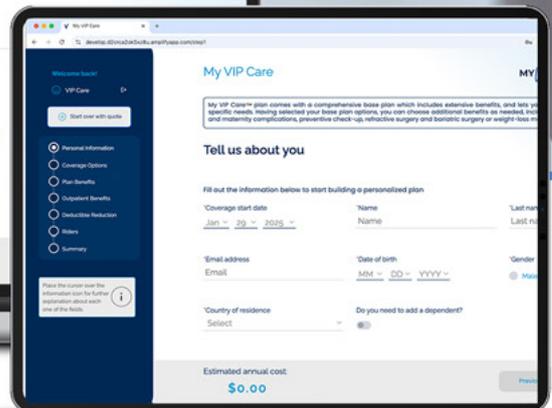
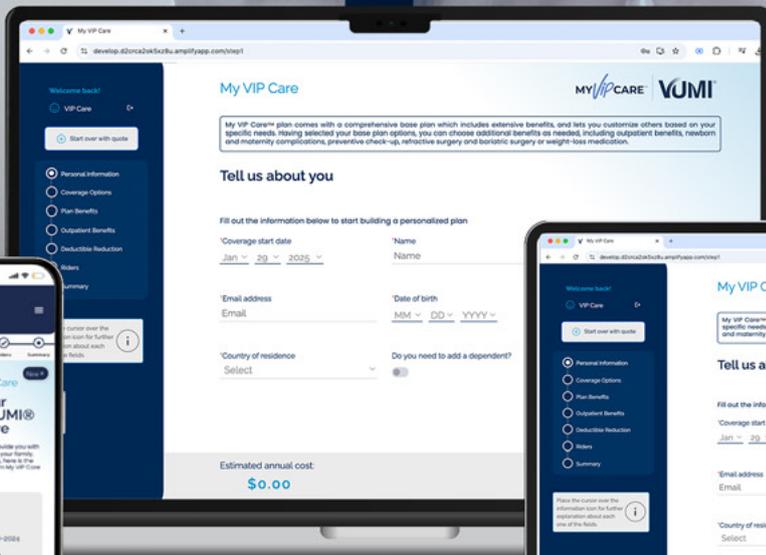
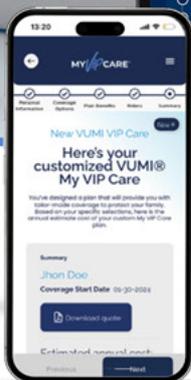
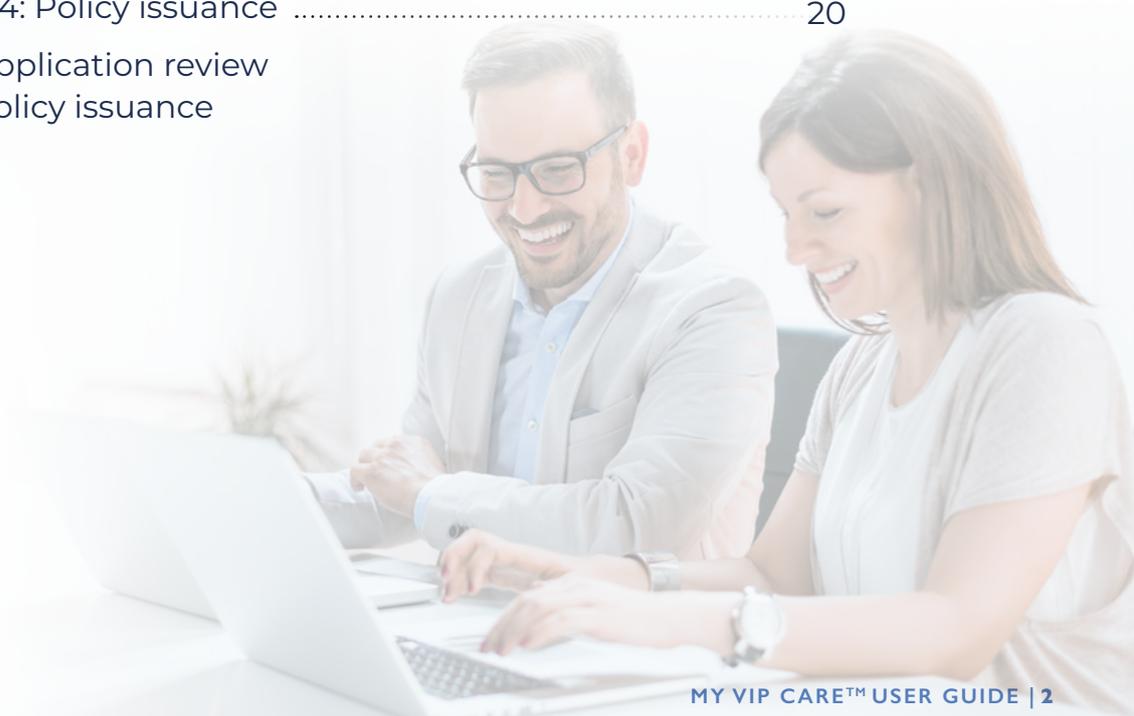


