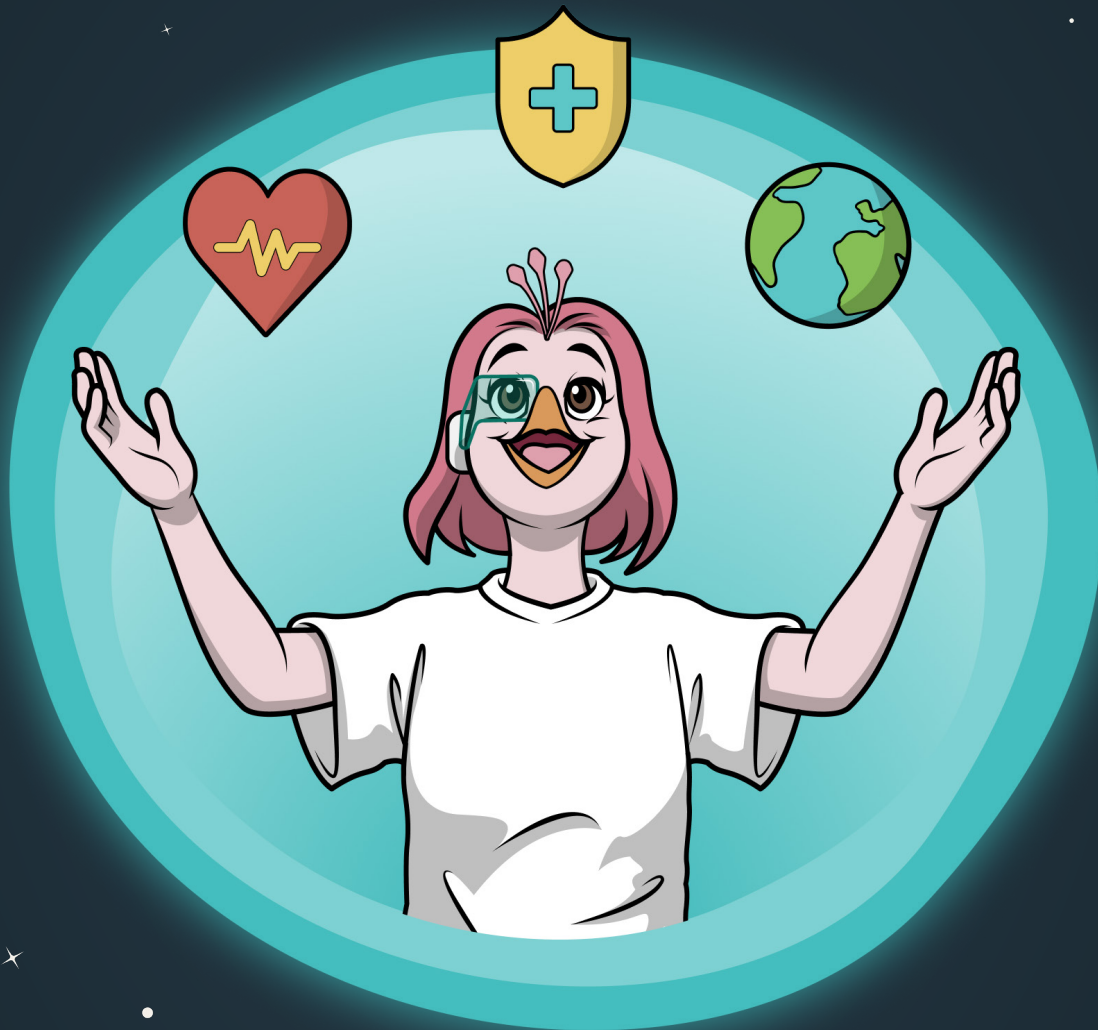


Global Safety Net insurance for Nomad Citizens

The Global Safety Net is your all-in-one safety net for global living, with protections for your health, income, and travels. You're insured for both routine and emergency medical care, as well as treatment for ongoing covered conditions. Travel disruptions like lost checked bags, trip interruptions, and evacuations from local unrest are also included. If you lose income unexpectedly due to job loss, illness, or parental leave, you can receive temporary or long-term support.



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

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

What is this insurance?

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

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

You can buy this insurance if you...

