

volta 55+
SEGURO DE PROTECÇÃO PESSOAL

Volta 55 +

Personal Protection Insurance

General and Special Conditions of the Policy

Customer Service: 210 042 490/226 089 290

Personalized customer service available
all business days from 8:30 a.m. to 7:00 p.m.
Cost of a call to the national fixed network

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GENERAL CONDITIONS OF PERSONAL PROTECTION INSURANCE

PRELIMINARY CLAUSE

1. Between Ageas Portugal - Companhia de Seguros, S.A., hereinafter referred to as Insurer, and the Policyholder mentioned in the Particular Conditions, an insurance contract is entered into, governed by these General Conditions, by the Special Conditions if underwritten and by the Particular Conditions or the Individual Certificate, in accordance with statements set out in the underlying proposal, which is an integral part.
2. The personalisation of this contract is made in the Particular Conditions or in the Individual Certificate along with, among others, identification of the parties and their domicile, the Insured Person and Beneficiaries' data and the determination of the premium or formula for its calculation.
3. The coverages are provided for in the General Conditions or in the Special Conditions and are specifically identified in the Particular Conditions or in the Individual Certificate, and may differ for each of the Insured Persons.
4. In addition to the Conditions provided for in the preceding paragraphs and which constitute the Policy, this contract is also made up of concrete and objective advertising messages contrary to the Policy's clauses, unless the latter are more favourable to the Policyholder, the Insured Person or the Beneficiary.
5. The provisions of the preceding paragraph shall not apply to advertising messages which have not been broadcast for more than one year prior to signing of the contract, or where the messages themselves set a period of validity and the contract has been signed outside that period.

CHAPTER I - DEFINITIONS AND SCOPE OF THE CONTRACT

CLAUSE 1 - DEFINITIONS

For the purposes of this contract, the following definitions apply:

- a) Accident** - the event caused by a sudden external, violent and unpredictable cause, beyond the control of the Insured Person and the Beneficiary, which causes personal injuries that can be clinically and objectively verified, permanent disability, temporary incapacity or death;
- b) Pre-existing disorder** - disability, illness, deformation or injury that the Insured Person already suffers from at the date of conclusion of the contract or entry into insurance;
- c) Household** - the Insured Person, their spouse, or persons who live in conditions similar to those of spouses, children, stepchildren, adopted and ascendants living permanently in a common economy with the Insured Person;
- d) Policy** - set of Conditions identified in the Preliminary Clause, which formalises the insurance contract entered into;
- e) Additional Rider** - the document that formalises the modifications introduced to the Insurance Contract;

- f) Beneficiary** - the person or entity in favour of whom the Insurer's benefits revert under the terms set out in the contractual conditions;
- g) Admission Form** - document underwritten by the Insured Person with the necessary individual data, through which they declare their wish to join the Insured Group;
- h) Insured Capital** - maximum amount by which the Insurer is liable in the event of a claim under the insurance policy;
- i) Individual Certificate** – document issued by the Insurer for each Insured Person part of an Insurance Group, which includes the corresponding identification elements, and possibly the Beneficiaries;
- j) Illness** - natural and involuntary change in the state of health, not caused by an accident, with symptoms subject to medical recognition;
- k) Return** - amount returned to the Policyholder from a portion of the insurance premium already paid;
- l) Deductible** - part of the amount of the claim settlement, determined in amount, days, percentage or other limit, borne by the Policyholder or the Insured Person, which is agreed in the particular conditions or in the Individual Certificate under the form of:
- a. absolute deductible, which is always deducted from the total amount of the claim settlement; or
 - b. relative deductible, which is not deducted when the total amount of the claim settlement is higher than the deductible;
- m) Fraud** - unlawful conduct of the Policyholder, Insured Person, Beneficiary or third party in order to obtain from the Insurer, for themselves or others, an illegitimate benefit or an illegitimate increase in benefit;
- n) Insurable Group** - group of people connected to the Insurer by a bond or common interest other than that of insuring;
- o) Hospital** – an institution legally authorised for the medical treatment of diseases or accidents, with adequate staff and material elements and means to carry out diagnoses and treatments, including surgical interventions, providing, in a continuous manner, medical and nursing care, 24 hours a day. For the purpose of this policy, nursing homes, hotels, asylums, retirement homes, rehabilitation facilities or institutions primarily dedicated to hospitalisation or treatment for drug addiction or alcoholism are not considered hospitals;
- p) Temporary Disability** – the physical and temporary impossibility, derived from the accident, able to be medically confirmed, of the Insured Person carrying out their normal activity;
- q) Hospital admission or Hospitalisation** – stay in a hospital, under medical indication, with a stay of at least one night, which gives rise to the payment of a daily rate;
- r) Personal Injury** - offence that affects physical health;
- s) Doctor** - the graduate from a faculty of medicine, legally authorised to practice the profession in their respective country, and whose specialty and registration are recognised by the Medical Association;
- t) Grace Period** - period during which the guarantees of the contract do not work because the corresponding effect, under the contracted terms and conditions, is deferred to a date after the beginning of the contract or underwriting of the Insured Person;
- u) Insured Person** - the Natural person, identified in the Particular Conditions or in the Individual Certificate, whose life, health or physical integrity is insured;
- v) Premium** - total amount to be paid in return for the agreed coverage, including everything that is contractually owed by the Policyholder, namely the costs of risk coverage, acquisition, management and collection costs and charges related to the

issuance of the policy, adding to the premium the tax and parafiscal charges to be borne by the Policyholder;

w) Insured Person - the person or entity who holds the insured interest;

x) Group Insurance - the insurance contract covering risks for a group of persons connected to the Insurance Policyholder by a bond or common interest other than their insurance;

y) Contributory Group Insurance - insurance in which the insured persons contribute in whole or in part to the premium payment;

z) Non-Contributory Group Insurance - that in which the Policyholder contributes in full to the premium payment;

aa) Individual Insurance - insurance incurred for a person, and the contract may include the household or a group of persons living together and in a common economy;

bb) Claim - confirmation, in whole or in part, of the event that triggers the activation of the coverage provided for in this contract;

cc) Policyholder - the Entity who enters into the insurance contract with the Insurer and is responsible for paying the insurance premium;

dd) Annuity – periodic payment established in the Particular Conditions or Individual Certificate and paid by the Insurer to the Insured Person or to the Beneficiaries.

CLAUSE 2 - MATERIAL SCOPE AND COVERAGES

1. By this contract, the Insurer, as a result of an accident suffered by the Insured Person, provided that covered by the coverage or coverages underwritten and mentioned in the applicable contractual documentation, namely the Special Conditions, the Particular Conditions, the Individual Certificate or the Additional Riders, guarantees payment of the corresponding compensation up to the limits stipulated therein.

2. The effectiveness of the contracted coverage is subject to the age underwriting and permanence limits defined in the contractual documentation.

3. By express agreement in the contractual documentation, the deductibles and other limits mentioned therein shall be borne by the Policyholder, the Insured Person or the Beneficiaries.

CLAUSE 3 - TERRITORIAL SCOPE

Unless otherwise expressly stated in the contractual documentation, this contract shall take effect for accidents that occur anywhere in the world.

CHAPTER II - EXCLUSIONS

CLAUSE 4 - ABSOLUTE EXCLUSIONS

The following coverages shall always be excluded from this contract:

- a) Disability, injury, deformation or pre-existing illness on the date of execution of the insurance contract, as well as its consequences;
- b) Injuries or consequences suffered by the Insured Person resulting from acts of a criminal, misdemeanour or disciplinary nature, consummated or attempted by the Policyholder, the Insured Person or Beneficiary, or by all those for whom they are civilly responsible;
- c) Injuries arising from bets or challenges and provided they are not part of activities covered by compulsory insurances;
- d) Bulging hernias;
- e) Any injury or pathology, when not proven by medical diagnosis, which is a consequence of the accident;
- f) Acts or omissions involving imminent danger to the physical integrity or health of the Insured Person, which are not justified by the exercise of the profession or activity;
- g) Intentional or grossly negligent behaviour committed by the Insured Person, Policyholder or Beneficiaries, as well as by those for whom they are civilly responsible;
- h) Any treatments not performed by duly qualified health professionals or without the necessary clinical diagnosis and without medical indication, supervision or guidance;
- i) Plastic or cosmetic surgeries, except when necessary as a result of an accident covered by the policy's guarantees;
- j) Expenses when subject to payment by other entities, and part of that payment, as well as when not all the supporting documents are submitted for the refund amounts made by Social Security or other entity in respect of them;
- k) Explosion or any phenomena, directly or indirectly related to the disintegration or fusion of nuclei of atoms, nuclear reactions, nuclear radiations, as well as the effects of radioactive contamination, or the use or transport of radioactive materials;
- l) Payment of fines or other penalties, for criminal or misdemeanour offences;
- m) Complications or accidents attributable to medical and surgical treatments, not originated by an occurrence covered by this contract;
- n) Suicide or attempted suicide and voluntary mutilation or attempt thereof, as well as personal injury that the Insured Person commits or causes to be committed on their person, even if these acts are committed in a state of incapacity of judgment, when the Insured Person, when the Insured Person has been placed in this situation by deliberate misconduct or gross negligence.

