

GENERAL
CONDITIONS

PREMIUM
Death Insurance REPATRIATION
OF FOREIGNERS CATEGORY



**GENERAL
CONDITIONS**

PREMIUM

Death Insurance REPATRIATION OF FOREIGNERS CATEGORY

CONTENTS

GENERAL CONDITIONS	Page
<hr/>	
Preliminary article	
-Definitions	4
<hr/>	
Policy deed bases	
Death cover	
Art. 1. Object of insurance Repatriation of foreigners Category	5
Art. 2. General characteristics	5
Art. 2.1. Death	5
Art. 2.2. Serious illness	5
Art. 2.3. Calculation of the contribution	6
Art. 2.4. Persons insured by the policy	6
- Health questionnaire	6
- Execution, legal effects and termination of the contract	7
- Age and health status	7
- Amount insured and updates	7
Art. 3. Payment of contributions	8
Art. 4. Uninsured risks	9
Art. 5. Claims procedure	9
Art. 6. Prescription and jurisdiction	10
Art. 7. Waiting periods	10
Art. 8. Claims and complaints procedures	10
Art. 9. Insurance concurrency	12
Travel assistance cover	
Art. 10. Object of the travel assistance cover	12
Art. 11. Travel assistance. Benefits for the insureds	13
Art. 12. Travel assistance. Other benefits	15
Art. 13. Travel assistance. Assistance to persons	16
Art. 14. Special assistance for foreigners	18
Summary of covers	19

GENERAL CONDITIONS

INSURER

PREVISORA AGRO-INDUSTRIAL, insurer, with registered office in Spain at No. 20 Via Laietana in Barcelona, and Tax ID Certificate No. G-08745234, operates under the supervision and control of the Spanish authorities through the Directorate General for Financial Policy, Insurance and Treasury of the Ministry of Economy and Knowledge of the Government of Catalonia, appears in the Registry of Mutual Provident Societies of Catalonia (*Registre de Mutualitats de Previsió Social Voluntària de Catalunya*) with No. 0029, and has due administrative authorization to operate in the branches that it sells.

APPLICABLE LEGISLATION

This policy deed is governed by the provisions of the Insurance Contract Law 50/1980, of 8 October (*Boletín Oficial del Estado-BOE-Official Spanish Parliamentary Gazette* of 17 October 1980); by Law 20/2015, of 14 July, on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies, and in its implementation regulations; Royal Decree 1060/2015, of 20 November, on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies; Royal Decree Law 3/2020, of 4 February, transposing Directive (EU) 2016/97 EU on insurance distribution; Law 10/2003 of Mutual Provident Societies (BOE of July 18), and by the Regulation of Mutual Provident Societies approved by Royal Decree 1430/2002, of 27 December (BOE of 17 January 2003); Regulation (EU) 2016/679 on Protection and Processing of Personal Data; Organic Law 3/2018 of 5 December on Protection of Personal Data and Guarantee of Digital Rights; Royal Legislative Decree 7/2004, of 29 October, and amended by Law 12/2006, of 16 May, on the Legal Statute of the Insurance Compensation Consortium (BOE of 17 May 2006), and any adaptations thereof that may arise.

AWARD OF CONSENT TO THE INSURER

Pursuant to the provisions of Regulation (EU) 2016/679 on the Protection and Processing of Personal Data, the policyholder, the insured and the beneficiary award the insurer their express consent for their personal data to be included and processed in an automated file, for which PREVISORA AGRO-INDUSTRIAL, Via Laietana, 20, àtic - 08003 Barcelona, is responsible, **and whom they may contact to exercise their rights of access, rectification, erasure, restriction, portability and opposition.**

The data provided will be dealt with confidentially and kept for as long as the insurance contract is effective or the time necessary to meet the applicable legal obligations and to comply with the contractual obligations, in accordance at all times with the provisions of the Regulation (EU) 2016/679 and Organic Law 3/2018.

They also expressly agree that PREVISORA AGRO-INDUSTRIAL should send notifications of products and services of interest to them, and that their personal data may be transferred to organizations directly associated with PREVISORA AGRO-INDUSTRIAL to comply with contractual obligations and for statistical purposes, as well as the obligations established in or permitted by current legislation.

PRELIMINARY ARTICLE

DEFINITIONS

The following definitions are used in this policy deed:

Insurer: Previsora Agro-Industrial, hereinafter the insurer as a legal entity that, through collection of the contribution and within the agreed limits, agrees to cover the risks established in the policy deed.

Supervision of the insurer's activity is the responsibility of the Government of Catalonia and is exercised by the Ministry of Labour through the Directorate General for Social Security.