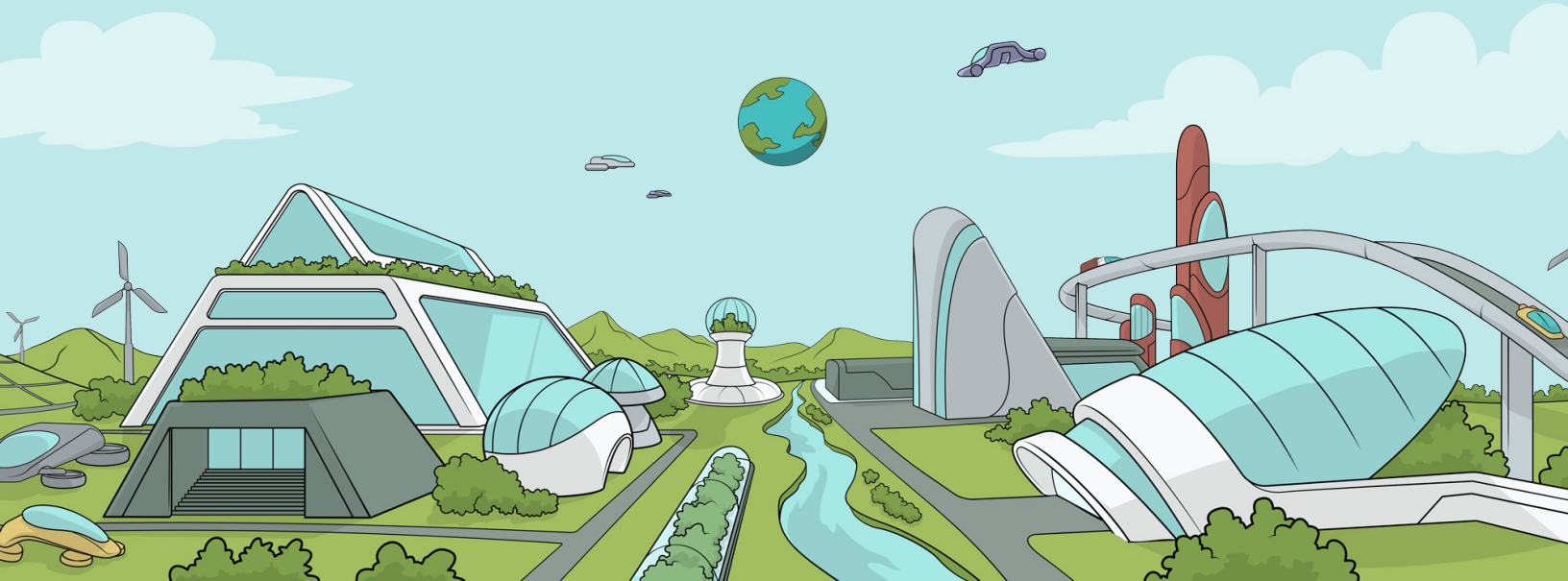
- Have an active membership in the **sponsoring organization**
- Are under age 50
- Are actively receiving income of at least US\$4,000 per month in each of the last 12 months, either through employment or self-employment

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

- Your **spouse/domestic** partner under the age of 50
- Your children under 18 (biological, adopted, step-children, or minors under your legal guardianship)

Children can stay on the plan until they are 18 years old, or 25 years old if full-time student. Children can access all coverage listed in this document except for:

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



Overview



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Travel

We have listed commonly required documents for claims under each travel benefit so that you can have an idea of what you might need to send us, but know that it is not a full and complete list. We can ask for any type of documentation to make sure the claim is covered by the plan terms. By the same logic, we may not ask for something listed below if we think what we already have is enough.





① Lost checked luggage



\$500 per item; up to \$3,000 per event (\$6,000 per year)

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

- Have a paid ticket and were on the **travel carrier**
- Have a checked baggage receipt or other evidence that the luggage was in possession of the carrier
- You must have reported the missing luggage to the carrier and followed their instructions and forms to try to get your luggage back

We may need:

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

② Trip interruption



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

We will reimburse you for costs up to \$5,000 to return home if one of the following unexpected events happens:

- Fire or extreme weather destroys more than 40% of your home
- Death or **hospitalization** due to **life-threatening illness** or **injury** of a parent, **spouse/domestic partner**, sibling, child or grandchild back home

We may need:

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

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



③ Sending your child home if you are **hospitalized**



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

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

- a. Your child is under 18 years old
- b. Your child is traveling with you and also covered under this insurance
- c. There is no one else in your family over 18 years old on the same trip who can care for your child
- d. You were **hospitalized** for more than 36 hours
- e. The **illness** or **injury** that caused your **hospitalization** is covered by this insurance

We may need:

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

④ Sending your pet home in case you are **hospitalized**



Up to \$1,000 per **active insurance period**

If you are **hospitalized** while traveling alone with a pet and they would be left unattended, we will reimburse the cost of transportation for your pet to return home, as long as:

- a. The **illness** or **injury** that caused your **hospitalization** is covered by this insurance
- b. You are **hospitalized** for longer than 36 hours
- c. There is no one else over 18 years old on the same trip that could care for your pet

We may need:

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



⑤ Evacuation from local unrest:



\$10,000 lifetime max

If a **travel warning** is issued for the area you are located while you're abroad, the cost of transportation by the most economical means possible to either a nearby safe country or back home is covered, as long as:

- a. Your coverage started before the **travel warning** was issued
- b. There was no **travel warning** when you arrived
- c. You let us know within 10 days of the **travel warning** to arrange your evacuation
- d. You work with us to decide which safe country you will go to

We may need:

- Your original itinerary from the **travel carrier**
- Proof of when you were notified about the **travel warning**

⑥ Robbery under abduction and forced transportation:



**\$1,000 per item, up to \$300 for cash or cash equivalent;
\$10,000 lifetime max**

If you are held against your will and taken by your captor to another location and forced to give up valuables to be released, we will reimburse you for the value of the items you gave up, including personal belongings and money, as long as:

- e. You report the incident to the police within 24 hours of being released
- f. The law enforcement authorities have started an investigation
- g. The incident did not happen in one of these high-risk countries: Afghanistan, Central African Republic, Democratic Republic of the Congo, Iraq, Libya, Mali, Niger, Nigeria, North Korea, Pakistan, Somalia, Sudan, South Sudan, Syria, Venezuela, Yemen, or any country in which we cannot do business due to international sanctions
- h. The kidnapping was not due to any negligent, dishonest, or criminal acts by you

We may need:

- Proof that your belongings existed before they were taken from you, such as purchase receipts

Health

The overall annual limit for health claims is up to the **max limit** unless a sub-limit is stated below. For each claim, we need to confirm that treatments and services are **medically necessary**, supported by notes from your prescribing **physician**.

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

Documentation commonly needed for health claims:

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





① Hospital charges



Up to **max limit**

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

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

② Parent accommodation if your child is hospitalized



Up to **max limit**

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

- a. The child is also covered by this insurance
- b. The charges are included as a line item in the **hospital** bill

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

③ Outpatient surgery



\$500,000

We will cover up to \$500,000 for surgeries or procedures not requiring an overnight stay in a hospital, clinic, or medical office.

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



④ Organ/tissue transplant



Up to **max limit**

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

For a transplant to be covered:

- a. No other treatments are available that offer the same results
- b. It can't be due to a failed transplant before your plan started or a non-approved transplant after your plan started
- c. It does not involve artificial or animal organs

⑤ Congenital disorders



\$25,000

Costs for any congenital disorder are covered up to \$25,000, **except for** any issues resulting from fertility treatments or assisted fertility procedures, regardless of when they appear.

⑥ Outpatient coverage



\$5,000

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

Emergency room care: Up to max outpatient limit

We will cover the costs of treatment in the emergency room, as long as it does not result in a **hospitalization**.

Physician & specialist visits: Up to max outpatient limit

We will cover the cost for **physician** and specialist visits.

Medications: Up to max outpatient limit

We will cover the cost for medication prescribed by your **physician** to treat a condition covered by this **plan**.



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

We do not cover:

- Medications not approved for a specific diagnosis, or off-label or experimental use
- Medications not approved by the FDA for your condition
- Over-the-counter medications

Physical therapy: Up to max outpatient limit

We will cover costs for physical therapy and rehabilitation outside of **hospitalization**, as long as it is part of a **medically necessary** treatment plan.

Psychiatric care: Up to 15 visits a **year**

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

Diagnostic tests: Up to max outpatient limit

We will cover **medically necessary** tests such as X-rays, CT/MRI scans, ultrasound, and blood tests.

Wellness therapies: \$60/visit, 15 visits a **year**

We will cover costs for therapies, including but not limited to, acupuncture, podiatry, chiropractic, naturopathy, homeopathy, and dieticians.

Allergy treatments: Up to max outpatient limit

We will cover treatment for allergies, such as allergy testing, desensitization therapy, and prescribed medication, as long as it is part of a **medically necessary** treatment plan.

⑦ HIV/AIDS treatment



\$50,000

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



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

- a. We coordinate and approve this coverage in advance.
- b. The HIV virus was not present or detected before your plan started, or was diagnosed after the first 36 months of coverage, unless it resulted from a covered **accident** or blood transfusion during a **medically necessary hospitalization**.

⑧ Rehabilitation & specialized treatments



\$500,000 or 30 days

We will cover up to \$500,000 or up to 30 days per medical condition for necessary physical therapy, speech therapy, or occupational therapy after a **hospitalization** covered by this **plans**. We must approve the coverage in advance based on the treatment plan, estimated cost, and proof of medical necessity.

⑨ Nurse care at home



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

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

⑩ Durable medical equipment



Up to \$1,500 per medical condition

Durable medical equipment, such as prosthetics, wheelchairs, or respirators, is covered up to \$1,500 per medical condition within six months of the diagnosis of a condition covered by this **plan**, whether or not you are **hospitalized**.



①① Emergency ambulance



Up to **max limit**

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

①② Emergency medical evacuation and return



\$100,000

We will arrange and provide for emergency transport by air, ground, or sea ambulance for medical treatment or to return after being transported for medical purposes, up to \$100,000.

Emergency medical evacuation

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

- a. The emergency treatment must be for a condition or **accident** covered by this **plan**
- b. The member's life or limbs must be in danger
- c. The required treatment must not be available where the member is located
- d. The transport must be provided by a licensed entity with qualified staff and equipment
- e. The transport must be to the nearest **hospital** where treatment is available
- f. We arrange and coordinate the emergency transport

Returning to where you were transported from

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



①③ Hospital cash benefit



\$150/night, up to 30 nights

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

①④ External prosthesis



\$1,000

We will cover up to \$1,000 for an external prosthesis to replace a missing body part.

