

**STANDARDIZED DOCUMENT SUMMARY FOR SELF-ISSUE INSURANCE (DERSA)****SELF-ISSUE TRAVEL INSURANCE**

Registration Code: P19-57-A01-939 V2 dated June 07, 2023

This is a Standardized Document Summary for Self-issue Insurance (Dersa) therefore, it does **NOT CONTAIN all the insurance contract conditions, which may be found on the link www.grupoins.com/**

Insurance company:

Instituto Nacional de Seguros (INS)

Contact means:

Central Office address:

9 - 9 Bis streets, avenue 7, San José.

Contact telephone numbers:

800-Teleins (800-835-3467) or else (+506) 2287-6000

Contact e-mail:

contactenos@grupoins.com**Product Information:**

Information and General Conditions:

www.grupoins.com/

Consumer protection instance:

Defensoría del Cliente Corporativa: defensoria@grupoins.com / 2287-6161 / 800-DEFENSORÍA**INSURANCE BENEFITS**

This policy operates outside and inside the national territory, twenty-four (24) hours a day, while the Insured is traveling as tourist, student or executive.

It provides a compensation, whether for death, total or partial permanent disability and repatriation of mortal remains; all these caused by accident.

It also offers coverage of medical expenses for accident or acute disease; such coverage, both in its basic and plus plan, cover medical expenses for epidemic and/or pandemic diseases.

The plus plan offers an additional coverage for foreign insured, not residing in Costa Rica, by which lodging expenses are reimbursed in case of, resulting from a declaration of an epidemic and/or pandemic disease, the insured should have to remain in the country.

Under a same contract policy both the Insured Titleholder and Dependents may be included, according to the terms indicated on the policy's General Conditions.

EXCLUSIONS**The Instituto shall not cover:**

- **Under all coverage:**
 - a. Civil or international war, terrorism, riot, strike, subversive movement or, in general, popular commotions of any kind.
 - b. Nuclear or radioactive fusion or fission.
 - c. Volcanic eruption, earthquake or any other natural disaster.

- **For coverage of Accidental Death, Total or Partial Permanent Disability from Accident, Repatriation of Mortal Remains and Medical Expenses from Accident or Acute Disease:**
 - a. The insured person commits suicide, attempts suicide or self-inflicted injuries in the terms of article 101 of the Law Regulating Insurance Contracts.

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- b. Participation in competitions or security, resistance, regularity, speed tests, with or without the consent of the Insured.
 - c. Those occurring as flight pilot mechanic or as member of an airplane crew.
 - d. Caused, or as consequence of alcohol, narcotic, hallucinogenic substances consumption, toxic or opium-derived drugs, voluntarily ingested by the insured person, which are not medically prescribed.
 - e. Accidents occurring while practicing sports professionally.
- **Coverage of Medical expenses for Accident or Acute Disease:**
 - a. Expenses for control, treatment or medication related to stabilization or regulation of a pre-existing, chronic or recurring disease. The policy shall not cover the need of a treatment which was predictable before issuing the same.
 - b. Interventions for cosmetic or beauty surgeries, except those resulting from a traumatic injury covered by this policy and occurring during the validity of the same.
 - c. Expenses from medical check-ups or preventive medical tests.
 - d. Labor and complications of pregnancy, except if said complications originate from an accident or acute disease covered by this policy.
 - **Accommodation Expenses Coverage:**
 - ❖ **Transport Expenses.**

DUTIES OF THE INSURED AND/OR POLICYHOLDER

1. Carry out the premium payment.
2. Assume the corresponding deductible in case of using the Medical Expenses for accident or Acute Disease coverage. In addition, in case of international transfers, shall assume an additional cost specified on the General Conditions for the concept of interbank commission.

The Insured shall designate (the) Beneficiary (ies) the moment of subscribing the policy. In case no beneficiary is designated, or the designation becomes ineffective, the beneficiaries shall be the legal successors established in the succession process. To designate a minor as beneficiary, the minor's name must be indicated, and he shall be represented in conformity to what the Civil Code and the Family Code provide.

CLAIM AND APPLICABLE TERMS

In case of an accident and the Insured or (the) Beneficiary (ies) designated require coverage of this policy, should notify the Instituto of such event, within the first thirty (30) natural days since its occurrence and present the requirements indicated on the General Conditions.