Policyholder: The natural person or legal entity, who in his or her capacity as a mutual member, signs the contract with the insurer, and to whom the obligations and duties arising from it correspond, except those the nature of which requires them to be fulfilled by the insured.

Insured: The natural person exposed to the risk or event related to their life.

Policy deed: The document issued to the policyholder that contains the conditions governing the insurance. The policy deed contains: a) the *General conditions*; b) the *Specific conditions* that identify the purpose and determine the insurance cover, and also contain the rest of its indications and list the clauses agreed between the parties; c) the health declaration questionnaire; d) the supplements or appendices issued to complement or to amend cover; e) receipt of the contribution issued by the insurer, and f) the annex of the effective contributions applicable in this policy deed.

Waiting period: The period that must elapse between taking out the insurance and the policy taking effect.

Contribution: Payment of the insurance by the policyholder can be proved, unless otherwise agreed, by possession of the receipt issued by the insurer. The receipt will also display legally applicable supplementary charges and taxes.

Beneficiary: The natural person or legal entity designated in the *Specific conditions* of the insurance policy, to whom receipt of the benefit guaranteed corresponds.

Insured amount: The amount established in relation to each of the benefits covered by the policy deed and that amounts to the maximum limit of compensation in the event of claim.

Foreign country: Any country different from that of origin declared by the insured.

Claim event: Event the results of which are totally or partially covered by the policy deed. **The series of damages arising from a single cause, occurring on the same date, constitutes a single claim event.**

Service: For death cover this will be the series of elements and benefits necessary to undertake burial of the deceased insured.

POLICY DEED BASES

DEATH COVER

Article 1

OBJECT OF COVER CATEGORY "REPATRIATION OF FOREIGNERS"

The insurer guarantees payment for the service of the insured amount established in the *Specific conditions* of this policy deed in the event the insured should die or fall seriously ill, regardless of the causes that give rise to this.

Article 2

GENERAL CHARACTERISTICS

The insurer guarantees provision of the contracted service in the event of death or serious illness of each insured, pursuant to the description established in the *Specific conditions* and up to the limit of the amount insured for this cover.

2.1 Death

For persons insured by this insurance category, should they so require, the insurer will totally or partially substitute provision of the funeral service in Spain for the necessary requirements and preparation of the dead body to transfer it to the airport nearest to the domicile in the country of origin that is established in the *Specific conditions*. The insured's beneficiaries will be compensated to the amount of the elements of the service not used in Spain.

Should the insured die and the mortal remains are not claimed, the insurer, if aware thereof, will issue urgent notification of the death to the domicile in the country of origin that is established in the *Specific conditions* of the policy deed. If after a maximum of 30 days from the death, no news in this regard has been received, the insurer will initiate the procedures necessary for the burial of the dead body in Spain, in accordance at all times with current legislation.

The expenses arising from this circumstance will be settled from the value of the insured service.

2.2 Serious illness

In the event of serious illness of any of the insureds, while they are staying in Spain, the insurer will assume payment of the procedures and expenses necessary for their transfer from their domicile in Spain to the international airport closest to the domicile of country of origin declared in the insurance subscription, provided that the competent Authorities express no objections and that the transfer is performed by a company authorised by the insurer.

The insurer's medical services, in coordination with the doctors who attend him or her, will organize and supervise the provision of the service and determine suitable means of transport; the use of special means of air transport, when appropriate, is limited to the countries bordering the Mediterranean and to the rest of Europe.

The expenses arising from this circumstance will be settled from the value of the insured service.

In the event cover is taken out for an additional ticket:

Ticket and accommodation and subsistence expenses

Should the insured die or suffer an accident or a serious illness for which he or she must be hospitalized for a period longer than five days, the person designated by the insured or his or her relatives will be entitled to:

An aeroplane **ticket** or ticket on an appropriate public means of transport, to travel from the country of origin to the place where the accident occurred, and return.

Justified accommodation and subsistence expenses, up to the amount of ONE HUNDRED AND TWENTY-FIVE EUROS per day (€125) and to a limit of ONE THOUSAND TWO HUNDRED AND FIFTY EUROS (€1,250).

This cover is not cumulative with the Ticket and accommodation and subsistence expenses guarantee of Assistance (Article 11, section BENEFITS FOR THE TRAVEL OF ONE PERSON. Ticket and accommodation and subsistence expenses).

2.3 Calculation of the contribution

Calculation of the new contribution in this category will take into consideration the age reached by the insureds upon each annual renewal on the first of January each year, up to the **age of 70 years old, which is the age limit for renewing the insurance in the FOREIGN RESIDENTS category.**

2.4 Persons insured by the policy

It may be taken out only by those foreign nationals with a residence permit in Spain, a temporary work contract or who visit for official study in Spanish territory.