①⑤ Palliative care



\$50,000

We will cover up to \$50,000 for palliative care if you have a terminal **illness** covered by this **plan**, as long as:

- a. You have a medical diagnosis stating you have 180 days or less to live
- b. The care is provided by a medically supervised team in an accredited hospice
- c. We pre-approve and coordinate this care in advance

①⑥ Dental



\$1,500

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



①⑦ Vision



We will cover up to \$500 for:

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

①⑧ Screenings & vaccines



We will cover up to \$500 for routine health screenings and vaccinations.

①⑨ Maternity



We will cover up to \$4,500 for costs related to pregnancy, vaginal deliveries, cesarean deliveries, and postnatal care for up to 30 days after **hospital** discharge.

Keep in mind that:

- a. You have been covered under this insurance plan for at least one **year**
- b. Only one member per family can receive maternity care coverage in an **active insurance period**

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



②① Newborn coverage and maternity complications



\$50,000

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

- a. The newborn is from a pregnancy covered by this **plan**
- b. The newborn is added to the plan as a dependent **family member** within 30 days of birth

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

We do not cover:

- Congenital or hereditary conditions.
- Conditions from fertility treatments or assisted fertility procedures.
- Pregnancies not covered by this **plan**.
- Bed rest or typical pregnancy symptoms not requiring **hospitalization**.

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

Income

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



Income

Short-term support

We will temporarily cover you if you unexpectedly lose your income, either from losing your job or loss/reduction of variable income. We will also cover income loss when you get sick or have a child. You can only access one benefit for income loss at a time. Income benefits are available only to you and your **spouse/domestic partner** on the plan.

① Unexpected loss of income



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

Ⓐ Full-time, salaried

- a. You unintentionally lose your job
- b. Your income has decreased by 90%, averaged over 3 consecutive months
- c. You work with us for at least 3 months to actively seek jobs or income that match your skills and education
- d. You have been covered under this insurance plan for at least 2 consecutive **years** before losing income

You can access this benefit for up to 6 months over 2 **years**. If you find a part-time or temporary job, you can keep using the benefit with some adjustments.

We may need:

- To verify your termination
- Documentation showing the loss of income and your previous income for the last year
- To check that you are actively seeking jobs


Ⓑ Variable income

- a. Your income has decreased by 90% or more, averaged over 3 consecutive months, due to termination or inability to agree upon a new contract
- b. Your average income for the last year is lower than the year before that
- c. You work with us for at least 3 months to actively seek jobs or income that match your skills and education
- d. You have been covered under this insurance plan for at least 2 consecutive **years** before losing income

You can access this benefit for up to 3 months over 2 years. If you find a part-time or temporary job, you can keep using the benefit with some adjustments.

We may need:

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

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



③ Medical leave



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

- a. You have lost at least 1 month of income because of an ongoing medical condition covered by this insurance
- b. You have been covered under this insurance plan for at least 1 **year** before the onset of the medical condition

You can access this benefit for up to 6 months over 2 **years**, not including the first month of lost income. If you can work at a reduced capacity, you can keep using the benefit with some adjustments.

We may need:

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

④ Parental leave



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

- a. You have been covered under this plan for at least 3 consecutive **years** before your child's birth
- b. You will lose income from having to take time off work to care for your child in their first year of life

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

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

We may need:

- A birth certificate or equivalent documentation
- To verify that you have taken time away from work resulting in a loss of income

Income

Long-term support

We will cover you if you lose your income because you are unable to work for the following reasons for an indefinite length of time.

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

① Long-term critical illness or loss of ability



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

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

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

We may need:

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

② Long-term care support



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

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

We may need:

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

In case of death

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

① Burial or return of your remains



We will cover up to \$20,000 to transport your body or remains back to your home or up to \$10,000 for local burial or cremation if:

- a. The **illness** or **injury** that caused your death was covered by this insurance
- b. Travel arrangements are approved in advance and/or coordinated by us with your **beneficiary** or **family members**

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

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

We may need:

- Your death certificate
- To obtain independent confirmation of your death

② Accidental death & loss of limb



We will provide \$12,500 for loss of a limb or sight in one eye, up to \$25,000 lifetime max for loss of two limbs or two eyes if:

- a. It was due to a bodily **injury** caused by external, violent, and visible means
- b. The **injury** is covered by this insurance

If you die from a covered **accident**, your **beneficiary** will receive a cash payout of \$50,000 if your death occurred within 30 days of the **accident**, and nothing other than the **injury** contributed to your death. For children under 18, the maximum payout is limited to \$25,000.

Note that:

- A loss of limb means you lost your arm/hand at the wrist or higher, or your leg at the ankle or higher.
- In case of death from that **accident**, any amount previously paid for the loss of

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

limbs or eyes will be subtracted from this payout.

- You are not covered for death caused by terrorism, war, or an act of war.

We may need:

- A medical report confirming loss of limb
- Your death certificate
- To obtain independent confirmation of your death

③ Term life



If you die, we will provide up to \$4,000 per month to your **beneficiary** for 3 years or until they die, whichever comes first, if:

- a. You were actively receiving income of at least US\$4,000 per month within the 12 months before the time of death.

