your remains** **$10,000 for local burial/cremation**
Accidental death & loss of limb	**$12,500 for loss of a limb or sight in one eye up to $25,000** **$100,000 to your beneficiary in case of accidental death**
Term life	**$4,000/month to your beneficiary for 3 years**

Exclusions: what is not covered?

Everything listed below applies to all parts of the coverage.

1. Any treatment that is not **medically necessary**, except as described under "[Health] Wellness therapies" and "[Health] Preventive care".
2. Charges exceeding usual, reasonable, and customary standards.
3. Any **illness** or **injury** resulting from an epidemic, pandemic, public health emergency, natural disaster, or other disease outbreak when a **health warning** has been in effect before your **start date** or if you choose not to leave the area mentioned in the **health warning** within 10 days following the date the warning is issued.
4. Any birth defects, congenital **illnesses**, or hereditary conditions, except those described in the section "[Health] Congenital disorders".
5. Contraception for voluntary use or family planning.
6. Impotency or sexual dysfunction.
7. HPV or genital herpes, except for cervical cancer.
8. **Substance abuse** or substance addiction, or any **illness** or **injury** that happened as a result of **substance abuse** or substance addiction.
9. Sleep apnea or other sleep disorders.
10. Obesity and weight modification (example: gastric bypass).
11. **Mental illness**, except as described in the sections "Health: Clinic and outpatient services" and "Health: Hospitalization," and if it is a complication of a covered condition.
12. Self-inflicted **illness** or **injury**.
13. Suicide or attempted suicide.
14. **Injury** that happened as a result of being drunk on alcohol or intoxicated by other drugs, except drugs that were prescribed by a **physician**.
15. **Illness** or **injury** resulting from a motor vehicle accident where you were operating a vehicle without a valid license for that vehicle type, or were not complying with local safety requirements such as wearing a seatbelt or helmet.
16. **Injury** sustained from participation in a riot or insurrection.
17. Treatments for hair loss or growth
18. Any costs related to cosmetic or aesthetic reasons, except for reconstructive **surgery** when such **surgery** is directly related to and follows **surgery** for a covered

Click on the highlighted word to go to the full term definition

illness or **injury**.

19. Any modifications of the body intended to improve the psychological, mental, or emotional well-being (for example: sex-change **surgery**).

20. Cryopreservation, implantation, or re-implantation of living cells.

21. Investigational, experimental, or for research purposes, meaning procedures, services, or supplies that deviates from generally accepted standards of current medical practice.

22. Any treatment not administered by or under the supervision of a **physician**, and products that can be purchased without a doctor's prescription, except as described in "Health: Wellness therapies".

23. Any service provided by a **family member** or any person who ordinarily resides with you.

24. Any service provided at no cost to you, payable under any government system or under worker's compensation or employer's liability laws, or by any coverage provided or required by law.

25. Failure to keep a scheduled appointment.

26. Charges resulting from or occurring during the commission of any violation of law, excluding minor traffic violations.

27. War, military action, or while on duty as a member of a police or military force unit.

28. Travel or accommodations, except as explicitly described in this insurance.

29. Anything that happened outside of an **active insurance period**.

30. Complications or consequences of treatment, **illness**, or **injury** which was not covered by this insurance.

31. Administrative and customs fees unless explicitly covered by this insurance.



32. Orthodontic treatment or any other device or treatment to align teeth (example: braces).

33. Payments that violate economic or political sanctions.



34. **Illness** or **injury** from training for or participating in professional sports.

35. Any loss, injury, illness, damage, cost, or expense arising from intentional self-endangerment, meaning you deliberately and knowingly place yourself in an avoidable situation with a high likelihood of harm.



36. Anything that is not described as covered in this insurance.

Definitions

→ **Accident**: A sudden, unintentional, and unexpected occurrence caused by something external and visible which happens beyond your control and which results in physical **injury** or death to you.

→ **Active insurance period**: The period of time from the **start date** to the **end date** as written in your **confirmation of coverage** (1 year for this plan).

→ **Activities of daily living**: Basic tasks people need to manage daily life, such as **eating**, **washing**, **dressing**, **continence** (using the toilet), **mobility**, and **transferring**.

→ **Beneficiary**: The person who would receive a reimbursement from this insurance if you die. You choose your beneficiary when you sign up for the insurance. If you didn't choose a beneficiary or they died, the beneficiary status is automatically assigned to the next person in this order:

- If you are older than 18, your spouse/domestic partner. If you don't have one, it will go to your children, split equally. If you also don't have children, it will go to your estate.
- If you are younger than 18, your custodial parents. If you don't have custodial parents, it will go to your siblings, split equally. If you also don't have siblings, it will go to your estate.

→ **Cancer - excluding all early-stage cancers** (critical illness): Means any malignant disease characterized by uncontrolled growth and spread of malignant cells invading the tissue of different histological types. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

The benefit will pay for any of the following diagnoses:

1. Hodgkins/Non Hodgkins lymphoma stage II or higher on Ann Arbor classification system
2. Leukaemia causing clinically relevant anaemia
3. Brain tumour stage II or higher on the 2016 WHO Classification of Tumors of the Central Nervous System
4. Any other tumour stage II or higher on UICC TNM Classification of Malignant Tumors – 8th edition

No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the **start date**.



→ **Confirmation of coverage**: The email that is sent to you after purchase confirms the plan type, the dates of your **active insurance period**, your member number, family members added, and the notable exclusions of this plan.





→ **Continence**: The ability to manage bowel or bladder function, using protective undergarments or surgical appliances if appropriate, such that an adequate level

of personal hygiene can be maintained; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

→ **Dressing**: The ability to put on, take off, fasten, and unfasten all necessary clothing and, as appropriate, any braces, artificial limbs, or other surgical appliances that are medically necessary.

