

Vínculo Mundial[®]

General Conditions

Individual
April 2023

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I. Definitions

For the purposes of this Contract, the following definitions shall apply:

Accident

Event caused by an external, unforeseen, accidental and violent situation whereby the Insured sustains bodily harm.

Spinal and knee injuries are only considered accidents when there is a fracture or multiple traumas.

Seniority

The time the Insured has been covered on a continual basis by GNP.

Digestive system

The set of organs involved in the digestion and assimilation of food (mouth, pharynx, esophagus, stomach, liver, bile ducts, gall bladder, small intestine, large intestine, pancreas, rectum, anus).

Respiratory system

The set of organs involved in breathing (nose, nostrils, pharynx, larynx, vocal cords, epiglottis, trachea, bronchi, pleura and lungs).

Insured

The person exposed to any illness or Accident covered by this policy and who has the right to the benefits thereof.

Policyholder

A person assigned by the Contracting Party who, in addition to the latter, may provide information about the applicants, request policy modifications and/or adjustments. They are responsible for filling out the application and stating what is requested.

In the event the Contracting Party wishes to appoint a minor as Policyholder, the father, mother or guardian shall be their representative for the purposes of this Contract.

Mechanical assistance

The devices, instruments or equipment that facilitate movement or displacement of individuals who suffer from an illness or are in a health recovery period (crutches, canes, walkers, orthopedic beds, trapeze, bars, handrails, orthopedic hoist and wheelchairs).

Beneficiary

Individual who holds indemnity rights.

Cancer

A disease involving the uncontrolled growth of malignant or cancerous cells, which may invade nearby tissue or spread to other parts of the body through the circulation of blood or the lymphatic system.

Policy's cover sheet

Document containing the general identification information and outline of the rights and obligations of the parties.

Coverage Certificate by Insured

Document in the policy that specifies for each Insured the list of covered risks, as well as GNP's maximum liability limits, deductibles and coinsurance.

Robot-assisted surgery

A technique in which a surgeon performs surgery using a console that remotely controls instruments attached to a robot.

Coinsurance

The second expense to be covered by the Insured, the percentage indicated on the Policy's cover sheet, that is payable by the Insured of the total expenses covered by the policy after subtracting the contracted Deductible.

Special contracting conditions

All of the provisions that refer to specific risk(s) covered by the policy.

General conditions

Set of basic principles established unilaterally by GNP that regulate the legal and operating provisions of the Insurance contract.

Contracting Party

Individual or legal entity that enters into the Contract and that, for the purposes thereof, shall be responsible for paying the premium.

Deductible

The first expense payable by the Insured, which consists of the set amount stipulated on the policy's cover sheet, which shall apply for each covered Illness or Accident based on the current conditions set forth in the Contract.

GNP's obligation begins when the expense exceeds this amount.

Financial dependents

The policyholder's spouse or common-law partner or child or stepchild who are direct descendants and covered by the same Major Medical Expense policy.

Dangerous sports

The term dangerous and/or extreme sports refers to sporting activities that pose a threat to physical integrity due to their difficult or dangerous conditions, which can result in organ or limb loss, disability, or even death.

Professional sport

The practice of a sporting activity that results in financial remuneration.

Description of change

An explanation of the most recent change made to the policy.

Medical device

Equipment, instruments, appliances, materials, and other articles, including their components, parts or accessories, to be used individually or together, and applied to humans in order to diagnosis and treat illnesses.

Medical device for illness monitoring and control

A medical device intended for the repeated application of a medicine and/or to provide information for illness control by measuring vital signs and biochemical levels when necessary and prescribed by the attending physician. They can be either manual or automatic.

Elimination or reduction of waiting periods

The benefit granted by GNP based on the time during which the Insured has been covered by GNP or another insurer, which applies exclusively to eliminate or reduce the waiting periods for some of the conditions described in Basic Coverage.

Illness or ailment

The health issue of the Insured, diagnosed by a certified independent medical professional, whether it be in the functioning of an organ or body part and caused by verifiable pathological alterations.

Mental illness or disorder

A mental disorder is a syndrome characterized by a clinically significant alteration in an individual's cognitive state, emotional control or behavior, representing a dysfunction in the psychological, biological or developmental processes underlying their mental function.

They are included in the current International Classification of Mental Disorders DSM-V (Diagnostic and Statistical Manual of Mental Disorders).

Medical file

The detailed and ordered description of the information on the Insured's health comprised of Accident or Illness Notice forms and the Medical Report established by GNP. The medical file shall also include the written and visual documents, charts, imaging or documents of any other kind signed by any health professional.

Additional premium

The additional amount that the Insured must pay to GNP to cover an aggravated risk.

Fracture

A break in the continuity of bone structure.

UCR (Usual, Customary & Reasonable) Expense

The expenses incurred by the Insured for medical care received abroad.

GNP

Grupo Nacional Provincial, S.A.B.

Medical fees

Payment obtained by a legally recognized independent medical professional for the services provided to the insureds based on the UCR (Usual, Customary & Reasonable) Expense.

In any case, the Insured shall be free to choose the physician of their choice, without compromising the origin of the expense charged to the insurance policy in question.

Hospitalization

The Insured's continued stay at a clinic, hospital or health care facility for more than 24 hours that is verifiable and justified for medical care of an Illness or Accident covered by the policy. It begins with admittance and ends with the release granted by the attending physician.

Start of coverage

The date as of which the Insured has the right to the benefits from this Insurance contract.

If the policy is cancelled or not renewed, the Insured shall lose their seniority. If, in the future, the Insured decides to once again take out their major medical expense policy with GNP, the new activation date shall be considered the start of the coverage.

Place of residence

City or town of the address stated by each Insured in the request.

Medications

A compound or mixture of organic or inorganic compounds that are natural or synthetic and which has one or more proven therapeutic effects on an illness; these effects end once the medication is eliminated from the body.

Complementary and alternative medicine

Alternative approaches to traditional or scientific medicine for treating an illness and/or maintaining health.

Orthosis or orthopedic appliances

Mechanical devices, attachments or implements intended to prevent, treat or correct musculoskeletal deformities or dysfunctions.

Pre-existing conditions

Illnesses or Ailments are considered to be pre-existing when:

- They have been declared prior to the execution of the Contract, and/or;
- They are determined to exist in a medical file through the diagnosis of a certified physician prior to the signing date of the Contract, and/or;
- Diagnosed prior to the signing date of the Contract, by laboratory or office tests or any other recognized diagnosis method, and/or;
- As such, prior to the signing date of the Contract, the Insured has incurred verifiable expenses in order to receive a diagnosis or medical treatment for the illness and/or condition in question.

Direct payment

The benefit that GNP may grant to the Insured when the latter has freely chosen the physician(s). Under this benefit, GNP will directly pay the physician's fees resulting from the medical care provided to the Insured suffering from an illness or accident covered by this Contract.

This benefit also applies to all service providers with whom GNP has entered into an agreement.

Uncovered period

The period of time during which this Contract is cancelled. An uncovered period occurs as a result of failure to pay premiums or failure to request renewal of the policy.

Waiting period

Uninterrupted period of time that must pass after the contracting date of each Insured in order for certain illnesses to be covered by the policy.

Grace period

The period of 30 days established by GNP, from the start of the policy period, which the Contracting Party has to pay the premium.

Plan

Set of policy components: Sum insured, Deductible, Coinsurance, etc., including the Special contracting conditions, indicating the benefits to which the Insured has a right.

Multiple trauma

Multiple severe traumatic injuries and/or burns from a single Accident; with serious life-threatening circulatory, respiratory or metabolic repercussions.

Premium

The consideration set forth in the Insurance contract to be covered by the Insured.

First expense

The oldest expense incurred by the Insured to treat an illness or accident.

Gene therapy products

Products that take effect through the transcription or translation of transferred genetic material or by specifically altering host (human) genetic sequences.

Neurological Rehabilitation Program

Different rehabilitation techniques as part of the treatment of the Insured with a neurological injury or neurodevelopmental motor disorders; to recover the best level of their functions.

Scheduling of surgeries, medical treatments and services

Service that GNP may grant to the Insured that consists of the authorization of direct payment payable by GNP to the independent service provider for professional service fees for the provision of medical care to the insureds with illnesses or accidents covered by the insurance policy, prior to surgery, treatment requiring hospitalization or outpatient surgery.

This benefit also applies to all service providers with whom GNP has entered into an agreement.

Prosthesis

Special implants or parts that replace an organ or limb, recovering the functions thereof. This is also the name given to an artificial part or implant inserted into the body.

Hearing device

Part or special implant that improves hearing.

Claim

The process carried out by the Insured with GNP to obtain the benefits of this Contract as a result of a covered illness or accident. GNP determines whether or not the claim is admissible based on policy coverage.

Reimbursement

Recovery of the applicable expenses previously incurred by the Insured as a result of a covered illness or accident. GNP shall return the corresponding sum after applying the contracted conditions to the Insured.

Renewal

Consecutive issuance of the policy for an equal period.

Report from the hospital

The benefit that GNP may grant to the Insured, which consists of the authorization of direct payment by GNP to the service providers with whom it has executed an agreement, subject to prior assessment and opinion, notifying the Insured of the admissibility or rejection of the authorization of this benefit during their stay in the hospital.

Assisted reproduction

A process that allows fertilization by any technique involving the manipulation of gametes of one or both genders, including surrogacy.

Health

Biological well-being.

SMGMV

Minimum monthly salary in force.

Sum insured

The maximum limit of liability for GNP as provided on the Policy's cover sheet.

Gene therapy

The technique or set of techniques for treating or curing illnesses by modifying, eliminating, repairing and/or incorporating genetic sequences into the genome of human cells, in whole or in specific cells, by the use of gene therapy products.

Abroad

Anywhere outside of Mexico.

Medical treatment

A set of pharmacological, surgical and rehabilitative processes used in healthcare.

Infertility and/or sterility treatments

A complete analysis of the diagnosis and correction of the causes of infertility and/or sterility undertaken by the couple after they are unable to achieve spontaneous pregnancy.

Health or medical emergency

A sudden, unforeseen or accidental illness or injury that endangers an individual's life, organ or function that requires immediate medical care.

The medical emergency shall end when the pathological or traumatic condition of the Insured has been stabilized and controlled. Subsequent indemnities shall be paid in accordance with the provisions of the General Conditions of the policy.

Version

A document issued by GNP after the start date of the Insurance Contract that retains the same policy number and reflects the current conditions of the Insurance Contract.

Travel

The Insured is considered to be travelling when they are more than 50 kilometers away from their place of residence.

Policy period

Validity period of the Contract.