## USER GUIDE



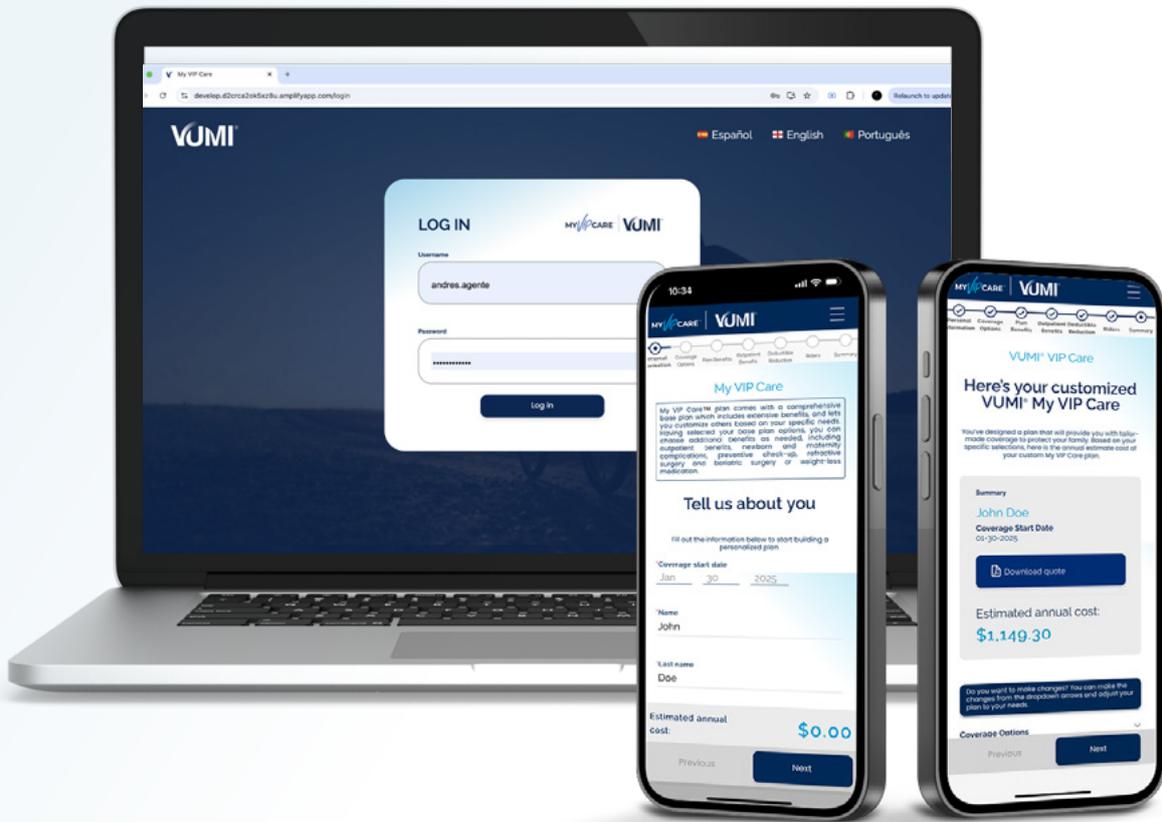
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**ABOUT MY VIP CARE™**

My VIP Care™ is an innovative product that features a comprehensive basic plan with extensive VIP benefits. It also allows the insured to customize the scope of coverage and other benefits according to their specific needs. Once the scope of coverage has been selected, the insured can add other benefits they may need, including outpatient coverage, newborn and maternity complications, and more.



**HOW TO ACCESS MY VIP CARE™?**

Access the My VIP Care™ quoting tool through the Agent Portal. You can also find My VIP Care™ in the VUMI® Agent Central app, in the quotes section. To make personalized quotes you need the login credentials for the Agent Portal.

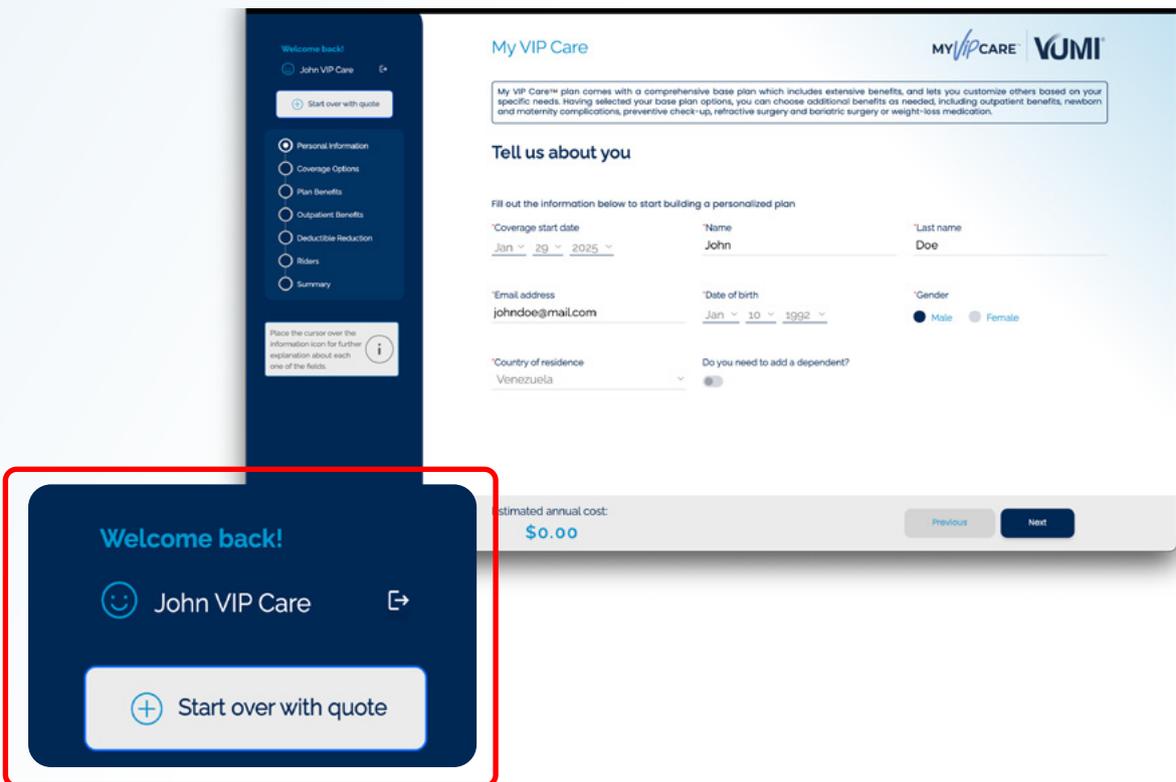
**Personal Information**

**STEP 1**

**HOW TO START A QUOTE?**

When starting a My VIP Care™ quote, the first step is to fill in the personal information fields. If necessary, you can include any dependents during this step.

