

PREVIOUS INFORMATIVE NOTE

SALUD PRESTIGIO

1. NAME AND REGISTERED ADDRESS OF THE INSURER

CASER, Caja de Seguros Reunidos, Cia. de Seguros y Reaseguros, S.A., (-CASER-) with address at Av. de Burgos, 109, 28050, Madrid, Spain. Registered in the Madrid Trade Registry, Sheet M-39662, Spanish Tax ID (CIF) no.: A28013050

2. PRODUCT NAME

Salud Prestigio.

3. TYPE OF INSURANCE

Salud Prestigio is a mixed insurance of comprehensive health care, without co-payments (without additional changes per service). Covers both specialized medical care and hospitalization. Healthcare can be provided by a wide network of providers that the Company has contracted nationally or by the professional chosen by the Insured with a reimbursement of healthcare expenses up to 90%.

This product can be marketed to all types of customers:

- private individuals (individuals and/or families)
- self-employed, groups and SMEs.

4. HEALTH QUESTIONNAIRE

To formalise this insurance contract, in addition to filling out the insurance application, you will also be required to fill out the health questionnaire, which may be done so in person or telematically, according to the means provided in each case by the Insurer. This consists of a health declaration signed or recording provided by each of the Insured to be included in the agreement before its formalisation, which includes relevant questions about the health status of each of them. Said questionnaire should be covered by each of the individuals to be insured (unless they are under the age of 18 years, in which case said declaration will be provided by their father/mother or legal guardian), and they will be obliged to truthfully answer each of the questions, indicating all the circumstances known by them in relation to their health (past and present). These will allow the Insurer to make a correct assessment of the risk in view to providing the insurance, reject the contracting or establish exclusion of coverage for any pre-existing illnesses that have been declared by the Insured (prior acceptance by the Insured).

In the event of intentional falsehood, inaccuracy or omission of information in any of the declarations included in the questionnaire, the Company may terminate the insurance agreement at any time.

5. DESCRIPTION OF THE GUARANTEES AND OPTIONS OFFERED

5.1. GUARANTEES

MAJOR MEDICAL COVERAGES

- **Primary medicine:** general, paediatrics and nursing.
- **All medical specialities:**(gynaecology, traumatology, ophthalmology, rehabilitation and physiotherapy, etc.)
- **Therapeutic procedures and diagnostic tools:** (clinical analyses, radiology, non-invasive prenatal screening test, therapeutic targets for cancer treatment, genomic platforms for breast cancer, diagnosis of infertility, etc.)
- Permanent **emergency** care and services.
- All kinds of **hospitalisation:** medical, surgical (including fixed internal prosthesis), paediatrics, maternity, psychiatric and ICU.
- **Treatments:** psychology, laser in proctology, assisted reproduction, etc.

ADDITIONAL MEDICAL COVERAGES

- **Oral/dental supplement.**
- **Second medical opinion** for serious diseases.
- **Health care abroad**, up to 90 days and limited to €15,000.
- **Post-partum care.**
- IUD implants, **including reimbursement of device.**

OTHER BENEFITS AND SERVICES

- **24-hour paediatric and medical assistance**, over the telephone and online.
- **Assistance with pharmacy expenses and childhood vaccines:** 50% of the costs up to € 100 per Insured per year.
- **Assistance in optician-related expenses:** reimbursement of 50% of the costs up to € 100 per Insured per year.
- Advantage in taking out cover, **without waiting periods or pre-existing exclusions**, for **newborns and adopted children** included in the parents' policy.
- **Individual room**, in the case of hospitalisation, **with a bed for a companion.**

The full details of the coverage included are available to the insured in the contract.

5.2. OPTIONAL ACCESSORY GUARANTEES

The Salud Prestigio product does not have optional covers subject to additional charges, but the Company does have offer a health services space, Caser Salud + Beneficios (online: casermasbeneficios.com), through which it is possible to take out cover for a range of independently services related to health, well-being and aesthetics, benefiting from preferential conditions.