This benefit is available only to you and your **spouse/domestic partner** on the plan after being covered under this insurance plan for at least **1 year** before the death. It is paid to the **beneficiary** you have listed in your account information. If you didn't choose a beneficiary or they are no longer alive, it will be paid according to the predefined order outlined in the beneficiary definition.


We may need:

- Your death certificate
- To obtain independent confirmation of your death
- To obtain information about the cause of your death

Exclusions: what is not covered?

This section is important to read. It's better to know what you are **not** covered for before an incident happens, and understanding these terms will help you avoid situations where you won't be covered. Everything listed below applies to all parts of the coverage.

1. Any treatment that is not **medically necessary**, except as described under "[Health] Wellness therapies" and "[Health] Screenings & vaccines".
2. Charges exceeding usual, reasonable, and customary standards.
3. Any **illness** or **injury** resulting from an epidemic, pandemic, public health emergency, natural disaster, or other disease outbreak when a **health warning** has been in effect before your **start date** or if you choose not to leave the area mentioned in the **health warning** within 10 days following the date the warning is issued.
4. Any birth defects, congenital **illnesses**, or hereditary conditions, except those described in the section "[Health] Congenital disorders".
5. Impotency or sexual dysfunction.
6. Disorders caused by HPV or genital herpes, except for cervical cancer.
7. **Substance abuse** or substance addiction, or any **illness** or **injury** that happened as a result of **substance abuse** or substance addiction.
8. Sleep apnea or other sleep disorders.
9. Obesity and weight modification (example: gastric bypass).
10. **Mental illness**, except as described in the sections "Health: Outpatient coverage" and "Health: Hospital charges," and if it is a complication of a covered condition.
11. Self-inflicted **illness** or **injury**.
12. Suicide or attempted suicide.
13. **Injury** that happened as a result of being drunk on alcohol or intoxicated by other drugs, except drugs that were prescribed by a **physician**.
14. **Injury** sustained from participation in a riot or insurrection.
15. Treatments for hair loss or growth
16. Any costs related to cosmetic or aesthetic reasons, except for reconstructive **surgery** when such **surgery** is directly related to and follows **surgery** for a covered **illness** or **injury**.
17. Any modifications of the body intended to improve the psychological, mental, or emotional well-being (for example: sex-change **surgery**).

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

18. Cryopreservation, implantation, or re-implantation of living cells.
19. Investigational, experimental, or for research purposes, meaning procedures, services, or supplies that deviates from generally accepted standards of current medical practice.
20. Any treatment not administered by or under the supervision of a **physician**, and products that can be purchased without a doctor's prescription, except as described in "Health: Wellness therapies".
21. Any service provided by a **family member** or any person who ordinarily resides with you.
22. Any service provided at no cost to you, payable under any government system or under worker's compensation or employer's liability laws, or by any coverage provided or required by law.
23. Failure to keep a scheduled appointment.
24. Charges resulting from or occurring during the commission of any violation of law, excluding minor traffic violations.
25. War, military action, or while on duty as a member of a police or military force unit.
26. Travel or accommodations, except as explicitly described in this insurance.
27. Anything that happened outside of an **active insurance period**.
28. Complications or consequences of treatment, **illness**, or **injury** which was not covered by this insurance.
29. Administrative and customs fees unless explicitly covered by this insurance.
30. Orthodontic treatment or any other device or treatment to align teeth (example: braces).
31. Payments that violate economic or political sanctions.
32. **Illness** or **injury** from training for or participating in professional sports.
33. Anything that is not described as covered in this insurance.



How to use your coverage

You have 180 days from the covered event to file a claim. Some types of claims require that you notify us in advance, or that we make the arrangements (for example, "Health: Emergency medical transport and return"). If you're **hospitalized**, you have to give us notice as soon as possible, before you are discharged at the latest.

You may submit your claim as follows:

1. Pay for the service yourself and submit a claim for reimbursement on the SafetyWing website. Some claims require that you notify us beforehand, or that we arrange for the payment as described below.
2. Reach out to our 24/7 assistance so we can arrange for the payment. This option is not available for all types of claims.

We need evidence to support your claim

Every claim will need to be supported by documents that confirm you've met the requirements of the benefit you are claiming for. Our 24/7 customer care team is always there to help you if you're unsure about what documentation you need.

Health claims: If you are claiming for medical treatment, make sure to ask your provider(s) for a medical report stating what care you received and why. We may also need details about your medical history to understand how and when your **illness** or **injury** began.

Travel claims: Make sure to collect documents or reports that can prove that the event(s) you're claiming for actually happened, such as police reports or delay notices from **travel carriers**. Keep receipts for large purchases or proof you owned your possessions of value, such as an independent appraisal.

Income claims: We need evidence that you have lost income as well as a legitimate reason for your loss of income. This could be a termination notice from your employer or a medical report from your doctor explaining why you cannot work.