**Interesting fact:** When you enter your client’s name in the “Name” field, you will see how it will be reflected in the name of the customized plan. When you get the plan summary, the cover page will also be customized. For example, if your customer’s name is “John,” the plan summary and quote will be titled “John VIP Care.”



## Dependents' Information

### DO YOU WANT TO ADD A DEPENDENT?

If you want to add one or more dependents, click the “**Add Dependent**” button. Fill in all the information, then click “**Add.**” You can repeat the same step for as many dependents as your client needs. Once the dependents have been entered, click on “**Next.**”



**Important:** Under the same policy, it is only possible to add a spouse, domestic partner or children up to age 23. After reaching the age of 24, a person is no longer eligible for dependent child coverage.

This screenshot shows the initial step of the 'Tell us about your dependents' form. The left sidebar contains navigation options: Personal Information (selected), Coverage Options, Plan Benefits, Outpatient Benefits, Deductible Reduction, Riders, and Summary. Below the sidebar is an information icon with the text: 'Place the cursor over the information icon for further explanation about each one of the fields.' The main content area has the heading 'Tell us about your dependents' and a sub-heading 'You may add your spouse/domestic partner or children. The age of a dependent child cannot be 24 years old or over.\*' followed by a smaller note: '\*Dependent child, refers to family members under the age of 23. Upon reaching 24, a person is no longer eligible for dependent coverage.' A dark blue 'Add dependent' button is centered below the text. At the bottom, the 'Estimated annual cost' is shown as '\$0.00', with 'Previous' and 'Next' buttons.

This screenshot shows the same 'Tell us about your dependents' form with fields filled out. The sub-heading now reads: 'You may add your spouse/domestic partner or children. The age of the dependent cannot be over 23 years old.' The form fields are:
 

- Name: Jane
- Last name: Doe
- Relationship with main applicant: Spouse/Domestic partner (dropdown menu)
- Gender: Male (radio button), Female (radio button)
- Date of birth: Jul 29, 2004 (dropdown menu)
- Country of residence: Venezuela (dropdown menu)

 At the bottom, the 'Estimated annual cost' is '\$0.00', with 'Cancel' and 'Add' buttons.

Coverage Options

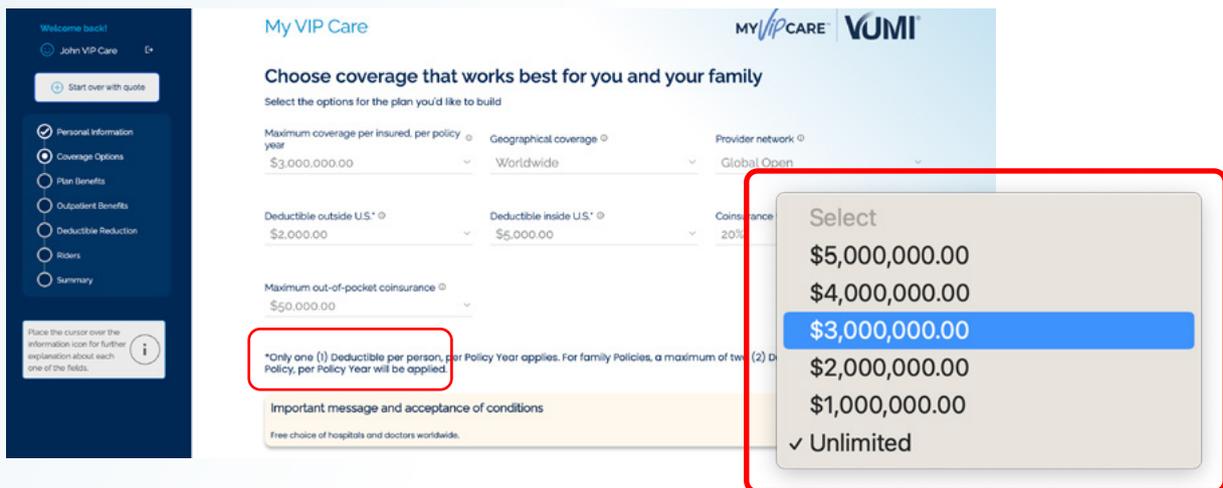


CHOOSING COVERAGE

In the Coverage Options section, you'll begin to choose the main benefits of the plan, such as maximum coverage per insured, per policy year; geographic coverage; provider network; deductible outside and inside the U.S.; coinsurance and maximum coinsurance out-of-pocket.

In all fields from here on, you will find the icon (i). Hovering over this icon will bring up the explanation or reference of the benefit so you can learn more about it. Once you have completed your choices, press Next.

From this screen, you will be able to see how the Estimated Annual Cost changes, and adjust the options taking into account your client's budget.



**Important:** Depending on what the customer selects in the **Geographic Coverage** option, different alternatives will be enabled within the **Provider Network** option. You can consult the restrictions of each option in the yellow information box that will appear at the bottom of the screen. It's important to read and understand these messages about the acceptance of choices that will appear according to what has been selected.

COMBINATION 1

Geographic Coverage

Select

- Latin America
- Worldwide Limited
- ✓ Worldwide

Providers Network

Select

- Global Limited
- ✓ Global Open

Important message and acceptance of conditions

Free choice of hospitals and doctors worldwide.