II. Basic coverage

The purpose of this Contract is to indemnify the Insured for expenses incurred for the medical care they receive to restore their biological health based on a definitive medical diagnosis, within the limits and subject to the conditions indicated below.

The above will only take place abroad, provided that the policy is in force at the time the Illness or Accident occurs.

Expenses to be covered by GNP

The expenses that, based on the conditions of this Contract, are applicable for medical care, such as:

- Fees for medical consultations, medical and/or surgical treatment shall be paid according to the UCR (Usual, Customary & Reasonable) Expense, as follows:

Medical fees for physical rehabilitation therapy are covered.

Only one session per day shall be paid, regardless of the therapy type or number of specialists providing it.

Post-operative medical consultations within 15 calendar days of the operation are included in the medical fees for surgery.

In the event of hospital consultations and/or intensive therapy, the company shall only pay for one visit per day by a specialist under the UCR (Usual, Customary & Reasonable) Expense; regardless of the complications that may arise.

- Registered nurses service, provided their services are medically needed and have been prescribed by the attending physician for a maximum period of 30 days or 720 hours per Illness or Accident, with minimum 8-hour sessions. This period of time shall apply only once during the entire medical care required by the Insured for the covered Illness or Accident. Fees will be paid according to the UCR (Usual, Customary & Reasonable) Expense.
- Hospital, clinic or healthcare facility abroad where the medical treatment of the covered ailment(s) required to restore the Insured's health is performed. The cost of a room, food and admission package in a semi-private room are included.
- The Insured's stay in intensive care, intermediate care and coronary care units.
- Operating, recovery and treatment room.
- Anesthetic equipment, gases and medications required by the anesthesiologist.
- Cost of an extra bed for a companion during the time the Insured is hospitalized.
- Laboratory, office and imaging analyses, including everything from blood tests and X-rays, electrocardiograms and electroencephalograms to the use of cutting-edge tests such as computed tomography, magnetic resonance or studies with radioactive isotopes and any other required study used for the diagnosis, treatment or follow-up on an Illness or Accident covered by this policy. These expenses shall be covered provided there is a definitive medical diagnosis and the Illness or Accident is covered by the policy and they are not experimental in nature or under research.

- Medications and/or dressing material purchased inside or outside the hospital, clinic or healthcare facility abroad. Only the medications prescribed by the attending physicians for the covered illness and authorized by the health authorities abroad shall be covered. For reimbursement of these expenses, it shall be necessary to submit the invoice made out to the Insured or the Policyholder with a list of the corresponding prescriptions where the attending physician must indicate the length of treatment and amount of medication and/or dressing material.
- Hyperbaric medicine under medical supervision, for the following illnesses only: Actinomycosis, air embolism, acute decompression sicknesses, gas gangrene, wounds in diabetic patients, skin grafts, cyanide poisoning, carbon monoxide poisoning, acute traumatic ischemia, chronic refractory osteomyelitis, osteoradionecrosis, burns, soft tissue radionecrosis, compartment syndrome, Meleney's ulcers and acute ulcers due to arterial insufficiency.
- Plasma or blood transfusions, serum or intravenous solutions required to treat a covered illness and/or Accident.
- Autologous and allogeneic stem cell transplant obtained from adult bone marrow and/or umbilical cords only for the following diseases: acute myeloid leukemia, acute lymphoblastic leukemia, chronic myeloid leukemia, acute myeloblastic leukemia, juvenile myelomonocytic leukemia, high-grade non-Hodgkin's lymphoma, Hodgkin's Lymphoma, multiple myeloma.
- Ambulance services:
 - Land transport ambulance, when medically necessary abroad, with no limit to the number of events.
 - Air ambulance in case of health or medical emergency. GNP shall cover the amount of the expenses incurred for contracting this service abroad, provided it is required as the result of a health or medical emergency arising from a covered illness or Accident, based on the conditions of the policy and provided there are insufficient medical or hospital resources to provide care at the location where the health or medical emergency occurred and when it is medically necessary due to the patient's condition.

In both cases, in addition to the Basic Coverage deductible and coinsurance, a coinsurance of 20% shall apply, which shall be separate from the coinsurance limit defined in the section on Expenses to be covered by the Insured.

GNP shall cover indemnity in the terms described above, with no event limit, but shall not be liable for contracting the service, nor its characteristics or conditions.
- Radiation therapy, chemotherapy, inhalation and physiotherapy treatments prescribed by the attending physician.
- Reconstructive (non-aesthetic) medical treatments or surgery that are necessary as a result of an illness or Accident covered by the policy
- Physical rehabilitation treatment; when required by the Insured as a result of a covered ailment, prescribed by the attending physician and when carried out in specialized centers or at home. Payment will be made in accordance with the UCR (Usual, Customary & Reasonable) Expense.
- Acupuncture or homeopathic treatments provided by a licensed or certified practitioner of such treatments; or chiropractic treatments that are prescribed by a licensed medical practitioner as part of the medical treatment of an illness and/or Accident covered by this policy.

- Dental, alveolar or gum treatments that are necessary as a result of an accident covered by the policy, duly supported by the X-rays that confirm the damage sustained due to the accident.
- Neurological rehabilitation programs of up to 900 sessions; when required by the Insured due to a covered ailment and prescribed by the attending physician.

Payment will be subject to the UCR (Usual, Customary & Reasonable) Expense and shall have the following items:

- Initial assessment by a neurological rehabilitation and/or rehabilitation medical specialist.
- Treatment plan and prognosis (describing the different therapies used such as physical, occupational, speech, swallowing, pulmonary, neuropsychological, aquatic or other techniques), in session per day of up to six hours.
- In case of hospitalization, up to 50 inpatient sessions are covered, the remaining sessions will only be covered outside the hospital.

For GNP to pay the cost of the Neurological Rehabilitation Program, the Insured must give GNP notice of the medical care to be scheduled at least 10 business days prior to the scheduled care. GNP will confirm to the Insured in writing of the hospital options available to the Insured to perform the procedure. If their request is authorized, GNP will directly pay the service provider and will inform the Insured of the procedure to be followed.

- Only the outpatient services indicated below: scheduling of treatments that include specialized medicines, pulmonary rehabilitation, parenteral nutrition, all with a medical prescription.
- Robot-assisted surgery, only for prostatectomy, hysterectomy, nephrectomy and colectomy.
- Purchase or rental of orthopedic appliances, prostheses or medical devices required due to an Illness or Accident covered by this policy (except as expressly excluded) up to the amount stated in the Coverage Certificate by Insured after subtracting the Deductible and Coinsurance. This amount shall apply for each orthopedic appliance, prosthesis or medical device required by the Insured.

In the event the amount payable for the aforementioned items exceeds the amount indicated in the Coverage Certificate by Insured, the Insured shall pay 50% of the excess amount of the expenses for each item, with the Sum insured contracted for Basic Coverage acting as a maximum limit.

- Purchase of manually operated medical devices for illness monitoring and control for personal and/or outpatient use, one for each covered Illness.
- Purchase or rental, at GNP's discretion and scheduling, of mechanical assistance required as the result of an Illness or Accident covered by this policy. The amount to be paid will be made in accordance with the UCR (Usual, Customary & Reasonable) Expense, under the following assumptions:

Limit of 15,000 United States dollars.
Maintenance covered by the Insured.
Non-replaceable.

- Medical expenses arising from the non-professional practice of any sport, including dangerous sports, **except as expressly excluded in the Coverage certificate by Insured.**

Illnesses and treatments with waiting periods

- The Insured must comply with at least 48 months of continual coverage under the policy to cover the following condition and its complications:

Acquired Immune Deficiency Syndrome (AIDS), provided the HIV antibodies (seropositive) or the AIDS virus was not detected before or during this period. **Diagnostic costs for detecting the virus will not be covered during the same period.**

The benefit of the elimination or reduction of waiting periods does not apply for the aforementioned Condition.

In addition to the limits established in this Section, the following shall apply:

- **The Exclusions in the Section titled: “Exclusions from Basic Coverage and Additional Benefits”.**
- **The particular Exclusions of each of the coverages.**
- **The Exclusions indicated for the additional benefits; in the event they have been contracted by the Insured.**

III. Exclusions from Basic coverage and additional benefits

This policy DOES NOT COVER expenses incurred for medical care received by the Insured for illnesses and/or accidents, diagnostic tests, medical treatments or surgery or their complications and after-effects, for the following items:

- **Pre-existing conditions as indicated in the Definitions section, as well as their consequences and complications.**
- **Illnesses that started during the first 30 days of the policy period. This period shall not apply in the event of renewal, nor in the event of accidents or health or medical emergencies, when the latter are not the result of a pre-existing Illness or Medical Condition.**
- **Any illness or Accident that arose in any uncovered period, as well as any expenses incurred in such a period.**
- **Expenses managed or paid by a third party not authorized by GNP to do so.**
- **Medical fees when the physician is the Insured or a direct family member of the Insured (parents, children, spouse or siblings).**
- **Companions during the Insured's stay as a hospital patient and those who are not part of the transfer unit, as well as expenses derived from administrative processes for these reasons.**
- **Medical exams or studies of any kind that are not directly related to the ailment that gave rise to the claim.**
- **Experimental or research treatments.**
- **Hyperbaric chamber, except as stipulated in the Expenses to be covered by GNP section.**
- **Expenses for illnesses and/or accidents handled within Mexico.**

- **Expenses incurred due to medical or surgical complications of organ donors.**
- **Compatibility studies, general health studies, among others, performed on potential donors for the Insured.**
- **Stem cell transplant, except as stipulated in the expenses to be covered by GNP section.**
- **Pregnancy, childbirth, caesarean section or postpartum costs, as well as their origin, consequences and complications.**
- **Prematurity, birth defects and congenital conditions.**
- **Infertility, sterility, assisted reproduction, birth control, sexual impotence or erectile dysfunction treatments, and any complications thereof, regardless of their causes and/or origins.**
- **Abortion regardless of the cause, as well as any complications.**
- **Induced abortion during the first 12 weeks of pregnancy, regardless of the cause, as well as any complications.**
- **Costs and/or illnesses that a new-born shows from the date of birth.**
- **Circumcision, regardless of the cause or origin.**
- **Bands or adhesions due to abdominal surgical procedures performed prior to taking out the policy.**
- **Expenses related to treatments for myopia, presbyopia, far-sightedness, astigmatism or keratoconus, regardless of the cause or origin.**
- **Glasses, external contact lenses and intraocular lens prescription.**
- **Strabismus, regardless of the cause or origin.**
- **Medical or surgical treatments of any kind for cosmetic, cosmetological or balding purposes.**
- **Bed rest, check-ups.**
- **Dietary, medical and/or surgical treatments for obesity, overweight, anorexia and bulimia, as well as their complications.**
- **Dental, alveolar or gum treatment, except as stipulated in the Expenses to be covered by GNP section.**