CHAPTER III - INITIAL AND SUPERVENING RISK STATEMENT

CLAUSE 5 - DUTY OF INITIAL RISK STATEMENT

- 1. The Policyholder or the Insured Person is required to, prior to signing the contract, accurately declare all circumstances of which they are aware and should reasonably deem to be significant to the Insurer's risk assessment.**
- 2. The provision in the preceding paragraph is also applicable to circumstances for which no reference is requested in any questionnaire provided by the Insurer for that purpose.**
- 3. The Insurer who has accepted the contract, save if there is deliberate misconduct by the Policyholder or the Insured Person with the intent to obtain an advantage, cannot take advantage:**
 - a) Of the failure to answer a question in the questionnaire;**
 - b) Of an imprecise answer to a question formulated in too general terms;**
 - c) Of the inconsistency or obvious contradiction in the answers to the questionnaire;**
 - d) Of a fact its representative knew to be inaccurate or that was omitted and they about, at the time of signing the contract;**
 - e) Of circumstances known to the Insurer, in particular when they are public and notorious.**
- 4. The Insurer, before signing the contract, must explain the duty referred to in paragraph 1 to any Policyholder or Insured Person, as well as the provisions governing breaches thereof, under penalty of incurring civil liability, in general terms.**

CLAUSE 6 - DELIBERATELY FRAUDULENT BREACH OF THE DUTY OF INITIAL RISK STATEMENT

- 1. In the event of deliberately fraudulent breach of the duty referred to in paragraph 1 of the preceding clause, the contract may be annulled by a declaration sent to the Policyholder by the Insurer.**
- 2. In the absence of a claim, the statement referenced in the preceding paragraph must be sent within three months of becoming aware of the breach.**
- 3. The Insurer is not obligated to cover an incident that occurs before becoming aware of the deliberately fraudulent breach referred to in paragraph 1 or within the deadline provided for in the preceding paragraph, following the general annulment scheme.**
- 4. The Insurer has the right to the premium due by the end of the deadline referred to in paragraph 2, unless the Insurer or its representative has engaged in gross or deliberate negligence.**
- 5. In the event of deliberate misconduct by the Policyholder or the Insured Person for the purpose of obtaining an advantage, the premium is due until the end of the**

contract.

CLAUSE 7 - NEGLIGENT BREACH OF THE DUTY OF INITIAL RISK STATEMENT

1. In the event of negligent breach of the duty referred to in clause 5(1), the Insurer may, through a statement sent to the Policyholder within three months of becoming aware of such a breach:

- a) Propose an alteration to the contract, setting a deadline of no later than 14 days, to send the acceptance or, if admitted, the counteroffer;
- b) Cause the contract to cease, demonstrating that, under no circumstances, does it enter contracts for the coverage of risk related to the omitted or inaccurately stated fact.

2. The contract ceases to be effective 30 days after the statement of termination has been sent or 20 days after receipt of the proposed alteration by the Policyholder, should there be no answer or should it be rejected.

3. In the case referenced in the preceding paragraph, the premium shall be returned *pro rata temporis*, taking into account the existing coverage.

4. Should, prior to termination or alteration of contract, a claim occur whose verification or consequences have been influenced by a fact relative to which there have been negligent omissions or inaccuracies:

- a) The Insurer covers the claim in proportion to the difference between the premium paid and the premium that would be due, should, at the time of contract conclusion, it had knowledge of the omitted or inaccurately declared fact;
- b) The Insurer, having demonstrated that they would, under no circumstances, have signed the insurance contract had they had known of the omitted or inaccurately stated fact, shall not cover the claim and are only bound to refund the premium.

CLAUSE 8 - RISK INCREASE

1. The Policyholder or the Insured Person has the duty to, during the contract's execution, within 14 days after becoming aware of the fact, communicate all circumstances that increase the risk to the Insurer, provided that these, had they been known by the Insurer when entering into the contract, might have influenced the decision to enter a contract or within the conditions of contract.

2. Without prejudice to the preceding number, the Policyholder and the Insured Person undertake, namely, to notify the Insurer of the change of residence or occupation.

3. Within 30 days of becoming aware of the risk increase, the Insurer may:

- a) Submit a proposal for contract modification to the Policyholder, which must accept or refuse it in an equal timeframe, after which the proposed modification is deemed approved;
- b) Terminate the contract by showing that under no circumstances is the Insurer to enter contracts that cover risks with characteristics resulting from such risk increase.

4. The contract resolution provided for in subparagraph b) of the preceding paragraph shall take effect 14 days from the date on which the notice of termination is sent to the Policyholder.

CLAUSE 9 - CLAIM AND RISK INCREASE

1. Should, before contract termination or alteration under the terms provided for in the preceding clause, a claim take place, the occurrence or consequence of which has been influenced by the risk increase, the Insurer:

- a) Covers the risk, providing the agreed benefit, if the risk increase was reported in a correct and timely manner before the claim or before the deadline set forth in paragraph 1 of the preceding clause;
- b) Partially covers the risk by reducing its benefit in proportion to the premium actually charged and that which would be due based on the real circumstances of the risk, should the aggravation not be correctly and timely reported before the claim;
- c) May refuse coverage in the event of intentional misconduct by the Policyholder or the Insured Person, for the purpose of obtaining an advantage through directly retaining the overdue premiums.

2. In the situation provided for in subparagraphs a) and b) of the previous paragraph, with the risk increase resulting effectively from the Policyholder or the Insured Person, the Insurer is not required to pay the benefit if it demonstrates that under no circumstances does it conclude contracts that cover risks with the characteristics resulting from that risk increase.

CHAPTER IV - PAYMENT AND ALTERATION OF PREMIUM

CLAUSE 10 - PREMIUM DUE DATE

1. Unless otherwise agreed upon, the initial premium, or first instalment thereof, is due when the contract is entered into.
2. Subsequent instalments of the initial premium, subsequent annuity premiums and successive annual instalments are due on the contractually established dates.
3. The portion of the variable amount premium relating to value adjustment and, where applicable, the Premium portion corresponding to contractual amendments are due on the dates indicated in the respective notices.

CLAUSE 11 - COVERAGE

The risk coverage depends on the prior premium payment.

CLAUSE 12 - PREMIUM PAYMENT NOTICE

1. While the contract remains in force, the Insurer must notify the Policyholder in writing of the amount payable, as well as the payment method and place, at least 30 days prior to the date on which the premium, or its instalments thereof, become payable.

2. The notice must legibly state the consequences of non-payment for the premium or its instalment.

3. In insurance contracts where it is agreed to pay the premium in instalments every three months or less and in which contractual documentation indicates the due dates of the successive instalments of the premium and the respective amounts payable, as well as the consequences of their non-payment, the Insurer may choose not to send the notice referred to in paragraph 1, in which case it must provide proof of the issuance, acceptance and sending to the Policyholder of the contractual documentation referred to in this paragraph.

CLAUSE 13 - NON-PAYMENT OF PREMIUM

1. Non-payment of the initial premium or its first instalment on the due date determines the automatic termination of the contract from the date of its conclusion.

2. Failure to pay the subsequent annuities or the first instalment on the due date shall prevent the extension of the contract.

3. Non-payment determines the automatic contract resolution on the due date of:

- a) An instalment of the premium during an annuity;**
- b) An adjustment premium or portion of a variable amount premium;**
- c) An additional premium resulting from a contractual modification based on a supervening aggravation of risk.**

4. Non-payment, by the due date, of an additional premium resulting from a contractual amendment determines the inefficiency of the alteration, replacing the contract with the scope and conditions in force prior to the intended modification, unless sustainability of the contract proves impossible, in which case it is terminated on the due date of the unpaid premium.

5. For Contributory Group Insurance, cancellation due to non-payment of the premium or instalment corresponding to an Insured Person, under the terms of the preceding paragraphs, only operates in relation to that Insured Person.

CLAUSE 14 - ALTERATION OF PREMIUM

If there is no change to the risk, any alteration to the premium applicable to the contract can only take effect on the following annual due date, in which case the Insurer shall communicate the new amount to the Policyholder at least 30 days in advance.

CHAPTER V – EFFECTS, DURATION AND VICISSITUDES OF THE CONTRACT

CLAUSE 15 - COVERAGE AND EFFECTS

1. This insurance contract is considered to be concluded for the period of time set out in the Particular Conditions, and provided that the initial premium or instalment is paid the contract

shall take effect from midnight on the day immediately following acceptance of the proposal by the Insurer, unless the parties agree to another date for entry into effect, which may not, however, predate the receipt of said proposal by the Insurer.

2. The day and time in which risk coverage starts are indicated in the contract, without prejudice to the provisions of clause 11.

3. That established in the preceding paragraph is equally applicable to the start of contract effects, if it is different from the start of risk coverage.

CLAUSE 16 - DURATION

1. The contract indicates its duration, which can be for a fixed and determined period, successively renewable, at the end of the stipulated term, by periods of one year, save in the case of temporary insurance.

2. The contract effects cease at midnight on the last day of its term.

3. The extension provided for in paragraph 1 does not take effect should either party terminate the contract at least 30 days prior to the date of extension or should the Policyholder fail to pay the Premium.

CLAUSE 17 - EXPIRATION

1. The contract shall expire at the end of the stipulated period of validity, if any.

2. The contract shall expire in the event of a subsequent loss of interest or extinction of the risk and whenever payment of the entire insured capital is verified for the period of validity of the contract without replacement of that capital being expected.

3. The contract shall expire on the date on which the Policyholder ceases to reside in national territory.

4. When the duration of the contract is determined according to the age of the Insured Person, the lapse operates for each of the Insured Persons, as provided for in the Special Conditions, Specific Conditions or Individual Certificate.

CLAUSE 18 - REVOCATION

1. The Insurer and the Policyholder may, at any time, cease the insurance contract by agreement.

2. With the exception of Group Insurance, should the Policyholder not coincide with the Insured Person identified in the policy, the revocation requires the consent of the latter.

CLAUSE 19 - TERMINATION

1. Insurance contracts concluded for a specified period and with automatic extension may be freely terminated upon notice by either party in order to prevent its extension.
2. Termination must be made by written statement sent to the recipient at least 30 days prior to the contract's extension date.
3. In the case of an insurance contract with a fixed duration or an initial period of five years or more, without prejudice to the preceding paragraph, termination shall be made at least 90 days before the contract's expiry date.

CLAUSE 20 - CONTRACT RESOLUTION

1. The parties may resolve the contract at any time should there be just cause, by registered post.
2. The premium amount returned to the Policyholder in the event of early contractual termination is calculated in proportion to the period of time that would elapse from the date of coverage termination until contract maturity, except for a different calculation agreed to by the parties based on an acceptable reason, such as the guarantee of technical separation between annual insurance and temporary insurance pricing.
3. Termination of the contract takes effect at midnight on the day in which it is effective.
4. Whenever the Policyholder is different from the Insured Person, the Insurer must notify the Insured Person of the contract resolution as soon as possible, no later than 20 days after the non-renewal or resolution.
5. In Group Insurance, the duty to notify provided for in the preceding paragraph shall rest with the policyholder.
6. The contract resolution shall take effect 14 days from the date in which the resolution statement was sent to the Policyholder.