The Instituto shall answer within ten (10) work days counting from the claim's presentation and the totality of requirements. The same term applies since acceptance of the claim for the corresponding payment.

PREMIUM PAYMENT MEANS

- Enter www.grupoins.com
- Contact centers: 800-TeleINS (800-8353467)
- Directly at the Central Offices of the Instituto, or its Headquarters or authorized representatives.

**STANDARDIZED DOCUMENT SUMMARY FOR SELF-ISSUE INSURANCE (DERSA)****INSURANCE VALIDITY**

The validity begins from the moment the trip begins. The minimum coverage period for this policy is one (1) week, and up to a maximum of fifty-two (52) weeks ongoing travel.

In case of doubt or inconvenience related to this insurance, please address it to contactenos@grupoins.com or call the toll-free number 800-TeleINS (800-8353467); should it not answer to your satisfaction, the General Insurance Superintendence shall be pleased to guide you, their e-mail sugese@sugese.fi.cr or at telephone 2243-5108 of the call center.

In case of contradictions between what Dersa stipulates and other policy documents, what's most beneficial for the insurance consumer shall prevail. Remember that the other policy documents might include additional aspects which are applicable to your contract.



**SELF-ISSUE TRAVEL INSURANCE
GENERAL CONDITIONS**

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INSURANCE COMPANY'S COMMITMENT

THE INSTITUTO NACIONAL DE SEGUROS, corporate identification 400000-1902-22 (“the INSTITUTO”) compromises with the INSURED AND/OR POLICYHOLDER, to issue the present policy in conformity to the General Conditions hereinafter provided and based on the statements in the offer originating this contract.

I declare it is the INSTITUTO's contractual commitment to comply with the terms and conditions of the present policy.

INSTITUTO NACIONAL DE SEGUROS

MBA. Luis Fernando Monge Salas
Gerente General
Cédula jurídica 4-000-001902



SELF-ISSUE TRAVEL INSURANCE GENERAL CONDITIONS

SECTION A. DEFINITIONS

CLAUSE I. DEFINITIONS

The following definitions should be so construed in the policy contents.

1. **ACCIDENT:** Event produced by a sudden action, fortuitous and unexpected, involuntary and producing a traumatic body injury.
2. **INSURED:**
 - a. **INSURED TITLEHOLDER:** Natural person exposed to a risk, which is transferred to the insurer, who assumes the rights and obligations derived from the contract in absence of the policyholder.
 - b. **INSURED DEPENDENT:**
 - I. The spouse or partner understood as the person in a relationship with the Insured Titleholder for over three (3) years in a public common-law relationship, notorious, exclusive, stable and demonstrable.
 - II. The Insured Titleholder's children and/or of his spouse, provided they are under twenty-five (25) years-old. similarly, the children of each one of them might be considered in case there were.
3. **DEDUCTIBLE** Amount or Percentage established on the General Conditions, representing the Insured's economic participation on the compensation of claims, under the coverage where it applies.
4. **DERSA:** Standardized and summarized self-issue insurance document, which synthesizes the General Conditions of self-issue insurance.
5. **AGE:** Refers to the age reached with up to three hundred sixty-four (364) days.
6. **ACUTE DISEASE:** Sudden and unexpected disease, of quick evolution, whose evolution does not exceed 14 days and does not correspond to or is consequence of a pre-existing disease.
7. **EPIDEMIC DISEASE:** Acute disease, produced by biological or not biological agents, that according to epidemiologists has a serious or fatal degree of pathogenicity, virulence or lethality, which might propagate quickly or presents an accelerated growth and considered abnormal in the number of cases present in a country or region or has been declared as such by the World Health Organization or the Ministry of Health in the case of Costa Rica or the equivalent authority in case of declared in other countries.