HEALTH QUESTIONNAIRE

The answers of the insurance policyholder and, where applicable, of the insureds, to the health questionnaire issued by the insurer in the insurance application, are the premises taken by the insurer to calculate the applicable contribution and to agree to the issue of the policy deed.

If the content of the contract differs from the Insurance Application or from the agreed clauses, within a month from the issue thereof, the policyholder may require the insurer to correct the existing difference. Once this period has elapsed and if no claim has been lodged, the provisions of the contract shall apply.

Should the policyholder withhold information or answer the questionnaire inaccurately, incurring intentional fraud or gross negligence, the insurer will be released from providing the agreed benefits.

Likewise, should it have been concealed in the questionnaire when this insurance was taken out that the insured was suffering from a serious illness or was carrying a life-threatening virus, the insurer will be exonerated from its obligations.

The cover of this contract will terminate for each of the insureds included herein, and automatically upon expiry of the annual period in which they reach the age of 70.

By signing the *Specific conditions*, the policyholder specifically agrees to the clauses limiting the insured's rights that are highlighted in "bold" font in these *General conditions*.

EXECUTION, LEGAL EFFECTS AND TERMINATION OF THE CONTRACT

The contract is executed by the consent of the contracting parties expressed through the signing of the policy deed. **The cover taken out and its amendments or additions will not take**

effect, unless otherwise agreed, if the insurance policyholder has not paid the contribution receipt and has not signed the *Specific conditions*. Should there be a delay in fulfilling both requirements, the insurer's obligations will start at 12 o'clock midnight on the day they have been met.

The benefits of the policy deed enter into force at 00.00 hours and end at 24.00 hours on the dates indicated in the *Specific conditions*.

Upon expiry of the period established in the *Specific conditions* of this policy deed, the contract will be understood to have been extended for a new period and so on.

The policyholder may oppose the extension of the contract by notifying the other party in writing at least one month before the conclusion of the insurance period under way.

AGE AND HEALTH STATUS

If, when a claim event occurs, the insured is found to have been older than the declared age, the insurer's benefit will be reduced in proportion to the contribution received with that corresponding to the actual age of the insured. If, on the contrary, the contribution paid is higher than the corresponding contribution, the insurer must refund the surplus of the contributions received.

AMOUNT INSURED AND UPDATES

The insured amount is calculated on the basis of the price of the services agreed with the insurer's suppliers in the policyholder's place of residence, unless otherwise expressly indicated. **Should the policyholder's domicile change, the latter is obliged to notify such fact to the insurer**, who, if appropriate, will propose updating the insured amounts. If an insured should die at a location different from the domicile established in the *Specific conditions*, a service in accordance with the categories and customs existing at the place of death will be provided, at a cost equivalent to that agreed by contract.

Once the value of the funeral service has been established on the basis of its cost at the time the contract was taken out, to ensure the value is up to date, an automatic revaluation system may be agreed upon and this will appear in the *Specific conditions*, the insurer being notified of the new value and the corresponding contribution through the receipt.

If said revaluation is not contracted, or even in the event it is, if the cost of the service is higher than the insured amount after revaluation, the insurer will inform the insurance policyholder and will notify him or her of the new value of the insured service and the new amount of the contribution, through the supplement issued.

If the policyholder does not accept the conditions proposed by the insurer, the latter will maintain the current policy deed as it is, and the policyholder must assume any extra costs there may be over and above the insured amount, should a claim event occur.

Should the amount for the services provided be lower than the insured amount, the insurer will pay the resulting difference to the insurance policyholder or, in the absence thereof, the legal heirs of the deceased insured.

Article 3

PAYMENT OF CONTRIBUTIONS

The insurance policyholder must pay the contribution in accordance with the provisions of the *General* and *Specific conditions*. If a payment address is not specified in the *Specific conditions*, the insurer will send the receipts to the insurance policyholder's address.

The annual contribution may be paid in instalments, within the terms and in accordance with the stipulations established in the *Specific conditions*.

If the insurance policyholder does not pay one of the contribution instalments, the insurance will be suspended one month after the due date of the first unpaid contribution instalment.

Without detriment to the provisions established in the above paragraph and provided that the cover has not been suspended, in the event of a claim, as compensation the insurer may deduct the value of the contribution instalments that are due and unpaid by the insurance policyholder.