- **Medications, medical devices, gene therapy, the use of which in medical techniques and technologies are not approved by the United States Food and Drug Administration (FDA) for use in the claimed Covered illness based on the level of clinical and scientific evidence.**
- **Purchase of automatic medical devices for illness monitoring and control for personal and/or outpatient use such as: insulin delivery systems, among others.**
- **Vitamin or food supplements and/or complements, as well as any type of infant food formula; even with a medical prescription for covered illnesses or accidents, whatever the cause.**
- **Expenses for dermatological or cosmetological products, even with a medical prescription.**
- **Costs of umbilical cord cryopreservation.**
- **Homoeopathic or acupuncture treatments provided by individuals who are not licensed or certified to provide such treatments.**
- **Chiropractic treatments that have not been prescribed by a licensed physician as part of medical treatment covered by the policy.**
- **Treatments based on complementary and alternative medicine, with uncertain benefits or for preventive purposes.**
- **All products, medications or therapies that are used in complementary and/or alternative medicine.**
- **Gene therapy products, even when prescribed by a physician specialized in genomic medicine, which are related to the covered Condition and have marketing authorization from health authorities in Mexico and corresponding authorities abroad.**
- **Robot-assisted surgery, except as stipulated in the expenses to be covered by GNP section.**
- **Replacement of orthopedic appliances and prostheses that the Insured already used on the date this policy was taken out, regardless of the nature or reasons for their replacement.**
- **Hearing devices, hearing or cochlear implants and/or additional devices to improve hearing.**
- **Purchases of orthopedic shoes and inserts even if medically necessary.**
- **Any study and/or treatment to correct sleep disorders, sleep apnea and snoring, behavioral, learning or language disorders, mental illness or disorder, dementia, psychotic depression or nervous breakdown, hysteria, neurosis or psychosis, as well as the consequences thereof.**

- **Any psychological or psychiatric illness, study and/or treatment or which derives from mental illness or disorder, dementia, psychotic depression or nervous breakdown, hysteria, neurosis, psychosis, regardless of the origins or consequences.**
- **Treatments and/or illnesses resulting from suicide attempts and/or self-mutilation, even when committed due to a mental illness or disorder.**
- **Treatment for illnesses and/or accidents caused by alcoholism, substance abuse and/or drug addiction.**
- **Accidents suffered by the Insured as an immediate consequence of the reduction of their physical and/or mental capacities due to the use of drugs without medical prescription.**
- **Conditions resulting from boxing, Thai boxing, lucha libre (Mexican wrestling), power-boating and motor racing (formula I, II, III, V, CART Series, Rally, or any other equivalent risk category) in any form, as well as conditions resulting from professionally practicing any sport.**
- **Conditions or injuries resulting from the Insured's direct participation in competitions, trainings, trials or safety, endurance or speed competitions.**
- **Conditions resulting from military service of any kind, as well as participation of the Insured in acts of war, insurrection, revolution or rebellion.**
- **Injuries sustained by the Insured when travelling as a mechanic or as a crew member of any type of aircraft other than commercial airliners.**
- **Conditions resulting from intentional criminal acts committed by the Insured, and conditions arising from fights in which the Insured directly participated, provided they are the instigator.**
- **Hairdresser, barber or pedicurist expenses, as well as the purchase or rental of personal comfort devices or services.**

IV. Expenses to be covered by the Insured

The Deductible and Coinsurance set forth in the following Section apply to Basic Coverage only.

Deductible

The first expense payable by the Insured, which consists of the set amount stipulated on the policy's cover sheet, which shall apply for each covered Illness or Accident based on the current conditions set forth in the Contract.

This obligation payable by the Insured shall begin when the first admissible expense is incurred up to the total of the amount indicated as Deductible on the policy's cover sheet. The Deductible in force shall be applied at the time the total of the expenses incurred exceeds this amount.

For any claim, the total of the admissible expenses must be greater than the contracted Deductible; otherwise, the financial difference must be covered at the contracted Deductible in force.

In cases where the Insured has requested a change of Deductible which is higher than the contracted Deductible, the financial difference up to the contracted Deductible shall be covered.

Coinsurance

This is the second expense payable by the Insured and is the percentage stipulated on the policy's cover sheet, which shall be applied to the admissible expenses to determine the amount payable by the Insured for each Illness or Accident covered by the conditions of the Contract in force, once the contracted Deductible has been subtracted.

GNP shall pay the amount resulting from subtracting the deductible and the coinsurance, respectively, for each covered Illness or Accident.

Coinsurance Limit

The maximum amount that the Insured shall pay for Coinsurance for each covered Illness or Accident, provided it is described in the Special Conditions section of the Coverage certificate by Insured.

The Coinsurance Limit will not be updated once reached by the insured; otherwise, the amount shall be updated at each renewal and described in the Special Conditions section of the Coverage certificate by Insured.

In cases where the Insured has requested a change of Coinsurance which is higher than the contracted Coinsurance Limit, the financial difference up to the contracted Coinsurance Limit shall be covered.

V. General clauses

Contract

Through this Contract, GNP binds itself, in the terms and conditions hereof, to pay the Insured the expenses incurred by the latter as a result of the medical care required as a result of a covered Illness or Accident.

For all legal purposes, the following shall form part of this Contract:

The Major Medical Expenses Insurance request, additional questionnaires, the annex to the Major medical expenses insurance request, the general clauses and special contract conditions, the policy and versions thereof, fee schedules and any other document involved in the execution of such.

Amendments

Any changes to this contract shall be made in writing with prior written agreement of the parties. The above is pursuant to the terms of Article 19 of the Insurance Contract Act. These changes to the Contract must have been duly registered with the National Insurance and Bonding Commission, pursuant to Article 202 of the Insurance and Bonding Institutions Act. **(Legal provision(s) available at gnp.com.mx).**

In view of the above, the proxy or any other person not expressly authorized by GNP may NOT make amendments or concessions.

If the contents of the policy or its amendments are inconsistent with the offer, the Insured may request the corresponding correction within 30 days following receipt of the policy. After this period has expired, the provisions of the policy or amendments thereto shall be deemed accepted (Article 25 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

Notifications

Any notification related to this Contract must be sent in writing to the addresses indicated by the parties in this Contract.

Medical examination

GNP may request the Insured undergo medical examinations, laboratory tests or any medical information for the risk valuation.

GNP may not apply the pre-existence clause for the Illness and/or Condition related to the type of examination or test that has been applied to the Insured who has undergone the medical examinations and laboratory tests referred to in the previous paragraph, which have not been diagnosed in the aforementioned studies or tests.

Registration of insureds

For all new insureds, the Medical Expense Insurance request, additional questionnaires and annex to the request must be submitted; acceptance is subject to GNP's approval.

Once the new Insured has been accepted for inclusion, the corresponding premium must be paid.

Cancellation of insureds

Notification to cancel the coverage of (an) Insured(s) must be made in writing and signed by the Policyholder or Contracting Party.

In the case of cancellation of an Insured within 30 days of the policy period, GNP shall return the net premium in full for the unexpired policy period, excluding policy fees.

In case of cancellation of an Insured after the first 30 days of the policy period, GNP will return 60% of the net premium for the unexpired policy period, excluding policy fees.

Such premium shall be refunded upon written request by the Contracting Party within 30 working days of receipt of the request.

Renewal

Provided the Insured has not requested a change in Plan, the renewal shall respect seniority rights for the following purposes:

- **It shall be carried out without insurability requirements.**
- **It shall not involve changes to the waiting periods.**
- **It shall not consider the limits to acceptance ages.**

Renewal does not mean that the insurance is extended under the same terms and conditions. Renewal shall be consistent with the originally agreed conditions, under the following criteria:

The amounts of the Deductible, Coinsurance Limit and Sums Insured may be updated in order to maintain similar coverage over time.

For any new treatment, technique, device, medication or technological solution approved by the Food and Drug Administration (FDA) where the difference in cost is 20% higher than the usual cost, GNP shall determine the Insured's share and scope and limits of these new benefits at renewal.

The Insured shall be informed of the changes that will apply to the renewal 15 days prior to the expiry of the policy period through the same channel in which the insurance was taken out.

In case of a change in plan, the provisions set forth in the Change in plan clause shall apply.

In each renewal, the Insured's seniority with GNP shall be respected.

The premium payable in terms of the respective clause shall be applied based on the age and gender of the Insured. The corresponding increase determined by the procedures and parameters calculated based on standardized, sufficient and reliable information shall apply to each renewal.

Cancellation

This Contract shall be cancelled if the Policyholder and/or Contracting Party fail(s) to pay the respective premium within the period indicated on the proof of payment.

In case the Contracting Party decides to terminate the Contract within 30 days of the policy period, GNP shall return 100% of the net premium for the unexpired policy period, excluding policy fees.

In case the Contracting Party decides to terminate the Contract after the first 30 days of the policy period, GNP shall return 60% of the net premium for the unexpired policy period, excluding policy fees.

Such premium shall be refunded upon written request by the Contracting Party within 30 working days of receipt of the request.

Should any of the Insureds that are parties to the policy make false or inaccurate statements or omissions, GNP may rescind the Contract pursuant to the terms of Article 47 of the Insurance Contract Act returning the corresponding unaccrued premium. **(Legal provision(s) available at gnp.com.mx)**,

In case the Contracting Party or Insured decides to cancel the Insurance Contract, GNP may not deny or delay the cancellation process without just cause or legal impediment, in which case the Insurance Contract is considered cancelled as of the day GNP receives the cancellation request.

The Contracting party may request cancellation by submitting a written request at GNP's offices, in the same way in which the insurance was taken out or by any means agreed between the Contracting party and GNP. GNP will authenticate the identity of whomever is making the cancellation request, by means of a document or other means agreed for this purpose. GNP will then provide an acknowledgement of receipt, confirmation code or entry number for any further clarification or queries.

Statute of Limitations

All actions derived from this Contract shall expire in 2 years as of the day of the event giving rise to them (Article 81 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx)**.

The term indicated above shall not apply in the case of omissions, false or inaccurate statements regarding the risk being run, but rather as of the date on which the company became aware of it, and if there is a claim, from the day on which the interested parties became aware of it, the parties being required to demonstrate that they were unaware of the event until that time.

It shall also be necessary for third-party beneficiaries to be aware of the right established in their favor. (Article 82 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx)**.

The statute of limitations shall be suspended not only for ordinary causes, but also by the causes referred to in the Protection and Defense of Financial Services Users Act, and it shall be suspended in the cases set forth therein.

Currency

All payment obligations under this Contract shall be paid in local currency.