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- 8. PANDEMIC DISEASE:** Acute disease, produced by biological or not biological agents, that according to epidemiologists has a serious or fatal degree of pathogenicity, virulence or lethality, which might propagate quickly or presents an accelerated growth and considered abnormal in the number of cases present simultaneously in more than one country or continent or has been declared as such by the World Health Organization authorized for that purpose, due to its impact or implications in public health.
- 9. PRE-EXISTING DISEASE:** All disease or congenital or not injury, accident, physical disability, as well as its consequences which, prior to acquiring this policy, has been:
- Diagnosed by a physician.
 - For their symptoms or signs could not have been unnoticed by the Insured or third parties.
 - Received medical treatment, services or supplies.
 - Practiced or recommended tests for relevant diagnostics.
 - Taken prescription or recommended drugs or medications.
- 10. OUTPATIENT EXPENSES:** Are all those costs incurred by an Insured for medical care under the next conditions:
- Provided they are not registered as inpatient, in a hospital or clinic.
 - Remaining in a hospital center less than twenty-four (24) hours.
- 11. ACCOMMODATION EXPENSES:** Cost of lodging the Insured has to incur in because his/her trip is extended due to a declaratory of epidemic and/or pandemic.
- 12. MEDICAL EXPENSES:** Are those medical expenses incurred by the Insured and approved by the Instituto resulting from the occurrence of an event protected under this policy and which are essential in the diagnosis or treatment of the injuries provoked by the accident or acute disease.
- 13. PARTIAL PERMANENT DISABILITY FROM ACCIDENT:** Is produced as consequence of an accident originated after the date of inclusion in this policy. Corresponds to the irrecoverable loss of the organic capacity of under sixty-seven per cent (67%).
- 14. TOTAL PERMANENT DISABILITY FROM ACCIDENT:** Is produced as consequence of an accident originated after the date of inclusion in this policy and:
- The Insured is declared disabled for the alteration or weakening of his physical or mental state, producing a loss of sixty-seven per cent (67%) or more of his organic or functional capacity which prevents performance in his/her profession or usual activity, or
 - The disability is produced by the complete and irrecoverable loss of sight in both eyes, or
 - The disability is produced by the total and permanent loss, from amputation of both hands or of both feet, or one hand and one foot together.



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- 15. MEDICAL PRE-AUTHORIZATION.** Is the authorization granted by the Instituto to the medical services provider, for an Insured to enter a hospital or at the beginning of treatment.
- 16. PREMIUM:** Economic contribution to be satisfied by the Insured to the Instituto, as compensation for the coverage of a risk assumed by the Insurer.
- 17. WEEK:** Period of seven consecutive days
- 18. TERRORISM:** Violent action done to destabilize the political system or cause social insecurity.
- 19. POLICYHOLDER:** Natural or legal person contracting insurance and transferring the risks to the Insurer. The obligations derived from the contract correspond to them, save if for their nature should be fulfilled by the insured person.
- 20. TRAVEL:** Means a specific destination reserved inside or outside the country, which must begin and end within a period of fifty-two weeks as maximum and be included within the policy's period of validity.

SECTION B. DOCUMENTS CONFORMING POLICY

CLAUSE II. POLICY BASES

Constituting this policy, as per their order of precedence: The Insurance Offer, the General Conditions and Dersa; in case of contradictions between the General Conditions and Dersa, the provision favoring the insurance customer shall be applied.

SECTION C. AREA OF COVERAGE

CLAUSE III. AREA OF COVERAGE

This policy operates outside and inside the national territory, twenty-four (24) hours a day, while the insured is traveling as tourist, student or executive.

CLAUSE VI. COVERAGE

The Instituto shall compensate the occurrence of any risks protected under the coverage hereinafter detailed, as provided in the policy, the insurance plan established in the Insurance Offer and the premium payment.

I. Basic Plan

Is comprised by the following coverage:



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- 1. ACCIDENTAL DEATH:** The Instituto shall pay the insured sum selected in the Insurance Offer to the Beneficiary(ies) designated in case of accidental death of the Insured, provided the accidental death has occurred during the validity of the policy and is covered by it.
- 2. TOTAL OR PARTIAL PERMANENT DISABILITY FROM ACCIDENT:** In case the insured suffers a permanent, total or partial disability, as consequence of an accident, the Instituto shall compensate by applying to the insured sum contracted the percentage corresponding to the degree of permanent disability, based on the Table of Compensations for Disability incorporated next:

i) Total Permanent Disability	Percentage
Complete loss of vision on both eyes; total loss of use or separation of: both arms, both legs, both hands or feet, and one arm with on leg or foot	100%
Total loss of use or separation of the arm from the shoulder	75%
Total loss of use or separation of the leg from the hip	75%
ii) Partial Permanent Disability	Percentage
Total irrecoverable loss of vision on one eye	50%
Total irrecoverable loss of hearing or speech	50%
Total irrecoverable unilateral loss of hearing	15%
Total loss of use or separation of the forearm or hand	65%
Total loss of use or separation of the leg from or below the knee	65%
Total loss of use or separation of the thumb (both phalanges) and index finger (three phalanges)	25%
Total loss of use or separation of the thumb (both phalanges)	15%
Total loss of use or separation of the thumb (one phalange)	10%
Total loss of use or separation of the index finger (three phalanges)	10%

Damage other than the ones listed on the previous points shall not originate compensation.