CLAUSE 21 - RESOLUTION AFTER CLAIM

1. The parties may terminate the contract after a succession of claims.
2. For the purposes of the preceding paragraph, it is presumed that there is a succession of claims when two claims occur in a period of 12 months or, in the course of the annuity in the case of yearly contracts, and a special regime may be stipulated to meet the concept of a succession of claims for a given insurance option.
3. This resolution has no retroactive effect and must be exercised, by written statement, within 30 days after payment or refusal to pay for the claim.

CLAUSE 22 - FREE RESOLUTION

1. The Policyholder, being a natural person, may resolve the contract without just cause before one of the following situations:
 - a) For insurance contracts with a duration equal to or greater than six months, within the 30 days immediately following the date of receipt of the policy;
 - a) For insurance contracts celebrated at a distance, not provided for in the preceding paragraph, within the 14 days immediately following the date of receipt of the policy.
2. The deadlines provided for in the preceding paragraph shall be counted from the date the contract is entered into, provided that, on this date, the Policyholder has, on paper or another durable medium, all relevant information concerning the insurance to be included in the policy.
3. The contract resolution must be communicated to the Insurer in writing, on paper or another durable medium available and accessible to the Insurer.
4. The resolution has retroactive effect, the Insurer being entitled to the premium value, calculated in proportion to the period of time elapsed until the date of the resolution, to the extent that it has borne the risk up to that date, as well as the cost of the policy and the reasonably incurred expenses with medical exams, unless the resolution is based on non-compliance with the conditions of the contract, with the legal requirements applicable to it.
5. In the event of free resolution of an insurance contract entered into at a distance, the Insurer shall not be entitled to the benefits indicated in the preceding paragraph unless the insurance coverage starts before the free resolution of the contract at the request of the Policyholder.
6. The free resolution does not apply to insurance entered into at a distance with a duration of less than one month, nor to Group, Travel and Baggage Insurances.

CLAUSE 23 - TERMINATION OF INDIVIDUAL COVERAGES

1. Without prejudice to other cases provided for in the contract, the guarantees for each Insured Person shall cease when, for any reason, they no longer belong to the Insured Group or when termination is inherent to the payment of the Insurer's benefit.
2. The Policyholder may request, in writing, up to 30 days before the desired effect date, the exclusion of an Insured Person. In that case the premium shall be returned, save when there has been payment of instalment due to a claim, situation in which the premium is due during the entire stipulated period of validity.
3. The provisions of the preceding paragraph may be removed by stipulation of the parties to the contrary, provided that there is an acceptable reason for such an agreement, such as the technical guarantee to separate annual and temporary insurance tariffs.

4. Unless otherwise expressly stated, this contract's guarantees shall be valid exclusively for Insured Persons residing in Portugal. The guarantees shall be suspended or shall cease, respectively, when the Insured Persons move abroad for more than 90 days or when they establish their frequent and permanent resident there.

CHAPTER VI - OBLIGATIONS OF THE PARTIES

CLAUSE 24 - OBLIGATIONS OF THE POLICYHOLDER, OF THE INSURED PERSON AND OF THE INSURED PERSON IN THE EVENT OF A CLAIM

1. The Policyholder and the Insured Person shall have the following obligations towards the Insurer:

- a) To communicate to the Insurer the verification of any of the covered events, as soon as possible, and in writing, within eight days from the date of its knowledge, indicating the date, time, known or presumed causes, injuries, consequences or witnesses, as well as any other elements necessary for the good report of the occurrence;**
- b) To take measures within their power to prevent or limit the consequences of the accident;
- c) To promote the submission, within eight days after the Insured Person has been clinically assisted, of a statement from the physician stating the nature of the injuries, the diagnosis, the days possibly provided for the Temporary Disability, and an indication of the possible Permanent Disability;**
- d) To report, in case of existence of several insurance contracts guaranteeing the refund of expenses, the claim to each of the Insurers, identifying the other ones;
- e) To provide the Insurer, in good time, with all clarifications on the probable causes, circumstances, consequences and witnesses of the accident that are known to them or that they reasonably should know about;
- f) To provide the Insurer with all the evidence requested, as well as all reports and documents related to the claim that it has or shall obtain;
- g) To communicate, up to eight days after its verification, the cure of the injuries, promoting the submission of a medical statement stating the percentage of Permanent Disability that may be verified, based on the Impairment Assessment Table attached to these General Conditions, unless otherwise stipulated in the contractual documentation;**
- h) To provide all the original supporting documents considered necessary for the payment of any type of benefit;
- i) To not prejudice the Insurer's right of subrogation to the rights of the Insured Person against the third party responsible for the incident, arising from the coverage of the incident by the Insurer;
- j) To not use fraud, simulation, falsehood as well as false documents or any other deliberate means to justify the complaint.

2. The Insured Person must also:

- a) Employ the means at its disposal to prevent or limit the injury or injuries resulting from the incident, namely complying with the medical prescriptions and recommendations, under penalty of the Insurer only being liable for the consequences of the accident that presumably would have occurred had those prescriptions and recommendations been observed;

- b) Undergo a medical examination designated by the Insurer;
- c) Authorise doctors to provide all information requested by the Insurer and related to the contract, under penalty of termination of the Insurer's responsibility;
- d) Provide, should the accident result in the death of the Insured Person, in addition to the accident report, a death certificate stating the cause of death and, when deemed necessary, other documents explaining the accident and the consequences must be sent to the Insurer.

3. In case of proven impossibility of the Policyholder or the Insured Person to fulfil any of the obligations provided for in this clause, such obligation shall be transferred to whomever - Policyholder, Insured Person or Beneficiary - can comply with it.

4. Failure to comply with the provisions of paragraphs 1(a) to (c) shall determine:

- a) The reduction of Insurer benefit in view of the damage which the breach causes to it;**
- b) The loss of coverage should the breach be deliberate and be it determined to have caused significant damage to the Insurer.**

5. The penalty for non-compliance provided for in the preceding paragraph shall not apply when the Insurer becomes aware of the incident by other means during the eight days immediately following those when the Policyholder or the Insured Person becomes aware of it, or the party bound thereto proves that they could not have reasonably presented the required communication any sooner than they did.

6. The Insurer is entitled to be compensated for losses and damages arising from non-compliance with the provisions of the other subparagraphs of paragraphs 1 and 2.

CLAUSE 25 - OBLIGATIONS OF THE INSURER

The Insurer shall have the following obligations:

- a) To inform the Policyholder, during the contract period, in accordance with the law and contractual conditions, of all changes to the insurance contract;
- b) To respond to all requests from the Policyholder for clarification, necessary to understand the conditions and management of the insurance contract;
- c) To promote, after the claim has been filed and as soon as possible, the investigation of causes and occurrence mode of the claim, as well as the determination of injuries resulting from it;
- d) To pay the compensation or capital due, within 30 days after the ascertainment of responsibility of the Insurer and amount to be paid.

CHAPTER VII - BENEFICIARIES

CLAUSE 26 - BENEFICIARIES

1. Unless otherwise agreed, the Policyholder, or whoever the latter indicates, shall appoint the Beneficiary. Said appointment can be made in the policy or in a subsequent written statement received by the Insurer.

2. Unless otherwise agreed, due to the death of the Insured Person, the insured capital shall

be provided:

- a) In the absence of appointment of the Beneficiary, to the heirs of the Insured Person;
- b) In case of prominence of the Beneficiary in relation to the Insured Person, to the heirs of the Insured Person;
- c) In case of prominence of the Beneficiary in relation to the Insured Person, having said Beneficiary appointment been waived, to the heirs of the Insured Person;
- d) In case of occurrence of the Insured Person and the Beneficiary, to the heirs of the Beneficiary.

CLAUSE 27 - ALTERATION AND REVOCATION OF THE BENEFICIARY CLAUSE

1. The person appointing the Beneficiary may, at any time, revoke or change the appointment, save when they have expressly waived this right.
2. In the event of waiver of the revocation right, the person appointing the Beneficiary may only modify the contractual conditions with the Beneficiary's prior agreement.
3. The power to change the beneficiary appointment shall cease when the Beneficiary acquires the right to payment of the insured amounts.
4. Any amendment to the beneficiary clause shall only be valid when the Insurer has received the corresponding written communication, which must be received while the Policyholder is alive. The amendment must be included in the Additional Rider to be issued by the Insurer.

CHAPTER VIII - INSURED CAPITAL

CLAUSE 28 - AGREED UPDATE OF THE INSURED CAPITAL

1. By means of an express agreement in the contractual documentation, the automatic updating of the insured capital can be guaranteed at each annual maturity by applying the percentage indicated for that purpose, with the updated capital of the premium receipt for the following annuity.
2. **Except when as a result of a legal provision, the Policyholder may waive the agreed on update provided that they communicate this to the Insurer at least 60 days before the end of the Policy's annual term.**

CLAUSE 29 - DISABILITY, INJURY OR PRE-EXISTING DISEASE

Should the Insured Person suffer from a pre-existing disability, injury or illness at the time of the accident, for the purposes of compensation for Disabilities, only the difference between the degree of pre-existing disability and its aggravation resulting from the accident suffered by the Insured Person, covered by this policy, shall be taken into consideration.

CLAUSE 30 - REDUCTION AND RESTORATION OF INSURED CAPITAL

1. Unless a legal provision or convention results in an automatic reset, after a claim, the insured amounts shall be, during the ongoing validity period, automatically reduced by the amount corresponding to the compensations paid without any refund of premium taking place.
2. Without prejudice to the preceding paragraph, by agreement regarding the conditions and payment of the corresponding supplementary premium, the parties may agree to reinstate the insured amounts, in which case said conditions shall be included in the Particular Conditions or the Individual Certificate.
3. The reinstatement of capital does not take effect in relation to claims that have already occurred.

CLAUSE 31 - PAYMENT OF THE INSURED AMOUNTS

1. Unless otherwise agreed, the payments to be made by the Insurer under this insurance contract shall always be made by crediting the bank account used to pay the premiums.
2. In situations not expressly provided for, the payments due shall be made at the offices of the Insurer, at the place of issue of this contract.
3. The maximum values of the guaranteed compensations are expressly stated in the contractual documentation.
4. Should the Beneficiary be a minor, the Insurer shall deposit in their name, at Banco Comercial Português or at the Bank indicated by the Policyholder or the Insured Person, the amount corresponding to the insured amounts.
5. Payments to be made by the Insurer for a claim may not exceed the capital available in the hedging for the duration of the occurrence of the claim, regardless of the date on which the benefit is due.