Covered expenses incurred while abroad shall be reimbursed based on the exchange rate indicated by Banco de México (Bank of Mexico) published in the Official Gazette of the Federation for the currency and on the date on which the Insured received the medical services.

Period for reporting the occurrence of the Illness and/or Accident

As soon as the Insured becomes aware of the Illness and/or Accident, they must inform GNP using the forms established for this purpose.

Unless otherwise provided in the Insurance Contract Act, the Insured or beneficiary shall have a maximum period of five days to give notice, which must be in writing, and in the event of an act of God or force majeure, notice must be given as soon as the impediment disappears.

Method of payment

The Contracting Party may choose to pay the premium in annual, half-yearly, quarterly or monthly instalments.

When the transaction is charged to a debit or credit card, bank account, or by bank deposit or wire transfer, the account statement, receipt, voucher, entry number or confirmation number of the corresponding transaction shall act as full proof of payment until such time as GNP provides the corresponding proof of payment.

Payment deadline

The premium is due and payable at the time the Contract is executed. The payment deadline of the premium or the corresponding instalment shall be the one set in the proof of payment.

If the parties opt for instalment payments, the instalment periods shall be for the same amount of time, which shall expire at twelve o'clock on the first day of the period they cover.

“If the premium or the corresponding partial payment thereof, in the case of instalments, has not been paid within the agreed period, the effects of the Contract shall automatically cease at twelve o'clock on the last day of that period. If the term has not been agreed, a period of 30 calendar days following its maturity date shall apply.”

Therefore, in the event of payment default in any form, the Contract will be terminated for all legal purposes without the need for a court order.

The Insured shall receive the benefits set out in the policy when they are in the grace period.

GNP may deduct from the indemnity the total of the outstanding premium, until the corresponding premium for the contracted insurance period is completed.

The agreed premiums shall be paid at the place established in the Contract and in the absence of an express agreement, at the offices of GNP, upon delivery of the corresponding invoice.

Indemnity for delay

If GNP does not comply with the obligations assumed under the Insurance Contract within the terms it legally has to comply with them, it must pay an indemnity due to delay to the Insured or Beneficiary based on the following:

- I. Obligations in Mexican Pesos shall be denominated in Investment Units (UDIs) at the value of the UDI at the expiration date of the terms referred to in the first part of this Clause and payment shall be made in Mexican Pesos at the value of the UDI at the date on which the payment is made, in accordance with the provisions of paragraph two, section VIII of this Clause.

In addition, GNP shall pay interest in arrears on the obligation denominated in UDIs in accordance with the provision established in the paragraph above, which shall be capitalized monthly and shall bear interest at the rate resulting from multiplying by a factor of 1.25, the term deposit cost for liabilities denominated in UDIs for Mexican multiple banking institutions published by Banco de México in the Official Gazette of the Federation for each of the months in which the referred delay exists;

- II. When the principal obligation is denominated in foreign currency, in addition to the payment of this obligation, GNP shall be required to pay interest in arrears, which shall be capitalized monthly and calculated by applying to the amount of the obligation itself, the percentage resulting from multiplying by 1.25, the term deposit cost for liabilities denominated in U.S. dollars for Mexican multiple banking institutions published by Banco de México in the Official Gazette of the Federation for each of the months in which the referred delay exists;

- III. In the event that, at the date on which the calculation is performed, the benchmark rates for the calculation of the interest in arrears referred to in sections I and II of this Clause have not been published, the rate of the immediately preceding month shall be applicable and, if the referred rates are not published, the interest in arrears shall be calculated by multiplying the rate that replaces them by 1.25, in accordance with the applicable provisions;
- IV. The interest in arrears referred to in this Clause shall accrue daily, as of the expiration date of the terms referred to in the first part of this Clause and until the day on which the payment established in paragraph two, section VIII of this Clause is made. For purposes of this calculation, the benchmark rates referred to in this Clause shall be divided by three hundred and sixty-five and the result shall be multiplied by the number of days corresponding to the months in which the default exists;
- V. In the case of repair or replacement of the object subject to the claim, the indemnity for delay shall consist only of the payment of the interest corresponding to the currency in which the principal obligation is denominated in accordance with sections I and II of this Clause and it shall be calculated on the amount of the repair or replacement cost;
- VI. The rights of the creditor to the indemnity benefits established in this Clause are indisputable. Any agreement that attempts to extinguish them or reduce them shall have no legal effects. These rights shall arise only as a result of the passage of the period established by the Act for payment of the principal obligation, even if it is not settled at that time.

Once the amount of the principal obligation is set in accordance with the agreement between the parties or in the final ruling handed down in a case with a judge or arbitrator, the indemnity benefits established in this Clause must be covered by GNP on the amount of the principal obligation determined in this manner;

- VII. If in the respective case it is determined that the claim is admissible, even when payment of the indemnity for delay established in this Clause was not demanded, the judge or arbitrator must order the debtor to also pay the amount of these benefits in accordance with the preceding sections in addition to the principal obligation;
- VIII. The indemnity for delay consisting of the inflationary restatement and interest system referred to in sections I, II, III and IV of this Clause shall apply for all types of insurance, except for surety insurance that guarantees indemnity related to default on tax liabilities, which shall be subject to the provisions of the Federal Tax Code.

Payments by GNP shall be made in a single instalment that includes the total balance of the following items:

- a) Interest in arrears;
- b) Inflationary restatement referred to in paragraph one, section I of this Clause; and
- c) The principal obligation.

If GNP does not pay the total amount of the obligations assumed in the Insurance Contract and the indemnity for delay in a single payment, the payments made shall be applied to the referred items in the order established in the paragraph above, so the indemnity for delay shall continue to be generated in the terms of this Clause on the amount of the unpaid principal obligation until it has been paid in full.

When GNP files a means of defense that suspends the execution procedure set forth in the Insurance and Bonding Institutions Act and a final ruling is handed down in which the contested acts are upheld, the payment or collection in question must include the indemnity for delay that up until that time was generated on the principal obligation; and

- IX. Should GNP fail to pay the indemnity for delay within the legal terms and periods, the judge or the National Commission for the Protection and Defense of Financial Service Users, as applicable, shall levy a fine of 1,000 to 15,000 Days' Salary.

For the administrative-law enforcement procedure set forth in Article 278 of the Insurance and Bonding Institutions Act, if GNP does not make the payment of the indemnity due to delay within the legal terms or periods, the Commission shall levy the fine indicated in this section against it at the request of the corresponding enforcing authority in accordance with section II of the referred-to article. (Article 276 of the Insurance and Bonding Institutions Act). **(Legal provision(s) available at gnp.com.mx).**

Age

The limits on acceptance age for this Contract are from birth to 64 years of age; these limits shall not apply for renewals.

If, at the time this Contract is executed, the Insured has substantial proof of their age, the Company cannot subsequently require new proof.

If, due to their age, any Insured falls outside of the limits established in this Contract, GNP may rescind the benefits of this policy for that Insured. GNP shall return to the Contracting Party 60% of the premium of the Insured, corresponding to the unexpired policy period, excluding policy fees.

GNP shall exercise this action at the time it becomes aware of this fact.

If the Insured paid a premium higher than their actual age, GNP shall return to the Contracting Party 60% of the excess premium that was paid, calculated as of the date on which GNP becomes aware of this fact.

The new premium amount shall be established based on the actual age of the Insured.

If the Insured paid a premium lower than their actual age, GNP shall only be required to pay the expenses covered based on the existing proportion of the stipulated premium and the premium fee corresponding to their actual age. The fees in effect at the execution date of the Contract shall be applicable for the purposes of this calculation. (Article 172 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

Occupation

If the Insured changes to an occupation with a higher risk, they must notify GNP in writing. In any case, GNP reserves the right to extend the protection to cover the risk to which it is exposed as a result of such occupation.

If GNP accepts the risk, it shall charge the additional premium corresponding to the new occupation, otherwise it shall exclude the illnesses or accidents derived from the new occupation.

If the Insured does not notify GNP in writing, the latter shall not be obligated to cover any expense for claims arising from the new risk.

Residence

For the purposes of this Contract, this insurance shall only cover the Insureds that permanently reside in Mexico. The Contracting Party and/or Insured are required to notify GNP of the place of residence of their financial dependents when they do not live at the same address as the Policyholder.

Omissions or inaccurate statements

As it is the basis for assessing the risk to be taken out, the Insured and/or their legal representative, is responsible for stating in writing, through the forms previously prepared by GNP, all the important facts for the risk assessment that may affect the agreed conditions, as they are or should be aware of them at the time this contract is executed. (Article 8 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

If the contract is executed by a representative of the Insured, they must declare all of the important facts that are or should be known to the principal and the representative. (Article 9 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

When insurance is proposed by another party, the proposing party must declare all of the important facts that are or should be known to the insured third party or their intermediary. (Article 10 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

In the case of omissions, inaccurate or false statements by the Insured and/or their representative, when the statements are noted in the medical expense insurance request, additional questionnaires and the respective annex of the medical expense insurance request, GNP may rescind the Contract for all legal purposes even when it did not influence the loss. (Article 47 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

Extinguishment of Obligations

GNP's obligations shall be extinguished if it is shown that the Insured, the beneficiary or the representatives of both, in order to make GNP commit an error, conceal or imprecisely declare facts that will exclude or may restrict such obligations. The same shall apply in the event that, for the same purpose, documentation of the facts relating to the loss is not submitted to GNP in due time. (Article 70 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

Increase in Hazard

"The Insured must inform GNP of any fundamental increase in hazard during the course of the insurance coverage within twenty-four hours following the time at which it becomes aware of them. If the Insured fails to issue notice or causes a fundamental increase in hazard, GNP's obligations shall cease for all legal purposes thereafter. (Article 52 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

In the event that, now or in the future, the Contracting Party(ies), Insured(s) or Beneficiary(ies) perform(s) or engage(s) in illegal activities, it shall be considered an essential increase in hazard under law. In view of the foregoing, GNP's obligations shall cease for all legal purposes if the Contracting Party(s), Insured(s) or Beneficiary(ies), under the terms of Article 492 of the Insurance and Bonding Institutions Act and its general provisions, is(are) convicted by a final ruling handed down, for any crime linked to or arising from the provisions of Articles 139 to 139 Quinquies, 193 to 199, 400 and 400 Bis of the Federal Criminal Code and/or any other article related to organized crime in Mexico. This sentence may be handed down by any competent local or federal authority, or any authority legally recognized by the Mexican Government; or, if the name(s) of the Contracting Party(ies), Insured(s) or Beneficiary(ies), their activities, property covered by the policy or their nationality(ies) is(are) published in any list issued in terms of provision Thirty Nine, section VII, provision Forty-four or provision Seventy-seven of the RESOLUTION through which the general provisions referred to in Article 492 of the Insurance and Bonding Institutions Act, applicable to Mutual Insurance Institutions and Companies, are issued. **(Legal provision(s) available at gnp.com.mx).**

When applicable, the obligations of the contract shall be restored at the time GNP becomes aware of the fact that the name(s) of the Contracting Party(ies), Insured(s) or Beneficiary(ies) cease(s) to be included on the aforementioned lists.