6. COVERAGE EXCLUSIONS

6.1. GENERAL EXCLUSIONS

1. HEALTHCARE ASSISTANCE

- a) Health care required as a result of injuries sustained while taking part in bets and competitions, the practice of high-risk activities such as bullfighting and bull running, the practice of dangerous sports such as scuba diving, caving, boxing, martial arts, climbing, horse-riding, rugby, motor vehicle sports, quad biking, paragliding, aerial activities not authorised for public passenger transport, sailing or white water activities, bungee jumping, canyoning, skiing, snowboarding, surfing and any other manifestly dangerous activity; as well as those sustained from the professional practice of any sport.
- b) General medical check-ups or examinations of a preventive nature, except for what is expressly included in point 3. of Article 3 of General Conditions. Analyses or other examinations that are necessary for the issuing of certificates, reports and any type of document that does not have a clear health care function.
- c) Physical damage resulting from war, riots, revolutions and terrorism, those caused by officially declared epidemics, those directly or indirectly related to radiation or nuclear reaction and those resulting from natural catastrophes (earthquakes, floods and other seismic or meteorological phenomena).
- d) Health care due to the consumption of alcohol, drugs of any kind or intoxication due to the abuse of psychotropic drugs, narcotics or hallucinogens.
- e) Health care for injuries caused by drunkenness, fights (except in the case of legitimate self-defence), self-harm or suicide attempts and illnesses or accidents suffered due to serious fault, imprudence or negligence on the part of the Insured person.
- f) Health care for all kinds of illnesses, injuries, previous states or health conditions, accidents and their sequelae, congenital or previous defects or deformities diagnosed before the date on which each Insured person is registered under the contract, as well as for any signs or symptoms that could be considered to be the start of any disease or which have previously required studies, diagnostic tests or treatments of any kind, unless such illnesses, injuries, accidents, symptoms, defects or deformities have been declared by the Contracting Party or Insured person in the health questionnaire and not expressly excluded from cover by the Insurer in the Particular Conditions. This exclusion shall not affect the Insured persons added to the contract from birth in accordance with point 1. e) of Article 11 of the General Conditions.
- g) Everything concerning Psychology, ambulatory narcolepsy, sophrology, neuropsychological and psychometric tests, psychoanalytic psychotherapy, as well as psychosocial or neuropsychiatric rehabilitation, psychoanalysis, hypnosis, group psychotherapy, psychological tests and rest and sleep cures, except for what is expressly included in point 3.28. of Article 3 of the General Conditions.

- h) Travel expenses, except for the ambulance in the terms set out in point 8 of Article 3 of the General Conditions. Also excluded are required transfers, regardless of whether it is for outpatient or inpatient, for any consultation, diagnostic and therapeutic tests, rehabilitation treatments, physiotherapy, speech therapy, psychology, radiotherapy, oncology, surgery and all special treatments.
- i) Voluntary termination of pregnancy, diagnostic tests related to such termination, any surgical procedure on the unborn child and the treatment (including surgery) of impotence.
- j) Surgical interventions, infiltrations and treatments for the purpose of gender reassignment or having an aesthetic character, are expressly excluded. Also expressly excluded is any disease, complication or need for special diagnostic and/or therapeutic tests that are directly related to or are the result of the Insured having undergone a procedure, infiltration or treatment of an aesthetic nature. Only in these cases will the necessary tests for the gynaecological examination be paid for.
- k) Organ or tissue transplants, except for autologous bone marrow transplants and cornea transplants, except as expressly included in point 3.25. of Article 3 of the General Conditions.
- l) Any genetic test requested for prognostic or preventive purposes is excluded, as well as genetic predisposition studies of the Insured person or their relatives. Also excluded from coverage are genetic counselling, genetic mapping, paternity or kinship tests, as well as anything else that is not explicitly included in point 4. of Article 3 of the General Conditions.
- m) Hospital care and treatment for social or family reasons, palliative care, as well as care that can be replaced by home or outpatient care.
- n) Health care in private centres that are not subsidised, and also that which is provided in hospitals, centres and other publicly owned establishments that are part of the Spanish National Health System and/or those that report to the Autonomous Communities, is also excluded. In any case the Insurer reserves the right to claim from the Insured person the reimbursement of the costs of care that it has had to pay to the public health system for the medical, surgical and hospital care provided.
- o) Regenerative medicine, biological medicine, immunotherapy, biological therapies, gene therapy and direct-acting antivirals, as well as the applications of all of them. In addition, all types of experimental treatments, compassionate use, orphan drugs, and those in clinical trials in all their phases are excluded.
- p) Pharmaceuticals, medicines and auxiliary treatment aids of any kind, except for those administered to the Insured person during their stay (a minimum of 24 hours) in a hospital centre. Non-commercialised medicines in Spain are excluded. Vaccines are also excluded.