COMBINATION 2

Geographic Coverage ▾

Select

- Latin America
- Worldwide Limited
- ✓ Worldwide

Providers Network ▾

Select

- ✓ Global Limited
- Global Open

Free choice of physicians and hospitals worldwide, except for the following U.S. hospitals:

- Dana Farber Cancer Institute
- Memorial Sloan Kettering Cancer Center
- MD Anderson Cancer Center
- Presbyterian Hospital of New York
- The Johns Hopkins Hospital
- Baptist Health Systems
- Cedars-Sinai Medical Center
- Mayo Clinic (FL, MN, AZ)
- HCA Healthcare
- Memorial Health Systems (S. FL)
- Aspen Valley Hospital
- Mount Sinai Medical Center
- Naples Comprehensive Health
- Orlando Health
- Hospital for Special Surgery

Important message and acceptance of conditions

Free choice of hospitals and doctors worldwide, except the following hospitals in the United States: Dana Farber Cancer Institute, Memorial Sloan Kettering Cancer Center, MD Anderson Cancer Center, New York Presbyterian Hospital, Johns Hopkins Hospital, Baptist Health Systems, Cedars-Sinai Medical Center, Mayo Clinic (FL, MN, AZ), HCA Healthcare, Memorial Health Systems (S FL), Aspen Valley Hospital, Mount Sinai Medical Center, Naples Comprehensive Health, Orlando Health, Hospital for Special Surgery.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

COMBINATION 3

Geographic Coverage ▾

Select

- Latin America
- ✓ Worldwide Limited
- Worldwide

**Excludes coverages in the following countries:**

Brasil, China, Hong Kong, Germany, Japan, Singapore, Switzerland, United Kingdom and United States

Important message and acceptance of conditions

Excludes coverage in the following countries: Brasil, China, Hong Kong, Germany, Japan, Singapore, Switzerland, United States.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

COMBINATION 4

Geographic Coverage ▾

Select

- ✓ Latin America
- Worldwide Limited
- Worldwide

Providers Network ▾

Select

- Latam Limited
- ✓ Latam Open

Free choice of physicians and hospitals in Latin America.

Important message and acceptance of conditions

Free choice of hospitals and doctors in Latin America.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

COMBINATION 5

Geographic Coverage ▾

Select

- ✓ Latin America
- Worldwide Limited
- Worldwide

Providers Network ▾

Select

- ✓ Latam Limited
- Latam Open

Free choice of physicians and hospitals in Latin America, except the following hospitals:

- Hospital Israelita Albert Einstein, São Paulo
- Hospital Sirio-Libanés, São Paulo
- Centro Médico ABC, México
- Hospital Ángeles, México
- CMH-Hospital Galenia, Cancun, Mexico
- Saint Luke’s Hospitals, Cabo San Lucas, México
- Hospital Joya, Puerto Vallarta, México
- Hospital CIMA, Costa Rica
- Hospital La Católica, Guadalupe, Costa Rica
- Clínica Las Condes, Estoril, Chile
- Clínica Alemana, Vitacura, Chile
- Hospital del Diagnóstico Colonia Escalón, San Salvador, El Salvador
- Hospital El Pilar, Guatemala

Important message and acceptance of conditions

Free choice of hospitals and doctors in Latin America, except the following hospitals: Hospital Israelita Albert Einstein, São Paulo; Hospital Sirio-Libanés, São Paulo; Centro Médico ABC, Mexico; Hospital Angeles, México; CMH-Hospital Galenia, Cancún, México; Saint Luke’s Hospitals, Cabo San Lucas, México; Hospital Joya, Puerto Vallarta, México; Hospital CIMA, Costa Rica; Hospital La Católica, Guadalupe, Costa Rica; Clínica Las Condes, Estoril, Chile; Clínica Alemana, Vitacura, Chile; Hospital del Diagnóstico Colonia Escalón, San Salvador, El Salvador; Hospital El Pilar, Guatemala.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

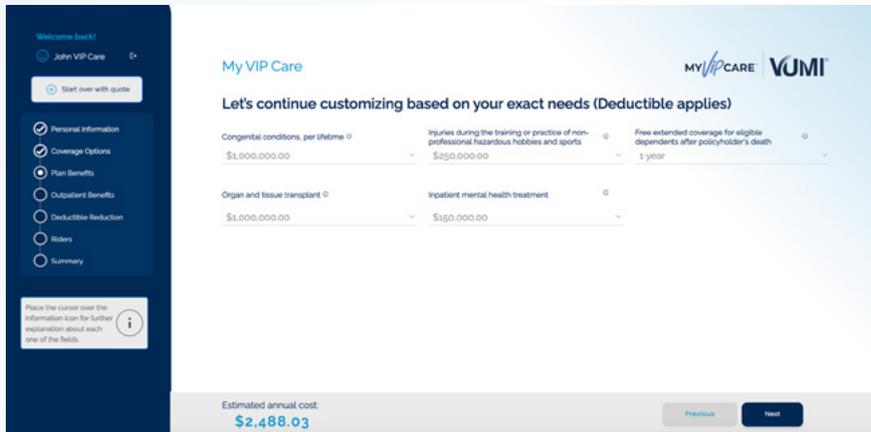


## Plan Benefits

### MORE PERSONALIZED BENEFITS

On this screen, the insured can select the scope of benefits including:

- Congenital conditions
- Injuries during the training or practice of non-professional hazardous hobbies and sports
- Free extended coverage for eligible dependents after policyholder's death
- Organ and tissue transplant
- Inpatient mental health treatment

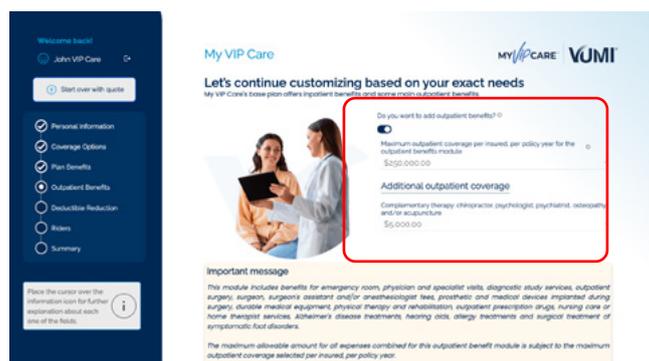


## Outpatient Benefits

### CUSTOMIZATION ACCORDING TO THE SPECIFIC NEEDS OF THE CLIENT

By selecting to add outpatient benefits, options such as **Maximum Outpatient Coverage and Complementary Therapies** will be activated.