GNP shall provide to the competent jurisdictional authority, any amount that may correspond to the individual or individuals referred to in the preceding paragraph under this Insurance Contract, so the referred authority may determine the application of the funds. Any unaccrued paid amount that is paid after the previously indicated conditions have occurred shall be provided to the corresponding authority.

When the Contracting Party or Insured inform(s) the Company of the essential increase in risk, the Company may reassess the risk and notify the Contracting Party whether the insurance purchased shall continue or the Contract be rescinded, pursuant to Article 56 of the Insurance Contract Act. **(Legal provision(s) available at gnp.com.mx).**

Article 56 of the Insurance Contract Act (Legal provision(s) available at gnp.com.mx): "When the insurance company rescinds the Contract due to an essential increase in hazard, its liability shall end fifteen days after the date on which it has notified the Insured of its decision".

Notice of rescission may be given in writing at the Contracting Party's last address known to GNP or by any means agreed between the Contracting Party and GNP.

Sum insured

The maximum liability limit for GNP as provided on the policy's cover sheet, shall be applied separately for each coverage taken out, as well as for each Ailment and/or Accident and their after-effects and complications occurring within the policy period.

Indemnity Payment

The Insured must submit the following documentation when requesting payment of a claim:

- An official photo ID of the Insured or Beneficiary, as applicable.
- Accident or Illness Notification Form.
- Medical Report Form.
- Prescriptions, analyses and laboratory and/or office studies.
- Proof of payment for all expenses incurred.
- Sole bank information for Wire Transfers form.
- Public Prosecutor's Office reports in the event of intervention by authorities.

The aforementioned forms are available online at gnp.com.mx.

Additionally, and exceptionally, GNP shall have the right to request from the Insured or Beneficiary all kinds of information on the events of the loss and by which the circumstances of its occurrence and the consequences thereof may be determined. (Article 69 of the Insurance Contract Act). **(Legal provision(s) available at gnp.com.mx).**

Once all of the documents, information and reports that allow GNP to determine whether indemnify is admissible are received, GNP shall pay the Policyholder or the person assigned by such within a period of no more than 30 calendar days from the date the documents were received.

GNP shall not pay any expenses to charitable, benefit or social assistance institutions that do not require remuneration for their services, nor to establishments that do not issue invoices with all of the tax requirements.

GNP shall only pay physicians and nurses' fees for those who are independent, certified and legally authorized to exercise their profession, provided they have actively and directly participated in the healing or recovery of the Insured, which can be confirmed in the medical file with the respective note and signature.

GNP shall only pay hospitalization expenses in healthcare facilities, clinics or hospitals duly authorized by the corresponding authorities. Medical fees for surgical teams shall be paid in accordance with the UCR (Usual, Customary & Reasonable) Expense.

When two or more operations are performed on the Insured in the same anatomical region in a single surgical session, GNP shall only pay the amount for the higher of the two, or for one when the amounts stipulated for both are the same.

If the surgeon performs another procedure different from the primary one in a different anatomical region in the same surgical session, the fees for the second procedure shall be paid at 50% of the amount in accordance with the UCR (Usual, Customary & Reasonable) Expense. No additional procedures shall be covered.

If a surgeon of a different specialty is required for the same surgical session, an additional 25% will be added according to the UCR (Usual, Customary & Reasonable) Expense for the main surgery. The resulting amount will be distributed equally between both surgical teams, except for the anesthesiologist's medical fees which will be covered up to a maximum of 32% according to the UCR (Usual, Customary & Reasonable) Expense for the main surgery.

If a surgeon of a different specialty performs a different surgery in another anatomical region, the fees of the second surgeon will be 100% covered according to the UCR (Usual, Customary & Reasonable) Expense. No additional procedures shall be covered.

When it is necessary to perform surgical reconstruction of several elements (neurorrhaphy, arteriorrhaphy, tenorrhaphy) in the same session and through the same incision, the maximum amount from 100% shall be paid in accordance with the UCR (Usual, Customary & Reasonable) Expense for the more expensive one or 50% in accordance with the UCR (Usual, Customary & Reasonable) Expense for the more expensive one, and 25% of the fee schedule amount shall be paid for the remaining procedures.

When, in the same surgical procedure, 2 different conditions are treated, one of which is covered and the other not, the claim shall be paid as follows:

- Medical Fees: according to the UCR (Usual, Customary & Reasonable) Expense for the Covered Condition.
- Anesthesiologist, assistant, etc.: according to the UCR (Usual, Customary & Reasonable) Expense for covered conditions.
- Hospital: 60% of the hospital bill shall be paid.

For cardiovascular procedures that require a bypass pump, the calculation of the fees for the surgical team shall be according to the UCR (Usual, Customary & Reasonable) Expense. For procedures where it is necessary to perform the same surgery on both sides of the body, provided it is not specified that it is a bilateral procedure, the medical fees shall be covered by calculating an additional 50% in accordance with the UCR (Usual, Customary & Reasonable) Expense.

The medical fees for procedures performed via endoscopic surgery shall be calculated at an additional 10% in accordance with the UCR (Usual, Customary & Reasonable) Expense for conventional surgery, provided it is not specified that it is an endoscopic procedure.

Benefit period

GNP shall pay the additional expenses for each covered Illness and/or Accident incurred during the policy period, in accordance with the conditions of the plan in force at the time the expense for re-establishing the biological health of the Insured occurred, with a limit of whichever of the following occurs first:

- Exhaustion of the Sum Insured.
- The amount of expenses incurred during the policy period and for up to 30 calendar days after the end of the policy. If the Insured renews their Individual Medical Expense Insurance policy for the period immediately following the expiry of this policy, the benefit period shall be extended for an additional 365 days. "Such extension shall also apply in the event of a change of plan requested by the Insured and accepted by GNP. This is provided the new plan covers the Illness and/or Accident under the Basic Coverage."
- Recovery of health or strength following the Illness or Accident that has affected the Insured.
- In case of cancellation of the Contract, expenses incurred up to 30 calendar days after the date of cancellation of the Contract.

Other insurance

If, at the time of the claim, the coverage granted under this policy was covered in whole or in part by other insurance policies with this or other Insurers, the Insured may not receive more than 100% of the actual expenses incurred by this or the sum of other insurance policies. The Insured must submit to GNP photocopies of payments, receipts and settlements issued by other insurer(s) regarding the event for which indemnity is requested.

Fees

During the policy period, the Contracting Party may request in writing that the company inform them of the percentage of the premium that, for fees or direction indemnity, corresponds to the legal entity or intermediary for their involvement in the execution of this contract. The institution shall provide such information in writing or electronically, within a period not to exceed ten working days from the date the request was received.

Jurisdiction

In the event of a dispute, the Contracting Party, Insured and/or Beneficiary may assert their rights before any of the following bodies:

- GNP's Specialized User Care Unit (UNE), or

The National Commission for the Protection and Defense of Users of Financial Services (CONDUSEF), may, at its discretion, decide the territorial jurisdiction of any of the addresses of its Agencies, in the terms of Articles 50 bis and 68 of the Protection and Defense of Financial Service Users Act and Article 277 of the Insurance and Bonding Institutions Act. (Legal provision(s) available at gnp.com.mx).

If the rights of the Contracting Party, Insured and/or Beneficiary have been held harmless, these parties may assert the rights before the competent Courts in the Jurisdiction corresponding to any of the addresses of the Regional Agencies of the National Commission for the Protection and Defense of Financial Service Users. In any case, the Contracting Party, Insured and/or Beneficiary shall have the choice of appealing to the referred administrative authorities or directly to the referred Courts.

Should the Contracting Party, Insured and/or Beneficiary so determine, they may assert their rights in accordance with the provisions of the Arbitration Clause of the General Conditions of the Policy.

Arbitration

If notified by the insurance company of the inadmissibility of their claim as a result of a pre-existing illness, the claimant may opt to appear before an individual or legal entity assigned by mutual agreement of the parties for private arbitration.

GNP agrees that, if the claimant exercises this option, it shall appear before the arbitrator and submit to the procedure, which shall also bind the claimant and, as a result of this act, they shall be considered to have waived any other right for resolution of their dispute.

The arbitration procedure shall be established by the person assigned by the parties by mutual agreement in Mexico, who shall sign an arbitration agreement. The ruling issued by the arbitrator shall be binding for the parties and shall be deemed to be adjudged between them. This procedure will be free of charge to the claimant and will be settled by GNP.

Subrogation

Pursuant to Article 163 of the Insurance Contract Act (**legal provision(s) available at gnp.com.mx**), the insurance company paying the indemnity shall be subrogated for up to the amount paid for by all rights and actions against third parties corresponding to the Insured as a result of the damage sustained. The company may be released from all or a portion of its obligations if the subrogation is imposed as a result of acts or omissions attributable to the Insured. If the damage was only partially indemnified, the Insured and GNP shall agree to assert their rights based on the corresponding proportion.

GNP's Liability Limit

In terms of this policy, it is hereby understood that the Insured and/or Beneficiary may freely and voluntarily select the hospital, attending physicians and, in general, any service aimed at providing medical care to recover and restore their health, regardless of the agreements that these service providers may or may not have with Grupo Nacional Provincial, S.A.B., without GNP conditioning the payment of the admissible expenses to the Insured and/or Beneficiary in accordance with the stipulations of this Contract.

Given the above, it is assumed that the relationship established between the Insured and/or Beneficiary and any of the aforementioned service providers is strictly personal, and therefore, the contractual relationship derived from this free and voluntary choice is established solely between such service providers, hospitals and physicians and the Insured and/or Beneficiary, for which, Grupo Nacional Provincial, S.A.B. shall not be liable in any way for any medical practice or care, or for any professional, legal, moral or any other type of liability that may arise between them. The contents of this clause are applicable to each of the items and services derived from this policy, including any additional benefit taken out.

Beginning and end of Policy Period

This policy period shall begin and end at the date and time indicated on the cover sheet hereof, unless there is a new version of the policy.

Policy version

Any amendments made to this contract after the start date of the policy period shall be established in subsequent versions, retaining the same policy number and adding the corresponding consecutive version number.