- q) All diagnostic procedures or diagnostic, surgical or therapeutic techniques that arise after the signing of this policy and are not covered by the Insurer, unless the Insurer, in compliance with the provisions of Article 126.2 of Royal Decree 1060/2015 of 20 November on the supervision and solvency of insurance and reinsurance companies, has notified the Insured Person in writing of their inclusion in the insurance cover, under the terms and within the limits established in such written notification.

Also excluded are any therapeutic methods, surgical techniques or diagnostic tests carried out as part of clinical trials, or which, due to their lack of safety or efficacy, are not used in normal clinical practice. This applies to those that have not been approved by the European Medicines Agency and/or the Spanish Agency for Medicines and Medical Devices, as well as by the Health Technology Assessment Agencies dependent on the health services of the Autonomous Regions or the Ministry of Health. Also excluded from coverage will be those therapeutic methods, surgical techniques or diagnostic tests that have been clearly superseded by others available.

- r) Chemotherapy will only cover the cost of specifically cytostatic drugs as defined and detailed in Article 1, Definitions, "cytostatic". Expressly excluded from this are anti-tumour immunotherapy, monoclonal antibodies, gene therapy, endocrine or hormone therapy, enzyme and/or molecular inhibitors, anti-angiogenic drugs and sensitisers used in photodynamic therapy and radiation.
- s) Physiotherapy and rehabilitation treatments when functional or the maximum possible recovery has been achieved, or when it becomes maintenance therapy, which in such a case would be indicated by the professional responsible for carrying out such treatments. In addition, the following are excluded: rehabilitation derived from neurological diseases, educational therapy, language education, special education for the mentally ill and early stimulation rehabilitation in cases of psychomotor developmental retardation. Cardiac rehabilitation, pelvic floor rehabilitation and lymphatic drainage are excluded except for what is expressly included in point 3.31. of Article 3 of the General Conditions. Rehabilitation in inpatients and at home is expressly excluded.
- t) Alternative and complementary therapies such as acupuncture, naturopathy, homeopathy, massage therapy, mesotherapy, osteopathy, hydrotherapy and pressotherapy are excluded.
- u) Any means of diagnosis for sleep disorders is expressly excluded, except for what is specifically included in point 4 of Article 3 of the General Conditions.
- v) Metabolic and obesity surgery and the fitting/placement of gastric bands and intragastric balloons.
- w) Robotic surgery is excluded, except for what is included in point 3.35 of Article 3 of the General Conditions. Likewise, neuromonitoring is excluded for any diagnostic, surgical or therapeutic procedure, except for what is included in point 3.21 of Article 3 of the General Conditions.
- x) Implantable pumps for drug delivery and electrodes for spinal cord and brain stimulation are expressly excluded.

- y) Parkinson's and epilepsy surgery.
- z) Breast reduction surgery, prophylactic breast and gynecomastia surgery are excluded.
- aa) Any prosthesis, implant, sanitary device, orthopaedic material, orthosis and external fixators not stated in item 6 of Article 3 of the General Conditions are excluded. The Cochlear implant and the Carina implant or similar are also excluded. Also excluded are heart valve stents, closure devices and vascular stents for congenital defects and other MitraClip type devices, atrial appendage closure devices, leak closures or similar devices in percutaneous or transapical procedures. Penile prosthesis, multifocal intraocular lenses, toric and bitoric monofocal lenses. Infiltrations with autologous growth factors (plasma rich in growth factors) and/or platelet concentrates and cellular components are excluded.
- bb) The following are expressly excluded: sealants, biological glues or adhesives, anti-adhesive or anti-adherent barrier gel, bone graft substitutes: bone cements and regenerative demineralised bone matrix, as well as any other biological or synthetic material not stated in point 6 of Article 3 of the General Conditions.
- cc) Intraperitoneal chemotherapy is excluded.
- dd) In the speciality of Odontostomatology, obturations, endodontics, placement of prostheses and osseointegrated dental implants, orthodontics, periodontics, as well as dental treatments other than those included in point 3.24. of Article 3 of the General Conditions are excluded.
- ee) Treatments aimed at recovering the functionality of the mouth and dental area, such as orthognathic, pre-implantological and pre-prosthetic surgery.
- ff) Surgical correction of myopia, hyperopia or astigmatism and presbyopia and any other ocular refractive disease. Intracorneal ring/segment implantation is also excluded. Cross-linking is expressly excluded as a treatment for keratoconus.
- gg) All surgical and / or therapeutic techniques that use a laser, except for those expressly included in point 7. of Article 3 of the General Conditions.
- hh) The hyperbaric chamber.
- ii) Chronic dialysis treatments.
- jj) Alternative medicines, treatments in nursing homes, residences, spas and the like.
- kk) Water, home and alternative means of birth are excluded.