→ **Eating**: The ability to absorb food or drink, if necessary, with the help of appropriate aids, once it has been prepared and made available.

→ **End date**: The date your coverage stops, as written on your **confirmation of coverage**. The specific time your coverage stops is at the end of the day at 00:00 in UTC timezone, 365 days after your **start date**.

→ **Essential ability**: Physical functions critical to daily life: the ability to see, hear, speak, sit, stand, walk, or climb stairs.

→ **Family member**: Biological or step parent, biological or step child, current spouse, biological or step siblings, aunts, uncles, grandparents, grandchildren, parents in law, children in law, or siblings in law.

→ **Health warning**: A health warning is considered to be in place when either of these are true:

1. The **United States Centers for Disease Control & Prevention (CDC)** have issued a Warning Level 3 (Red) for the location/country or worldwide.
2. The **World Health Organization (WHO)** has issued advice against travel to the area or country.

→ **Heart attack - resulting in severely impaired heart function** (critical illness): Death of heart muscle in a limited area due to an occlusion of coronary arteries, being evidenced by all of the following symptoms:

a. Typical symptoms of an acute heart attack

b. New characteristic electrocardiogram (ECG) changes suggestive of heart attack

c. Transient increase of cardiac troponin T or I or cardiac enzymes, including CKMB, above the generally accepted laboratory reference levels for heart attack

d. Proof of permanent left ventricular ejection fraction below 40%, measured at the earliest one month after the event





→ **Home country**: The country you have chosen as your primary base, where you return to between travels or where you keep a permanent address. Your home country is used solely to coordinate travel benefits, and does not represent a declaration of legal residence or domicile for any purpose under this policy.



→ **Hospital**: An institution which:

a. Legally operates as a hospital and is licensed by the state or country where it operates

b. Operates primarily to receive, care for, and treat sick or injured people who need to be admitted to a hospital

c. Provides 24-hour nursing service by registered nurses either on duty or on call

d. Has a staff of one or more **physicians** available at all times

e. Provides organized facilities and equipment for diagnosis and treatment of unexpected medical conditions

f. Is not primarily a rehabilitation facility, long-term care facility, extended care facility, nursing, rest, custodial care, or convalescent home, a place for the aged, drug addicts, alcoholics, runaways, or similar.

→ **Hospitalization/Hospitalized**: Overnight stay after being admitted to a **hospital**.

→ **Illness**: A sickness, disorder, illness, pathology, abnormality, ailment, disease, or any other medical, physical, or health condition. Illness does not include learning disabilities, attitudinal disorders, or disciplinary problems.

→ **Injury**: An unexpected and unforeseen harm to the body caused by an **accident** that requires medical treatment.

→ **Kidney failure** (critical illness): Means the chronic, irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out. The diagnosis has to be confirmed by a certified nephrologist.

→ **Life-threatening**: Capable of causing imminent death. Any disease or condition that could reasonably be expected to result in serious harm or death without prompt medical treatment.

→ **Lifetime max**: The maximum amount of money that you can get reimbursed from us in your lifetime.

→ **Max limit**: The maximum amount of money that you can get reimbursed from us for a given benefit or **active insurance period**. This **plan**'s **max limit** is $1,500,000 per **active insurance period**. Specific limits are indicated with each benefit. The max limit includes both expenses directly connected to the claim, as well as any other indirect expenses which are necessary for the processing of a claim. Such expenses can include but are not limited to bank charges, translation fees and any other associated, non-medical expenses.



→ **Master Policy**: The Master Policy is a legal contract between the Policyholder and the insurance carrier.



→ **Medically necessary**: Anything involved in the treatment or diagnosis of your **illness** or **injury** must be based on generally accepted current medical practice and prescribed by a properly licensed medical professional to be covered. This excludes experimental or off-label use of medication. Unnecessary extra measures taken for convenience or comfort are not covered. We determine what is medically necessary.



→ **Mental illness**: A mental or emotional disease or disorder, which generally denotes a disease of the brain with predominant behavioral symptoms; or

a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. For example: psychosis, depression, schizophrenia, bipolar affective disorder.

→ **Mobility**: The ability to move indoors from room to room on a level surface at the normal place of residence, if necessary, with the help of appropriate aids, such as a walking frame, walking stick, etc.

→ **Outpatient**: **Medically necessary** treatment by a **physician** for **illness** or **injury** that does not require **hospitalization**.

→ **Physician**: A properly licensed medical provider holding a medical degree from an accredited institution. **Physician** also includes a properly licensed Certified Nurse or a Physician Assistant under the direction of a medical doctor.

→ **Policy**: The **Master Policy** document, and any endorsements, riders or amendments that will attach during the Policy period.

→ **Policyholder**: The entity shown as the Policyholder in the **Master Policy**.

→ **Preventive health**: Routine medical services aimed at detecting or reducing the risk of illness or disease. This includes, but is not limited to, health screenings, vaccinations, and diagnostic tests for establishing a baseline or monitoring, not in response to an existing symptom or diagnosis.

→ **Sponsoring organization**: The organization that provided access for you to enroll in this insurance plan.

→ **Start date**: You choose the start date of your **active insurance period** when you sign up, and you can find your chosen start date in your **confirmation of coverage** and on your SafetyWing profile. Your start date begins at 00:01 (12:01 am) of that date in UTC timezone, or at the time you receive your **confirmation of coverage**, whichever is later.

→ **Stroke - resulting in severe neurological dysfunction** (critical illness): Means the death of brain or spinal cord tissue in a limited area caused by an acute non-traumatic hemorrhage or ischemia within the skull or spine, which results in severe, permanent, and irreversible neurological dysfunction.