The changes made to the Contract that are established in each new version, shall take legal effect in accordance with the provisions of Articles 25 and 40 of the Insurance Contract Act (**Legal provision(s) available at gnp.com.mx**), with all previous versions in the possession of the Contracting Party losing their legal effect, except for the stipulations that have not been amended, which shall be reproduced in full in the new Version, with the legal provisions indicated in this clause not being applicable thereto.

Tax Benefits

The premiums for medical expense insurance are personal deductions for the Insured, in addition to or regardless of the health services provided by public social security institutions provided the beneficiary or their spouse or common-law partner, or their next of kin is the taxpayer. (Article 151, section VI of the Income Tax Act). **(Legal provision(s) available at gnp.com.mx).**

Reinstatement

Should this Contract cease to be effective due to failure to pay the premiums, the Contracting Party may request it be reinstated and GNP may grant the reinstatement, applying the originally agreed policy period, in accordance with current reinstatement and acceptance policies and under the following requirements:

- Submission of the necessary documents established by GNP to apply for reinstatement.
- Submission of the insurability requirements determined by GNP for the evaluation of their health status.

The Contract shall be deemed to be reinstated as from the day GNP so authorizes it and notifies the Contracting Party in writing.

In no event shall GNP be liable for illnesses and/or accidents occurring during the uncovered period.

Change in plan

Should the Insured request a change in plan, they must submit a Medical Expense Insurance request, additional questionnaires and an annex to the insurance request. Acceptance of the change will be subject to approval by GNP in accordance with current plan change policies.

Should the Insured request a change in plan, GNP will not guarantee:

- The change without insurability requirements.
- The waiting periods of the previous plan.

If the change in plan is accepted, seniority will be respected, whether domestically and/or internationally, depending on the Basic Coverage of both plans.

The conditions for the payment of claims are set out in accordance with the provisions of the benefit period clause.

Use of Electronic Means

Pursuant to the provisions of Article 214 of the Insurance and Bonding Institutions Act and Chapter 4.10 of the Provisions of the Unified Insurance and Bonding Regulations, the Contracting Party and/or Insured may use the electronic means that the Company makes available to them; regulated by the document called "**Terms and Conditions for the Use of Electronic Means**", the current version of which is available at the following website **gnp.com.mx**. **(Legal provision(s) available at gnp.com.mx).**

For the purposes of the provisions of this clause, the use of electronic means is understood as the use of equipment, optical media or any other technology, automated data processing systems and telecommunications networks to execute the Insurance Contract, any kind of transaction regarding the Insurance Contract, provision of services and any others that are included in the "**Terms and Conditions for the Use of Electronic Means**".

If you have any comments or concerns related to your Insurance, we recommend you contact the Specialized User Care Unit (UNE) for the Grupo Nacional Provincial, S.A.B. located at Av. Cerro de las Torres 395, Colonia Campestre Churubusco, Alcaldía Coyoacán, C.P. 04200, by the following means: Calling 55 5227 9000 for Mexico City and elsewhere in Mexico, sending an email to: unidad.especializada@gnp.com.mx; or contact the National Commission for the Protection and Defense of Financial Service Users (CONDUSEF) located at Insurgentes Sur 762, Colonia Del Valle, Alcaldía Benito Juárez, C.P. 03100, at 55 5340 0999 from Mexico City and elsewhere in Mexico, email: asesoria@condusef.gob.mx or visit the website condusef.gob.mx

To find the closest office to your location, our business hours and the types of operations you can carry out at each one, please visit gnp.com.mx or call 55 5227 9000 from Mexico City and elsewhere in Mexico.

The terms, conditions and provisions applicable to the insurance contract granting the above-mentioned covers are subject to Registration No. (CNSF-S0043-0073-2023/CONDUSEF-005234-03 of day 16 of may of 2023) prepared at the National Insurance and Bonding Commission (CNSF) in Mexico City, in Spanish; therefore, the Insurance Company shall comply with and be bound exclusively to the Spanish version. The English translation of this informational document is provided courtesy of the insurance company.

VI. Additional Benefits to Basic Coverage

Travel Assistance

Purpose of the coverage

GNP shall provide the expenses incurred for a covered Illness and/or Accident while travelling through the service provider with whom it has previously executed a Contract for such purposes.

Coverage

If the Insured has a covered Accident or Illness while travelling, the following services shall be covered:

- **Repatriation and/or Transport of the Insured's remains in the event of their death**

If the Insured dies while travelling, the service provider shall carry out all of the required formalities (including any legal process) and cover expenses for repatriation and/or transport of the bodily remains to the burial or cremation site indicated by the beneficiary.

If the beneficiary decides that the Insured's bodily remains will be buried or cremated at the place of death, the service provider shall only cover the expenses resulting from the referred burial or cremation.

If the beneficiary decides to cremate the Insured's remains at the place of death, the service provider shall cover the expenses for round-trip travel of a family member, from any state of Mexico to the Insured's place of residence and destination at the place of death of the Insured.

Maximum liability limit

The maximum liability limit shall be the amount of the transport expenses of the Insured's bodily remains, as well as the legal expenses incurred for the corresponding process or operation, which shall be considered to be: fees for processing and taxes as applicable based on the legislation of the city and/or country where the death occurred.

If the burial is performed at the Insured's place of death, the maximum liability limit shall be the equivalent of the cost that would be incurred for repatriation and/or transport of the bodily remains as described in the preceding paragraph.

In the case of transport of a family member for cremation of the Insured, the maximum liability limit for the event shall be the amount of a round-trip travel ticket in tourist or economy class in the available means of transport.

- **Transport of the Insured to their place of residence after hospitalization**

If the Insured is travelling and their health condition does not allow them to return to their place of residence by the means initially expected, as prescribed by the attending physician along with the medical team assigned by the service provider, the expenses inherent to the transport of the Insured, by the expected means, to their place of residence shall be covered by the service provider.

Maximum liability limit

The maximum liability limit shall be the amount of the inherent transport costs to the Insured's place of residence.

This coverage shall apply for up to two events during the policy period.

- **Medical transport of the Insured**

If the Insured is travelling and, in the event of a health and/or medical emergency, needs to be transported to a hospital, the service provider shall cover the expenses related to medical care transport to the nearest hospital with the medical and hospital infrastructure necessary to provide the care.

Maximum liability limit

The maximum liability limit shall be the amount of the expenses related to transport, with medical care, to the nearest hospital with the necessary medical infrastructure to provide the care. Up to USD 10,000 in Mexico and up to USD 15,000 abroad.

This coverage shall apply for up to two events during the policy period.

- **Round trip ticket and lodging assistance of a family member due to hospitalization**

If, when travelling and, due to a health or medical emergency, the Insured needs to be hospitalized for more than five days, the service provider shall cover the round-trip travel of a family member assigned by the Insured from the Insured's place of residence to the location where they are hospitalized.

In addition, the lodging expenses of the assigned family member shall be processed and paid for by the service provider up to an amount equal to USD 150 per night, with a limit of up to five nights, or, at the express request of the assigned family member and, if the hospital where the Insured is hospitalized so allows, the expenses of the stay of the assigned family member in the same hospital room in an extra bed shall be processed and paid for by the service provider up to an amount equal to USD 150 per night, with a limit of up to five nights.

Maximum liability limit

The maximum liability limit per event to be covered by GNP shall be the amount of a round trip economy or tourist class ticket on the available means of transport.

For the lodging assistance, the maximum liability limit per event shall be the equivalent of USD 150 per night for up to five nights considering the exchange rate published by Banco de México in the Official Gazette of the Federation on the date corresponding to the day the payment is made.

If the assigned family member chooses to stay at the hospital, the maximum liability limit shall be the equivalent of USD 150 per night for up to five nights considering the exchange rate published by Banco de México in the Official Gazette of the Federation on the date corresponding to the day the payment is made.

This coverage shall apply for up to two events during the policy period.

- **Assistance for lodging for recovery**

If the Insured, as a result of not being fit to travel after having been hospitalized and based on a prescription issued by the attending physician together with the service provider's medical team, needs lodging in the city in which they were hospitalized to recover, the Insured's lodging expenses shall be processed and paid for by the service provider up to an amount equal to USD 150 per night for up to five nights.

Maximum liability limit

The maximum liability limit per event shall be the equivalent of USD 150 per night for up to five nights considering the exchange rate published by Banco de México in the Official Gazette of the Federation on the date corresponding to the day the payment is made.

This coverage shall apply for up to two events during the policy period.

- **Travel Information**

If required, the Insured may be provided with references or guidance on: Visas, vaccines and other requirements for travel abroad based on the most recent edition of the Travel Information Manual (TIM), a joint publication issued by fourteen airline members of the International Air Transport Association (IATA).

Phone numbers, addresses and service hours of the Mexican Embassies and Consulates around the world.

Maximum liability limit

The maximum liability limit shall simply be communicating the requested information indicated in the TIM manual, with the most up-to-date information.

- **National and Global Advice**

If required, the Insured may be provided information on:

- Reservations for transport, lodging and events in major cities around the world.
- References or guidance on laboratories for clinical analysis and studies, funeral parlors, airports and bus stations in major cities around the world.

Maximum liability limit

The maximum liability limit shall only be the communication of the requested service information.

All expenses incurred for the aforementioned services shall be covered by the Insured. GNP shall have no liability regarding the service received from referred companies.

All General Conditions and terms and General Exclusions of the Basic Coverage apply.

Exclusions

- **In addition to the general exclusions, trips taken by the Insured for a scheduled surgery are not covered. This exclusion shall not apply to coverage for Repatriation of the Insured's Remains in the event of death.**

Medical Emergency Abroad

Purpose of the coverage

The purpose of this coverage is to cover the medical services required by the Insured as a result of a health or medical emergency while the Insured is abroad.

Coverage

If described as covered in the Coverage certificate by Insured and if the Insured is abroad, and as a result of a health or Medical Emergency they are required to undergo medical treatment, surgery, hospitalization or to use an air or land ambulance, as applicable; nursing services, medication or laboratory studies, GNP shall pay the corresponding expenses incurred within the policy period for such emergency. Expenses incurred by the Insured for an air or land ambulance are covered with no event limit pursuant to the provisions of this coverage.

All General Conditions and terms and General Exclusions of the Basic Coverage apply.

Age

The acceptance age range for this coverage is as of 31 days after birth and up to 64 years of age.

Deductible and/or Coinsurance

The Deductible applicable per event shall be the amount stipulated in the Coverage certificate by Insured denominated in U.S. dollars payable at the exchange rate published by Banco de México, published in the Official Gazette of the Federation, corresponding to the date on which the Insured received the medical services.

This coverage shall operate without applying Coinsurance.

Maximum liability limit

The maximum liability limit to be covered by GNP per event shall be the Sum insured denominated in U.S. Dollars established in the Coverage certificate by Insured payable at the exchange rate published by Banco de México in the Official Gazette of the Federation for the date on which the Insured has received medical care.