CHAPTER IX - MISCELLANEOUS PROVISIONS

CLAUSE 32 - MEDICAL BOARD

1. In the absence of an agreement between the parties as to the occurrence of a situation of Permanent Disability or Temporary Disability, the Policyholder and the Insured Person shall undertake to accept the decision made by a medical board consisting of one medical expert appointed by the Insurer and another one appointed by the Policyholder or the Insured Person and a third one appointed by agreement between the first two experts, with their decisions being taken by absolute majority which cannot be appealed.
2. Each party shall bear the expenses and fees of its medical expert, as well as 50 % of the charges related to this board's third medical expert.

CLAUSE 33 - PLURALITY OF INSURANCE

1. Benefits of a predetermined value are cumulative with others of the same nature or with

compensatory nature provisions even if dependent on the verification of the same event.

2. When compensation benefits, guaranteed to the same risk, same interest and for the same time, are insured by several Insurers, the Policyholder or the Insured Person must notify all Insurers of this circumstance as soon as they become aware of it, as well as when reporting the incident.

3. The fraudulent omission of the information referred to in the preceding paragraph exonerates the Insurers from providing the corresponding benefits.

4. The incident under the scope of the contracts referred to in paragraph 2 shall be compensated by any of the Insurers, chosen by the Insured Person, within the limits of the corresponding obligation.

5. Unless otherwise agreed, the Insurers involved in the compensation of the damage covered by the contracts referred to in paragraph 2 shall be liable to each other in proportion to the amount that they would each be liable for under a single insurance contract.

6. Should one of the Insurers become insolvent, in the cases provided for in paragraph 2, the remaining Insurers shall be responsible for the proportional share of the insolvent Insurer according to the terms provided for in the preceding paragraph.

CLAUSE 34 - INTERVENTION OF THE INSURANCE INTERMEDIARY

1. No insurance intermediary is deemed to be authorised, on behalf of the Insurer, to enter into or terminate insurance contracts, to contract upon or amend the obligations arising thereof, or to validate additional statements, except as provided for in the following paragraphs.

2. The Insurance Intermediary to whom the Insurer has granted the necessary powers of attorney, in writing, may enter into insurance contracts, contract upon or amend the obligations arising thereof or validate additional statements, on behalf of the Insurer.

3. Notwithstanding the lack of specific powers for this purpose on behalf of the insurance intermediary, the insurance is deemed effective when there are strong and objectively appraised reasons, taking into account the circumstances of the case, which justify the Policyholder's confidence in good faith legitimacy of the insurance agent, provided that the Insurer has also contributed to establishing the Policyholder's confidence.

CLAUSE 35 - SUBROGATION

Once the compensation or the expense has been paid, the Insurer shall be subrogated, regarding all the rights of the Policyholder, the Insured Person, their Beneficiaries or Heirs, against the third party responsible for the losses, all the former undertaking to take any necessary action to enforce these rights and being liable for losses and damages relative to any act or voluntary omission that might prevent or hinder the exercise of these rights.

CLAUSE 36 - SANCTIONS

The Insurer shall not be liable for guaranteeing any coverage, making any claim payment or providing any other benefit subject to this insurance contract inasmuch as such coverage, payment, claim settlement or benefit provision exposes the Insurer to any sanction, prohibition or restriction imposed by resolution of the United Nations Organization or by sanctions, laws or commercial or economic regulations of the European Union, provided they are applicable under Portuguese law.

CLAUSE 37 - COMMUNICATIONS AND NOTIFICATIONS BETWEEN THE PARTIES

1. The communications or notifications from the Policyholder or the Insured Person provided for in this Policy are considered valid and effective if they are remitted to the head office of the Insurer.
2. The communications provided for in this contract must be in writing or delivered via another means leaving a durable record.
3. The Insurer is only obligated to send the communications provided for in this contract should the recipient of the communication be duly identified in the contract, and the communication be considered valid should it be forwarded to the corresponding address contained in the Policy.
4. A change in the means of contact and addresses referred to in the preceding paragraph must be communicated to the Insurer within 30 days of the date on which it is verified, by registered post with notice of receipt or by any other means in which a durable record remains, upon failure of which communications or notifications made by the Insurer to the outdated means of contact and addresses shall be considered as valid and effective.

CLAUSE 38 - COINSURANCE

The special coinsurance condition shall apply to contracts in which the risk is covered jointly by several Insurers.

CLAUSE 39 - COMPLAINTS, ARBITRATION AND ALTERNATIVE DISPUTE RESOLUTION

1. Without prejudice to the appeal to the Courts, the Policyholder or the Insured Person may submit claims arising from the interpretation or application of this contract to the department responsible for managing the Insurer's claims, to the Customer Ombudsman or to the Autoridade de Supervisão de Seguros e Fundos de Pensões [Insurance and Pension Funds Supervisory Authority] (www.asf.com.pt), according to their legal powers.
2. Disputes arising from the validity, interpretation, execution and default of the insurance contract may be settled by arbitration.
3. The arbitration provided for in the preceding paragraph follows the general Arbitration Law scheme.
4. In the event of a consumer dispute, the consumer may resort to the alternative dispute

resolution entity indicated in the Particular Conditions or in the Individual Certificate.

CLAUSE 40 - APPLICABLE LAW AND JURISDICTION

1. This contract shall be governed by Portuguese law.
2. The competent jurisdiction to settle any disputes arising from this contract is that established by civil law.

Special Conditions of the Personal Protection - VOLTA 55+ Insurance

Clause 1 - Object of the Contract

1. With this contract, the Insurer shall guarantee, in accordance with the General Conditions and the Special Conditions, the coverage and coverage extensions expressly referred to in the Particular Conditions.
2. The Special Conditions, when underwritten and specifically identified in the Particular Conditions for each of the Insured Persons, shall complement and prevail over the provisions of the General Conditions.

Clause 2 - Scope of the Contract

1. Unless otherwise stated in the Particular Conditions, risks are only guaranteed by this contract when expressly stated in the Particular Conditions and when arising from accidents resulting from Professional or Extraprofessional Risk.
2. For the purposes of the preceding paragraph, the following terms shall have the following meanings:
 - 2.1 Professional Risk shall mean the exercise of the Insured Person's profession, expressly referred to in the Specific Conditions, not being considered as professions the activities of students and of people who are exclusively engaged in work in their own home.
 - 2.2 Extraprofessional Risk shall mean all activities that do not consist in the performance of the Insured Person's professional activity, whether performed on their own behalf or on behalf of others.
3. Professions other than those referred to in the Specific Conditions shall not be considered, so the contract shall not be effective with regard to Professional Risk in a profession other than the one declared.

Clause 3 – Insured Persons

1. Unless otherwise agreed, expressed in the Specific Conditions, the contract shall cease its effects in relation to each Insured Person at the end of the annuity in which they turn 85 years of age.
2. At the end of the annuity in which the Insured Person turns 80 years of age, the capital of all coverages shall be reduced by 50 %, with the exception of the Health Care Assistance, Home Assistance, Technical Support, Administrative Support, Travel and Personal Baggage coverages which shall remain unchanged.
3. In order to determine the capital, the age to be considered shall be the age of the Insured Person at the time of the accident.

Clause 4 - Relative Exclusions

Unless otherwise expressly stated in the contractual documentation, the following shall also be excluded:

- a) Accidents resulting from professional sports;
- b) Accidents resulting from amateur sports, provided they are part of championships or competitions as well as their training sessions;
- c) Accidents arising from federated or associative sports practice and corresponding training sessions and competitions;
- d) Aggravation of disability, injury, deformation or illness pre-existing at the time of the insurance underwriting or policy subscription, unless the pre-existing situation is reported to the insurer before the contract is entered into, in which case the difference between the degree of pre-existing disability and its aggravation resulting from an accident covered by the policy shall be considered;
- e) Accidents arising from natural disasters, such as typhoons, cyclones, tornadoes and any direct action of strong winds whose speed reaches or exceeds 100 km/h, or shock of objects thrown or projected by them, waterspout or torrential rains – atmospheric precipitation of an intensity greater than 10 millimetres in 10 minutes measured by a rain gauge, floods or overflowing of natural or artificial water courses, earth tremors, earthquakes, volcanic eruptions, tidal waves, underground fire and even fire resulting from these phenomena, subsidence, landslides, landslips and sinking of land, as a result of geological phenomena, as well as other phenomena similar in their effects;
- f) Accidents arising from hunting wild animals or those that are known to be dangerous, polo, riding and running or show jumping, power boating and water skiing, water sports involving boats, rafting, descent or ascent of torrents or currents caused by unevenness in the water course, diving and spearfishing, winter sports or sports practised over snow and ice, skydiving or free fall, bullfighting and bull runs, hang gliding, paragliding, powerless flying, fighting in its various forms, including boxing, martial arts, kick boxing, Thai boxing, weightlifting, land motor sports, extreme sports including jumping or inverted jumping with suspension mechanisms, speleology, mountaineering, rock climbing and climbing, slide and rappel, ballooning, mountain biking, canoeing, kitesurfing, paintball, parachuting, paramotoring, parkour, skysurfing, trekking, American football, all-terrain, motoring, as well as other sports with the similar or greater danger;
- g) Participation in any kind of speed competition;
- h) Accidents resulting from lack of observance of preventive, punitive, legal or regulatory provisions, applicable in general or especially, to different sports, cultural or recreational activities in the context in which they occur;
- i) Accident occurred while the Insured Person is voluntarily transported as a passenger in a vehicle driven by an unqualified driver, or in a situation of theft or robbery or in non-compliance with the legislation in force;
- j) Intentional acts consummated or attempted by the Policyholder, by the Beneficiary, or anyone they are civilly responsible for, on the Insured Person;
- k) Accidents in mines and caves;
- l) Accidents arising from the use of two- or three-wheeled motor vehicles and quad bikes, provided they do not fall within the definition of bicycles or equivalent, in accordance with the Motorway Code;