Additional support services: In addition to the insurance coverage described in this document, your plan includes access to non-insurance support services provided by SafetyWing or its partners. These services are designed to improve access to healthcare and make it easier to use your coverage. They may include:

- Access to Medical Vault for secure storage and sharing of medical documents
- Visa assistance services in select countries
- Payment cards linked to claims or benefit payments

These services are optional, may vary by country or citizenship, and are not part of your insurance coverage. They may be provided by third-party vendors and require separate enrollment and acceptance of vendor-specific terms.



How this coverage works with other insurance

We do not pay for claims if you have been paid by other insurance or by any other source, such as employment or state-funded benefits.

If you have other medical or employment insurance that allows you to claim a refund for medical expenses, you must first claim from these policies before making any claim under this insurance. Our obligations to pay under the insurance will only arise after you have fully claimed under these policies.

If we have paid any benefit to you first before a claim is made under the other insurance policies or employee benefits, the other insurers or employer will have to refund us their share. You must give us all the information and evidence we need to help us get back any other insurer's share of the claim we have paid.

For claims for reimbursement, the total reimbursement will not be more than the actual expenses paid. For income loss claims, the total payout will not be more than the actual losses.

Where and for how long can I use this insurance?

You are covered for medical costs and income protection globally. The subjects of this Insurance are not intended or considered to be resident, located, or expressly to be performed in any particular jurisdiction. Your travel coverage is active once you leave your home address.

One **active insurance period** lasts one year and is a year-long commitment; premiums must be current to maintain coverage under your plan. Failure to pay the premium when due will give us the right to void your plan. This insurance is priced on an annual basis, but we may offer other payment frequencies. You can renew your plan an unlimited number of times. If you cancel, it will take effect on your yearly renewal date (the anniversary of when you first purchased your plan). At renewal, you will be given 30 days to pay the premium according to your payment frequency. If payment is not made within those 30 days, your plan will expire.

Your insurance is active one (1) minute after midnight (00:01) UTC on the **start date** stated on your **confirmation of coverage** and ends at midnight (00:00) three hundred and sixty-five (365) days later.

Your insurance coverage will automatically renew each year on the anniversary of your first day of coverage for another 12 months, following the terms in effect at the time. We will review and make reasonable updates to the insurance's terms and premium rates with at least 30 days' written notice to the **sponsoring organization**. Premium increases will be based on relevant factors such as the historical claims and loss ratios. We reserve the right to adjust rates or terminate coverage for a specific risk category.



My claim was denied, and I disagree.

How do I appeal?

We will always provide a written explanation of why your claim was denied. If you do not agree with our decision, you can appeal within 6 months (180 days) of the day you received the decision. The appeal can be sent to nomadcitizenclaims@safetywing.com.

When we receive the appeal we will review it and you'll get a response back in writing. You can appeal a decision two times, but it does not limit your right to make a complaint as described below.

How to make a complaint?

If you are not happy with anything related to the insurance and/or claims, we are here to help. Please follow this process to ensure that your problem or concern is dealt with effectively and efficiently.

1. First, get in touch with us through one of the following channels:
 - Our online chat on safetywing.com
 - To our claims department at nomadcitizenclaims@safetywing.com
2. If you did not reach a satisfactory result after speaking to our customer care team, you can escalate your concerns to management by contacting feedback@safetywing.com.

You will be contacted within 5 business days with our proposed solution. If more time is needed to resolve the issue, we will keep you updated at every step on what further information we might need and how much longer it might take.

Please be sure to provide:

- Claim or member number (if applicable)
 - As much information as possible on your dispute or complaint, including any prior responses from us on the issue
3. After completing Steps 1 and 2, if you are still not satisfied with how we handled things, SafetyWing may propose that your issue be referred to an independent mediation service provider for conflict resolution of our choice.
 4. Finally, please know that your legal rights are not affected by following the above outlined process. We recommend that you read the information in the "Arbitration" section under "Disclaimers and legal notices".



Definitions

- **Accident:** A sudden, unintentional, and unexpected occurrence caused by something external and visible which happens beyond your control and which results in physical **injury** or death to you.
- **Active insurance period:** The period of time from the **start date** to the **end date** as written in your **confirmation of coverage** (1 year for this plan).
- **Activities of daily living:** Basic tasks people need to manage daily life, such as **eating, washing, dressing, continence** (using the toilet), **mobility**, and **transferring**.
- **Beneficiary:** The person who would receive a reimbursement from this insurance if you die. You choose your beneficiary when you sign up for the insurance. If you didn't choose a beneficiary or they died, the beneficiary status is automatically assigned to the next person in this order:
 - If you are older than 18, your **spouse/domestic partner**. If you don't have one, it will go to your children, split equally. If you also don't have children, it will go to your estate.
 - If you are younger than 18, your custodial parents. If you don't have custodial parents, it will go to your siblings, split equally. If you also don't have siblings, it will go to your estate.
- **Cancer - excluding all early-stage cancers** (critical illness): Means any malignant disease characterized by uncontrolled growth and spread of malignant cells invading the tissue of different histological types. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