Combination of disabilities:

For loss of several limbs or organs shall add the percentage corresponding to each limb or organ lost, without the total compensation exceeding one hundred per cent (100%) of the maximum sum contracted for permanent disability.

3. REPATRIATION OF MORTAL REMAINS FROM ACCIDENT:

The Instituto compromises to reimburse the expenses originated from the repatriation of mortal remains of the Insured and/or insured dependent to their country of origin, to who has made the payment, against presentation of the corresponding invoices, up to the insured sum contracted



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in the Insurance Offer, as long as the death was produced consequence of an accident covered by this policy.

4. MEDICAL EXPENSES FOR ACCIDENT OR ACUTE DISEASE:

The Instituto shall compensate the insured sum contracted in the Insurance Offer, according to the cost of medical services incurred by the Insured, resulting from an accident or acute disease covered by this policy, occurred during the period of validity of this policy, for the concepts described following:

- a. Medical consults originated by treatments covered, as per the General Conditions of this policy, and surgical interventions.
- b. Medical fees (surgeon, assistant and anesthesiologists) for surgical interventions, originated from treatments covered by this policy.
- c. Stays, right to operations room, medical care support and treatments of the sick at the hospital or clinic.
- d. Cost of laboratory tests, X-ray's study, electrocardiography, encephalography or any other necessary for the diagnosis or treatment of an acute disease or accident.
- e. Transfer of the patient or injured to the clinic or hospital, in case of emergencies from accident or acute disease.
- f. Medications prescribed by the physician, as well as blood and plasma transfusions.
- g. Expenses from stay and breakfast of an escort, while the Insured is hospitalized.

II. Plus Plan

Includes the coverage of the basic plan and the next additional coverage:

- **ACCOMMODATION EXPENSES:** This coverage only operates in Costa Rican territory; for foreign insured non-resident in Costa Rica, provided the events originated under this coverage occur during the validity contracted.

The Instituto compromises to reimburse the Insured's accommodation expenses, against presentation of the corresponding invoices, in case that, resulting from the declaratory of an epidemic and/or pandemic disease, the insured has to remain in the country for a longer period than the defined on the initial travel itinerary.

This coverage operates for the maximum amount of \$125 daily or its equivalent in colones, up to the limits stipulated in the Insurance Offer and only covers accommodation expenses for unforeseen days of the initial travel itinerary, originated by the official closing of borders declared by the government or suspension of the international transport means hired or a medical order from being a suspected or carrier case of a disease; directly related to a declaratory of epidemic and/or pandemic disease.



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CLAUSE V. INSURED SUM

The Insured Titleholder shall select the insured sum between the options indicated in the Insurance Offer and shall be subject to the effective conditions of the policy.

The Insured Titleholder and his Insured Dependent(s) shall all enjoy the same coverage and amounts insured in the contracted plan.

CLAUSE VI. INSURED PERSONS AND AGE ON SIGNING THE CONTRACT

This policy covers the Insured Titleholder and the Insured Dependent(s), as long as they are within the age range on signing the contract, established in this policy and the corresponding premium is paid.

There is no minimum or maximum age for the Insured Titleholder as well as for the Insured Dependent in capacity as spouse; in the case of dependent children, the age of signing the contract goes from zero (0) up to twenty-four (24) years and three hundred sixty-four (364) days.

CLAUSE VII. EXCLUDED RISKS

The Instituto shall not cover:

- **Under all coverage:**
 - a. **Civil or international war, terrorism, mutiny, strike, subversive movement or in general, popular commotions of any kind.**
 - b. **nuclear or radioactive fusion or fission.**
 - c. **Volcanic eruption, earthquake or any other natural disaster.**
- **For the Coverage of Accidental Death, Total or Partial Permanent Disability from Accident, Repatriation of Mortal Remains and Medical Expenses for Accident or Acute Disease:**
 - a. **The insured person commits suicide, attempts suicide or self-inflicted injuries in the terms of article 101 of the Law Regulating Insurance Contracts.**
 - b. **Participation in competitions of security, resistance, regularity, speed tests, with or without the consent of the Insured.**
 - c. **Those occurring as flight pilot mechanic or as member of an airplane crew.**
 - d. **Caused, or as consequence of alcohol, narcotic, hallucinogenic substances consumption, toxic or opium-derived drugs, voluntarily ingested by the insured person, which are not medically prescribed.**
 - e. **Accidents occurring while practicing sports professionally.**
- **Medical Expenses for Accident or Acute Disease Coverage:**