Initial contribution

If this has not been paid due to the fault of the insurance policyholder, the insurer is entitled to terminate the contract or to demand payment of the contribution due via a summary proceeding.

Unless otherwise agreed, if it has not been paid prior to a claim event, the insurer is released from its obligation.

Successive contributions

In the event of non-payment of successive contributions, the insurer's cover will be suspended one month after the due date. Should a claim event occur during that month, the insurer will deduct the contribution owed for the current period from the amount to be compensated. If the insurer does not claim payment within the six months after expiry, the contract will be understood to have terminated.

Payment through a bank:

Payment of contribution instalments by direct debit may be established in the *Specific conditions*. Such payment will be subject to the following:

- a) The insurance policyholder will provide the insurer with a letter addressed to the Bank, Savings Bank or Credit Union in which the respective order of payment is given.
- b) If the banking entity returns the receipt unpaid, the insurer will notify the insurance policyholder of the non-payment, indicating that the receipt is available at the bank for payment.

With successive contributions, the insurance will be suspended if payment is not made within the month following the due date of the receipt, or within 15 days from the above-mentioned notification to the insurance policyholder of non-payment, if said month should have elapsed.

In the event it is the first contribution, if after 15 days from notification of non-payment, the sum has not been settled, the contract will be terminated.

If the contract has not been resolved or terminated in accordance with the above sections, the cover will take effect again at 12 o'clock midnight on the day upon which the insurance policyholder pays the contribution.

Article 4

UNINSURED RISKS

The following circumstances are excluded from all the covers and benefits of the policy deed, in addition to the specific limitations of each:

- **Armed conflicts (whether or not there has been an official declaration of war).**
- **Riots and popular tumults.**
- **Nuclear reaction or radiation or radioactive contamination.**
- **Floods, hurricanes, storms, seismic movements and general events that by virtue of their magnitude and severity are defined by the Spanish Government as a "national catastrophe or calamity".**

Article 5

CLAIMS PROCEDURE

The claim event must be reported to the insurer as soon as possible, by calling either the 24-hour Telephone Support Centre, the number of which appears in the *Specific conditions*, or to any of its offices.

The insured, insurance policyholder and the beneficiary, as the case may be, are required to:

- Provide the insurer, in writing if so required, as much information as may be needed by the insurer regarding the circumstances of the claim event, **including reference to dates prior to its occurrence.**
- Authorize physicians and professionals to provide the insurer with all the information it needs regarding the claim event and its circumstances.

Claim events that occurred abroad

Should the claim event occur abroad, the insured will notify the insurer as soon as possible, by calling the TRAVEL ASSISTANCE telephone number that appears in the *Specific conditions*.

A reverse charge call may be made from abroad to avoid any cost to the insured.

Payment of compensation

The corresponding compensation will be paid in Spain and in euros.

Article 6

Prescription and jurisdiction

The actions derived from this contract will prescribe in the period of five years, except for the benefits for material damages of the Travel Assistance cover, in which case the term will be two years.

This contract is subject to Spanish jurisdiction. The court corresponding to the insured's domicile will be competent for hearing the actions derived from it, and any agreement to the contrary will be null. If the insured resides abroad, he or she must designate a domicile in Spain for this purpose.

Without prejudice to the provisions of the above section, should a discrepancy arise regarding the execution or interpretation of this contract, the insurance policyholder, the insured and the beneficiaries or their heirs may lodge, where appropriate and in accordance with the regulations on procedure provided to the insurance policyholder with this contract, a claim through the insurer's Claims Department.

Article 7

WAITING PERIODS

One month for the Deaths and transfers guarantee unless the death is by accident.

Article 8

CLAIMS AND COMPLAINTS PROCEDURES

This section conforms with the provisions of Law 44/2002, of 22 November, on Measures to Reform the Financial System.

LEGITIMATED PERSONS

Complaints or claims may be filed by policyholders, insureds, beneficiaries or successors of any of the former.

PRESENTATION OF COMPLAINTS OR CLAIMS

Complaints and claims must be submitted within a period not exceeding two years from the date upon which the claimant became aware of the facts giving rise to the complaint/claim or, as the case may be, while the action to claim has not legally expired.

The complaint or claim may be made in person or by a duly accredited representative and by submitting a written document or by digital, electronic or telematic means, provided that they comply with the legal regulations regarding electronic signatures, by contacting the Customer Service Department of Previsora Agro-Industrial and may be submitted to the insurer's head or branch offices.