The benefit will pay for any of the following diagnoses:

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

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

- **Confirmation of coverage:** The email that is sent to you after purchase confirms the plan type, the dates of your **active insurance period**, your member number, **family members** added, and the notable exclusions of this plan.
- **Continence:** The ability to manage bowel or bladder function, using protective undergarments or surgical appliances if appropriate, such that an adequate level of personal hygiene can be maintained; or, when unable to maintain control of



bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag)

- **Dressing:** The ability to put on, take off, fasten, and unfasten all necessary clothing and, as appropriate, any braces, artificial limbs, or other surgical appliances that are medically necessary.
- **Eating:** The ability to absorb food or drink, if necessary, with the help of appropriate aids, once it has been prepared and made available.
- **End date:** The date your coverage stops, as written on your **confirmation of coverage**. The specific time your coverage stops is at the end of the day at 00:00 in UTC timezone, 365 days after your **start date**.
- **Essential ability:** Physical functions critical to daily life: the ability to see, hear, speak, sit, stand, walk, or climb stairs.
- **Family member:** Biological or step parent, biological or step child, current **spouse/domestic partner**, biological or step siblings, aunts, uncles, grandparents, grandchildren, parents-in-law, children-in-law, or siblings-in-law.
- **Health warning:** A health warning is considered to be in place when either of these are true:
 1. The **United States Centers for Disease Control & Prevention (CDC)** has issued a Warning Level 3 (Red) for the location/country or worldwide.
 2. The **World Health Organization (WHO)** has issued advice against travel to the area or country.
- **Heart attack - resulting in severely impaired heart function** (critical illness): Death of heart muscle in a limited area due to an occlusion of coronary arteries, being evidenced by all of the following symptoms:
 - a. Typical symptoms of an acute heart attack
 - b. New characteristic electrocardiogram (ECG) changes suggestive of heart attack
 - c. Transient increase of cardiac troponin T or I or cardiac enzymes, including CKMB, above the generally accepted laboratory reference levels for heart attack
 - d. Proof of permanent left ventricular ejection fraction below 40%, measured at the earliest one month after the event.
- **Hospital:** An institution which:
 - Legally operates as a hospital and is licensed by the state or country where it operates
 - Operates primarily to receive, care for, and treat sick or injured people who need to be admitted to a hospital
 - Provides 24-hour nursing service by registered nurses either on duty or on call



- Has a staff of one or more physicians available at all times
- Provides organized facilities and equipment for diagnosis and treatment of unexpected medical conditions
- Is not primarily a rehabilitation facility, long-term care facility, extended care facility, nursing, rest, custodial care, or convalescent home, a place for the aged, drug addicts, alcoholics, runaways, or similar.

- **Hospitalization/Hospitalized:** Overnight stay after being admitted to a **hospital**.
- **Illness:** A sickness, disorder, illness, pathology, abnormality, ailment, disease, or any other medical, physical, or health condition. Illness does not include learning disabilities, attitudinal disorders, or disciplinary problems.
- **Injury:** An unexpected and unforeseen harm to the body caused by an **accident** that requires medical treatment.
- **Kidney failure** (critical illness): Means the chronic, irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out. The diagnosis has to be confirmed by a certified nephrologist.
- **Life-threatening:** Capable of causing imminent death.
- **Lifetime max:** The maximum amount of money that you can get reimbursed from us in your lifetime.
- **Max limit:** The maximum amount of money that you can get reimbursed from us for a given benefit or **active insurance period**. This **plan's max limit** is \$1,500,000 per **active insurance period**. Specific limits are indicated with each benefit.
- **Master Policy:** The Master Policy is a legal contract between the Policyholder and the insurance carrier.
- **Medically necessary:** Anything involved in the treatment or diagnosis of your **illness** or **injury** must be based on generally accepted current medical practice and prescribed by a properly licensed medical professional to be covered. This excludes experimental or off-label use of medication. Unnecessary extra measures taken for convenience or comfort are not covered. We determine what is medically necessary.
- **Mental illness:** A mental or emotional disease or disorder, which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. For example: psychosis, depression, schizophrenia, bipolar affective disorder.
- **Mobility:** The ability to move indoors from room to room on a level surface at the normal place of residence, if necessary, with the help of appropriate aids, such as a walking frame, walking stick, etc.
- **Outpatient: Medically necessary** treatment by a **physician** for **illness** or **injury**



that does not require **hospitalization**.

