

Travel Assistance Insurance Contract N° 173293

MUTUALIDAD GENERAL JUDICIAL (MUGEJU) has contracted with **IRIS GLOBAL Soluciones de Protección Seguros y Reaseguros S.A.U**, with registered office in Madrid, calle Julián Camarillo, 36 , provided with C.I.F. No A-78562246, and registered under number C-627 in the Registry of Insurance Companies of the General Directorate of Insurance and Pension Funds, the Travel Assistance Insurance Policy for companies, taking **effect 01/02/2024** and **expiration 31/01/2026**, with **WORLDWIDE (Excluding Spain)** coverage and with guarantees and limits such as detailed below:

1. Coverage

COVERAGE		MAXIMUM LIMITS IN €
1	Medical, pharmaceutical or hospitalization expenses	€ 35.000
2	Emergency dentistry expenses abroad	€ 600
3	Medical transfer or medical repatriation	Included
4	Extension of stay	€ 100 day/10 days max.
5	Travel expenses of a companion	Included
6	Accommodation expenses for the companion of the hospitalised insured person	€100 day/10 days max.
7	Repatriation of corpse and companion expenses	€ 10.000
	Living expenses of the companion of mortal remains	€100 day/3 days max.
8	Distance medical advice or consultation	Included

1. MEDICAL, PHARMACEUTICAL OR HOSPITALIZATION EXPENSES

The assistance covered by this contract in reference to medical-surgical, pharmaceutical and/or hospitalization expenses is as follows:

- The cost of urgent or supervening medical assistance in case of accident or illness, including surgical and non-surgical hospitalizations, as well as any other service of stay and treatment in a health center, with a content equivalent to that which would be covered in Spain. This section also includes medical expenses arising from an illness resulting from an epidemic or pandemic.
- The cost of medicines and other pharmaceutical products applied on an inpatient and outpatient basis. In the case of preventive medicine, any treatment that the insured person was previously receiving and should continue during his/her stay abroad.
- The cost of transportation by ambulance or any other means of medicalized transportation when it has been indicated by a physician and its purpose is to receive medical assistance in the nearest center where the patient can be treated.

The total coverage limit for the assistance mentioned in this point is **€35,000.00** per trip or per study period.

2. EMERGENCY DENTISTRY EXPENSES ABROAD.

Dental expenses incurred as a result of the occurrence of acute dental problems, such as infections, pain or trauma requiring emergency treatment, up to a limit of **€600,00**.

3. MEDICAL TRANSFER OR MEDICAL REPATRIATION

In those cases in which the insured person suffers an accident or serious illness during a temporary trip, and when so decided by the insurer's physician in collaboration with the physician attending the insured person at the place of the events, the insurer shall proceed with the transfer (with medical-health care if necessary) to the nearest hospital center to the insured person's habitual residence or to the insured person's own home, if hospitalization is not necessary.

Only medical considerations, the condition of the sick or injured person and his/her fitness to travel, as well as circumstances such as weather conditions, distance, etc., shall constitute the criteria to determine whether the transportation to the hospital nearest to his/her habitual residence or to his/her own home should be carried out and by what means and under what conditions (medicalized airplane, regular airliner, railroad, ambulance, mobile ICU, etc.). This coverage shall apply without financial limit.

4. EXTENSION OF STAY.

In cases where the insured person is unable to continue his/her trip (due to his/her state of health) and is obliged to extend his/her stay until the date on which the aforementioned transportation is provided, the insurer shall pay at **least €100.00 per day, with a maximum of ten days**, for lodging and living expenses.

5. TRAVEL EXPENSES OF A COMPANION

If the insured person should be hospitalized as a result of a risk covered by this contract, the insurer will provide the companion indicated by the insured person with a **round-trip ticket on any standard means of transport** (rail or airplane, both in economy class) to accompany the hospitalized person.

6. LIVING EXPENSES OF THE COMPANION OF THE HOSPITALIZED INSURED PERSON

In the case provided for in the above coverage, the insurer shall pay at least **€100.00 per day**, up to a maximum of ten days, for the costs of the lodging and living of the accompanying person. This guarantee shall be applicable even if the accompanying person is traveling with the insured person.