PREVISORA AGRO-INDUSTRIAL CUSTOMER SERVICE DEPARTMENT

Via Laietana, 20
08003 BARCELONA
Telephone No.: 900 84 71 23 Fax: 93 702 58 99 - 93 295 63 12
email: atencioncliente@previsora.es

REQUISITES FOR SUBMITTING COMPLAINTS OR CLAIMS

- Identification of the claimant. If using a representative, power of attorney must be proven by any means admissible by law.
- Identification of the policy deed with respect to the complaint or claim being made.
- Causes giving rise to the complaint or claim, with provision, where applicable, of a copy of any supporting documents.
- Identification of the insurance branch, department, agent or broker, if the complaint or claim is a result of their actions.
- Request issued to the Customer Service Department.
- Indication that the claimant is unaware that the complaint or claim is being substantiated through administrative, arbitration or judicial proceedings.
- Place, date and signature.

SITUATIONS OF NON-ADMISSION OF COMPLAINTS AND CLAIMS

- When, in relation to the same facts, a civil or criminal case is being brought before the ordinary courts, before an administrative instance or through arbitration.
- When there is intention to process as a complaint or claim, different requests or actions the hearing of which is the competence of administrative, arbitration or judicial bodies, or the former is pending resolution or litigation, or the matter has been resolved in those instances.
- When the facts, the reasons and the request specifying the matters subject to complaint or claim do not refer to specific operations or do not meet the requirements.
- When complaints or claims being made reiterate other previously resolved issues, submitted by the same client and in relation to the same facts.

TERMINATION AND NOTIFICATION

The Customer Service Department will issue a ruling within a maximum period of two months, starting from the date upon which the complaint or claim was submitted, to which the days in which the file has been suspended to correct the errors in presentation will be added.

COMMISSIONER FOR THE DEFENCE OF INSURED PARTIES

Admission of a claim before the Directorate General for Financial Policy, Insurance and Treasury of the Ministry of Economy and Knowledge of the Government of Catalonia, requires proof of compliance with the following requisites:

- A written claim must previously have been submitted to the Customer Service Department of the insurance company.
- Two months must have elapsed from the date of presentation of the claim to the insurer's Customer Service Department without the claim having been resolved or without admission having been refused or the request denied.

COMPETENT JURISDICTION

The courts corresponding to the policyholder's domicile will be competent for the actions arising from this contract.

Article 9

INSURANCE CONCURRENCY

In the event of **concurrency of death insurance in the same insurer, upon the policyholder's request** the insurer agrees to **refund the premiums paid for the policy that they have decided to cancel since the concurrency occurred.**

In the event of death, if the death insurance is concurrent **in more than one insurer**, the insurer that has been unable to meet its obligation to provide the funeral service in the terms and conditions established in the contract, **must pay the insured amount to the heirs of the deceased insured.**

Extension of the contract may only be opposed by the policyholder.

TRAVEL ASSISTANCE COVER

Article 10

OBJECT OF THE TRAVEL ASSISTANCE COVER

Its object is to provide the services listed below in accordance with the specifications cited therein.

A trip will be understood to be any travel lasting a maximum of **90 consecutive days**, provided that the event causing the claim event should occur outside the insured's place of residence. This 90-day limit will not apply when the purpose of the travel is for official study in Spanish territory.

For the purposes of this cover, trips made to receive healthcare will not be considered as such, although in the event of death, the insured will be entitled to the benefits established in article 11 of these *Conditions* (**Transfer from the place of occurrence and Provision for one person to travel**).

Under no circumstances will the insureds or the beneficiaries be entitled to reimbursement of the expenses that they incur directly, without prior authorization from the insurer, except in the events specifically stipulated and in those of medical emergency.

No cover will be provided for events derived from:

- 1. Intentional injury or intoxication by the insured.**
- 2. Pathological states produced by the voluntary ingestion of alcohol, drugs, narcotics or medications that have not been prescribed by an authorized physician.**
- 3. Performance of sports in official competitions.**
- 4. In all circumstances, claim events that occur in the insured's country of origin, which is specified in the *Specific conditions* of the insurance, are excluded from the covers of this benefit.**

Article 11

TRAVEL ASSISTANCE. BENEFITS FOR INSUREDS

In the event of death or serious illness:

Transfer from the place of occurrence to the airport.

If during a trip either in Spain or abroad –except in the insured’s country of origin– any of the insureds should die or fall seriously ill, the insurer will assume the cost of the procedures and expenses for their transfer from the place where the event occurred to the international airport closest to the domicile of the country of origin established when the insurance was taken out, provided that the competent Authorities express no objections and the transfer is performed by a funeral company authorized by the insurer.

This benefit covers the extra expenditure that may arise, over and above the amount insured for Death, resulting from the transfer of the deceased.