- m) Use of any type of aircraft, except as a passenger of commercial airlines;
- n) Damage caused by animals that, in accordance with the legislation in force, are considered dangerous or potentially dangerous, and by wild, poisonous and predatory animals, when owned by the Insured Person;
- o) Accidents resulting from strikes, labour disturbances, riots or disturbances to public order, insurrection, revolution, rebellion, acts of terrorism and sabotage;
- p) Events that occur in countries where there is civil war, invasion and war, declared or not, against foreign countries and hostility between foreign nations, whether or not there is a declaration of war;
- q) Expenses with companions/partners, telephone calls and other personal expenses not related to hospitalisation;
- r) Accidents occurring when the Insured Person is under the influence of psychotropic substances, narcotics or toxic products or any drugs without medical prescription or when a blood alcohol level equal to or greater than 0.5 g/L is detected, or other lower limit, when legally provided for;
- s) Accidents occurred when the Insured Person, due to a psychic anomaly or other cause, shows incapacity to control their acts;
- t) Hernias, whatever their nature, muscle strains, varicose veins and their complications, low back pain, cervicgia, dorsalgia, rachialgia and sciatica, tendonitis, tenosynovitis, chronic spinal diseases, rheumatism, osteoarthritis or other degenerative changes in the joints, snoring, myocardial infarctions, embolisms, and cerebrovascular accidents (CVA), infection by the Acquired Immune Deficiency Syndrome (AIDS) virus, epidemic, infectious and contagious diseases and occupational diseases;
- u) Retinal detachment, tendon or muscle ruptures not resulting from a proven accident with emergency hospital care;
- v) Tissue, limb or organ transplants and their implications;
- w) Admission to sanatoriums, spas, beaches, nursing homes, retirement homes and other similar facilities, as well as gymnastics, swimming, massages and other similar, even if prescribed by a doctor;
- x) Continued, palliative or rehabilitation care or for which there is no medical justification, regardless of whether they arise from medical acts covered by the policy;
- y) Appointments, medications, treatments or surgeries for the regularisation of weight or obesity treatment and its consequences;
- z) Childbirth, termination of pregnancy and any type of situation resulting from the state of pregnancy that does not result from a proven accident with emergency hospital care;
- aa) Acupuncture, homeopathy, osteopathy, chiropractic and other therapies outside the scope of conventional medicine
- bb) Medical acts, treatments, procedures, diagnoses, prostheses, orthotics or medications not officially recognised by the Portuguese Medical Association;
- cc) Acquisition, implantation, repair or replacement of medical items, prostheses or orthotics other than the first intrasurgical prosthesis resulting from an accident covered by the policy;
- dd) Allergic disorders as well as poisoning arising from the consumption of food products;
- ee) Moral damages, non-property damage or those arising from pain, aesthetic damage or loss of income;

- ff) **Compensations and payments arising from mental and psychiatric illnesses, injuries, disorders or treatments, even if they cause disability;**
- gg) **Accident resulting from the use and handling of explosive or similar hazardous substances;**
- hh) **Transport costs and others.**

Clause 5 - Coverage Limitation

The Insured Person or the Beneficiary, if different, shall lose the right to compensation should they, voluntarily and intentionally, aggravate the consequences of the incident.

Clause 6 – Alteration of the Guarantees

Unless otherwise agreed, the Policyholder may request the Insurer, in writing, up to 30 days before the expiry date of the contract, to change the guarantees, which, when accepted by the Insurer, shall take effect upon the contract's renewal date.

Special Condition - Death

1. Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the case of Death of the Insured Person, provided it occurred as a result of an accident guaranteed by this contract, immediately or within two years of the accident date, and the causal link with the accident being clinically verified, payment of the damages due or the agreed monthly annuity to the Beneficiaries designated in the Particular Conditions or in the Individual Certificate or, in the absence thereof, to the legal heirs of the Insured Person.

2. Should Death occur two years after the accident date, no compensation nor, when provided for, monthly annuity, shall be paid.

3. This contract does not guarantee the risk of death to minors under 14 years of age or to those who, due to a psychic anomaly or other cause, prove unable to govern their person, except in cases where the coverage of the risk of death due to accident of children under the age of 14 is mandatory by law or has been underwritten by educational, sports or similar institutions, which are not beneficiaries of it.

2. Grace Period

When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Expenses with Personal Injuries

1. Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, shall guarantee compensation when personal injuries occur, resulting from an accident guaranteed by this contract, and provided for in the following table, up to the limits stipulated therein:

COVERAGES	ANNUAL CAPITAL	
	Age	Age Equal to or Greater than
Maximum limits per coverage, type of injury, claim and annuity	55 to 79	80 years
1. PERSONAL BODILY INJURY COVERAGE (Types of Injuries)		
FRACTURES		
PELVIS (excluding Coccyx)		
Multiple fractures, one exposed, one complete	€6 667	€3 334
Exposed fractures	€3 000	€1 500
Multiple fractures (at least one complete)	€1 833	€917
All other fractures	€1 333	€667
FEMUR (including Femur neck)		
Multiple fractures, one exposed, one complete	€3 000	€1 500
All other open fractures	€2 250	€1 125
Multiple fractures (at least one complete)	€1 875	€938
All other fractures	€1 125	€563
TIBIA, FIBULA, SKULL, CLAVICLE, ARM		
Multiple fractures, one exposed, one complete	€2 500	€1 250
All other open fractures	€1 750	€875
Multiple fractures (at least one complete)	€1 250	€625
Skull depression fractures	€708	€354
All other fractures	€542	€271

WRIST FRACTURE (E.g. Colles)		
Open fracture	€1 167	€584
All other fractures	€750	€375
SHOULDER BLADE, STERNUM, HAND (except fingers), FOOT (except toes)		
Open fracture	€1 167	€584
All other fractures	€750	€375
VERTEBRAL SPINE (except Coccyx)		
Compression fractures	€1 167	€584
Fractures of the spinous, transverse or pedicle processes	€1 167	€584
Fracture with permanent neurological damage	€750	€375
All other vertebral fractures	€750	€375
LOWER JAW		
Multiple fractures, one exposed, one complete	€1 833	€917
All other open fractures	€1 433	€717
Multiple fractures (at least one complete)	€917	€459
All other fractures	€367	€184
RIBS, MALARES, COCCYX, UPPER JAW		
Multiple fractures, one exposed, one complete	€958	€479
All other open fractures	€642	€321
Multiple fractures (at least one complete)	€317	€159
All other fractures	€192	€96
DISLOCATIONS		
Spinal dislocation (with neurological lesions)	€4 833	€2 417
Hip displacement	€3 083	€1 542
Knee dislocation	€1 725	€863
Wrist or elbow dislocation	€1 033	€517

Ankle, shoulder blade, clavicle dislocation	€692	€346
Finger(s)/toe(s), hand, foot or jaw dislocation	€350	€175
BURNS		
At least 27 % of the body surface area	€2 333	€1 167
At least 18 % of the body surface area	€1 833	€917
At least 9 % of the body surface area	€917	€459
At least 4.5 % of the body surface area	€442	€221
INTERNAL INJURIES AND CONCUSSIONS	€1 583	€792

The following is understood to mean:

- I. Spinous Apophysis, Transverse Apophysis and Pedicles - Different parts of the vertebrae;
- II. Thoracic Surgery - Operation on chest cavity organs, including the heart;
- III. Coccyx - End of the spine;
- IV. Complete Fracture - Fracture in which the bone breaks completely;
- V. Colles Fracture - Distal fracture of the radius;
- VI. Exposed Fracture - Fracture in which the bone breaks through the skin;
- VII. Multiple Fracture - More than one fracture of the same bone;
- VIII. Reduction - Correction of a fracture or dislocation.

2. Whenever an accident results in injuries to more than one member or organ, total compensation is calculated by adding up the amount of compensation for each of the injuries, without the total exceeding the insured capital provided for in the Particular Conditions or in the Individual Certificate for the Expenses Personal Injuries coverage, in the annuity when the accident took place.

2. Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Hospitalisation Expenses

1. Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the event of hospitalisation

expenses arising from an accident covered by this contract, refund, up to the limit stipulated for the effect in the Particular Conditions or in the Individual Certificate, of the necessary expenses to treat, in a Hospital setting, while under hospitalisation for a period not exceeding 360 days per claim, from the date of hospital admission of the Insured Person, and provided that they are validated by the Insurer's clinical services.

2. The coverage shall be activated only when hospitalisation takes place within 90 days of the date of the accident and corresponds to a stay of at least 24 hours under hospital admission.

3. For the purposes of this coverage, hospital admissions exclusively for the effects of rehabilitation, palliative care, continuing care, or when the care in question could be carried out at the Insured Person's residence, shall not be guaranteed.

4. The refund of Hospitalisation Expenses shall be made against the delivery of the original documentation proving the payment of the expense.

2. Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Funeral Expenses

1. Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or the Individual Certificate, shall guarantee, in the event of death of the Insured Person resulting from an accident guaranteed by this contract, and should death occur within two years after the accident, refund of the Insured Person's Funeral Expenses, up to the limit stipulated for this purpose in the Particular Conditions or in the Individual Certificate.

2. The refund of Funeral Expenses shall be made upon delivery of the original documentation proving payment and the Social Security contribution, if applicable, to the person who proves to have paid these expenses.

2. Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual

Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Personal Baggage

1. Definitions

For the purposes of this Special Condition, the following definitions apply:

Baggage: clothing and objects for personal use of the Insured Person, when transported in luggage, bags or other packages duly packed;

Unaccompanied Baggage: baggage that has been delivered under the responsibility of a transport company, upon proof of delivery;

Accompanied Baggage: baggage in the custody and responsibility of the Insured Person, understanding as such all situations not included under the term 'unaccompanied baggage'.

Travel: the travel of the Insured Person to stay overnight outside the place of their main residence, with their proof of accommodation or transport, and ending with the return to the place of residence or the place of completion of the scheduled trip.

2. Accompanied Baggage Coverage

The Personal Baggage coverage shall guarantee, in case of damage caused to the Insured Person's baggage, when carried by the latter, during a trip made by the Insured Person, compensation up to the limit stipulated in the Specific Conditions or in the Individual Certificate, and provided that they result from:

- a) Breakage, tear and dent;
- b) Theft committed with violence or by breaking and entering;
- c) Fire, lightning, or explosion;
- d) Natural disasters (storms, floods and seismic phenomena);
- e) Strikes, riots and disturbances to public order, unless the Insured Person participates in such acts;
- f) Accidents with the means of transport used.