After choosing the desired coverage, it's important to read the information that will be displayed in the yellow box before pressing the **Next** button.

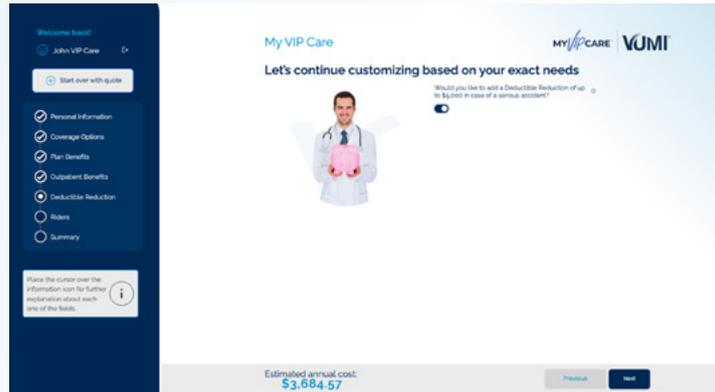




## Deductible Reduction

### BENEFIT TO REDUCE THE PLAN DEDUCTIBLE

The insured has the option of adding a benefit that reduces the deductible up to US\$5,000 for the first outpatient treatment or hospitalization in the event of a serious accident, as defined by the policy.

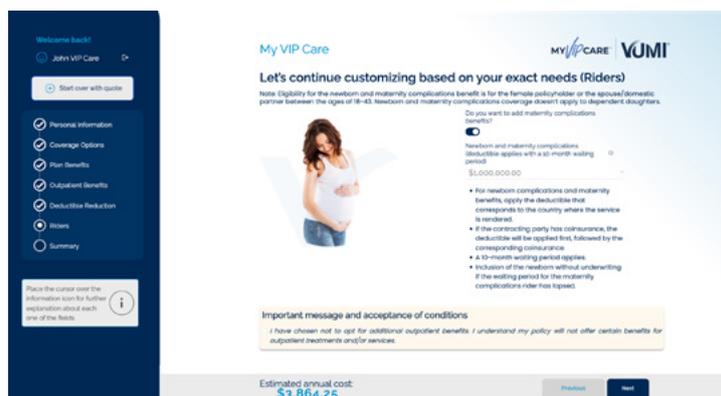


## Riders

### NEWBORN AND MATERNITY COMPLICATIONS BENEFITS

For the Newborn and Maternity Complications benefit, the selected deductible and a 10-month waiting period will apply. Remember that eligibility for this benefit is for female policyholders or spouses between the ages of 18 and 43 and it doesn't apply to dependent daughters.

It's also important to remember this plan or the rider do not offer maternity care benefits, including childbirth and pre- and postnatal care. This information will appear in a yellow box that you will need to accept before you can continue.