There exists the option of transferring the remains to the country of origin, in accordance with the provisions of the Death guarantee of Article 2 of these *General conditions*.

In the event of a serious illness, the insurer’s medical services, in coordination with the doctors who attend him or her, will authorize, organize and supervise provision of the service.

Accident or serious illness:

In Spain

Ambulance transfer

Should any insured suffer an accident or serious illness in Spain, further than 25 km away from his or her domicile, the insurer will pay the cost of the ambulance for transfer from the place where the accident occurred to the nearest health centre.

When the doctors who attend the insured authorize his or her transfer, the insurer will pay the cost of transfer by ambulance to the health centre closest to the insured’s domicile.

Abroad (except in the insured’s country of origin)

Emergency medical expenses

Should the insured suffer an accident or fall ill while not in Spain –except in his or her country of origin– and until his or her return, the insurer will pay emergency medical expenses, **up to a limit of TWELVE THOUSAND EUROS (€12,000) per person. Emergency dental work up to a limit of THREE HUNDRED AND FIFTY EUROS (€350) is also guaranteed.**

The EMERGENCY MEDICAL EXPENSES cover will not apply in cases of chronic illnesses or accidents that occurred prior to the insured’s trip abroad.

Referral to a specialist doctor

When the sick or injured insured presents a very serious clinical condition that does not allow for his or her transfer and the medical care is not suitable for his or her condition, the insurer will send a specialist doctor to the place the insured is located.

Extension of hotel stay

When, upon doctor's prescription, the insured must extend his or her stay, the insurer will pay duly justified expenditure on accommodation and subsistence, **up to the amount of ONE HUNDRED AND FIFTY EUROS DAILY (€150), and a maximum of ONE THOUSAND FIVE HUNDRED EUROS (€1,500).**

Health repatriation

If the insured's state of health prevents a return to his or her domicile in Spain (FOREIGN RESIDENTS) by the insured's own means, the insurer will organize his or her transfer to the domicile or to a suitable Health Centre. **The insurer's medical services, in coordination with the doctors who attend him or her, will organize and supervise the provision of the service and determine suitable means of transport; the use of special means of air transport, when appropriate, is limited to the countries bordering the Mediterranean and to the rest of Europe.**

BENEFITS FOR THE TRAVEL OF ONE PERSON

Ticket and accommodation and subsistence expenses

If during a trip, the insured should die or suffer an accident or a serious illness for which he or she must be hospitalized **for a period of over five days**, the person designated by the insured or his or her relatives will be entitled to:

An aeroplane **ticket** or ticket on an appropriate public means of transport, to travel from Spain to the place where the claim event occurred **—excluding the country of origin in the Foreigners category—** and return.

Justified accommodation and subsistence expenditure, up to the amount of ONE HUNDRED AND TWENTY-FIVE EUROS per day (€125) and to a limit of ONE THOUSAND TWO HUNDRED AND FIFTY EUROS (€1,250). Should the claim event occur abroad, the limits will be €150 and €1,500, respectively.

If the person travelling should die on the trip because of accident, **the insurer will compensate his or her heirs to the amount of TWELVE THOUSAND EUROS (€12,000).**

ASSISTANCE FOR MINORS AND ACCOMPANYING INDIVIDUALS

Minors

If the minors who were travelling with the insured who died during the trip or suffered an accident or illness, are left with no personal care, the insurer will organize their return to their domicile in Spain, and a person to look after them should it be necessary.

Accompanying individuals

If the companions, in their capacity as insureds, who were travelling with the insured person who has died or was hospitalized, cannot use the means of transport envisaged for their return to Spain, the insurer will organize transfer to their domicile using the most suitable means of transport.

Article 12

TRAVEL ASSISTANCE. OTHER BENEFITS

In Spain and abroad (except in the insured's country of origin)

Early return

Should the insured need to interrupt the trip because of:

A serious accident at his or her domicile in Spain, or in his or her work or business or accident, serious illness or death of a family member (up to the second-degree direct kinship or kinship by marriage), **and it is not possible for the insured to use the same means of transport envisaged for his or her return**, the insurer will pay the travel expenses to return to Spain, using ordinary public means of transport.

Transmission of urgent messages

The insurer will make the permanent telephone service of the Support Centre available to the insured to relay urgent messages related to incidents regarding risks covered by this guarantee.

Location of luggage

In the event of theft or loss of the insured's luggage and personal effects, the insurer will assist in procedures to locate them and when they have been located, will send them to the place designated by the insured or will reimburse the latter for the expenses incurred in collecting them.