2. HEALTHCARE ASSISTANCE ABROAD

- 1) The claims which may arise directly or indirectly from previous, congenital or chronic diseases or ailments under medical treatment prior to the beginning of the travel.

- 2) The voluntary interruption of pregnancy, childbirth, except for vital emergencies and cases involving unpredictable complications until week 29 of a pregnancy.
- 3) Incident occurring in the event of war, pandemics, demonstrations and popular uprising, acts of terrorism and sabotage, strikes or any other case of force majeure, unless the Insured proves that the incident has no relation to such events.
- 4) The benefits derived from the practice of high-risk sports, such as mountaineering, rock climbing, motocross, gliding, hang gliding, snowboarding and similar or which require certain physical preparation.
- 5) Any expense claimed when the dates of the insurance do not match the actual dates of the trip (taking into account both the day of departure and of arrival).
- 6) Vaccines and monitoring of previously known diseases.
- 7) Expenses related to prosthesis of any type, physiotherapy and kinesiotherapy.
- 8) The cost of implants, experimental surgeries and treatments whose safety and cost-effectiveness are not scientifically proven or are not recognised by official medical science in Spain. Psychological treatments, aesthetic treatments, for rehabilitation or preventive medicine.
- 9) Any kind of medical expense less than € 9.02.
- 10) Suicides, self-inflicted injuries and poisonings by consumption of drugs or alcohol.
- 11) In no case will the Insurer replace the emergency relief agencies of the country in question, neither will it bear the cost of these services.
- 12) Mental illnesses, as well as psychoanalysis and psychotherapy.

6.2. PERIODS DURING WHICH YOU CANNOT BENEFIT FROM THE COVERAGE

WAITING PERIOD	COVERS
Up to 8 months	<ul style="list-style-type: none"> • Family planning • Surgical operations and hospital admissions (except in cases of vital emergency), including assistance in childbirth. • Cancer, cardiovascular, lithotripsy and dialysis treatments. • Post-partum care
Up to 24 months	<ul style="list-style-type: none"> • Assisted reproduction (for both partners in the couple).

If the Insured comes from another company, the waiting periods may be removed, except for and assisted reproduction. For this, the Insured must provide the last paid receipt of his/her previous policy and the Particular Conditions of the same.

6.3. AGE LIMIT FOR TAKING OUT POLICY

The maximum age for taking out a Salud Prestigio policy is 69 years.

7. FORMS OF COLLECTION OF THE BENEFIT

PREMIUM: the Salud Prestigio product allows you to split the payment on a monthly, quarterly, six-monthly or annual basis, at no extra charge within the premium for this choice.

CO-PAYMENT: shared payment of the Insured in the cost of the services. The Salud Prestigio only has established co-payments for adult psychology services of €8/session per Insured and year.

MAXIMUM AMOUNTS OF THE DENTAL SUPPLEMENT: the maximum amounts applicable by the providers of oral/dental treatments. These can always be consulted in the digital resources provided for this purpose.

REIMBURSEMENT: if the Insured receives services from professionals outside Caser's provider network, once all the required documentation has been received and the appropriate checks and calculations have been made to establish the amount to be compensated, the Insurer will have a period of ten business days to reimburse or deposit this amount, depending on the circumstances. The total sum insured under the contract is **€210,000** per Insured per year, and for assisted reproduction, psychology, pelvic floor rehabilitation, robotic surgery and prostate biopsy, the Insured will not be reimbursed under any circumstances for amounts billed by medical centers and physicians not included in the established provider network. These sums can be modified and will be detailed in the specific conditions of the insurance contract.