3. Unaccompanied Baggage Coverage

The Personal Baggage coverage shall also guarantee compensation up to the limit stipulated in the Specific Conditions or in the Individual Certificate in case of loss or damage caused to the Insured Person's Unaccompanied Baggage, during a trip made by the latter, transported in luggage, bags or other volumes properly packed and delivered under the responsibility of a carrier.

4. Obligations of the Policyholder or the Insured Person in case of Claim

1. The Policyholder or the Insured Person shall, in case of claim guaranteed by this contract, in addition to the provisions of clause 24 of the General Conditions and, if applicable, have the obligations to:

- a) Immediately complain to the carrier, hotel or other responsible entity, within the deadlines stipulated by each entity, all damage that can be ascertained, obtaining proof of the claim submitted;

- b) Report it to the police authorities, within 24 hours, in case of theft, obtaining proof of report;**
- c) Take all measures to minimise the damage.**

2. Submit to the Insurer the written claim within eight days accompanied by the following elements:

- a) Detailed description of the incident and the damaged items with their corresponding value, of the losses and damages sustained by the baggage;
- b) Copy of the claim presented to the Carrier or other entity possibly responsible for the damage and corresponding response;
- c) Copy of the police report in the case of theft;
- d) Justification of the value when thus requested by the Insurer.

5. Payment of Compensation

1. The amount insured by this guarantee must correspond to the original purchase price of the asset, with depreciation due to use or wear and tear, considering the limits indicated in the Specific Conditions or in the Individual Certificate.

2. Depreciation is fixed at 1 % per year, with a minimum of 5 %, of the acquisition value of the asset, counted from the corresponding acquisition date and upon presentation of the corresponding proof under the Insured Person's name, or 20 % in the absence of said supporting evidence.

3. In case there is baggage acquired during the trip, payment is made considering the value without depreciation, upon presentation of the corresponding proof of purchase, under the Insured Person's name.

4. If there is compensation from the company responsible for the means of transport, or compensation for losses by hotels or other persons responsible, this amount shall be deducted from the amount of compensation payable by the Insurer.

5. The Insurer has the option to opt for the repair, restoration or replacement of the damaged items or to pay compensation, under the terms of the preceding paragraphs.

6. Should, at any time, the missing objects be totally or partially recovered, the Insured Person shall undertake to immediately notify the Insurer, which shall only be liable for any damage suffered, except when the claim has already been settled, in which case the Insurer shall become the owner of said objects.

6. Specific Exclusions

1. The coverage guaranteed by this Special Condition shall not extend to:

- a) Rare objects, antiques, works of art, collection pieces, trade and showcase pieces, weapons, paintings, medals, objects in whose composition include metals or precious stones, jewellery, watches, glasses, fur coats, pens;**
- b) Cash, checks, credit cards, travel tickets, shares, certificates or any other debit or credit instruments or means of payment, bonds of any kind, documents, proofs of payment, information media (discs, films, magnetic strips and the like),**

travel tickets, policies;

c) Mobile telephones, sound or image recording equipment, gaming consoles, computers and other computer or electronic equipment;

d) Ski, snowboarding and any other type of sports equipment.

2. In addition to the exclusions set forth in the General and Special Conditions, this coverage shall also not guarantee:

a) Damage resulting from improper handling by the carriers;

b) Damage to prostheses, orthotics or medicinal items;

c) Normal wear and tear due to the use of the insured object;

d) Deprivation of use;

e) Moral damage.

7. Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Travel

1. Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Serious illness: sudden change in health status that implies immediate hospitalisation.

Serious accident: accident involving immediate hospitalisation.

Serious Personal Injury: Any injury or illness that, due to its nature, implies or may imply urgent treatment in a hospital and prevents the normal continuation of the trip.

2. Coverage

1. This Special Condition shall guarantee:

1) Repatriation or Medical Transport in the event of Accident or Illness a) The Assistance Service shall guarantee the payment of transport expenses, by the most appropriate means, of the Insured Person who has suffered a serious personal injury or serious illness abroad, to the hospital prescribed by the medical team or to their residence, after prior check by the medical team of the Assistance Service, in contact with the	Unlimited Except for repatriation in case of SARS-CoV-2 (COVID-19) - Limit of €150 000.00 per
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<p>attending physician, to determine the most convenient measures to be taken;</p> <p>b) Should, after the repatriation covered by the policy, the Insured Person be admitted to a hospital more than 150 km from their residence, the Assistance Service shall guarantee payment of the subsequent transport expenses, when appropriate, to their residence;</p> <p>c) The means of transport to be used shall be best suited to the urgency and seriousness of the case, as decided by the Assistance Service's medical team.</p>	<p>Insured Person/per period or annuity</p>
<p>2) Contribution for Accommodation Expenses</p> <p>Should the Insured Person need to, by medical prescription, extend their stay for convalescence or recovery, after previous validation by their medical services, the Assistance Service shall bear the corresponding hotel accommodation expenses up to the stipulated limits.</p>	<p>Per day: €75.00 per Insured Person</p> <p>Limit: €500.00 per claim and per Insured Person</p>
<p>3) Travel Cancellation or Interruption</p> <p>In the event of Cancellation or Interruption of a Travel Scheduled or already started due to force majeure, the Assistance Service shall guarantee the refund of a percentage of the irrecoverable expenses of transport and accommodation up to maximum limit defined as follows:</p> <p>Should cancellation occur between the 59th and 30th day prior to the start of the travel:</p> <ul style="list-style-type: none"> - Payment of 10 % of the expenses borne; <p>Should cancellation occur between the 29th and 10th day prior to the start of the travel:</p> <ul style="list-style-type: none"> - Payment of 40 % of the expenses borne; <p>Should cancellation occur between the 9th day prior to the start of the travel and on the travel day itself:</p> <ul style="list-style-type: none"> - Payment of 100 % of the expenses borne; <p>In case of interruption of the trip:</p> <ul style="list-style-type: none"> - Payment of 100 % of the expenses borne. <p>Claims under this warranty must be documented with:</p> <ul style="list-style-type: none"> a) Original transport ticket (if applicable); b) Original receipts corresponding to travel and accommodation expenses; c) Death certificate, in case of activation of the death coverage; d) Medical report proving the disease or serious accident, in case of activation of the coverage for these reasons; e) Other proofs considered necessary according to the specific situation in question. 	<p>Limit: €1 000.00 per claim and per Insured Person</p>

<p>The following situations shall be considered as force majeure for the purposes of this coverage:</p> <ul style="list-style-type: none"> • Death, serious illness or serious accident with bodily harm of the Insured Person, their spouse or companion/partner; • Death, serious illness or serious accident with bodily harm of a relative (ascendants or descendants) in first degree of the Insured Person, their spouse or companion/partner. <p>In the context of this coverage, in the event of a claim, should there be a compensation by the Insurer under other insurances, of the same company, of the airline, of the company responsible for the means of transport, accommodation providers, booking agents, travel agent, PayPal or other entity or compensation scheme, this amount shall be deducted from the amount guaranteed by the Insurer.</p>	
<p>4) Flight Delay</p> <p>In the event of a flight delay of more than 15 hours, the Assistance Service shall guarantee to the Insured Person the refund of accommodation expenses, up to the stipulated limits, provided the Airline company does not refund them. Claims under this guarantee shall be justified by the following documents:</p> <ul style="list-style-type: none"> a) Transport ticket; b) Receipt for accommodation expenses; c) Statement issued by the air carrier proving: <p>I - Flight delay of more than 15 hours;</p> <p>II - That there was no contribution for accommodation expenses by said Airline company.</p> <p>In the context of this coverage, in the event of a claim, should there be a compensation by the Insurer under other insurances, of the same company, of the airline, of the company responsible for the means of transport or other entity or compensation scheme, this amount shall be deducted from the amount guaranteed by the Insurer.</p>	<p>Per day: €50.00 per Insured Person</p> <p>Limit: €250.00 per claim and per Insured Person</p>
<p>5) Loss of Connection Flight</p> <p>Should the Insured Person lose a connection flight between the means of transport contracted due to delays in arrival, the Assistance Service shall guarantee the additional accommodation or transport expenses required, up to the stipulated limit.</p> <p>For this guarantee to work, the Insured Person must show that the booking initially made already contemplated lay-over times.</p>	<p>Per day: €150.00 per Insured Person</p> <p>Limit: €1 500.00 per claim and per Insured Person</p>

<p>In the context of this coverage, in the event of a claim, should there be a compensation by the Insurer under other insurances, of the same company, of the airline, of the company responsible for the means of transport or other entity or compensation scheme, this amount shall be deducted from the amount guaranteed by the Assistance Service.</p>	
<p>6) Delay in Receiving Baggage</p> <p>The Assistance Service shall guarantee refund of the purchase of clothing or hygiene items, up to the stipulated limit, made as expenses due to the delay in the collection of the Insured Person's Baggage in the course of a trip, provided that this delay is greater than six hours.</p> <p>Excluded from this guarantee are delays that may occur upon arrival of Baggage at the airport of the Country of origin coinciding with that of the Insured Person's residence.</p> <p>The Insured Person must submit, for the purpose of refund, the Lost Baggage Statement issued by the Airline company with the following information:</p> <ul style="list-style-type: none"> a) Name of the passenger (or group of which the person is a member); b) Flight number; c) Sticker number placed on the luggage; d) Complaint number. <p>In the context of this coverage, in the event of a claim, should there be a compensation by the Insurer under other insurances, of the same company, of the airline, of the company responsible for the means of transport or other entity or compensation scheme, this amount shall be deducted from the amount guaranteed by the Assistance Service.</p>	<p>Max. per Item: €250.00</p> <p>Limit: €1 000.00 per claim and per Insured Person</p>
<p>7) Defence and Complaint Abroad in the Case of a Traffic Accident</p> <p>The Assistance Service shall undertake to, up to the stipulated limits:</p> <p>1 - Criminal Defence: Ensure the criminal defence of the Insured Person should they be accused of involuntary homicide or involuntary personal injury, or violation of traffic laws and regulations as a result of a traffic accident.</p> <p>2 - Claim for damages:</p>	<p>€1 000.00 Limit per Insured Person/period of validity or annuity</p>