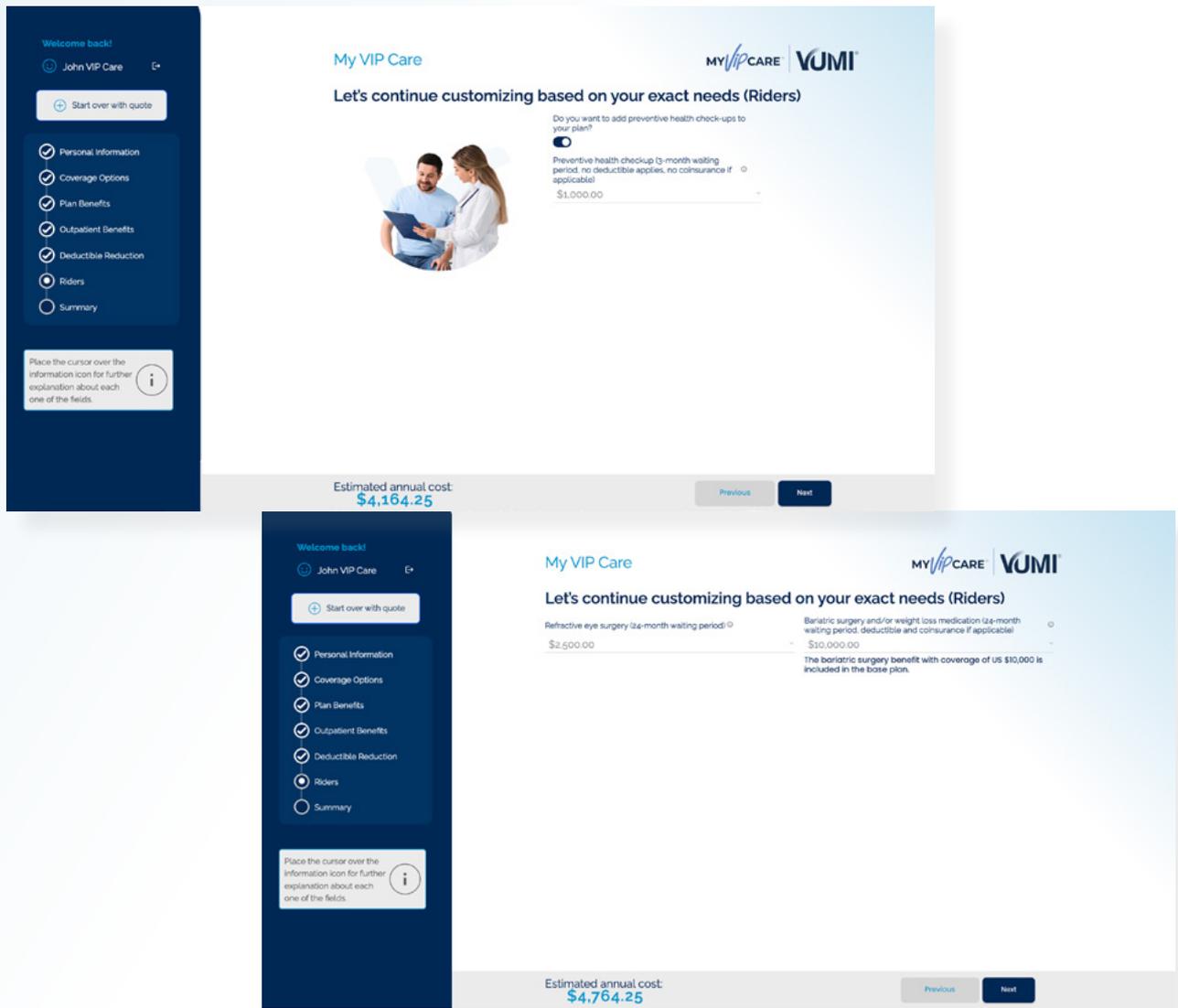


Riders

PREVENTIVE COVERAGE

My VIP Care™ has the option to include the **Preventive Check-up benefit**, after a 3-month waiting period and with no deductible or coinsurance, if applicable.

In addition, within the options, you can also choose to add **Refractive Surgery** coverage after satisfying the corresponding deductible and coinsurance, if applicable.

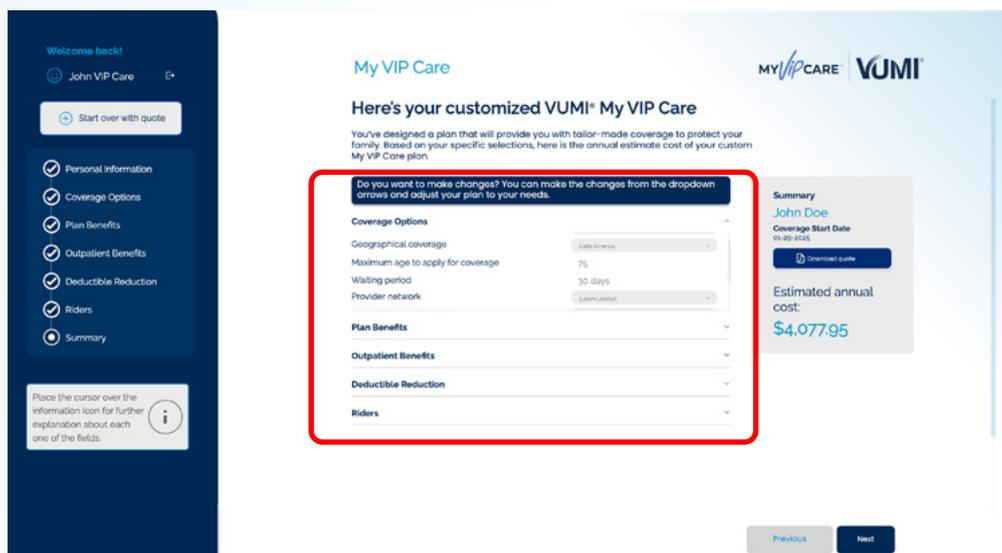


**Quote**

**PLAN'S SUMMARY AND CUSTOMIZED OPTIONS**

In the drop-down menu, you'll be able to see the plan's coverage and benefits, including your selected options for the personalized benefits. You can still make changes to coverage on this step. The benefits with gray backgrounds are the ones you'll be able to modify. The other benefits (with white backgrounds) are the ones already included by default in the customized plan.

In addition, you can return to any of the previous screens by clicking on the titles in the blue menu on the left.





**DOWNLOAD QUOTE**

In this step, you'll find the **Download Quote** button above the **Estimated Annual Cost** detail.

In this PDF plan summary, you'll find the applicant's general information, the dependents, and the detailed quote with different payment options. The following pages detail the plan benefits with the customized benefits shaded in gray.

It's important your client agrees with the selections and accepts the terms and conditions in the yellow box before proceeding by clicking **Next**.