- **Physician:** A properly licensed medical provider holding a medical degree from an accredited institution. **Physician** also includes a properly licensed Certified Nurse or a Physician Assistant under the direction of a medical doctor.
- **Plan:** This summary of your benefits that are covered under the **Master Policy**.
- **Policy:** The **Master Policy** document, and any endorsements, riders or amendments that will attach during the Policy period.
- **Policyholder:** The entity shown as the Policyholder in the **Master Policy**.
- **Sanctioned country:** A country that is subject to official restrictions or penalties imposed by one or more governments, organizations, or international bodies, typically in response to political, economic, or security concerns.
- **Sponsoring organization:** The organization that provided access for you to enroll in this insurance plan.
- **Spouse/domestic partner:** A person with whom you live together as a couple and share a domestic life at the same address.
- **Start date:** You choose the start date of your **active insurance period** when you sign up, and you can find your chosen start date in your **confirmation of coverage** and on your SafetyWing profile. Your start date begins at 00:01 (12:01 am) of that date in UTC timezone, or at the time you receive your **confirmation of coverage**, whichever is later.
- **Stroke - resulting in severe neurological dysfunction** (critical illness): Means the death of brain or spinal cord tissue in a limited area caused by an acute non-traumatic hemorrhage or ischemia within the skull or spine, which results in severe, permanent, and irreversible neurological dysfunction.

All of the following criteria must be fulfilled:

- a. The diagnosis has to be supported by an imaging technique, e.g., computed tomography (CT), magnetic resonance imaging (MRI) that proves the relation between the new neurological dysfunction and the newly affected area within the skull or spine.
- b. The assessment of the permanent and irreversible neurological dysfunction can be made no sooner than 3 months after the stroke event. Neurological dysfunction means:
 - iii. Complete loss of independence for at least one of the six activities of daily living (ADLs), even using assistive devices, or
 - iv. Inability to communicate with the environment by verbal speech, or
 - v. Inability to achieve a score of more than 15 in a Mini-Mental State Examination (MMSE).



The following are not covered:

- a. Transient ischaemic attack (TIA)
 - b. Stroke of indeterminate age
 - c. Stroke diagnosis based only on biomarkers
 - d. Stroke affecting only the olfactory or vestibular functionality or the eye
- **Substance abuse:** Alcohol, drug, or chemical abuse, overuse, or dependency.
- **Transferring:** The ability to move into or out of a bed, chair, or wheelchair.
- **Travel carrier:** A public transportation company that provides commercial travel services, such as airlines, bus companies, train services, and cruise lines.
- **Travel warning:** A travel warning is considered to be in place the first time when either of these are true:
- **The US Department of State** issues a level 3 or level 4 travel advisory.
 - **The Foreign, Commonwealth & Development Office** officially advises against travel to the destination.
- **Washing:** The ability to wash by any means, maintaining a reasonable level of personal cleanliness, if necessary with the help of appropriate aids, for example by using hand rails or bath lifts.
- **Year:** Refers to the **active insurance period** listed in your **confirmation of coverage** when related to waiting periods and benefit frequencies. For other references, it follows the ordinary meaning of a 12-month period.
- **You/Your** means the person named in your **confirmation of coverage**.
- **Your insurance** refers to the coverage described in your **confirmation of coverage**.
- **We/Us/Our** refers to SafetyWing.
- **\$** refers to the United States dollar.



Disclaimers and legal notices

SafetyWing Insurance I.I.

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

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

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

By purchasing this insurance, you are certifying that you are under age 50, and plan to be outside your passport country or country of primary residence for more than half the year. You also agree that this insurance is not intended to be primary coverage in a location where you would otherwise be required to be covered under a domestic major medical plan, and this plan is void in locations where not allowed. We cannot set up direct payments with providers or send reimbursements to banks in **sanctioned countries**.

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

Termination

This plan covers you for the duration indicated on your plan documents. However, we have the option to cancel the coverage for all people within the same risk categories as you. If it's found that you, or any family member on your plan, provided false or incomplete information during the application, we may cancel the insurance for everyone on the plan. We may also cancel coverage if it is determined that you no longer meet the eligibility requirements under this insurance. If we decide to cancel, we will give you a written notice at least 30 days in advance to your registered email address, except in cases where it has been determined that the member has engaged in fraud or conduct (including a violation of the insurance terms) that mandates the Carrier terminate the coverage immediately.

Law and Jurisdiction

You cannot take legal action to claim insurance benefits until you provide us with written proof of your claim for at least 180 days. After that, you may file an arbitration



action (as explained below) or, if you have opted out of arbitration, you have up to two years to bring a lawsuit. The subjects of this Insurance are not intended or considered to be resident, located, or expressly to be performed in any particular jurisdiction. This insurance is only offered for purchase via the internet in the Turks & Caicos Islands, and you have completed your purchase on a "self-procurement" basis in the Turks & Caicos Islands. The laws of Puerto Rico will govern and interpret this agreement.

Arbitration

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

Arbitration and Class Action Waiver

Except for certain claims, all disputes related to this insurance will be resolved through arbitration based on Puerto Rico's laws. The arbitration will be conducted individually, and both parties waive the right to participate in a class action or similar legal action. The arbitration will take place in Puerto Rico or through alternative means agreed upon, and the American Arbitration Association will administer the process. The arbitrator will make the final decision, and it can be enforced by a court if necessary. Both parties will keep the arbitration process and any awards confidential.

Opting Out of Arbitration

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



Data Protection

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



In our business activities, SafetyWing will collect, store, and process your personal data. This privacy policy provides information about how we gather, use, process,



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

Rights of Third Parties

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

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

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