All of the following criteria must be fulfilled:

a. The diagnosis has to be supported by an imaging technique, e.g., computed, tomography (CT), magnetic resonance imaging (MRI) that proves the relation between the new neurological dysfunction and the newly affected area within the skull or spine.

b. The assessment of the permanent and irreversible neurological dysfunction can be made no sooner than 3 months after the stroke event. Neurological dysfunction means:

   i. Complete loss of independence for at least one of the six activities of daily living (ADLs), even using assistive devices, or

   ii. Inability to communicate with the environment by verbal speech, or

iii. Inability to achieve a score of more than 15 in a Mini-Mental State Examination (MMSE).

The following are not covered:

a. Transient ischaemic attack (TIA)

b. Stroke of indeterminate age

c. Stroke diagnosis based only on biomarkers

d. Stroke affecting only the olfactory or vestibular functionality or the eye

→ **Substance abuse**: Alcohol, drug, or chemical abuse, overuse, or dependency.

→ **Transferring**: The ability to move into or out of a bed, chair, or wheelchair.

→ **Travel carrier**: A public transportation company that provides commercial travel services, such as airlines, bus companies, train services, and cruise lines.

→ **Travel warning**: A travel warning is considered to be in place the first time when either of these are true:

- **The US Department of State** issues a level 3 or level 4 travel advisory.
- **The Foreign, Commonwealth & Development Office** officially advises against travel to the destination.

→ **Washing**: The ability to wash by any means, maintaining a reasonable level of personal cleanliness, if necessary with the help of appropriate aids, for example by using hand rails or bath lifts.

→ **Year**: Refers to the **active insurance period** listed in your **confirmation of coverage** when related to waiting periods and benefit frequencies. For other references, it follows the ordinary meaning of a 12-month period.

→ **You/Your** means the person named in your **confirmation of coverage**.

→ **Your insurance** refers to the coverage described in your **confirmation of coverage**.



→ **We/Us/Our** refers to SafetyWing.

→ **$** refers to the United States dollar.





Health

Health

The maximum annual limit for health claims is $1,500,000 (same as the overall plan limit) unless a sub-limit is stated below, which apply per **year** or **active insurance period**. For each claim, we need to confirm that treatments and services are **medically necessary** based on notes by your prescribing **physician**.

We will also only cover up to usual, reasonable, and customary costs for the region: this means that based on published industry standards, we will cover up to the expected cost of a procedure in that region.

Documentation commonly needed for health claims:

- Itemized invoice of services and receipt
- Medical report typically stating why care was **medically necessary**, symptom(s), date of onset, and diagnosis
- Treatment plan
- Prescription for medication
- Test or lab results

Click on the highlighted word to go to the full term definition

① Clinic and outpatient services

$5,000

We will cover up to $5,000 for all combined expenses outside of **hospitalization**, as described below.

Emergency room care: Up to max outpatient limit
We will cover costs of treatment in the emergency room, as long as it does not result in a **hospitalization**.

Physician & specialist visits: Up to max outpatient limit
We will cover the cost for **physician** and specialist visits in the clinic or **hospital** office.

Medications: Up to max outpatient limit
We will cover the cost of medically necessary medications, reasonable in type and quantity, prescribed by your **physician** to treat a covered **illness** or **injury**. This includes disposable equipment or supplies required to administer the medication, such as syringes or injection devices.

Covered medications must be approved by the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA), or another recognized national medicines regulatory authority. We may verify the approval status of a medication with the relevant regulatory authority when assessing a claim.

We must pre-approve and coordinate delivery for highly specialized medications including, but not limited to, Interferon beta-1a, pegylated interferon alfa-2a, interferon beta-1b, etanercept, adalimumab, bevacizumab, ciclosporin A, azathioprine and rituximab.

> We do not cover:
>
> - Medications not approved for a specific diagnosis, or off-label or experimental use
> - Over-the-counter medications

Physical therapy: Up to max outpatient limit
We will cover costs for physical therapy and rehabilitation outside of **hospitalization**, as long as it is part of a **medically necessary** treatment plan.

Psychiatric care: Up to 15 visits a **year**
We will cover costs for psychiatric, psychological, or therapeutic treatment outside of **hospitalization**, as long as it is part of a **medically necessary** treatment plan for a clinical diagnosis.

Diagnostic tests: Up to max outpatient limit
We will cover medically necessary tests such as X-rays, CT/MRI scans, ultrasound, and blood tests.

Wellness therapies: $60/visit, 15 visits a year
We will cover costs for therapies including, but not limited to, acupuncture, podiatry, chiropractics, naturopathy, homeopathy and dieticians.

Allergy treatments: Up to max outpatient limit
We will cover treatment for allergies, such as allergy testing, desensitization therapy, and prescribed medication, as long as it is part of a medically necessary treatment plan.

② Hospitalization



Up to max limit

We will cover charges for hospitalizations including, but not limited to:

- Standard private room and board
- Emergency room care leading to hospitalization
- Surgery and reconstructive procedures
- Medications and tests
- Dialysis
- Cancer tests and treatment
- Psychiatric care up to 30 days
- Emergency dental care

③ Outpatient surgery and procedures



$500,000

We will cover surgery when you are not hospitalized (as a day patient or outpatient) in a hospital, clinic, or medical office.

④ Dental



$1,500

We will cover up to $1,500 for routine care, basic treatment, and major treatment. We do not cover orthodontics or related treatments to align teeth, such as braces.

⑤ Vision

$500

We will cover up to $500 for:

- One eye exam
- Contact lenses
- Standard lens enhancement
- One set of glasses every two **years**

⑥ Preventive care

$500

We will cover vaccinations and **preventive health** screenings and diagnostics, including broad-spectrum blood tests and multi-indicator health panels.

⑦ Emergency ambulance

Up to **max limit**

We will cover the costs of an emergency ambulance to a **hospital**, excluding air transport.

⑧ Maternity

$4,500

We will cover costs related to pregnancy, natural deliveries, cesarean deliveries, and postnatal care for up to 30 days after **hospital** discharge.

