

Travel assistance insurance contract no. 319088

COVERAGES		OPTION A	OPTION B	OPTION C	OPTION D
A) MEDICAL ASSISTANCE AND TRAVEL ASSISTANCE COVERAGE					
1	Medical, pharmaceutical, or hospitalization expenses abroad Emergency dental expenses abroad	30.000 €	55.000 €	105.000 €	300.000 €
2	Medical, pharmaceutical, or hospitalization expenses abroad	100 €	100 €	100 €	100 €
3	Extension of stay	€100 per day, max. 10 days.	€100 per day, max. 10 days.	€100 per day, max. 10 days.	€100 per day, max. 10 days.
4	Shipping medications abroad	unlimited	unlimited	unlimited	unlimited
5	Medical transfer or medical repatriation	Unlimited (Medical aircraft in Europe and Mediterranean coastal areas).	Unlimited (Medical aircraft in Europe and Mediterranean coastal areas).	Unlimited (Medical aircraft in Europe and Mediterranean coastal areas).	Unlimited (Medical aircraft in Europe and Mediterranean coastal areas).
6	Travel expenses of a companion	unlimited	unlimited	unlimited	unlimited
7	Expenses for the companion of a hospitalized insured person	€100 per day, max. 10 days.	€100 per day, max. 10 days.	€100 per day, max. 10 days.	€100 per day, max. 10 days.
8	Transfer or repatriation of mortal remains	unlimited	unlimited	unlimited	unlimited
9	Loss or theft of personal documents abroad	60 €	60 €	60 €	60 €
10	Shipping items forgotten during the trip	200 €	200 €	200 €	200 €

11	Bail and procedural expenses abroad				
	a) Expenses for criminal defense abroad	3.000 €	3.000 €	3.000 €	3.000 €
	b) Advance payment of judicial bail	5.000 €	5.000 €	5.000 €	5.000 €
B) Travel and Flight Incident Coverage					
12	Loss, damage, or theft of luggage	500 €	500 €	500 €	500 €
13	Delay in delivery of checked baggage on public transportation	€100: + 24 hours on the outward journey + 48 hours on the return journey	€100: + 24 hours on the outward journey + 48 hours on the return journey	€100: + 24 hours on the outward journey + 48 hours on the return journey	€100: + 24 hours on the outward journey + 48 hours on the return journey
14	Early return of the insured due to the death of a family member	unlimited	unlimited	unlimited	unlimited
15	Early return of the insured due to a serious incident at the residence	unlimited	unlimited	unlimited	unlimited
C) TRAVEL ASSISTANCE SERVICES					
16	Traveler information service	Included	Included	Included	Included
17	Interpreter service	Included	Included	Included	Included
18	Card cancellation	Included	Included	Included	Included
19	Advance of funds abroad	3.000 €	3.000 €	3.000 €	3.000 €
20	Transmission of urgent messages	Included	Included	Included	Included
D) TRAVEL ASSISTANCE SERVICES					
21	Private Civil Liability	€30,000 maximum per policy per year of €600,000	€30,000 maximum per policy per year of €600,000	€30,000 maximum per policy per year of €600,000	€30,000 maximum per policy per year of €600,000
C) COVERAGE DEATH, DISABILITY, AND COURSE INTERRUPTION COVERAGE					
22	Death and disability due to accident				
a)	Death due to accident	20.000 €	20.000 €	20.000 €	20.000 €
b)	Permanent total disability due to accident	40.000 €	40.000 €	40.000 €	40.000 €
c)	Permanent partial disability due to accident	40.000 €	40.000 €	40.000 €	40.000 €
23	Interruption of course	1.000 €	1.000 €	1.000 €	1.000 €

Please note that the maximum coverage limits for medical, pharmaceutical, or hospital expenses abroad will be as detailed below, depending on the option selected by the insured/policyholder. The applicable premiums, per insured person and per coverage period, will be as follows (taxes included):

INSURANCE TYPE UNIT PRICE (TAXES INCL.)	INSURANCE TYPE UNIT PRICE (TAXES INCL.)
OPTION A (6 months) – €30,000	33,00 €
OPTION A (12 months) – €30,000	44.80 €
OPTION B (6 months) – €55,000	67,20 €
OPTION B (12 months) – €55,000	89,00 €
OPTION C (6 months) – €105,000	84,40 €
OPTION C (12 months) – €105,000	121,60 €
OPTION D (12 months) – €300,000	216,00 €

How to apply for coverage

UNIVERSITAT ROVIRA I VIRGILI - Policy 319088

You will have to request assistance by phone by calling the phone 24 hours number **91.572.43.43** and if you call from abroad to **34.91.572.43.43// mail madrid_ops@irisglobal.es** indicating:

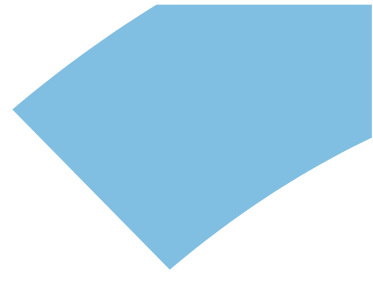
Name and surname.

Insurance contract number. 319088

Address and phone number of your location.

Description of the problem you are experiencing

Coverage and benefits that have not been requested from the insurer and have not been carried out by or with its agreement, will not give rise to subsequent reimbursement or compensatory compensation, however, when the insured, due to circumstances of force majeure, has not been able to contact the Assistance Center, he or she may request reimbursement of expenses by writing to: IRIS GLOBAL Soluciones de Protección Seguros y Reaseguros S.A.U., Julián Camarillo 36, 28037, Madrid



Carrying the following:

- Reasons for not contacting the Assistance Center
- Insurance contract number.
- Original invoices or receipts for 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 kinship with the deceased for cases of repatriation due to the death of a family member.

This document is provided for informational purposes only. It does not constitute a contractual document and therefore does not replace the General and Specific Conditions, as well as their limitations and exclusions, of the insurance contract itself. All of these conditions shall prevail in the event of a discrepancy.



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