The following limits are considered standard:

Reimbursement Percentage:

Non-hospital care in Spain	80%
Hospital admission in Spain	90%
Reimbursement abroad	80%

Sublimits Reimbursement per insured/year:

MAXIMUM CAPITAL	
Non-hospital care (visits, diagnosis methods and therapeutical treatment)	€ 40.000
Hospital care	€ 160.000
Prosthesis (cost of it)	€ 12.000
HOSPITAL EXPENSES	
Medical fees (surgeon, anaesthetist, assistant and other medical staff)	€ 40.000
Expenses per day of hospital care (other sanitary expenses, other than medical fees)	€ 1.000
Newborn congenital diseases (first year of life)	€ 7.800
OTHER NON-HOSPITAL BENEFITS	
Odontostomatology	€ 360
Rehabilitation and physiotherapy	€ 700
Ambulance	€ 1.000

Psychology, Assisted reproduction, pelvic floor rehabilitation, prostate biopsy and robotic surgery for prostate cancer are only covered through the medical directory, no medical expenses will be reimbursed.

8. CONDITIONS, TERMS AND END DATE OF THE PAYMENT

8.1. GENERAL ISSUES

The payment of the insurance can be made monthly, quarterly, six-monthly or annually without any additional charge. This will be paid via direct debit charged to a bank account in the name of the Contracting Party, expressly indicated in the insurance application.

8.2. ANNUAL COMMUNICATION OF THE END DATE OF THE PAYMENT AND UPDATES

Caser may modify the price applicable to the next annuity, and where appropriate the price of the co-payments, in accordance with the technical-actuarial calculations carried out and based on the health care CPI, the frequency in the use of the guaranteed coverages, the inclusion of medical advances or new insured coverages included at the time of each annual renewal of the agreement, as well as on updates arising from family or promotional discounts available at the time of taking out the policy.

In the event of a modification of the stipulated price, the Contracting Party of the insurance will receive notice of said update for the following year with two month's notice prior to the end date of the agreement, and will have the option to extend the insurance agreement, which will entail acceptance of the new financial conditions, or its termination at the end of the current period, by sending the pertinent request to the Insurer.

8.3. RATES AND IDENTIFICATION OF THE RISK FACTORS TO BE CONSIDERED IN THE CALCULATION OF THE PAYMENT

The payments to be met by the Contracting Party shall vary depending on the annual increase in medical costs of the health system, as well as the update of the age of each Insured, the variation in the number of people in the agreement, the linkage as a customer, the promotional conditions (if any), and the geographical area corresponding to the domicile of the provision, applying the rates that the Insurer has in force on the date of each renewal.

8.4. CONDITIONS FOR TERMINATION AND OPPOSITION TO THE EXTENSION

The insurance is contracted for the period provided for in the Particular Conditions. Upon its termination, the agreement will be tacitly renewed for annual periods.

However, either of the parties may object to the extension by written notification sent to the other party, carried out at least one month prior to the end date of the current insurance period if issued by the Contracting Party, and two months prior if issued by the Insurer.

In any case, the Insurer undertakes to:

- a. Not cancel the contract when the Insured is undergoing hospital treatment, until he/she is discharged, except in the event of the Insured deciding to not continue with said treatment.
- b. Not opposing the renewal of insurance contracts that cover Insured with certain situations of serious illness, provided the first diagnosis occurred during the valid period of the contract. Illnesses with ongoing treatment during the valid period of the contract will be those listed below:
 - . Active cancer processes.
 - . Chronic renal failure.
 - . Torpid chronic respiratory failure.
 - . Chronic liver disease (excluding those of alcoholic origin).
 - . Acute myocardial infarction with heart failure.
 - . Macular degeneration.
 - . Heart diseases attributed to surgical or interventionist treatments.
 - . Organ transplant.
 - . Complex orthopaedic surgery in evolutionary phase.
 - . Degenerative and demyelinating diseases of the nervous system.

- c. Not opposing the renewal in relation to insurance contracts that cover Insured people over the age of 65 years, when their accredited loyalty to the company, free from non-payments, reaches 5 or more continuous years.

The previous commitments shall not apply or shall cease to have effect in cases in which:

- a. The Insured has been failed to comply with his/her obligations or there has been a reserve or inaccuracy on their part when declaring a risk.
- b. A non-payment of an established price occurs or the Contracting Party refuses to accept a premium update.
- c. The Contracting Party does not agree with the conditions for renewal.

The waiver by the Company of its right to oppose the continuity of the agreement inexcusably requires that the Contracting Party accepts the premium and participates in the corresponding cost of the services provided, and that the Insurer may periodically update in order to adapt them to the evolution of the insurance costs, always in accordance with the actuarial criteria and within the limits of the law and of the agreement.

8.5. RIGHT TO REINSTATEMENT

In this type of insurance, the Insured shall be entitled to the reinstatement of the agreement in accordance with the Insurance Contract Law. If during the second and subsequent insurance annuities a non-payment occurs at the end of the annual payment, and the agreement enters into suspension of guarantees, the reinstatement will take place at 00:00 hours on the day during which the payment of the annual premium is made effective.