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- a. **A. Expenses for control, treatment or medication related to stabilization or regulation of a pre-existing, chronic or recurring disease. The policy shall not cover the need of a treatment which was predictable before issuing the same.**
- b. **Interventions for cosmetic or beauty surgeries, except those resulting from a traumatic injury covered by this policy and occurring during the validity of the same.**
- c. **Expenses from medical check-ups or preventive medical tests.**
- d. **Labor and complications of pregnancy, except if said complications originate from an accident or acute disease covered by this policy.**

- **Accommodation Expenses Coverage:**

- **Transport expenses.**

SECTION D. DESIGNATION OF BENEFICIARIES

CLAUSE VIII. BENEFICIARIES

Both the Insured Titleholder as the Insured Dependents shall designate the beneficiary (ies) the moment of subscribing the policy.

In case no beneficiary is designated, or the designation becomes ineffective, the beneficiaries shall be the legal heirs established on the succession process.

the Insured may change the beneficiary (ies) during the policy's validity, informing of it with a note or in the form supplied by the Instituto. This change shall be effective from the moment it is communicated to the insurer.

To designate a minor as beneficiary, the minor's name must be indicated, and he/she shall be represented in conformity to what the Civil Code and the Family Code provide.

SECTION E. OBLIGATIONS OF THE POLICYHOLDER, INSURED OR BENEFICIARY

CLAUSE IX. DEDUCTIBLE

The compensations for the expenses drafted under Coverage 4. Medical expenses for accident or acute disease, shall be subject to the application of a deductible of ten per cent (10%) over the amount of the expenses covered, with a minimum of ₡25,000.00 (twenty-five thousand colones) when the insurance is subscribed in colones or U\$50 (fifty dollars) if subscribed in dollars; per event.

In case of international transfers for reimbursement of the expenses incurred by the Insured, a cost of \$23 additional to the deductible indicated shall be assumed; the above for the concept of bank



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commission for transfers abroad; such cost shall be automatically deducted of the amount of the compensation.

SECTION F. PREMIUMS

CLAUSE X. POLICY PREMIUM

The premium payment is done to the Instituto as a single disbursement and anticipatedly before the contract.

The premium is established according to the number of travel weeks, as well as the age range of the insured and the insurance option selected in the Insurance Offer.

In case that under the same policy an Insured Titleholder and one or more Insured Dependent(s) are included, five per cent (5%) discount is granted on the total premium.

SECTION G. PROCEDURE OF NOTICE AND CARE OF CLAIMS

CLAUSE XI. PROCEDURE IN THE EVENT OF CLAIM

In case of an accident and the Insured should require this policy's coverage, notice should be given to the Instituto of such event, within the first thirty (30) calendar days of its occurrence.

For said procedure the Instituto makes the following communication means available:

Telephone: 800-Teleins (800-835-3467)

E-mail: contactenos@grupoins.com

The Insured authorizes the Instituto and gives express consent to record and use the telephone calls done through the service lines to report the event, as evidence for the administrative and judicial processes when their use is necessary, both for insurance proceedings as for attention of compensation requests.

For all coverage should present:

- a. Letter of the Insured or the Beneficiary (ies) requesting the compensation.
- b. In case of foreigners should present a photocopy of the Migratory Identity Document or of the passport.
- c. Sign the authorization form for consulting medical files.
- d. In case of an event of the Insured Dependent covered by this policy, should be able to show the condition as spouse or person living with the Insured Titleholder, with a document issued



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by the Civil Registry or in its absence a Sworn Affidavit before Notary Public. In case of dependent children should demonstrate the age reached.

In addition, for the coverage indicated following, must present the next documents:

1. Accidental Death:

- a. Original death certificate issued by the Civil Registry, specifying the cause of death; must bear the volume, folio and corresponding entry.
- b. Complete photocopy of the summary issued by the competent judicial authority containing the description of the facts and forensic laboratory evidence of blood alcohol (OH) and toxics.