GNP shall always apply the UCR (Usual, Customary & Reasonable) Expense for payment of the claim.

Benefits under this coverage shall be considered terminated once the condition of the health or medical emergency has been controlled or until the sum insured has been exhausted, whichever occurs first.

Additional exclusions to the basic coverage

This coverage shall not apply in case of:

- **Complications due to pre-existing conditions at the time this coverage is taken out, regardless of their cause, as well as their consequences and complications.**
- **Natural childbirth or caesarean section, regardless of the cause or complication.**
- **Nursing services outside the hospital.**
- **Rehabilitation treatments.**
- **Previously scheduled studies or surgeries. Nor surgical studies or procedures scheduled as of two days after the health or medical emergency, except when they are a direct result of such and the omission thereof would place the Insured's life at risk.**
- **Expenses incurred for accidents and/or illnesses that occurred in a country other than where the health or medical emergency was originally received shall not be paid, nor the consequences or complications thereof, regardless of whether they are the reason for the stay in or trip to such country. This exclusion does not apply to a pulmonary embolism, cerebrovascular disease or acute myocardial infarction.**

No deductible for Accidents

Purpose of the coverage

The purpose of this coverage is to exempt the Insured from the payment of the Deductible in the event of an Accident.

Coverage

If described as covered in the Coverage certificate by Insured, and the Insured should be required to undergo medical treatment, surgery, hospitalization or use an ambulance, nursing services, medications or laboratory studies as a consequence of a covered Accident, GNP shall exempt the Insured from the payment of the contracted Deductible, provided the initial medical care and expenses are incurred in the ten calendar days following the date on which the Accident occurred.

When the amount of the claim does not exceed the Deductible of the basic Coverage, GNP shall pay up to the amount of the expenses incurred by the Insured that are admissible under the basic Coverage.

All General Conditions and terms and General Exclusions of the Basic Coverage apply.

Medical fees will be paid according to the UCR (Usual, Customary & Reasonable) Expense.

Spinal and knee injuries are only considered to be accidents when there is a fracture or multiple traumas with X-ray or CT scan proof of the fracture.

Deductible and/or Coinsurance

This coverage operates without the application of a Deductible.

The applicable Coinsurance for the basic Coverage shall operate subtracting the exempt Deductible.

Maximum liability limit

The maximum liability limit to be covered by GNP for each claim admissible under this coverage shall correspond to the amount of the Deductible shown on the Coverage certificate by Insured as contracted for the basic Coverage.

Family clause

Purpose of the coverage

The purpose of this coverage is to provide all of the Insureds of the policy exemption from payment of the premium corresponding to Individual Major Medical Expense Insurance for five years in the event of death or total and permanent disability of the Policyholder.

Coverage

If described as covered in the Coverage certificate by Insured and, if the Policyholder becomes totally and permanently disabled before reaching 65 years of age or dies as a result of an Illness and/or Accident covered by the contracted insurance after this coverage is taken out, GNP will exempt payment of the renewal premium for all current insureds of the policy for five years following the occurrence of the loss, under the same contracting conditions. In the event of total and permanent disability, the Policyholder shall also be exempt from payment of the premium.

For the purposes of this Benefit, Total and Permanent Disability shall be considered:

If, during the Policy period, the abilities and skills the Insured had at the date this Policy was taken out are affected by bodily injuries caused by an Accident or Illness, in such a way that such abilities or skills are Totally and Permanently reduced and do not allow the Insured to perform habitual activities or work or any other occupation or remunerated work compatible with their knowledge and skills at the time of the Accident or Illness, provided such reduction has been ongoing for a period of no less than three months.

Total and Permanent Disability shall also be considered:

- If the Insured, for health reasons, is not a candidate for medical treatment or surgery, or, if after going through such treatments, the disabilities are not reversed,
- The irreparable and absolute loss of sight in both eyes, the loss of both hands or feet, or one hand and one foot, or one hand and sight in one eye, or one foot and sight in one eye.

In cases of irreparable loss referred to above, the period referred to in paragraph one shall not apply.

In order to determine if there is Total and Permanent Disability, when the claim is submitted, the Insured must submit, in addition to the requirements requested by GNP, an expert opinion of total and permanent disability issued by a Mexican Healthcare institution or a registered and certified professional physician, specialist in the field, as well as all of the examinations, analysis and documents that confirm the diagnosis determining such disability so that GNP may evaluate whether or not it is valid. In the event that GNP determines that the claim is inadmissible, this will be on the basis of an opinion issued by a specialist in the field.

If the Illness or Accident that causes the disability may be corrected using the medical knowledge existing at the time it occurred, the claim may be denied if such treatments are within the reach of the Insured based on their financial capacity.

GNP's liability shall be limited exclusively to the payment of the Protection for Disability Coverage taken out for admissible cases based on the terms set forth in this coverage.

For the purposes of this Benefit, any Illness or ailment shall be deemed pre-existing when:

- It has been declared prior to contracting the Additional Benefit, and/or;
- It is determined to exist in a medical file through the diagnosis of a certified physician prior to the Contracting date of the Additional Benefit, and/or;
- It was diagnosed prior to the Contracting date of the Additional Benefit through laboratory or office tests or any other recognized method of diagnosis, and/or;
- For which, prior to the date of Contracting the Additional Benefit, expenses verifiable by documents have been incurred to receive a diagnosis or medical treatment for the Illness and/or ailment in question.

Deductible and/or Coinsurance

This coverage shall apply without the application of Deductible and Coinsurance.

Maximum liability limit

The maximum liability limit for GNP shall be the renewal amount of the premium including taxes and fees to be covered by the current Insureds under the policy at the time the loss occurs, under the same contracting conditions, for the next five years from the date of the loss.

Additional exclusions to the basic coverage

In addition to the exclusions of the Basic Coverage:

- **This coverage does not cover payment of the premiums for individuals not included in the policy when the loss occurs.**
- **This coverage does not apply when the Policyholder dies or becomes totally and permanently disabled as the result of a pre-existing Illness or ailment or an**

accident that occurred before the date this coverage was contracted, as well as their consequences and complications.

All General Conditions and terms and General Exclusions of the Basic Coverage apply.

Death Benefits

Purpose of the coverage

The purpose of this coverage is to help Beneficiaries settle inherent expenses for the death of the Insured by means of the payment of the contracted Sum Insured.

Coverage

If described as covered in the Coverage certificate by Insured and in the event of the Insured's death after taking out this coverage due to an Illness or Accident covered by the contracted insurance, GNP undertakes to pay the Sum Insured contracted for this coverage to the beneficiary assigned by the Insured.

Age

The acceptance age range for this coverage is as of 12 years of age and up to 64 years of age.

Deductible and/or Coinsurance

This coverage shall apply without the application of Deductible and Coinsurance.

Maximum liability limit

The maximum liability limit for GNP shall be for the Sum Insured amount described in the Coverage certificate by Insured for this benefit.

Beneficiaries

The Insured has the right to freely assign or substitute Beneficiaries, provided the Insured retains the insurable interest. The Insured must notify GNP in writing of the substitution, indicating the name of the new Beneficiary. GNP shall inform the Insured of this change through the corresponding version. GNP shall pay the last known beneficiary and shall be released from their obligations under this coverage.

If there are several Beneficiaries, the corresponding payment shall be distributed as chosen by the Insured in the Medical Expense Insurance request; otherwise, if no distribution has been chosen, the indemnity shall be divided proportionally among the assigned Beneficiaries.

The Insured may waive their right to substitute the assignment of Beneficiaries by making an irrevocable assignment, provided that such assignment is made in writing to the Beneficiary and GNP and recorded in this policy, as provided in Article 176 of the Insurance Contract Act. **(Legal provision(s) available at gnp.com.mx).** If there are several Beneficiaries and any of them dies, the corresponding part shall be distributed equally among the remaining Beneficiaries, unless otherwise indicated by the Insured.

If there are no assigned Beneficiaries, the amount of the insurance shall be paid to the Insured's successor. The same rule shall be followed, unless otherwise stipulated, in the event the beneficiary and the Insured die simultaneously or when the assigned beneficiary dies before the Insured.

WARNING: If you wish to name minors as beneficiaries, an adult should not be assigned as the representative of the minors for collecting the indemnity on their behalf. This is due to the fact that civil laws provide for the manner in which guardians, executors, representatives of heirs or other similar positions are to be assigned and do not consider the insurance contract a suitable instrument for such assignment. The assignment of an adult as representative of minor beneficiaries while under legal age may legally imply that the adult is named as beneficiary, who, in any case, would only have a moral obligation, since the assignment of beneficiaries in an insurance contract grants them the unconditional right to dispose of the Sum Insured.

A request must be filled out and you must undergo the selection process to take out this coverage.

All General Conditions and terms and General Exclusions of the Basic Coverage apply.

If you have any comments or concerns related to your Insurance, we recommend you contact the Specialized User Care Unit (UNE) for the Grupo Nacional Provincial, S.A.B. located at Av. Cerro de las Torres 395, Colonia Campestre Churubusco, Alcaldía Coyoacán, C.P. 04200, or by: Calling 55 5227 9000 for Mexico City and elsewhere in Mexico, sending an email to: **unidad.especializada@gnp.com.mx**; or contact the National Commission for the Protection and Defense of Financial Service Users (CONDUSEF) located at Insurgentes Sur 762, Colonia Del Valle, Alcaldía Benito Juárez, C.P. 03100, at 55 5340 0999 from Mexico City and elsewhere in Mexico, email: **asesoria@condusef.gob.mx** or visit the website **condusef.gob.mx**

To find the closest office to your location, our business hours and the types of operations you can carry out at each one, please visit gnp.com.mx or call 55 5227 9000 from Mexico City and elsewhere in Mexico.

The terms, conditions and provisions applicable to the insurance contract granting the above-mentioned covers are subject to Registration No. (CNSF-S0043-0073-2023/CONDUSEF-005234-03 of day 16 of may of 2023) prepared at the National Insurance and Bonding Commission (CNSF) in Mexico City, in Spanish; therefore, the Insurance Company shall comply with and be bound exclusively to the Spanish version. The English translation of this informational document is provided courtesy of the insurance company.