If the loss should occur because of a public air flight and they do not appear within 24 hours of arrival at the destination airport, the insurer will also reimburse the expenses incurred by the claimant, **up to a maximum of THREE HUNDRED EUROS (€300) per insured and to a limit of ONE THOUSAND TWO HUNDRED EUROS (€1,200) per claim**, so that he or she may purchase clothing and essential personal hygiene items.

Location and rescue

If an insured disappears in circumstances of imminent danger, the insurer will pay costs of up to a maximum of **ONE THOUSAND FIVE HUNDRED EUROS (€1,500)** for his or her location and rescue.

Shipment of medication

The insurer will send any medication of vital interest that cannot be obtained at the location of the sick or injured insured.

Only abroad (except in the insured's country of origin in the FOREIGNERS category)

Remote medical consultation

If, during his or her trip abroad (except in his or her country of origin), the insured requires a medical consultation that is not available locally, the insurer, through the medical services, will provide him or her with the required information by telephone. Given the difficulty of establishing a diagnosis by telephone, the information must be considered as **merely for**

guidance purposes, and the insurer and its medical staff will not be responsible for actions taken by the insured based thereupon.

Advance of funds

For hospitalization

If, because of an accident or serious illness that has occurred abroad (except in his or her country of origin), the insured must be hospitalized and this circumstance requires a deposit, the insurer will make the appropriate deposit, **up to a maximum of TWELVE THOUSAND EUROS (€12,000)**.

For traffic accident

If, because of a traffic accident suffered abroad (except in his or her country of origin), the insured is imprisoned or prosecuted, the insurer will deposit the bond required by the competent authorities, **up to a maximum of SIX THOUSAND SIX HUNDRED EUROS (€6,600)**. It will also cover the cost of a lawyer (except in the country of origin), **up to a limit of ONE THOUSAND EUROS (€1,000)**.

For accident, illness, theft or loss

If, because of an accident, theft, illness or loss of property occurring abroad (except in his or her country of origin), the insured is left without economic resources and has no means of obtaining any, the insurer will send him or her, **in the form of an interest-free loan**, the amount necessary to meet the insured's urgent needs, **up to a maximum of NINE HUNDRED EUROS (€900)**.

The insured agrees to refund the amount received upon return to his or her domicile in Spain, within a maximum period of sixty days. If, after this period, the loan has not been repaid, **the insurer may claim it and apply a supplement of the legal interest applicable at the time of claim**.

Information service

The insured may obtain information of an administrative or health nature, prior to embarking on a trip abroad, information referring to the need for a passport, entry visas into other countries, vaccinations required, exchange rates and currency, by calling the Customer Service telephone number that appears in the *Specific conditions* of the policy deed.

Article 13

TRAVEL ASSISTANCE. ASSISTANCE TO PERSONS

Coordination of the service

The insurer undertakes to make available to the relatives of the deceased insured the personnel necessary to organize, coordinate and manage all the services contracted in the policy deed.

Management of services for uninsurable family members

The insurer will make suitable professionals available to the insurance policyholder to provide estimates and, where appropriate, undertake the services involved in the burial of persons whose name, although not included in the list of insured persons as they have not been accepted in accordance with the insurer's rules of contract, **appears in the observations of the *Specific***

conditions, and who are the spouse of or who live in marital union with the policyholder or their descendants or ascendants by kinship or marriage, **the cost of such services being the responsibility of the policyholder.**

The insurer guarantees that the price quoted will fall in line with the agreements established with its suppliers for the provision of services at its expense.

Family legal consultation

The insurer, through the Legal Guidance Service, will answer by telephone enquiries made by the insured referring to Spanish Law.

The service is limited to telephone guidance about the matter in question and does not entail the issue of a written opinion.

This service includes legal information regarding the following matters:

- EMPLOYMENT LAW: Employment contracts, payroll, dismissals, sanctions and layoff procedures, vacations, time schedules, transfers.
- ADMINISTRATIVE LAW: Advice on penalty procedures, relations with public administrations, vehicles (sanctions and appeals, obtaining permits and authorizations), residence and work permits.
- CIVIL LAW: Housing (purchase and sale, mortgage, land registry, leases), information on consumer rights, issues related to marriage and de facto couples, with children, wills.
- CRIMINAL LAW: Theft.
- INHERITANCE, PENSIONS, INSURANCE, LEASE AGREEMENTS, CLAIMS TO THIRD PARTIES and any matter relating to death.

