Description of Coverage

Important information. Please read and save.

The information contained herein is provided solely for general informational purposes. It does not intend to be a complete description of all terms, conditions, limitations, exclusions, or other provisions of any program or insurance benefits provided by, or for, or issued to Mastercard.

To file a claim or for more information on any of these services, please call the specific Mastercard Global Service™ toll-free number for your country, or call direct, or collect to the United States at: 1-636-722–8883 (English); 1-636-722-8882 (Español); 1-636-722-8881(Português).

"Card" refers to Mastercard® **[Business Credit]** card

"Cardholder", "you", and "your" refer to a Mastercard® **[Business Credit]** Cardholder, who has an eligible Mastercard® **[Business Credit]** Account and whose name is embossed on the surface of the Mastercard® **[Business Credit]** card.

Selection of benefits on your Mastercard card may vary by card issuer. Please refer to your issuing financial institution for more details

Benefit Recuperation at Home (***Home Care)*** indemnifies Mastercard® **[Business Credit]** card Cardholders when they must remain at Home, under medical advice, to recover following an Inpatient hospitalization for a minimum of **(five) (5)** consecutive days as a result of an Injury sustained resulting from a covered Accident.

Who is Covered

Mastercard® **[Business Credit]** Cardholders ONLY.

To Get Coverage

Coverage is provided when the Insured Person is hospitalized for a minimum of **(five) (5)** consecutive days and must remain, under medical advice, at the Insured Person's Home for additional Convalescence starting immediately after being discharged from the Hospital.

This insurance applies only if the Insured Person has an eligible Account with a minimum of **(two) (2)** Point-Of-Sale (POS) transactions (excluding ATM, "Cajeros Automaticos") **(thirty) (30)** days prior to the event which results in the Loss.

What's Covered

The Company will pay up to USD† **$[250]** per day for up to **ten (10)** days of the total period of Convalescence for the applicable covered Loss. Payment will be made in a single installment, or lump sum.

Coverage Conditions/Limitations

1. Benefit Limitation for Multiple Cards: If a Cardholder suffers a Loss from the same covered Accident for which benefits are payable under more than one eligible card covered by this program, the maximum amount payable will not exceed five (5) times the maximum Principal Benefit or equal to five (5) eligible cards, per Cardholder.

What is NOT Covered (Exclusions)

Recuperation at Home (Home Care) does not cover any Loss, fatal or non-fatal, caused by or resulting from:

1. Illness or Sickness;
2. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;

3. Loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury;
4. Participation in any professional, semi-professional or interscholastic team sports;

5. Being under the influence of drugs, alcohol or other intoxicants while driving a vehicle, unless prescribed by a Physician and taken as prescribed;
. Participation in an actual felony;
7. participation in skydiving/parachuting, hang gliding, bungee jumping, mountain climbing (this does not include regular recreational hiking or similar activity), pot-holing; or participation in contests of speed using a motorized vehicle;
8. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power;
9. Participation in the military, naval or air service of any country;
10. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft;
11. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or the dispersal, release or application of pathogenic or poisonous biological or chemical materials.
12. The Company and/or corresponding Reinsurer, if applicable, will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose The Company and/or corresponding Reinsurer, if applicable, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

Key Terms and Definitions

Accident: means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means.

Account: means an International Use Mastercard® **[Business Credit]** card account that is open and in good standing (not cancelled, suspended or delinquent) at the time of hospitalization.

The Company: means a Member Company of AIG Insurance underwriting the Insurance Coverage and/or corresponding Reinsurer, if applicable.

Cardholder: means a person who has an eligible Account and whose name is on the surface (embossed or other) of an eligible Mastercard® **[Business Credit]** card provided by an Issuer in the issuing territory.

Convalescence ("a period of Convalescence"): Time ordered by attending Physician to continue the recovery at the Insured Person's Home, starting immediately after being discharged from the Hospital. Convalescence begins immediately upon Hospital discharge.

Good Standing: means an Account that is current in its dues and payments and follows all other requirements from the Issuer.