Keep in mind that:

a. You have been covered under this insurance plan for at least one **year**

b. Only one insured per family can receive maternity care coverage in a **year**

c. We do not cover conditions from fertility treatments, assisted fertility procedures, or pregnancies not covered by this **policy**



⑨ Newborn coverage and maternity complications



$50,000

We will cover medical expenses for pathology or treatment resulting from complications of pregnancy and/or delivery and for **illness** or **injury** of the newborn diagnosed within the first 30 days, such as respiratory distress, prematurity, hypoglycemia, low birth weight, and birth trauma, as long as:

a. The newborn is from a pregnancy covered by this **policy**

b. The newborn is added to the plan as a dependent **family member** within 30 days of birth

We will also cover emergency pregnancy complications that pose an immediate threat to the member's life, such as ectopic pregnancy, even if the pregnancy itself is not covered.

The coverage ends when the newborn is discharged or after 30 days if not added to the plan within the established period, whichever comes first.

> We do not cover:
>
> - Congenital or hereditary conditions.
> - Conditions from fertility treatments or assisted fertility procedures.
> - Pregnancies not covered by this **policy**.
> - Bed rest or typical pregnancy symptoms not requiring **hospitalization**.

⑩ Emergency medical evacuation and return



$100,000

We will arrange and provide for emergency transport by air, ground or sea ambulance for medical treatment or to return after being transported for medical purposes.

Emergency medical transport

We will only cover emergency transport by air ambulance as long as:

a. The emergency treatment must be for a condition or **accident** covered by this **policy**

b. The member's life or limbs must be in danger

c. The required treatment must not be available where the member is located

d. The transport must be provided by a licensed entity with qualified staff and equipment

e. The transport must be to the nearest **hospital** where treatment is available

f. We arrange and coordinate the emergency transport

Returning to where you were transported from

We will cover a return economy ticket for you and one companion to the place from which you were evacuated within 90 days of **hospital** discharge. We will help coordinate this for you.

⑪ Rehabilitation & specialized treatments



$500,000 or 30 days per medical condition

We will cover **medically necessary** physical therapy, speech therapy, or occupational therapy after a **hospitalization** covered by this **policy**. We must approve the coverage in advance based on the treatment plan, estimated cost and proof of medical necessity.

⑫ Nurse care at home



Up to **max limit** up to 60 days

We will cover costs for medical home care prescribed by your doctor for up to 60 days, including services from certified nurses or therapists, but excluding custodial care. We must approve the coverage in advance based on the treatment plan, estimated cost and proof of medical necessity.

⑬ Durable medical equipment



Up to $1,500 per medical condition

Durable medical equipment, such as prosthetics, wheelchairs, or respirators, is covered within six months of the diagnosis of a condition covered by this **policy**, whether or not you are **hospitalized**.

⑭ Parent accommodation if your child is hospitalized

Up to **max limit**

If your child under 18 is **hospitalized**, the cost for you to stay with them overnight is covered, as long as:

a. The child is also covered by this insurance

b. The charges are included as a line item in the **hospital** bill

If the room cost already includes an adult's stay, this coverage will not apply and cannot be used for any other expenses related to the accompanying adult or the **hospitalization**.

⑮ Public **hospital** cash benefit

$150/night, up to 30 nights

If you are admitted to a public **hospital** and receive treatment free of charge, we will reimburse you $150 per night for up to 30 nights, as long as that treatment would have been covered by this insurance.

⑯ Palliative care

$50,000

We will cover palliative care if you have a terminal **illness** covered by this **policy**, as long as:

a. You have a medical diagnosis stating you have 180 days or less to live

b. The care is provided by a medically supervised team in an accredited hospice

c. We pre-approve and coordinate this care in advance

⑰ External prosthesis

$1,000

We will cover an external prosthesis to replace a missing body part.

⑱ Congenital disorders

$25,000, $50,000 **lifetime max**

Costs for any congenital disorder are covered, except for any issues resulting from fertility treatments or assisted fertility procedures, regardless of when they appear.

⑲ HIV/AIDS treatment

$50,000

We will cover up to $50,000 for pre- and post-diagnosis consultations, routine check-ups to monitor the progress of the condition, medication and dressings (except experimental or unproven ones), and **hospital** stays, including nursing fees.

For any of the above HIV/AIDS treatments to be covered:

a. We coordinate and approve this coverage in advance.

b. The HIV antibodies or AIDS virus were not detected before your plan started or within the first 36 months of the plan.

If HIV or AIDS is detected before the waiting period is up, we will still cover cases that are the result of an **accident** at your job (such as working in emergency services or as a medical practitioner) or a blood transfusion during a **medically necessary hospitalization**.

⑳ Organ/tissue transplant

Up to **max limit**

We will cover costs for organ or tissue transplant, including up to $50,000 of medical expenses for the live donor.

For a transplant to be covered:

a. No other treatments are available that offer the same results

b. It can't be due to a failed transplant before your plan started or a non-approved transplant after your plan started

c. It does not involve artificial or animal organs

Travel

① Trip delay



$60 for a 3-8 hour delay or $150 for 8+ hour delays with an additional $150 per night after the initial 8 hours. Up to $450 per trip and $900 per year

In the case of a delay of your transportation, you can get a reimbursement for incurred costs such as meals, lounge pass and accommodation, as long as:

a. The delay is at least 3 hours for a $60 reimbursement, or at least 8 hours for a $150-$450 reimbursement ($150 per night after the initial 8 hours).

b. Your scheduled transportation by airplane/bus/train/boat for which you had a valid ticket was delayed or cancelled with no replacement within the time limits, or you were part of a traffic accident while on your way to the place of departure that caused you to miss the original departure incurring a rebooking later than the time limits.

c. Your transportation was arranged by a company that has scheduled routes and ticketed passengers (e.g., a delayed taxi or rented bus is not covered).

