

## Travel Assistance Insurance Contract N° 52013

**CONTRACTING PARTY:** MELIA HOTELS INTERNATIONAL, S.A.

THE CONTRACTING PARTY has signed with SOS Seguros y Reaseguros, S.A., which is part of the INTERNATIONAL SOS GROUP, with registered office in Madrid, Calle Ribera del Loira no 4-6, 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, this Travel Assistance insurance contract, with:

**EFFECTIVE DATE:** 01/04/2021 **TERMINATION DATE:** 31/03/2022

Coverage **GEOGRAPHIC SCOPE:** **WORLDWIDE (INCLUDING U.S.A.)**

Coverage and limits are detailed below:

### INSURANCE CONTRACT COVERAGE

	Coverage	Maximum limits in €
<b>A)</b>	<b>MEDICAL ASSISTANCE AND TRAVEL ASSISTANCE COVERAGE (Including COVID-19 disease)</b>	
1	Medical, pharmaceutical or hospitalization expenses	€ 40.000
2	Medical teleconsultation	Included
3	Advances in respect of guarantees for hospital fees abroad	€ 40.000
4	Extension of stay	€ 100 per day/10 days max.
5	Sanitary transfer or medical repatriation	Unlimited
6	Companion travel expenses	Unlimited
7	Living expenses for the companion of the hospitalized insured person	€ 100 per day/10 days max.
8	Return expenses of the companion	Unlimited (Max. 3 companions)
9	Transfer or repatriation of mortal remains	Unlimited
<b>B)</b>	<b>TRAVEL INTERRUPTION</b>	
10	Interruption of the stay due to hospitalization or decease of a relative due to Covid-19. Reimbursement for the part belonging to the insured	Reimbursement for the proportional amount of the booking until 500 €
11	Interruption of the stay due to hospitalization of a guest due to Covid-19 Reimbursement for the part belonging to the insured	Reimbursement for the amount of the booking until 500 €

### 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**

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 the Assistance Center may request reimbursement of expenses by writing to SOS SEGUROS Y REASEGUROS, S.A. Calle Ribera del Loira, 4-6, 28042 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.**