Home: means where the Insured Person's primary residence is, where the Insured Person lives most of the year and use as their mailing address. Home is assumed to be located in the same country as the Issuing Territory of the Mastercard Eligible Account.

Hospital: means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of Sick or injured persons; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the Hospital or a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center. Hospital is assumed to be located in the same country as the Issuing Territory of the Mastercard Eligible Account.

Injury: means a bodily injury caused solely and directly by violent, accidental, external and visible means resulting directly and independently of all other causes while this policy is in effect.

Inpatient: means an Insured Person who is confined to a Hospital, under the recommendation of a Physician, and for whom a room and board charge is made.

Insured Person(s): means a Mastercard® **[Business Credit]** cardholder or other eligible person(s) who are defined as being eligible under each program's "Who is Covered" provision in this guide.

Issuer: means a bank, financial institution (or like entity) or Corporation and/or Government Institution (CGI) that is admitted or and/or authorized by Mastercard to operate a Mastercard card program in the Issuing Territory.

Issuing Territories: means **LAC except Brazil, Puerto Rico, Venezuela and U.S Virgin Islands**

Loss: means for (a) hand or foot means actual severance through or above the wrist or ankle joints; (b) eye means entire and irrecoverable loss of sight; (c) thumb and index finger means actual severance through or above the joint that meets the hand at the palm; (d) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; (e) Paralysis.

Mastercard: means Mastercard International (or Mastercard Worldwide), a corporation organized under the laws of the State of Delaware, USA, with a principal place of business at 2000 Purchase Street, Purchase, NY 10577.

Physician: means a Doctor of Medicine or a doctor of osteopathy legally licensed to practice, render medical services or perform surgery in accordance with the laws of the country where such professional services are performed, however, such definition will exclude chiropractors, physiotherapists, homeopaths and naturopaths.

Policy: means a contract of insurance and any attached endorsements or riders issued to Mastercard.

POS: means Point of Sale transaction, which includes any purchase made with an access device, whether it's authenticated using a PIN or using a signature; excluding ATM transactions.

Sickness: means illness or disease of any kind that resulted in the Inpatient hospitalization.

War: means any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

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In the event of a claim, the following procedures should be followed:

1) You (Cardholder) or the beneficiary or someone legally acting on behalf of either, must notify us as required in the Claim Notification Period, or your claim may be denied - Upon receipt of a notice of claim, the Plan Administrator, Claims Administrator or Insurance Company, will furnish to a claimant the necessary Claim Form(s);

2) Complete the Claim Form(s) in its entirety signed and dated.

3) Submit all Required Information (proof of loss), as outlined in this section no later than the Submission Period.

For assistance with filing a claim, please call the specific Mastercard Global Service™ toll-free number for your country, or call direct, or collect, to the United States at: **1-636-722–8883** (English); **1-636-722-8882** (Español); **1-636-722-8881** (Português).

Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than one hundred eighty (180) days from the date of Claim Notification.

Required Information (proof of loss):

1. Medical evidence reports and attending Physician statements as proof of Inpatient hospitalization for a minimum of **(five) (5)** consecutive days and detailing the nature of Injury;
2. Cardholder's statement of account showing a minimum of **(two) (2)** Point-Of-Sale (POS) transactions (excluding ATM, "Cajeros Automaticos") **(thirty) (30)** days prior to the event which results in the Loss;
3. Cardholder's statement of account showing the account was open and in good standing at the time of hospitalization.

Please note, there may be additional information requested at times in order to process your claim. Itis your responsibility to provide this information in order to process the claim.

Submit all required information as outlined above by either:

1. **Email:** mcresponse@ufac-claims.com
2. **Fax:** 1-216-617-2910
3. **Mail:** Mastercard Benefits Assistance Center
   c/o Program Administrator at Sedgwick Claims Management Services, Inc.
   PO Box 89405
   Cleveland, OH, 44101-6405

For questions about your claim call our toll-free number 1-800-MCASSIST.

Payment of Claims:

Subject to the applicable terms and conditions, benefits will be paid to the Insured Person or other appropriate party where necessary. Payment of any indemnity shall be subject to the laws and governmental regulations then in effect in the country of payment.