In case the accidental death occurs abroad should provide the official document, certifying the cause of death in the country where the decease occurred, as well as complete photocopy of the judicial file or any other probative document supporting the decease; duly consularized or apostilled.

2. Total or Partial Permanent Disability from Accident:

Partial and Permanent Disability: Certificate of the treating physician with diagnosis indicating the cause and determined injury, name of the affected limb and laterality; when not treated by INS, in which case an appointment should be coordinated with the Medical Chief of the Trauma Hospital to determine the percentage of disability.

Total and Permanent Disability: Medical certificate issued by the Caja Costarricense de Seguro Social, Forensic Medical Council or physician designated by INS determining that for the alteration or weakening of the physical or mental state because of the accident, the Insured has lost sixty-seven per cent (67%) or more of his/her organic or functional capacity preventing performance in his profession or normal activity, indicating the disability granted is NOT SUBJECT TO REVISION. Said certificate should contain the diagnosis and exact date of the medical assessment providing the disability.

3. Repatriation of Mortal Remains:

- Original invoices or in its absence, certified copy by a competent authority from the country where the invoices were issued.

4. Medical expenses for accident or acute disease:

- If the Insured uses the network of providers inside Costa Rica, see CLAUSE XII. USE OF THE MEDICAL EXPENSES FOR ACCIDENT OR ACUTE DISEASE COVERAGE
- If the Insured does not use the network of providers inside Costa Rica, payment is done by reimbursement, presenting the following:



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- a. Duly completed “Benefits Application form”, with the diagnosis and evolution in time days. Form available on the Instituto’s web page or through the insurance intermediary.
- b. Cancelled invoices for the expenses done, detailing each one of the goods and/or services received by the Insured and the respective cost; should be presented the moment of presenting the claim.
- c. Medications’ prescription, laboratory test prescriptions, radiologic or any other diagnostic exam.

- When expenses are done outside Costa Rica, the Insured should present:

- a. Certificate of treating physician indicating the diagnosis, evolution of the condition (since when the symptoms appeared) and treatment applied.
- b. Invoices detailing the expenses and payment vouchers of the invoices.

5. Accommodation Expenses Coverage.

a. Request by the Insured, should be sent to email cgspsecretaria@grupoins.com or clientescgsp@grupoins.com including the following information:

- Bank account number
- Telephone number
- Name and address of receiving bank
- SWIFT code (supplied by receiving bank)

b. The invoices of the expense authorized by the Ministry of Finance, detailing each one of the services received by the Insured and respective cost, clearly identifying the lodging cost.

c. Copy of the travel itinerary.

d. Copy of the return ticket

e. Document certifying that because of the declaratory of the epidemic or pandemic, the Insured must remain in the country for a longer period than the one defined on the initial travel itinerary, save if it is a well-known, disclosed fact in Costa Rica in which case INS will certify it.

In case of presenting claims in other languages, other than Spanish and English, the Insured or the Beneficiary should present the respective translation of all the claim’s documentation; the same should be done by authorized official translators from the Ministry of Foreign Affairs and Worship. If the expenses are object of coverage under this policy, the Instituto shall compensate the cost of such translation within the corresponding coverage.

No claim application will be processed if requirements are incomplete.

CLAUSE XII. USE OF THE MEDICAL EXPENSES FOR ACCIDENT OR ACUTE DISEASE COVERAGE

- Outpatient care inside the Network of Providers in Costa Rica:



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When medical care is required, consequence of an acute disease or accident covered by the policy, an e-mail should be sent to address autorizacionesins@grupoins.com or with toll free 800-MEDICAL (800-633-4225) or calling telephone number 2284-8500.

The Network of Providers may be consulted at the site www.grupoins.com

The medical services of the network of providers shall be provided whenever available; in case of not being able to provide the service, the Insured may seek another medical provider and present the invoices for the respective reimbursement.

- Outpatient care outside the Network of Providers in Costa Rica and rest of the world:

If the Insured, selects being attended by a professional or medical center not affiliated to the Network of Providers, the invoices for the expenses incurred should be presented to the Instituto for due reimbursement, which shall be compensated according to the cost of medical services.

The above applies similarly in cases the Insured uses the coverage abroad.

CLAUSE XIII. RESOLUTION PERIOD IN COMPLAINTS

The Instituto shall reply within ten (10) work days counting from the presentation of the claim and all the requirements. For the corresponding payment runs the same term since the acceptance of the claim.