8.6. LIMITS AND CONDITIONS RELATING TO THE FREEDOM OF CHOICE OF PROVIDER

The Insured has freedom of choice regarding the service provider to be chosen from among the professionals and centres listed in the medical pool, an updated version of which will always be available in the digital resources provided for this purpose.

Likewise, there are a number of medical acts that require prescription from a professional included in the medical pool. These are listed in the General Conditions.

Similarly, there are a series of medical acts that require prior authorisation from the Company, as listed in the table below:

HOSPITALISATION

- Admissions: **medical, surgical, psychiatric**
- Day centre
- Hospital home-care
- Outpatient surgery

- Ambulance transfers

DIAGNOSTIC TESTS

- Endoscopy: **any technique**
- Nuclear medicine: **any technique**
- Ultrasound: **transoesophageal and high resolution**
- Radiology: **CT-scan, MRI, densitometry, angiography, urodynamic studies, PET, PET/CT**
- Clinical analyses: **karyotypes-genetics, Helicobacter Pylori, tumour markers**
- Genetic studies
- Cardiology: **ergometrics, Holter, Doppler, haemodynamics, electrophysiology studies, pacemakers**
- Neurophysiology: **any technique**
- Pathological anatomy: **Immunohistochemistry and molecular pathology**
- Dermatoscopy
- Biomechanical study of motion

TREATMENTS

- Oncology: **chemotherapy, radiotherapy**
- Rehabilitation: **physiotherapy, speech therapy and psychology**
- Ophthalmologist laser therapy
- Oxygen therapy at home
- Haemotherapy
- Interventional radiology
- Pain management
- Extracorporeal lithotripsy
- Assisted reproduction
- Post-partum care
- Laser in proctology

FIXED INTERNAL PROSTHESIS

This list includes some of the benefits that require prior authorisation from the company, but not all are necessarily covered under the Salud Prestigio product. Please refer to the General, Special and Particular Terms and Conditions of your contract.

You may request your authorisations by telephoning the free telephone number 91 055 16 61 or online in the digital resources provided for this purpose.

9. CHARGEABLE TAXES

The stipulated prices are subject to the implementation of the legally chargeable taxes on the first receipt (0.15% L.E.A.) and the IPS in the part of the corresponding cover. The health insurance premiums are exempt from tax on IPS (Insurance Premium Tax), except for the part of the premium destined to cover Travel Healthcare Assistance guarantees.

10. COMPLAINT BODIES

CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. (CASER) makes available to its customers its Defence Service for the Insured (Complaints and Claims) at Avenida de Burgos, nº 109, 28050 Madrid, and at the e-mail address: defensa-asegurado@caser.es.

If the resolution of the complaint is to dismiss the request or more than one month has elapsed without having obtained response, the administrative claims procedure may be initiated before the Claims Service of the Directorate General of Insurance and Pension Funds, Paseo de la Castellana, 44, 28046 Madrid, a body that will act as the alternative entity for resolving litigation in consumer disputes, in accordance with Additional Provision One of Law 7/2017, of 2 November. To this end, we provide you with the website address of the Directorate General of Insurance, www.dgsfp.mineco.es/reclamaciones/, where the claimant may learn about the procedure, requirements and means for submitting a claim or complaint. Equally, the complaint may be submitted to the competent courts and tribunals.

11. APPLICABLE LAW AND JURISDICTION

- Law 50/1980, of 8 October, on Insurance Contracts and its implementing regulations.
- Law 20/2015, of 14 July, on the Management, Supervision and Solvency of Insurers and Reinsurers, and its implementing regulations.
- Law 22/2007, of 11 June, on distance marketing of financial services for use by consumers.

This Agreement is subject to Spanish jurisdiction and, therein, the competent judge for ruling on any actions arising from the same will be that of the domicile of the Insured in Spain.

12. TAX REGIME

The health insurance premiums are exempt from tax on IPS (Insurance Premium Tax), except for the part of the premium destined to cover Travel Healthcare Assistance guarantees.

In general in Insurances for Individuals, the premiums paid for this insurance do not entitle any fiscal benefit, neither are they tax deductible for personal income tax purposes, neither do they entitle deduction or bonus whatsoever. However, there may be special cases in some Autonomous Communities.