† Indemnity payments will be made in national currency and in a single installment. The exchange rate will be applied as disclosed by the Central Bank or corresponding entity, on the date payment is processed.

General Provisions and Disclaimers:

General: These benefits and services are effective for eligible Mastercard® cardholders effective **[January 1st 2026].** This document supersedes any guide or program communication you may have received earlier. The information contained herein is provided solely for general informational purposes. This document is not a Policy, contract, warranty or promise of insurance or other benefit. It does not intend to be a complete description of all terms, conditions and exclusions of the policies or other benefits, all of which are subject to change by Mastercard or the underwriters or other service providers at any time and without prior notice. Provision of services is subject to availability and applicable legal restrictions. Insurance coverage is underwritten by approved Member Companies of AIG Insurance Company, and/or corresponding Reinsurer, if applicable. Complete provisions pertaining to these plans of insurance are contained in the Master Policy(ies) on file with the Plan Administrator, Affinity Insurance Services, Inc., on behalf of Mastercard Worldwide, Latin America and Caribbean Region in Purchase, New York, USA. If there are any discrepancies between this document and the Master Policy(ies) or the applicable Mastercard contract for other benefits, the Master Policy(ies) or the applicable Mastercard contract for other benefits shall govern. The Insurance Company has the final authority to determine the outcome of an insurance claim.

Cancellation: Mastercard can cancel these benefits at any time or choose not to renew insurance coverage for all Cardholders. Insurance coverage or benefits provided by these programs may cease on the date indicated in the Master Policy in existence between Mastercard International and the Insurance Company; or will be terminated on the date your Mastercard card terminates or ceases to be a Valid Account, whichever occurs first. If a benefit/program is cancelled, cardholders will be notified in advance, as soon as reasonably practical. The effective time for any Cancellation referenced in this section shall be 12:01 a.m., Eastern Standard Time. Any claim for benefits from Home Care, that occurs prior to the effective date of cancellation shall not be prejudiced by the cancellation or non-renewal, subject to the terms and conditions of the Master Policy(ies).

Valid Account: (1) Your Mastercard card account must be open, valid and in Good Standing for any benefits, coverage or services to apply; and (2) Benefits will not be paid and coverage will not apply if; on the date of an accident, occurrence or incident that causes or results in a loss covered under any plan of insurance, your Mastercard card account is not open, valid, in good standing; or is in delinquency, collection, or cancellation status.

Cardholder Duties After a Loss (Due Diligence): You must use all reasonable means to avoid future loss at and after the time of loss and provide full compliance with the duties that are described. This includes full cooperation with the Insurance Company, Plan Administrator(s) and Third-Party Claims Administrator who act on behalf of Mastercard for programs or other services offered as benefits to a cardholder; with investigating, evaluating and settling a claim.

Concealment, Fraud or Misrepresentation: Insurance coverage/benefits or services described herein, will be void, whether before or after a loss or request for services are made, if you willfully concealed or misrepresented any material fact or circumstance concerning or provided fraudulent information concerning the plans of insurance or other services described herein to: Mastercard International, the

Insurance Company, financial institution issuing the card Account, or any other company performing services and/or administration on behalf of these programs.

Legal Actions: No legal action may be brought to recover on a Policy until sixty (60) days after the Insurance Company has been given written proof of loss. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

Conformity with local statutes: Any provision of a Policy, which; on its effective date, is in conflict with the statutes of the country in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirement of such statutes.

Sanctions: The Company and/or corresponding Reinsurer, if applicable, will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose The Company and/or corresponding Reinsurer, if applicable, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

Arbitration: Any dispute regarding the terms of any Master Policy(ies) of insurance, including any question regarding its existence, validity or termination will be referred to and resolved by arbitration and in accordance with the arbitration rules/regulations of the country where your Mastercard card account has been issued.

Confidentiality and Security: We may disclose all information we collect, as described above, to companies that perform administrative services on our behalf solely in connection with insurance coverage you have received. We restrict access to personal information to our employees, our affiliates' employees, or others who need to know that information to service the account or in the course of conducting our normal business operations. We maintain physical, electronic, and procedural safeguards to protect personal information.

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