<p>2.1 Claim in a friendly or judicial manner the pecuniary reparation of damages resulting from personal or material injury suffered by the Insured Person, provided that they result from a traffic accident for which responsibility is not attributed to them;</p> <p>2.2 The Assistance Service shall not take legal action or appeal a court decision:</p> <p style="padding-left: 20px;">a) When is considered that this does not have sufficient probabilities of success;</p> <p style="padding-left: 20px;">b) Where, on the basis of information obtained, the third party held liable is insolvent;</p> <p style="padding-left: 20px;">c) When the proposal of regularisation made by the responsible entity is considered to be fair and sufficient;</p> <p style="padding-left: 20px;">d) When the amount of damage, whether material or personal, does not exceed the amount corresponding to the highest national minimum salary in force at the date of the claim.</p> <p>2.3 The Insured Person may, however, in any case and against the opinion of the Assistance Service, bring or continue the action at its own expense. If a more favourable outcome than the initial one by the Assistance Service is achieved, the Insurer shall refund the Insured Person for the legitimate expenses borne.</p> <p>3 - Advance of criminal bonds: Ensuring payment of the criminal bonds required to guarantee provisional freedom or personal appearance in court, following a traffic accident.</p>	
<p>8) Emergency Assistance Abroad</p> <p>The Assistance Service makes available to the Insured Person, through the 24H helpline, a set of useful services and advice in case of difficulties or incidents occurring abroad such as translator services, advice in case of loss or theft of documents, personal belongings, reissue of documents, useful contacts for entities such as consulates, embassies, etc.</p>	<p>Unlimited</p>
<p>9) Advance of Funds Abroad in the event of Loss, Theft or Deterioration of Baggage</p> <p>In the event of theft or loss of baggage or money not recovered within 24 hours, the Insurer, through the Assistance Services, shall advance the funds necessary so the Insured Person can replace the missing assets within the stipulated limit. The amounts advanced must be refunded to the Assistance Service by the Insured Person within 15 days after returning</p>	<p>Limit: €1 500.00 per Insured Person/period of validity or annuity</p>

to Portugal, and the corresponding proof of bank transfer must be sent.	
10) Organisation of Events and Travel When requested, the Assistance Service provides the Insured Person with information about entities and partners that can help organise the type of trip or event desired with advantages in hiring. Whenever necessary, the Assistance Service shall also provide advice on the preparation of the trip with information on the specific requirements needed (medical appointments, necessary documents, vaccines, insurance, etc.).	Unlimited

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not be guaranteed, except in cases of force majeure or material impossibility demonstrated, as well as those that, being related to the journey made by the Insured Person, are not duly proven upon presentation of the original documents and proof of travel.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

3. Exclusions

1. For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Events prior to the Insured Person's entry into force in this contract;
- b) Accidents attributable to the Insured Person and occurring when the Insured Person is under the influence of psychotropic substances, narcotic drugs or any drugs or toxic products with no medical prescription or when having a blood alcohol level equal to or greater than that permitted by Law;
- c) Natural disasters, acts of war, terrorist acts, strikes, riots and disturbances to public order;
- d) Injuries or illnesses already existing before the start of the trip, as well as their consequences;
- e) Mental illness or any psychiatric illness, without hospitalisation or with a hospital stay under 7 days;
- f) Accidents resulting from an illness or pathological condition existing before the start of the journey;
- g) Suicide or attempted suicide by the Insured Person and its consequences, as well as other intentional acts committed by the Insured Person on themselves;
- h) Those carried out by the Insured Person with criminal intent;

- i) Accidents, injuries or illnesses resulting from the participation of the Insured Person in bets, competitions or sports events, the practice of skiing and any other type of winter sports or so-called 'extreme sports' (including hiking, trekking and similar activities), and other similarly dangerous sports, as well as the rescue of people at sea, in mountains or in desert areas, unless expressly contracted in a Particular Condition or the Individual Certificate;
- j) Treatments in thermal hot springs or beaches and, in general, cures involving fresh air or relaxation, as well as cosmetic treatments;
- k) Childbirth or C-section and any type of situation arising from the state of pregnancy;
- l) Expenses for any kind of prostheses or orthosis, including glasses and contact lenses and the supply or replacement of hearing aids;
- m) Illnesses resulting from the Insured Person's failure to take adequate prophylaxis for diseases existing in the country of destination, namely, recommended vaccination or medication;
- n) Any costs with SARS-CoV-2 (COVID-19) tests required by the local border control authorities, with the purpose of the Insured Person accessing the destination, shall not be guaranteed;
- o) Circumstances known prior to the underwriting of this policy, or the inclusion of the Insured Person or upon booking of any trip, which could reasonably lead to the cancellation of the trip or interruption thereof;
- p) Claims arising in the course of a travel, in cases where the local authorities of destination or of origin have advised against travel to that destination.

2. For the purposes of this Special Condition, in addition to the exclusions provided for in Clause 4 of the General Conditions, and in the preceding paragraph, they shall also be excluded from the Guarantee;

3. Trip Cancellation or Interruption:

- a) Illnesses that are being treated or have undergone medical care within the previous 30 days, both as of the date of booking the trip and the date of inclusion of the Insured Person in the insurance;
- b) Accidents or illnesses resulting from participation in bets, contests, competitions, crimes or brawls, except in cases of legitimate defence;
- c) Accidents or illnesses resulting from civil or foreign war, declared or not, riots, popular movements, as well as the conscious non-compliance with official prohibitions;
- d) Accidents or illnesses resulting from any intentional act, with origin in the act of recklessness or serious negligence on the part of the Policyholder, the Insured Person or the Policy Beneficiaries.

Special Condition - Health Care Assistance

1. Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Address: Place where the Insured Person is residing at the time of the claim.

2. Territorial Scope

The guarantees contained in this Special Condition shall only be provided in national territory.

3. Coverage

1. This Special Condition shall guarantee:

1) Doctor's visit at home In the event of sudden and urgent illness, the Assistance Service sends a GP to the Insured Person's residence, bearing the corresponding costs, transportation and medical fees. This guarantee is provided in national territory 24/7. Should a doctor not be immediately available, the Assistance Service shall provide, if necessary, the transfer of the Insured Person to an appropriate Medical Centre, the cost of transportation being included in the coverage.	€10 deductible per trip and per Insured Person Limit: Unlimited
2) Home Nursing Care In case of existing medical prescription, the Assistance Service shall bear the transportation costs and medical fees for a professional nurse to perform the prescribed nursing acts. The following nursing acts shall be provided for in this guarantee: <ul style="list-style-type: none">• Treatment of wounds, pressure ulcers and/or scars• Injections;• Catheterisation;• Nasogastric intubations;• Saline administration and monitoring;• Removing stitches and staples;• Hygiene and comfort care services;• Pre and postpartum care; newborn care;• Vaccination;• Aerosols;• Oxygen therapy;	Limit: 5 acts/per Insured Person/period of validity or annuity

<ul style="list-style-type: none"> • Nursing care for colostomies, ileostomies, tracheostomies and urostomies. <p>The Insured Person shall be responsible for bearing the costs with consumables and medication used in the acts to be provided.</p>	
<p>3) Food Services</p> <p>The Assistance Service, upon clinical justification, shall arrange and bear the corresponding costs with sending a specialised person to cook food at the Insured Person's residence up to the stipulated limits.</p> <p>The Insured Person shall bear the costs of the food items.</p> <p>The associated costs shall be borne by the Assistance Service up to the stipulated limit. Once the limit has been exceeded, the Insurer may provide all services, and all costs shall be borne by the Insured Person, the Assistance Service dealing only with its availability and organisation.</p>	<p>Limit: 5 requests/per Insured Person/period of validity or annuity</p>
<p>4) Physical Therapy Services at Home</p> <p>In case of existing medical prescription, the Assistance Service shall bear the transportation, fees and other associated costs for a professional physical therapist to perform the prescribed treatments, possible to carry out at the Insured Person's residence.</p> <p>The associated costs shall be borne by the Assistance Service up to the stipulated limit. Once the limit has been exceeded, the Insurer may provide all services, and all costs shall be borne by the Insured Person, the Assistance Service dealing only with its availability and organisation.</p>	<p>Limit: 5 sessions/per Insured Person/period of validity or annuity</p>
<p>5) Clinical Analysis and Tests at Home</p> <p>In case of existing medical prescription, the Assistance Service shall bear the transportation costs and fees for a health technician to collect the necessary fluids to perform the lab exams prescribed at the Insured Person's residence.</p> <p>The associated costs shall be borne by the Assistance Service up to the stipulated limit. Once the limit has been exceeded, the Insurer</p>	<p>Limit: 1 request/per Insured Person/period of validity or annuity</p>

<p>may provide all services, and all costs shall be borne by the Insured Person, the Assistance Service dealing only with its availability and organisation.</p> <p>The Insured Person shall bear the costs with lab tests.</p>	
<p>6) Non-urgent Transport of Patients</p> <p>The Assistance Service shall arrange and bear the transporting costs of the Insured Person by ambulance or taxi with trips to and from Health Units and the Insured Person's residence, to carry out complementary diagnostic exams, appointments, hospitalisations and hospital discharges.</p> <p>For the purpose of calculating the limits of this guarantee, a trip is considered as the travel between the location of the Insured Person and the health unit, and return.</p> <p>The associated costs shall be borne by the Assistance Service up to the stipulated limit. Once the limit has been exceeded, the Insurer may provide all services, and all costs shall be borne by the Insured Person, the Assistance Service dealing only with its availability and organisation.</p>	<p>Limit: 2 requests/per Insured Person/period of validity or annuity</p>

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

4. Exclusions

In addition to the exclusions established in the General Conditions and those specifically referred to for each of guarantee in this Special Condition, the following situations shall also be excluded:

- a) Those that have not been requested by the Insurer or have been provided without their prior agreement, except in cases of demonstrable force majeure or material impossibility;
- b) Those resulting from events occurring before the entry into force of the Insured Person in this contract, or the inclusion of coverage if not coincidental, even if its consequences have extended or been subsequently manifested;
- c) Those resulting from the Insured Person's intent, or following a completed suicide attempt or not;
- d) Those resulting from accidents attributable to the Insured Person when the Insured Person is under the influence of psychotropic substances, narcotic drugs or any drugs or toxic products with no medical prescription or when having a blood alcohol level equal to or greater than that permitted by Law;
- e) Those resulting from bets, participation in sports competitions and training for these competitions;
- f) Those resulting from acts of war, strikes, riots and disturbances to public order;
- g) During tourism trips or holidays.