> We may need:
>
> - Your original itinerary from the travel carrier
> - Proof of delay and replacement booking
> - A police report if the delay was related to a traffic accident that you were a part of

② Trip interruption



A one-way economy ticket by air or ground transport up to $5,000

We will reimburse you for costs to return to your home country or an approved alternative to attend one of the following unexpected events:

a. Fire or extreme weather destroys more than 40% of your home

Click on the highlighted word to go to the full term definition



b. Death or **hospitalization** due to **life-threatening illness** or **injury** of a parent, spouse, sibling, child or grandchild back home

If you need to travel somewhere outside of your home country, we will only cover up to what it would have cost to get to your home country.

> We may need:
>
> - Your original itinerary from the **travel carrier**
> - Evidence of when you were notified of the event
> - Evidence of the loss event, such as a certificate of death, police report, or home insurance claim
> - Receipt for a one-way economy ticket back home

③ Trip cancellation



$300 per trip, up to $600 per year

You are covered if you need to cancel an upcoming trip for one of the following reasons:

a. An illness or injury

b. Death of spouse, parent, child, grandchild or sibling

c. A natural disaster, terrorism or outbreak of war at the destination

d. A legal obligation such as jury duty or being called to active military service

e. A mandated quarantine

f. Your passport or other necessary travel documents were stolen

This is only covered if:

g. The incident that caused the cancellation happened after you booked the trip

h. The legal obligation is not related to a crime you committed or are suspected of committing

> We may need:
>
> - Your original itinerary from the **travel carrier**
> - A note from your treating physician advising against travel (if cancellation is due to illness or injury)
> - Proof of the cause of the mandated quarantine, if applicable
> - Legal documentation (if cancellation is due to a legal obligation)
> - Proof of death (if cancellation is due to the death of a family member)
> - A police report (if cancellation is due to stolen travel documents)

④ Delayed checked luggage

$150 per incident, up to $300 per year

You are covered for checked luggage that doesn't show up with your flight or cruise, which is not returned to you within 6 hours after your arrival, as long as:

a. You are not covered for homebound transportation.

b. You filed an incident report with the airline/cruise line.

c. The delay is not due to customs or other regulatory authorities holding your luggage.

> We may need:
> - Your original itinerary from the travel carrier
> - A copy of the report you filed with the travel carrier
> - Luggage claim tags

⑤ Lost checked luggage

$500 per item up to $3,000 per year

We will reimburse the cost of replacing checked luggage that goes missing while in the care of the **travel carrier**, such as the airline or bus company, and is lost for at least 10 days, as long as:

a. You have a paid ticket and were on the **travel carrier**

b. You have a checked baggage receipt or other evidence that the luggage was in possession of the carrier

c. You have reported the missing luggage to the carrier and followed their instructions and forms to try to get your luggage back

d. We determine reimbursement based on valuations at the time of loss and market data available at the time the claim is decided

If you receive a settlement or payout from the travel carrier for the loss, we will cover the difference between that amount and the amount of the loss, up to the benefit limit.

> We may need:
> - Your original itinerary from the travel carrier
> - A copy of the report you filed with the travel carrier
> - Documentation from the carrier that your bag was checked and is still missing after 10 days
> - Proof that you owned the missing items, such as a purchase receipt or appraisal

⑥ Inaccessible or cancelled accommodation

Up to $150/night, $300/year

We will reimburse you for alternative accommodation and transportation to get there if your pre-booked accommodation is cancelled or inaccessible, as long as:

a. The accommodation was cancelled by the vendor, or is inaccessible (for example, self check-in doesn't work or the host doesn't show)

b. You found out the accommodation was inaccessible or uninhabitable at check-in or within **12 hours** before check-in

> We may need:
> - Proof of the original booking and payment (confirmation email, receipts)
> - Confirmation from the vendor that the accommodation was cancelled or inaccessible
> - Receipts for alternative accommodation and transportation

⑦ Burglarized accommodation

$500 per item, up to $3,000 per year, $6,000 lifetime max

We will reimburse you for personal items stolen if your accommodation is burglarized, as long as:

a. The burglary was not caused by your negligence or carelessness (for example, leaving a door unlocked)

b. Electronics are not covered

c. We will determine reimbursement based on valuations at the time of loss and market data available at the time the claim is decided

> We may need:
> - A police report filed within 24 hours of discovering the burglary
> - Proof of ownership and value of the stolen items (for example, receipts and photos)

⑧ Visit from a family member in relation to a serious illness or injury

A one economy round-trip ticket by air or ground transport and reasonable expenses up to 15 days, $6,000 per year

We will cover one economy round-trip ticket, plus reasonable transportation, housing, and food costs for one **family member** to visit you if you are hospitalized (or about to be hospitalized), as long as:

a. You are confined to an ICU, or you are **hospitalized** due to a **life-threatening** covered **illness** or **injury**

b. The **hospitalization** is expected to last longer than 36 hours and is the result of an unforeseen **illness** or **injury**

> We may need:
>
> - Tickets and receipts for the related expenses

⑨ Support for your children if you are hospitalized



A one-way economy ticket by air or ground transport or paid childcare in the area up to $300 a day, up to $5,000 a year

If you are **hospitalized** and need to send your child back to your home country or the nearest appropriate caregiver, we will reimburse the cost of the ticket as long as:

a. Your child is under 18 years old

b. Your child is traveling with you and also covered under this insurance

c. There is no one else in your family over 18 years old on the same trip that can care for your child

d. You were **hospitalized** for more than 36 hours or an illness or injury covered by this insurance

e. The paid childcare provider is not a **family member**

f. The transport to a caregiver does not exceed the cost of returning to your home country

> We may need:
>
> - Your original itinerary from the **travel carrier**
> - Confirmation you are the only **family member** over 18 years old on the trip
> - Evidence of when and how long you were **hospitalized**
> - Receipt for a one-way economy ticket back to your child's home