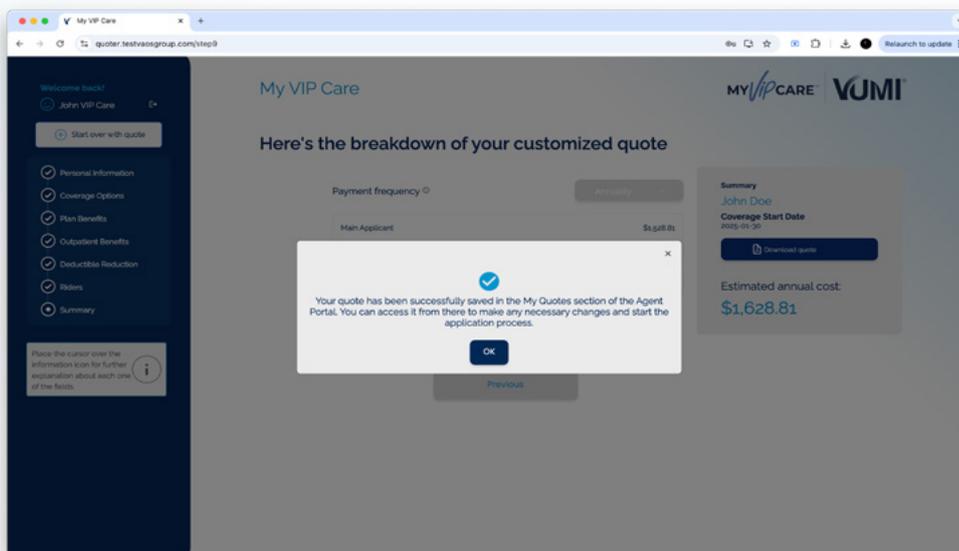
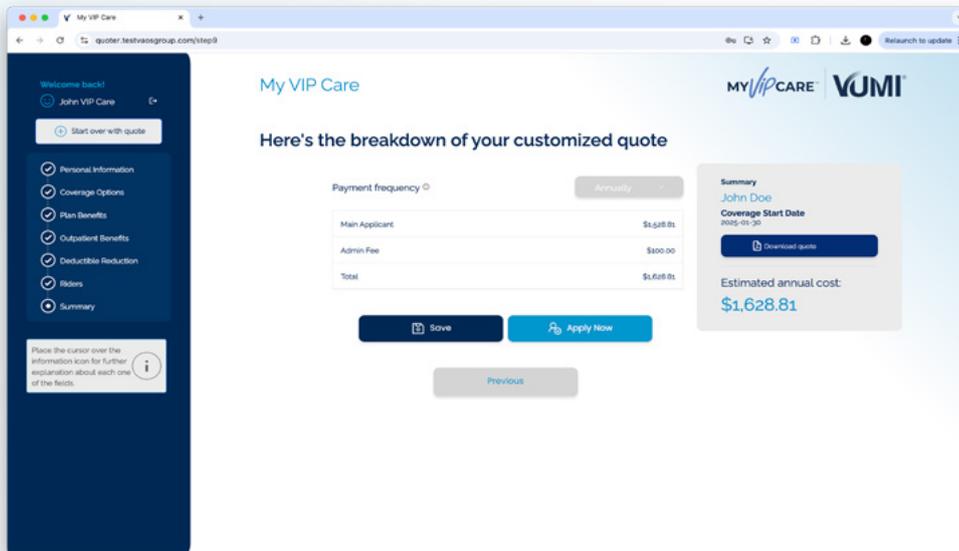


Quote Result

SAVE YOUR QUOTE OR APPLY NOW

By clicking **Save**, the quote you created will be saved directly to the **My Quotes** section of the Agent Portal. You can access the quote from there to make any necessary changes and/or start the application process.

Clicking the **Apply Now** button will redirect you to the Application Process step.

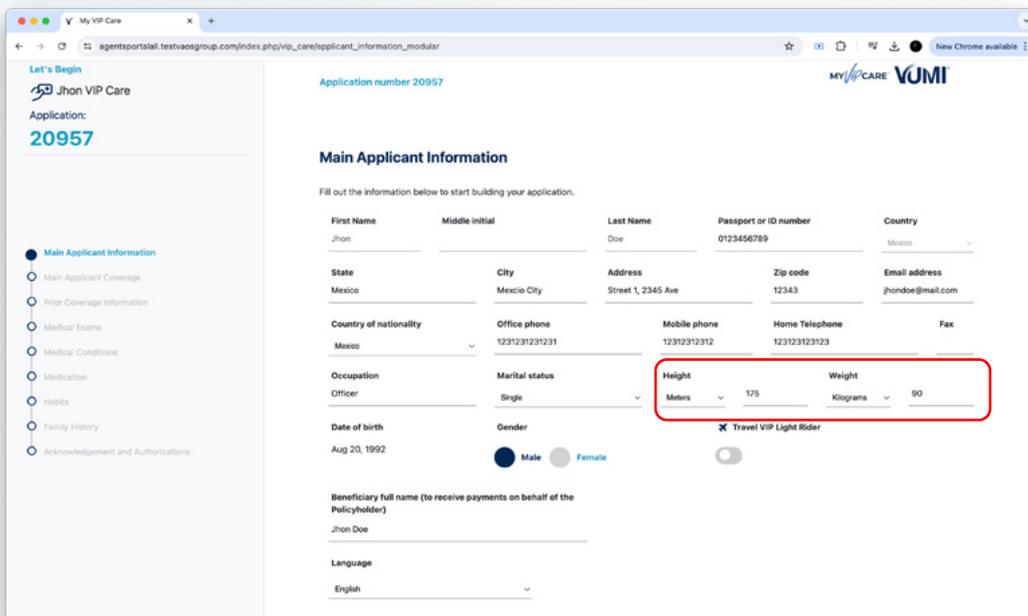
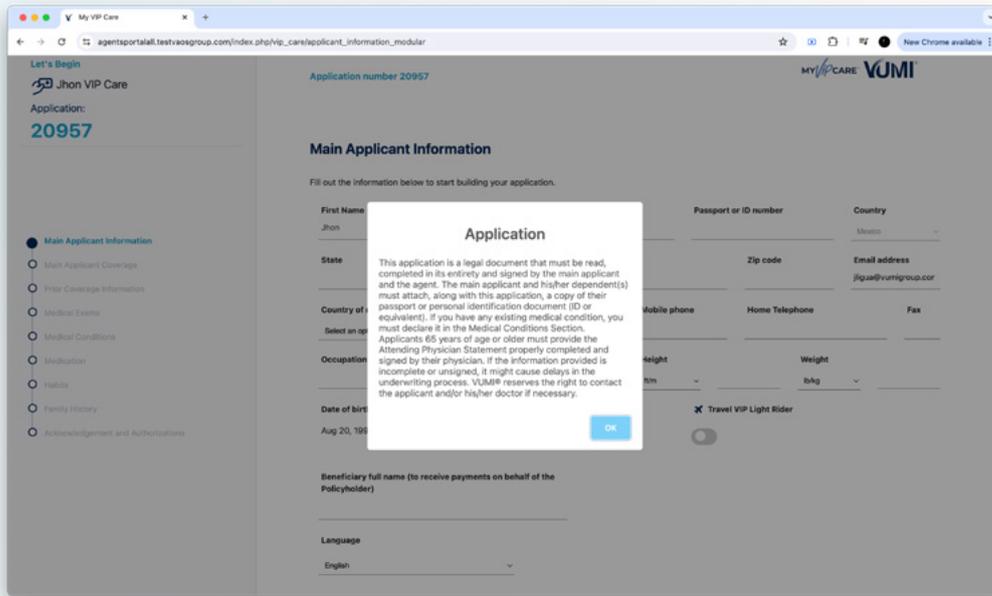




STEP 2

START TO COMPLETE THE APPLICATION FORM

Remember to have the client answer each question with honest, accurate information to avoid any issues.