Processing of death documentation

The insurer will manage and assume the costs that because of the death of an insured are required to process and to obtain the following documentation, at institutions located in Spain:

For pensions and aid:

- GENERAL:
 - Death registration certificate.
 - Updated family records book.
- WIDOWHOOD:
 - Declaration of death of the pensioner or company certificate, or special self-employment system forms, as the case may be.
 - Widow's pension application.
- ORPHANCY:
 - Orphan's pension application.
- FOR FAMILY MEMBERS, PER DEPENDENT CHILD AND/OR DEATH AID:
 - Cohabitation certificate of the applicant and other beneficiaries.
 - Corresponding application form.

For successions, in addition to those indicated above:

- Certificate of Last Will and necessary certificates from the Civil Registry or from the country of origin that appears in the *Specific conditions* (birth of the insured, marriage, birth of his or her children or others necessary for the declaration of heirs).
- Original death certificate or certified photocopy.
- Certified copy of the will.

General certificates:

Deregistration of the deceased insured as a user of the Public Health System and/or as a pensioner of the Spanish Institute of Social Security or, if competence has been transferred, in the respective body of the autonomous community.

In events in which the rightful beneficiaries must be present to request a document, the insurer's role will be limited to providing advice to procure it.

This documentation will be managed by professionals designated by the insurer or expressly accepted thereby. Otherwise, the insurer's liability is limited to a maximum of SIXTY EUROS (€60).

The insurer will not, however, assume expenses derived from the professional intervention of lawyers, solicitors, notaries, registrars and administrative agencies.

Psychological assistance

In the following events, the insurer will make a psychological care service available to the relatives of deceased insureds who reside in Spain:

- When death is the result of an accident.
- When they are survived by insured minors.
- In the event the deceased insured is a minor.

Psychological assistance will be provided by appropriate professionals, prior to the international transfer or to the place of burial in Spain and for a maximum period of three hours.

Article 14

SPECIAL ASSISTANCE FOR FOREIGNERS

Repatriation

Repatriation to the country of origin and transfer to the place of burial of the deceased insured are included, in accordance with the clauses established in the *Specific conditions*.

Round-trip aeroplane ticket for one accompanying individual

Provided that the corresponding contribution has been paid and that it is established in the *Specific conditions*, **the cost of a round-trip aeroplane ticket for travel from Spain to the airport closest to the domicile declared by the insured with respect to his or her country of origin will be guaranteed, up to a maximum amount of ONE THOUSAND FIVE HUNDRED EUROS (€1,500).**

SUMMARY OF COVERS

COVERS	Limits
DEATHS	Specific
Service:	Insured amount
Complements: Legally established body preparation or cremation	Insured amount
ASSISTANCE	
TRAVEL ASSISTANCE FOR INSURED	
<i>IN THE EVENT OF DEATH</i>	
Transfer from the place of occurrence to the airport	No limit
<i>IN THE EVENT OF ACCIDENT OR SERIOUS ILLNESS IN SPAIN</i>	
Ambulance transfer	No limit
<i>ABROAD</i> (Except in the country of origin)	
Emergency medical expenses	€12,000/person
Emergency dental care	€350/person
Referral to a specialist doctor	No limit
Extension of hotel stay	€150/day and €1,500 maximum
Health repatriation	No limit
TRAVEL OF ONE PERSON	
Round-trip ticket	No limit
Accommodation and subsistence expenses in Spain	€125/day and €1,250 maximum
Accommodation and subsistence expenses abroad	€150 a day and €1,500 maximum
Death by accident of the person travelling	€12,000
ASSISTANCE FOR MINORS AND ACCOMPANYING INDIVIDUALS	No limit
OTHER BENEFITS	
<i>IN SPAIN AND ABROAD:</i>	
Early return	No limit
Transmission of urgent messages	No limit
Localization of luggage	No limit
Replacement of luggage	Maximum €300/insured and €1,200/claim event
Location and rescue	Maximum €1,500
Shipment of medication	No limit
<i>ONLY ABROAD:</i>	
Remote medical consultation	No limit
Advance of funds for hospitalization (deposit)	Maximum €12,000
Advance of funds for traffic accident (deposit)	Maximum €6,600
Advance of funds for traffic accident (lawyers)	Maximum €1,000
Advance of funds for accident, illness, theft or loss	Maximum €900
Information service	No limit
ASSISTANCE TO PERSONS	
Coordination of the service	No limit
Management of services for uninsurable family members	No limit
Family legal consultation	No limit
Processing of death documentation	Benefit or €60 maximum
Psychological assistance	Maximum 3 hours
ASSISTANCE FOR FOREIGNERS	
Repatriation	No limit
Round-trip aeroplane ticket for accompanying individual.	Maximum €1,500



Headquarters

Via Laietana, 20
Barcelona, 08003
Telf.: 93 295 63 00