⑩ Support for your pet if you are hospitalized

A one-way economy ticket by air or ground transport or paid petcare in the area up to $100 a day, up to $1,000 a year

If you are **hospitalized** while traveling alone with a pet and they would be left unattended, we will arrange and provide transportation for your pet to return to your home country or the nearest appropriate caregiver, as long as:

a. The **illness** or **injury** that caused your **hospitalization** is covered by this insurance

b. You are **hospitalized** for longer than 36 hours

c. There is no one else over 18 years old on the same trip that could care for your pet

d. The paid petcare provider is not a **family member**

e. The transport to a caregiver does not exceed the cost of returning to your home country

> We may need:
>
> - Your original itinerary from the **travel carrier**
> - Confirmation you are the only person over 18 years old on the trip
> - Evidence of when and for how long you were hospitalized

⑪ Evacuation from local unrest:

$10,000 **lifetime max**

If a **travel warning** is issued for your area while you're outside your **home country**, we will arrange and provide transportation for you to return to your **home country** or to the nearest safe country (approved by us) using the cheapest option, as long as:

a. Your coverage started before the **travel warning** was issued

b. There was no **travel warning** when you arrived

c. You let us know within 10 days of the **travel warning** to arrange your evacuation

d. You work with us to decide which safe country you will go to

> We may need:
>
> - Your original itinerary from the **travel carrier**
> - Proof of when you were notified about the **travel warning**

①② Robbery



$1,000 per item, $300 for cash/cash equivalent, $10,000 **lifetime max**

If your personal belongings and/or money (including cash, traveler's cheques, cheques, postal and money orders) are taken from you or from your immediate presence by force, violence, or threat of force, you are covered for reimbursement of the value of the personal belongings taken from you, as long as:

a. The incident is reported to the police within 24 hours from the event. A written report must be provided as proof that the report was made.

b. The robbery must not be a result of dishonest or criminal acts by you.

c. Electronics are not covered.

d. You provide proof of ownership of your personal belongings before they were taken from you (for example with a receipt of the purchase). For cash or cash equivalent, you provide evidence of the initial withdrawal of the cash/source of funds.

e. We will determine the reimbursement value of your belongings based on valuations at the time of loss and market data available at the time of claim decision.

> We may need:
>
> - Proof that your belongings existed before they were taken from you, such as purchase receipts

①③ Stolen wallet



$150 per incident, up to $450 **lifetime max**

We will reimburse you if your wallet is stolen, as long as:

a. You took reasonable care for the safety of your wallet

b. The theft is reported to the police within 24 hours

> We may need:
>
> - A copy of the police report

⑭ Stolen passport or travel visa



$100 per incident, up to $300 **lifetime max**

We will reimburse you to replace your passport or travel visa if it is stolen, as long as:

a. You took reasonable care for the safety of your passport/visa

b. The theft is reported to the police within 24 hours

> We may need:
>
> - A copy of the police report

⑮ Stolen personal electronics



$1,000 per item, up to $3,000 per **year**, $6,000 **lifetime max**

We will reimburse you for some of the value of the items if your personal electronics are stolen, as long as:

a. You took reasonable care for the safety of your electronics

b. The theft is reported to the police within 24 hours and a written report is provided as proof that the report was made

c. You provide proof of ownership of the electronics before they were stolen

d. We apply a 50-month straight-line depreciation rule. Under this approach, items are depreciated at a rate of 2% per month from the original purchase date, based on the purchase value. As a result, items that are 50 months old or more would have no remaining reimbursement value

We cover: Laptops, cameras, lenses, smartphones, e-readers, music players, tablets, earphones, iPads, AirPods, drones, smartwatches, headphones, portable wi-fi devices and portable gaming devices including computer mouse

We may need: Proof of purchase or ownership of stolen item(s)

Income

Income

If you experience an unexpected loss of income, you can receive temporary or long-term support for as long as you're unable to work. These benefits are available exclusively to you and your spouse/domestic partner included on the plan. You can only access one benefit for income loss at a time.

① Unexpected loss of income (full-time, salaried)



We will provide up to $4,000 per month for up to 6 months if all the following apply:

a. You unintentionally lose your job

b. Your income has decreased by 90% averaged over 90 consecutive days

c. You are actively seeking jobs or income that match your skills and education

d. You have been covered under this insurance plan for at least 24 consecutive months before losing income

e. Once available, you provide your tax return of the year you had lost income

You can access this benefit for up to 6 months every 24 months.

> We may need:
>
> - To verify your termination
> - Documentation showing the loss of income and your previous income for the last year, e.g., tax returns or bank statements
> - To check that you are actively seeking jobs

② Unexpected loss of income (variable income)



We will provide up to $4,000 per month for up to 3 months if all the following apply:

a. Your income has decreased by 90% or more averaged over 90 consecutive days due to termination or inability to agree upon a new contract

b. Your average income for the last year is lower than the year before that

c. You are actively seeking jobs or income that match your skills and education

d. You have been covered under this insurance plan for at least 24 consecutive

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months before losing income

e. Once available, you provide your tax return of the year you had lost income

You can access this benefit for up to 3 months every 24 months.

> We may need:
>
> - Documentation showing the loss of income and your previous income for the last 2 years
> - To verify that your income loss was outside of your control
> - To check that you are actively seeking jobs or income

③ Medical leave



We will provide up to $4,000 per month if all the following apply:

a. Your income has decreased by 90% averaged over 30 days because of an ongoing medical condition covered by this plan

b. You have been covered under this insurance plan for at least 12 consecutive months before loss of income due to the medical condition

You can access this benefit for up to 6 months every 24 months, not including the first 30 days of lost income.