SECTION H. VALIDITY AND POSSIBILITY OF EXTENSIONS

CLAUSE XIV. INSURANCE PLAN AND VALIDITY

This policy is issued in the modality Self-issue Individual, not renewable or extendable.

The validity is for the number of weeks indicated by the Insured reflected in the Insurance Offer. The minimum coverage period of this policy is one (1) week, and up to a maximum of fifty-two (52) continuous travel weeks.

The Instituto shall not finalize this insurance anticipatedly, save a legal provision to the contrary.

This policy only covers claims for accident happening during the validity of the policy and during the covered travel.

CLAUSE XV. POLICY CANCELLATION

This contract may be cancelled by express request of the Insured and/or Policyholder.



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In this case INS shall cancel the contract as of the date of receiving notice or else the date expressly indicated by the Insured, which may not be before the date notice is received.

When return of premiums corresponds, the respective calculation shall be done pro rata, deducting nineteen (19%) per cent for the concept of administrative costs to the unearned premium. The respective reimbursement shall be done within ten (10) work days following the cancelation request.

When it corresponds to return the premium, the same shall be done within ten (10) work days following the cancelation request.

CLAUSE XVI. POLICY TERMINATION

This policy finalizes when the any of the following conditions are present:

- If the Insured breaches Law N°7786 or complementary regulations.

SECTION I. VARIOUS CONDITIONS

CLAUSE XVII. POLICY RECTIFICATION

The Policyholder and/or Insured shall have a term of thirty (30) calendar days since the policy is delivered to request rectification of the respective clauses.

When the term established on the previous paragraph ends, the right of the Policyholder and/or Insured to request POLICY RECTIFICATION ceases.

CLAUSE XVIII. RIGHT OF WITHDRAWAL

In case the insurance is cancelled by request of the Insured during the first five (5) work days after the policy is issued and no claim has been presented, one hundred per cent (100%) of the premiums paid shall be returned.

CLAUSE XIX. CURRENCY AND EXCHANGE RATE

All payments related to the present policy done between the Insured and the Instituto shall be done on the currency agreed in the insurance, whether colones or dollars.

For any conversion to be carried out related to the amounts indicated on the insurance, the reference exchange rate for sale fixed by Banco Central de Costa Rica shall be applied.



SELF-ISSUE TRAVEL INSURANCE GENERAL CONDITIONS

SECTION J. DISPUTE RESOLUTION

CLAUSE XX. DISPUTE RESOLUTION

In case of disagreements of the Insured, having seen his consumer rights affected or there is a claim regarding the interpretation of the insurance contract; the complaint may be filed before the instance denominated Defensoría del Cliente Corporativa: defensoria@grupoins.com / 2287-6161 / 800-DEFENSORÍA. This instance shall solve in a term of ten (10) work days counting from the presentation of the complaint. This instance exhausted the complaint may be filed with the General Insurance Superintendence's e-mail sugese@sugese.fi.cr or telephone 2243-5108 of the call center.

To solve the discrepancies, the Courts of Justice of the Republic of Costa Rica shall be competent, or else, when so agreed by the parties, may be solved through the mechanisms established in the Law on Alternative Conflict Resolution and Promotion of Social Peace, at any of the centers established in the country created to address and control this type of processes.

CLAUSE XXI. APPLICABLE LEGISLATION

The applicable legislation shall be that of the Republic of Costa Rica.

All not herein otherwise provided for in this insurance contract the provisions stipulated in the Law Regulating the Insurance Market N° 8653 shall be applied, the Law Regulating Insurance Contracts N° 8956 and its Regulations, Act 8204 On narcotics, psychotropic substances, non-authorized use of drugs, capital legalization and connected activities and its amends and normative complementing it, the Code of Commerce and the Civil Code.

SECTION K. COMMUNICATION BETWEEN THE PARTIES

CLAUSE XXII. COMMUNICATIONS

The Insured may communicate with the Instituto at any time, and the following means are at their disposal:

Telephone: 800- Teleins (800-835-3467)

E-mail: contactenos@grupoins.com

The Instituto shall issue the communications necessary to the e-mail reported by the Insured on the Insurance Offer.

SECTION L. REGISTRATION LEGEND

CLAUSE XXIII. PRODUCT REGISTRATION

Registration in SUGESE number P19-57-A01-939 V2 dated June 07, 2023.