Special Condition - Home Assistance

1. Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Address: Primary or secondary place of residence of the Insured Person.

2. Territorial Scope

The guarantees contained in this Special Condition shall only be provided in national territory.

3. Coverage

1. This Special Condition shall guarantee:

1) Laundry and Ironing Services Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the services of clothes washing and ironing, up to the stipulated limits.	Max. 1 request/week and 40 pieces per request Limit: 6 requests/period of validity or annuity/per Insured Person
2) Home Cleaning Services Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the services of house	Max. 4 hours/per request Limit: 10 requests/period of validity or annuity/per Insured Person

cleaning of the Insured Person, up to the stipulated limits.	
3) Delivery of Groceries and Medicines Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the groceries shopping necessary, as well as the purchase of medications and corresponding delivery to the Insured Person's domicile, up to the stipulated limits. The Insured Person shall bear the groceries and medications costs. Should the medications require presentation of a medical prescription, the Insured Person must make the prescription available in advance.	Limit: 2 requests/month/per Insured Person
4) Pet Assistance Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company taking the Insured Person's pet for a walk, as well as the costs with taking the pet to vet appointments, up to the stipulated limits.	Limit: 10 requests/period of validity or annuity/per Insured Person and Maximum: 10 hours/period of validity or annuity/per Insured Person

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

4. Exclusions

In addition to the exclusions established in the General Conditions and those specifically referred to for each of guarantee in this Special Condition, the following situations shall also be excluded:

- a) Those that have not been requested by the Insurer or have been provided without their prior agreement, except in cases of demonstrable force majeure or material impossibility;
- b) Those resulting from events occurring before the entry into force of the Insured Person in this contract, or the inclusion of coverage if not coincidental, even if its consequences have extended or been subsequently manifested;
- c) Those resulting from the Insured Person's intent, or following a completed suicide attempt or not;
- d) Those resulting from accidents attributable to the Insured Person when the Insured Person is under the influence of psychotropic substances, narcotic drugs or any drugs or toxic products with no medical prescription or when having a blood alcohol level equal to or greater than that permitted by Law;
- e) Those resulting from bets, participation in sports competitions and training for these competitions;
- f) Those resulting from acts of war, strikes, riots and disturbances to public order;
- g) During tourism trips or holidays.

Special Condition - Administrative Support

1. Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Address: Place of residence of the Insured Person, which corresponds to the address in the policy.

2. Territorial Scope

The guarantees contained in this Special Condition shall only be provided in national territory.

3. Coverage

1. This Special Condition shall guarantee:

1) Administrative Assistance with Tax Obligations The Assistance Service shall provide support in filling out tax returns and seeking clarification on issues regarding the Insured Person's tax obligations up to the stipulated limits, bearing any costs arising from this service.	Limit: 5 hours/period of validity or annuity/per Insured Person
2) Administrative Assistance in Contract Management The Assistance Service shall provide support in finding the best solutions for standard private contracts for Electricity, Gas and Water, for the address in the policy, by obtaining proposals from several entities available on the market, up to	Limit: 5 hours/period of validity or annuity/per Insured Person

the stipulated limits, bearing any costs arising from this service.	
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2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not be guaranteed, except in cases of force majeure or material impossibility demonstrated.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

4. Exclusions

In addition to the exclusions established in the General Conditions and those specifically referred to for each of the guarantees in this Special Condition, the following situations shall also be excluded:

- a) Those that have not been requested by the Insurer or have been provided without their prior agreement, except in cases of demonstrable force majeure or material impossibility;
- b) Those resulting from events occurring before the entry into force of the Insured Person in this contract, or the inclusion of coverage if not coincidental, even if its consequences have extended or been subsequently manifested.

Special Condition – Technical support

1. Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Address: Place of residence of the Insured Person, which corresponds to the address in the policy.

2. Territorial Scope

The guarantees in this Special Condition shall only be provided for national territory, with the exception of the Autonomous Region of the Azores, where they may only be activated on the island of S. Miguel, and the Autonomous Region of Madeira, where they may only be activated on the island of Madeira.

3. Coverage

1. This Special Condition shall guarantee:

<p>1) Home Technical Assistance Guarantees</p> <p>The Assistance Service shall organise and bear the costs with repairs, including the technician's visit, labour expenses and, if necessary, replacement parts, in case of electrical, electronic or mechanical breakdown of the equipment identified in Section 5 paragraph (a) of this Special Condition, verified by a technician from the Assistance Service's network of repair services, up to the stipulated limit.</p>	<p>Deductible: €20/per request</p> <p>Max. €200/request</p> <p>Limit: 3 requests/period of validity or annuity/Insured Person</p>
<p>2) IT Technical Assistance Guarantees - Help Desk Service</p> <p>The Assistance Service shall provide a telephone or online helpline (remote access or chat) upon installation, configuration and download of software.</p>	<p>Limit: 5 requests/period of validity or annuity/Insured Person</p>
<p>3) IT Technical Assistance Guarantees - Home Visit by IT Technician</p> <p>i) The Assistance Service shall bear the cost computer technician's visit to the Insured Person's residence. When it is not possible to repair the device at home, the Assistance Service shall be responsible for transporting the equipment to the technical centre selected by its services, assuming the corresponding transport costs.</p> <p>ii) Should transport be organised by the Insured Person, the corresponding costs shall be borne by the Insured Person, and the risks inherent to the transport shall be the latter's sole responsible and, after previous validation by the Assistance Service, the devices must be delivered to one of the technical centres part of the Assistance Service's network of repair services.</p>	<p>Limit: 2 requests/period of validity or annuity/per Insured Person</p>
<p>4) IT Technical Assistance Guarantees - Troubleshooting</p> <p>The Assistance Service shall bear the costs of repairing the devices identified in Section 5, paragraph (b) of this Special Condition, bearing the labour costs, as well as the replacement of any parts that may be necessary, up to the stipulated limits.</p>	<p>Deductible: €20/per request</p> <p>Max. €200/per request</p> <p>Limit: 2 requests/period of validity or annuity/per Insured Person</p>

2. As provided for in this Special Condition, the Insurer, through its Assistance Service, shall guarantee the costs related to telephone assistance, technician's home visit or repairs necessary to restore the normal operation of computer devices covered by this guarantee.

3. The coverages in this Special Condition can only be activated if the device's legal guarantee or any of the seller, distributor or producer's contractual guarantee for the asset cannot be activated.

4. Devices owned by the Insured Person, purchased new in Portugal, proven with the purchase invoice with a TIN, included in the list of eligible devices in the following paragraph, shall be covered by this coverage.

5. This guarantee covers equipment that meets the conditions set out in the preceding paragraph and are included in the following list:

a) For Home Technical Assistance Guarantees:

- i. External fixed plumbing elements - toilets, sinks, bidets, fixtures, taps including shower taps and sink taps.
- ii. Plumbing system - pipes and indoor pipes, sewers and running water, collector pump permanently connected to the electrical network.
- iii. Water heaters/boilers - gas or electric water heaters and boilers.
- iv. Appliances - White Goods, Brown Goods.
- v. Door locks.

b) For IT Technical Assistance Guarantees: PC towers, laptop, tablet, smartphone.

6. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated.

7. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

4. Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Peripheral equipment: keyboard, monitor, mouse, scanner, printer and data storage equipment;
- b) Claims resulting from events occurring prior to the entry into force of this coverage in the policy for the Insured Person in question;
- c) Provisions arising from services that have not been requested under the terms of this contract;
- d) Provisions that have not been requested to the Insurer or Assistance Service within the validity period of the policy or expenses that have not been made with

their prior agreement, except in cases of force majeure or demonstrated material impossibility;

- e) Claims resulting from crimes and other intentional acts of the Insured Person or a third party;
- f) Claims resulting from intent of the Insured Person or a third party;
- g) Claims resulting from the action or omission of the Insured Person or a third party under the influence of alcohol or alcoholic beverages that determine a level of alcoholism equal to or greater than that permitted by law and/or use of narcotic drugs outside of medical prescription or when unable to control their acts;
- h) Natural disasters, acts of war, terrorism, strikes, riots, disturbances to public order and the use or transport of radioactive materials;
- i) The Insurer shall not bear any charges relating to breakdowns and/or defects existing prior to the entry into force of this coverage in the policy for the Insured Person in question;
- j) Those resulting from failure to comply with the manufacturer's instructions, defined in the user manual delivered by the seller upon purchase;
- k) Those resulting from a provisional repair carried out by an unauthorised technician and from any aggravation of the initial damages that may arise therefrom;
- l) Those resulting from third party liability which may be the manufacturer, supplier or other person, held liable for damage or resulting from accidental, intentional or intentional misconduct;
- m) Those which originate from an element external to the appliance, such as lightning, shock, fall, ice, fire, explosion, floods, voltage variations, humidity, excessive heat or others;
- n) Loss or damage, perishable or not, of the appliance causing any damage;
- o) Costs related to parts, labour, travel and transportation, and consequences relating to an event not guaranteed, or to a malfunction not verified by an authorised Assistance Service technician;
- p) Checks, cleanings, adjustments and tests not carried out following a guaranteed breakdown;
- q) Consequences of changes or improvements made by the builder;
- r) Any conduct by the Insured Person contrary to the law, in particular the participation in acts of sabotage, disturbances to public order or fights;
- s) The Insurer shall not be liable for delays in repairs, when these relate to circumstances not attributable to the Insurer, such as lack of parts;
- t) Repairs to equipment covered by this policy shall have a 60-day warranty for labour and, according to the law in force, for used/replaced parts;
- u) Assembly and disassembly of modules and carpentry work, to access the guaranteed equipment;
- v) Changes, modifications, incorporations or eliminations of any elements part of the equipment;
- w) The Insurer shall not bear the costs with material and/or labour, replacement of tiles and/or aesthetic damage.

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.