> We may need:
>
> - Medical certificate(s) confirming continued inability to work
> - To coordinate a second opinion from a relevant professional
> - To confirm income loss due to inability to work

④ Parental leave



We will provide $4,000 per month for 4 months if you are the birthing parent, or 2 months if you are the non-birthing parent if all the following apply:

a. You have a baby or assume guardianship of a child

b. You have been covered under this plan for at least 3 consecutive years before the event

c. You will lose income from having to take time off work to care for your child

You can use this benefit at any point within the first year of the baby's life or when you assume guardianship. You can get parental leave once every three years. We will adjust the benefit if you become a parent from adoption, surrogacy or legal guardianship.

Please start your parental leave claim as early as possible, ideally as soon as you know you'll be taking leave. We require at least 4 months' notice before paying out any installments.

> We may need:
>
> - A birth certificate or equivalent documentation
> - To verify that you have taken time away from work resulting in loss of income

⑤ Long-term critical illness or loss of ability



We will provide up to $4,000 per month until you are 60 years old if you lose your income for one of the following reasons:

- You have permanently lost an **essential ability**, such as the ability to see, hear, speak, or perform physical functions critical to daily life, such as sitting, standing, walking, or climbing stairs.
- You are diagnosed with one of the following critical **illnesses**: **heart attack - resulting in severely impaired heart function**, **cancer - excluding all early stage cancers**, **kidney failure**, or **stroke - resulting in severe neurological dysfunction**.
- You require long-term care due to the inability to perform 3 out of 6 **activities of daily living**: bathing, dressing, transferring, toileting, eating, or maintaining continence.

This benefit is available once you've been covered by this plan for at least 3 consecutive **years** before the event that caused your income loss.

> We may need:
>
> - Medical certificate(s) confirming the loss of an essential ability or diagnosis of a critical **illness**
> - To coordinate a second opinion from a relevant professional
> - To confirm income loss due to medical condition(s) impacting your ability to work
> - Documentation of income before and after losing work to confirm loss of income

If you had previously claimed for short-term income protection, the dollar amount of the monthly payment received under income protection will be subtracted from each long-term support payment, for the same number of months you received income protection. After this period, you will receive full payments under long-term support, provided all other conditions of the policy are met.

⑥ Long-term care support

We will provide up to $4,000 per month from the ages of 61 to 75 if you lose your income from being totally and permanently unable to work for one of the following reasons:

- You have lost an **essential ability**, such as the ability to see, hear, speak, or perform physical functions critical to daily life, such as sitting, standing, walking, or climbing stairs.
- You require long-term care due to the inability to perform 3 out of 6 **activities of daily living**: bathing, dressing, transferring, toileting, eating, or maintaining continence.

> We may need:
>
> - Medical certificate(s) confirming the condition and need for long-term care
> - To coordinate a second opinion from a relevant professional
> - To verify that the condition directly impacts your ability to perform essential daily activities

If you had previously claimed for short-term income protection, the dollar amount of the monthly payment received under income protection will be subtracted from each long-term support payment, for the same number of months you received income protection. After this period, you will receive full payments under long-term support, provided all other conditions of the policy are met.

In case of death

If you die, we will help with arrangements for your body and provide your family with financial support.

① Burial or return of your remains



We will cover up to $20,000 to transport your body or remains to your **home country** or another requested location (approved by us) or up to $10,000 for local burial or cremation if:

a. The **illness** or **injury** that caused your death was covered by this insurance

b. Travel arrangements are approved in advance and/or coordinated by us with your **beneficiary** or **family members**

Your **beneficiary** can claim for either transportation or local burial/cremation.

- If transportation is chosen, we will cover the expenses for transportation and reasonable preparation to get your remains to the airport closest to your home address (or seaport or station, depending on the mode of transportation).
- If local burial is chosen, we will cover the cost of burial or cremation in the country where you died.

> We may need:
>
> - Your death certificate
> - To obtain independent confirmation of your death

② Accidental death & loss of limb



We will provide $12,500 for loss of a limb or sight in one eye, $25,000 for loss of two limbs or two eyes, and/or a cash payout of $100,000 to your beneficiary if you die from a covered accident as long as:

a. It was due to a bodily **injury** caused by external, violent, and visible means

b. The **injury** is covered by this insurance

c. Your death occurred within 30 days of the accident, and nothing other than the **injury** contributed to your death

For children under 18, the maximum payout is limited to $25,000.

Note that:

- A loss of limb means you lost your arm/hand at the wrist or higher, or your leg at the ankle or higher.

Click on the highlighted word to go to the full term definition

- In case of death from that accident, any amount previously paid for the loss of limbs or eyes will be subtracted from this payout.
- You are not covered for death caused by terrorism, war or act of war.

> We may need:
>
> - A medical report confirming loss of limb
> - Your death certificate
> - To obtain independent confirmation of your death

③ Term life



If you die from a covered **illness**, we will provide up to $4,000 per month to your **beneficiary** for 3 years or until they die, whichever comes first

This benefit is available only to you and your spouse/domestic partner on the plan after being covered under this insurance plan for at least 1 **year** before the death. It is paid to the **beneficiary** you have listed in your account information. If it cannot be paid to the **beneficiary** (e.g., if they die first), it will be paid to your next of kin.

> We may need:
>
> - Your death certificate
> - To obtain independent confirmation of your death
> - To obtain information about the cause of your death

Disclaimers and legal notices

SafetyWing Insurance I.I.
This Description of Coverage is issued to the eligible participant pursuant to the Master Insurance Policy issued by Us to the Policyholder in Puerto Rico.

Policies are currently underwritten by SafetyWing Insurance I.I. which is a licensed insurance carrier incorporated in Puerto Rico, under the regulatory jurisdiction of the Office of the Commissioner of Insurance of Puerto Rico, company number 52139818. Registered address is 802 Ave. Juan Fernández Juncos, San Juan, Puerto Rico 00907. These details can be checked on the Office of the Commissioner of Insurance of Puerto Rico website: **https://www.ocs.pr.gov/en-us**

Pursuant to the **Master Policy**, eligible participants are eligible to receive coverage from the Policyholder if they meet the requirements provided in the classes of eligible persons provided in the **Master Policy**.