VII. What to do in case of a claim?

Introduction

You now have the protection of the Medical Expenses Insurance of **Grupo Nacional Provincial abroad**. We want you to obtain the maximum benefit from your policy and for you to give us the opportunity to serve you with quality and efficiency. To this end, we ask that you take the following into consideration:

- **READ** the conditions section of your policy carefully. Remember that, under any Medical Expense Insurance, there are certain conditions that are **NOT** covered and others that **REQUIRE** a Waiting Period. Make sure you know which each of these are. Know the terms of the Deductible and Coinsurance of your policy. Knowing this information will avoid confusion and speed up the processes you wish to perform.
- **CARRY** the **Línea Azul [Blue Line] Card** that we provided with your policy with you at all times. This card shall be accompanied by official photo ID. Remember that your **Línea Azul Card** offers attractive discounts with all providers.
- **MAKE SURE** that the premium for your insurance has been paid. Otherwise, your medical care expenses will not be covered by the insurance. If you have not paid the premium for your policy, you must process your claim through the Reimbursement System.
- **CONTACT us at Línea GNP [GNP Line]** and we will provide you with all the information you need.

1 800 807 5697

Toll free from the United States

55 5227 9000

**Mexico City and elsewhere in Mexico
Rest of the world (Collect call through operator)**

As you freely select the hospital and physician(s) that will provide you care, you enter into a contractual relationship with them. The hospital and the physician(s) will be solely liable to you for the medical care provided to you.

Grupo Nacional Provincial shall have no professional or legal liability arising from this relationship.

Scheduling of surgeries and medical treatments

If you and your physician schedule a Surgery or Treatment (including Outpatient Surgeries with a stay of less than 24 hours in the hospital), you will obtain significant benefits, including:

- Knowing in advance whether or not your treatment is covered.
- Not paying any of the admissible expenses, since your insurance will pay the hospital and specialists directly.

You will only be responsible for payment of the Deductible and Coinsurance in accordance with the applicable policies, as well as your personal expenses.

Outside Mexico

1. Requirements for scheduling your surgery or treatment:

- a) **Medical report** completed in full by the Medical Specialist. This document shall not be valid if it has alterations or erasures, and no subsequent changes shall be accepted. For medications and/or dressing materials, it shall be necessary to deliver the medical prescription in each of the schedules. For antibiotics, an uncertified copy of the medical prescription must be provided.
- b) An updated medical report must be submitted every 6 months.
- c) Notice of Accident or Illness for Scheduling of Surgery duly completed by you.
- d) Medical history of the current ailment, as well as the pre-operation, laboratory or office tests, including their interpretations.
- e) Name of the hospital, city and phone number where the surgical procedure will be performed.
- f) Name of the members of the medical or surgical team and phone numbers where they can be reached.
- g) Date on which the medical treatment and/or surgery will be performed.
- h) An estimate with a breakdown for each member of the medical or surgical team.

2. Deliver the required documentation to Grupo Nacional Provincial's Service Office corresponding to you or through your proxy **ten working days** prior to your surgery or medical treatment.
3. When your documentation is received, you will be assigned an entry number, which indicates that your request is being processed by GNP, and you will receive a receipt indicating the date of delivery of the response. If your claim is denied, we will provide you with a letter indicating the reason why it was denied.
4. Grupo Nacional Provincial will put you in touch with a Provider while Abroad to inform them of your admittance, so it is very important that you notify them if you want to make any changes.
5. We ask that you complete the assignment benefits (release of medical information) letter provided by the hospital, or ask that the Provider while Abroad provide it to you in order to avoid delays in the sending of your documentation and the payment of your invoices.
6. Room availability will depend on hospital capacity and how full the hospital is, so we recommend that you schedule your surgery in advance and that you or your attending physician make the reservation for the hospital room.

7. If you already paid the expenses, please refer to the **Reimbursement Section**.

If you want a room other than the room stipulated in the Contract, the hospital will charge you the difference, as well as the expenses not covered by your policy.

Report from the hospital

This system consists of the Insured informing GNP of their admittance to the hospital, which must be in agreement with Grupo Nacional Provincial to obtain the direct payment benefit. This system is only applicable for stays longer than 24 hours.

Outside Mexico

Consider the following points:

1. When you arrive at the hospital, report your admittance to the Provider while Abroad. This will ensure direct payment of the expenses corresponding to your claim.

1- 877-248-3611 Toll free from the United States

**1- 813-775-0452 Any other country in the world, collect call
(Collect call through the operator)**

If you do not report your admittance, the expenses will have to be processed via reimbursement.

Note: Your report does not imply authorization of the Direct Payment.

2. We ask that you sign the assignment benefits (release of medical information) letter provided by the hospital, or ask that the Provider while Abroad provide it to you in order to avoid delays in the sending of your documentation and the payment of your invoices.
3. Grupo Nacional Provincial shall verify the coverage of your policy and, if it is admissible, a benefits letter will be sent to the Provider while Abroad. This letter will explain the amounts that are not admissible and the coverage of your policy. The Provider while Abroad will guarantee the direct payment to the physicians and providers that will attend to you.
4. If your stay is less than 24 hours you must pay the expenses and process your claim through the Reimbursement System. We ask that you verify that your account balance appears as zero to avoid delays in payment of the reimbursement.

Reimbursement

This system applies when you have paid the medical service providers directly to cover expenses incurred for an Illness or Accident covered by your policy.

In order to speed up your reimbursement process, we ask that you follow these steps:

1. Submit proof of payment for the affected Insured or on behalf of the Policyholder if a minor: hospital bills, receipts for medical fees (including Professional License), pharmacy notes with prescription (uncertified copy for antibiotics), laboratory and office studies, expenses incurred outside the hospital, ambulance, etc. All receipts must comply with tax requirements; under no circumstances shall it be possible to reimburse expenses not in the name of the affected Insured or Policyholder if a minor; in this case the name of the patient must be specified.

2. Complete and submit signed (by you and the attending physician) fully completed Notice of Accident or Illness and medical report forms. These documents shall not be valid if they have alterations or erasures, and no subsequent changes shall be accepted.
3. If requesting a reimbursement for rehabilitation therapies and/or nursing services, you must submit the service logs, which must contain the Insured's name, policy number, Diagnosis, Name of the service provider, total number of sessions and/or number of days/hours of nursing service (specifying whether it is 8, 12 or 24 hours), date, signature of the provider and signature of the Insured.
4. An updated medical report must be submitted every 6 months.
5. Ask your physician for a medical history. If you were hospitalized, obtain a photocopy of the Hospital Medical File. Attach these documents to your claim.
6. Submit all the results of office studies and analyses with their interpretations (laboratory tests, histopathological study, CT scans, X-rays, MRI, etc.).
7. If you are submitting two claims simultaneously, deliver a Medical Report and a Notice of Accident or Illness for each Insured or Ailment. Information for each condition must be submitted separately (medical information and expenses) in order to speed up your processes.
8. If several specialists provided you medical care for the same medical treatment or surgery, request a separate medical report from each specialist. These individual medical reports will be requested when you submit your claim.
9. Remember that proofs of payment from Charitable Institutions are NOT accepted.

Submit the documentation at the Service Office corresponding to you.

If you have any questions about the process or where to submit your claim, call the Customer Assistance hotline, where we will be pleased to assist you.

Grupo Nacional Provincial will analyze and make a decision on your claim. If it is determined to be admissible, you will be reimbursed for the authorized expenses up to the maximum limit payable which is specified in each of the coverages of your policy. If applicable, Grupo Nacional Provincial will inform you of the reason why your claim was denied.

Emergency while abroad

If you have taken out the Emergency While abroad Clause and you or your financial dependents have an emergency and require immediate medical or surgical care, you can use the **Direct Payment Benefit**. (**Only applicable for hospital stays longer than 24 hours**).

To provide you with a prompt and speedy service, please follow the steps below:

- a) If you have any questions or need further clarification, please call **1 (800) 448-9698** toll-free from the United States or (area code) **55 5336 5284** from any other country in the world (collect call through operator).

NOTE: Your report does not imply authorization of the Direct Payment.

- b) Grupo Nacional Provincial will verify whether the condition that is the reason for your claim is admissible in accordance with the Emergency While abroad Clause and whether your policy is current on its premium payments. If so, the Insurance Company will pay for the admissible Hospital expenses and Medical Fees directly through the Provider while Abroad.

If **hospitalization is not required** (hospital stays longer than 24 hours) or if for any **reason the Direct Payment System is not applicable, you will assume payment of the expenses**. If so, obtain the receipts and documentation indicated in the Reimbursement System section. Upon your return to Mexico, you will be reimbursed for the expenses covered based on the conditions of your policy. It is important that you check that the balance of the accounts appears as zero in order to avoid delays in payment of the reimbursement.

Application of the Family Clause Benefit or Family Protection Benefit

The Proxy or Insured must request the application of the Family Clause Benefit or Family Protection benefit by emailing **beneficiofamiliar@gnp.com.mx**, attaching the following documentation:

- Form for the application of the Family Clause Benefit or Family Protection benefit. ⁽¹⁾
- Medical report.
- Official ID (Policyholder and dependents).
- Birth certificate (Policyholder and dependents).
- Sole bank information for Wire Transfers form. (Only in case the previously registered account changes).

Also include:

For Death:

- Death Certificate or Death Record.
- Public Prosecutor's Certificate (when the cause of death warrants it).

For Disability:

- Total and permanent disability opinion issued by a Mexican Healthcare Institution or a registered and certified professional physician, specialist in the field.
- Examinations, analyses and documents that confirm the diagnosis determining the state of total and permanent disability.

Once all the documentation has been received, a reply on the deadline will be sent to the same e-mail address from which the process was sent. Grupo Nacional Provincial will analyze and make a decision on your claim. If applicable, Grupo Nacional Provincial will inform you of the reason why your claim was denied.

(1) Available on the website gnp.com.mx in the forms section in the Soy Cliente [I am a customer] section.

Línea GNP

This allows you to obtain the maximum benefit from your Medical Expense Insurance. To access this service, call **Línea Azul** at:

1 800 807 5697	Toll free from the United States
55 5227 9000	Mexico City and elsewhere in Mexico Rest of the world (Collect call through operator)

Through **Línea GNP** you can obtain:

- 1. Information on your policy, coverage, Medical Circle, hospitals and providers under agreement**
We will advise you on Covered Expenses, Exclusions and General Conditions of the policy.

2. Information about procedures

We will advise and support you in processing your claim through any of the payment systems: Scheduling of Surgery, Report from the Hospital and Reimbursement.

We will give you information about the forms to be completed and how to do so, the documentation required to submit your claim, the location and procedure for carrying out your processes, etc.

3. Follow-up to medication, supplies and ancillary services process

We will inform you whether or not your process is admissible and the progress on the delivery of the requested material.

4. Discounts with medical providers

Línea GNP will inform you of the wide range of Medical Providers that offer various discounts on hospitalization, laboratory tests, X-rays, medication purchases, etc. This list can also be found online at **gnp.com.mx**.

Once you have selected the Línea Azul medical provider, go to their establishment and show them your **Línea Azul Card** and an official photo ID to receive the agreed discount.