7. REPATRIATION OF CORPSE AND COMPANION EXPENSES

Repatriation of the body or ashes of an insured person from the country where the death occurred to Spain or to the country of his/her habitual residence, including the cost of transporting the mortal remains, embalming and the coffin necessary for transportation, as well as the cost of transporting an accompanying person (round trip ticket on public transportation), up to a maximum of **€10,000,00**.

LIVING EXPENSES OF THE COMPANION OF MORTAL REMAINS

In addition, the insurer will pay for the lodging and living expenses of an accompanying person for a maximum of **€100/day for a maximum of three days**.

8. DISTANCE MEDICAL ADVICE OR CONSULTATION

If the member or beneficiary needs medical information during the trip that cannot be obtained locally, he/she may request it by telephone to the insurer, which will provide it through its assistance centers, without assuming any responsibility for it.

2. Exclusions

Damages, situations or expenses, which are a consequence of the following, are not covered by this contract:

- a) **When the purpose of the trip is to receive medical treatment, unless it is duly accredited by the insured person or his/her assignees that the illness, accident or death, as the case may be, has no relation whatsoever with the medical treatment that gave rise to the trip.**
- b) **Direct participation of the insured person in bets, challenges or fights, provided that in the latter case the insured person had not acted in self-defense or in an attempt to save persons or property.**
- c) **Suicide, attempted suicide or self-injury by the insured person.**
- d) **Rescue of persons in mountains, abysses, sea or desert.**
- e) **Treatment, therapy and rehabilitation of alcoholism and/or drug addiction, except in cases of medical emergencies covered by the contract..**
- f) **Dental, ophthalmologic or otorhinolaryngologic treatments, except for emergency cases covered by the contract.**
- g) **Consultations and treatments of psychology, psychotherapy, group therapies, psychoanalysis, sleep cures, spa treatment, rest cures and, in general, all those intended for the treatment, diagnosis and rehabilitation of mental or nervous diseases.**
- h) **Acquisition, implantation, substitution, extraction and/or repair of prosthesis.**
- i) **Extraordinary risks, including, but not limited to, damages, situations or expenses arising as a consequence of:**
 - **Wars, demonstrations, insurrections, popular movements or riots.**
 - **Acts of terrorism, sabotage and strikes.**
 - **Earthquakes, floods, volcanic eruptions and, in general, those resulting from the unleashing of the forces of nature.**
 - **Nuclear radiation and radioactivity.**
 - **Any other catastrophic or extraordinary phenomenon or event that due to its magnitude and seriousness is qualified as a catastrophe or national calamity.**
- j) **Malicious acts of the insured person, beneficiary or successor thereof.**
- k) **General medical examinations and any visit or treatment that is of a preventive medical nature, according to generally accepted medical criteria, except as specified in section 7.2.**
- l) **The transport or repatriation of mortal remains guarantee excludes burial and ceremony expenses, as well as the cost of the ceremonial coffin.**

3. How to apply for coverage

You can request assistance by phone at **91.572.43.43** and, if you call from abroad, at **34.91.572.43.43** or by e-mail to madrid_ops@irisglobal.es you must indicate:

- Name and Last Name.
- Insurance contract number.
- Address and telephone number of where you are at.
- Description of the problem you have.

Coverage and benefits that have not been requested from the insurance provider and have not been carried out by or with its agreement, shall not grant the right to subsequent reimbursement or compensatory compensation, however, when the insured person, due to circumstances of force majeure, has not been able to contact:

IRIS GLOBAL Soluciones de Protección Seguros y Reaseguros S.A.U.
C/ Julián Camarillo 36,
28037 MADRID

Providing the following information:

- Reasons for not contacting the Assistance Center.
- Insurance contract number.
- Original invoices or proof of the claimed expenses.
- Medical report stating the diagnosis of the disease and, where appropriate, the need to be repatriated.
- Death certificate and documentation proving the degree of relationship with the deceased in cases of repatriation due to the death of a relative.

This document is provided for informational purposes. It does not constitute a contractual document and does not replace the General and Particular Conditions, as well as its limitations and exclusions, of the insurance contract itself, all of which shall prevail in case of discrepancy.



Sergio Real Campos



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