By purchasing this insurance, you are certifying that you are age 55 or under, and plan to be outside your passport country or country of primary residence for more than half the year. You also agree that this insurance is not intended to be primary coverage in a location where you would otherwise be required to be covered under a domestic major medical plan, and this plan is void in locations where not allowed. We cannot set up direct payments with providers or send reimbursements to banks in **sanctioned countries**.

A summary of the coverage provided to you through the **Policy** is provided above. In the event of any discrepancies between this description of coverage or the **Master Policy**, the **Master Policy** will control.

Termination
This plan covers you for the duration indicated on your plan documents. However, we have the option to cancel the coverage for all people within the same risk categories as you. We may cancel this Policy by providing at least thirty (30) days' prior written notice to your registered email address.

Notwithstanding the above, we may terminate this Policy with immediate effect upon written notice in any of the following circumstances:



- You have provided information that is false, inaccurate, incomplete, or misleading, or has engaged in fraud, and such information or conduct may have affected our decision to provide coverage or the terms under which coverage was made available



- You request cancellation of the coverage in accordance with the cancellation provisions set out in this Policy, or fail to pay the applicable premium when due



- You submit a claim or supporting documentation that is determined by us to be fraudulent. In the event of fraud, you shall be responsible for reimbursing us for any amounts paid in connection with such claim, whether paid to you or directly to a healthcare provider

- The provision of coverage, payment of claims, or continuation of coverage would

expose us or any related entity to sanctions, prohibitions, or restrictions under resolutions of the United Nations or under trade or economic sanctions laws or regulations of the United States, the European Union, or the United Kingdom, including where you reside in, are located in, or are otherwise subject to such sanctions.

If this Policy is terminated due to fraud, attempted fraud, or material misrepresentation:

- We may determine that no refund of premium is payable for any unused portion of the Policy period
- We reserve the right to recover from you any amounts paid in connection with fraudulent or invalid claims, whether paid to you or directly to a healthcare provider
- Coverage shall cease as of the effective date indicated in the written notice of termination

The early cancellation of the Policy shall be without prejudice to your rights. We will only be responsible for the payments of covered expenses under the terms of this Policy, incurred prior to the cancellation date. Any treatment incurred after the cancellation date of the Policy will not be covered regardless of when the illness or injury first appeared, or if any additional treatment is required.

Right to treatment
Nothing contained in this insurance restricts or interferes with your right to select the hospital, physician or other medical service provider of your choice. Nothing contained in this insurance restricts or interferes with the relationship between you and the hospital, physician or other providers with respect to treatment or care of any condition, nor your right to receive, at your own expense, services and/or supplies that are not covered under this insurance.

Law and Jurisdiction



You cannot take legal action to claim insurance benefits until you provide us with written proof of your claim for at least 180 days. After that, you may file an arbitration action (as explained below) or, if you have opted out of arbitration, you have up to two years to bring a lawsuit. The subjects of this Insurance are not intended or considered to be resident, located, or expressly to be performed in any particular jurisdiction. This insurance is only offered for purchase via the internet in the Turks & Caicos Islands, and you have completed your purchase on a "self-procurement" basis in the Turks & Caicos Islands. The laws of Puerto Rico will govern and interpret this agreement.



Arbitration
UNLESS YOU OPT-OUT, ANY DISPUTES BETWEEN YOU AND SAFETYWING INSURANCE I.I. WILL BE RESOLVED THROUGH BINDING ARBITRATION. THIS MEANS YOU CANNOT FILE A LAWSUIT OR PARTICIPATE IN A CLASS ACTION OR SIMILAR LEGAL ACTION.



Arbitration and Class Action Waiver

Except for certain claims, all disputes related to this insurance will be resolved through arbitration based on Puerto Rico's laws. The arbitration will be conducted individually,

and both parties waive the right to participate in a class action or similar legal action. The arbitration will take place in Puerto Rico or through alternative means agreed upon, and the American Arbitration Association will administer the process. The arbitrator will make the final decision, and it can be enforced by a court if necessary. Both parties will keep the arbitration process and any awards confidential.

Opting Out of Arbitration

If you do not want to participate in arbitration, you can send a written notice to SafetyWing within 60 days of your purchase. This notice should be sent to **legal@safetywing.com**, attention to the Chief Legal Officer.

Data Protection

Please review SafetyWing's privacy policy on their website at **safetywing.com/privacy-policy**. We follow strict data protection practices and only allow employees and partners with a need to access your personal information to do so. We will not share your personal information with third parties unless required by law or legal process.

In our business activities, SafetyWing will collect, store, and process your personal data. This privacy policy provides information about how we gather, use, process, and disclose the personal data we collect from you or that you provide to us. Personal data refers to information about a living person that can identify them. We are responsible for protecting your data according to relevant data protection laws, including the European Union General Data Protection Regulation (EU) 2016/679, UK GDPR, PIPEDA, Argentine Personal Data Protection Law, Brazil's General Data Protection Law, Chile's Law for the Protection of Private Life no. 19.628, Colombia Law No. 1581, Mexico's Federal Law on the Protection of Personal Data, Peru Law No. 29733, Uruguay's Protection of Personal Data and Habeas Data no. 18.331, Costa Rica Laws No. 7975 and 8968, as well as other laws related to processing or transferring personal information across different countries. Please read the privacy policy carefully to understand how we use your personal data and your rights.

Rights of Third Parties

You cannot assign insurance benefits to a **hospital**, **physician**, or any other provider. They do not have any direct or indirect claims or rights against us.







Important Notice and Disclaimer Concerning the United States Patient Protection and Affordable Care Act

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.