**Important:** If the applicant and their dependents are under 65 years of age, didn't declare any pre-existing medical conditions, and their body mass index parameters (weight and height) are within normal parameters, a standard policy will be issued after each applicant has been verified against the OFAC sanctions list.



## Application Form

### MEDICAL QUESTIONS AND FAMILY MEDICAL BACKGROUND

Continue completing the information for your client and dependents until you reach the **Medical Exams, Medical Conditions, Medications, Habits and Family Medical Background** sections. If the answer to any of these questions is **Yes**, additional fields will appear for more questions that must be answered honestly. All relevant information must be provided for an expedited evaluation.

Remember that failing to provide this information will be considered a sign of bad faith in accepting the policy's contractual obligations. VUMI® Group, I.I. reserves the right to refuse the application.

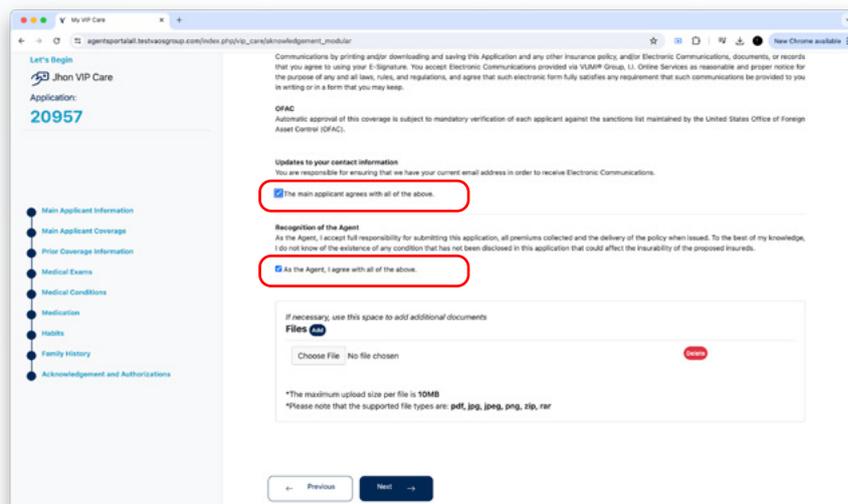
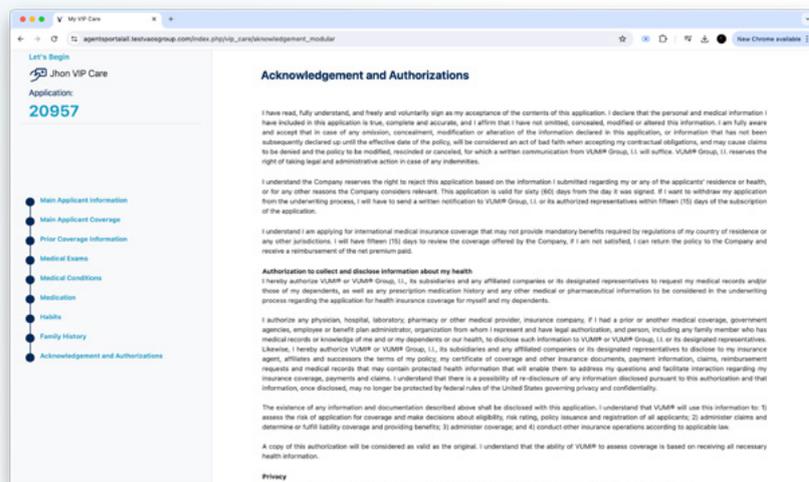


## Application Form

### ACKNOWLEDGMENT AND AUTHORIZATIONS

It is important that your client reads, understands, acknowledges, validates and agrees to all the contents of the application and grants authorization to collect and disclose his/hers and their dependents' health information.

By checking the **I Agree** box, the client is signing this application electronically. The client further agrees to be legally bound by the terms and conditions of this application and agrees that their electronic signature ("E-Signature") is the legal equivalent of their manual signature on this application.



# Payment Information

## STEP 3

### PAYMENT INFORMATION

The **Payment Information** section contains payment details according to the chosen payment frequency. Your client's premium may change based on the underwriting process.

Choose the payment option that best suits your client's preferences, including the option **to pay once the application has been approved**.

Let's Begin  
Jhon VIP Care  
Application: 20957

- Main Applicant Information
- Main Applicant Coverage
- Prior Coverage Information
- Medical Exams
- Medical Conditions
- Medication
- Habits
- Family History
- Acknowledgement and Authorizations
- Payment Information

Frequency of payment: Annual

Annualized premium	\$ 3,489.74
<i>This amount does not include the administration fee</i>	
Annual Administration Fee	\$ 75.00
Total to pay	\$ 3,564.74

Method of payment

First payment: \$ 3,564.74

**Method of payment**

For payment via bank transfer or check, use the following information

<b>Beneficiary</b>	VUMI® GROUP, L.L. 2350 Lakeside Blvd #105, Richardson, Texas 75082	<b>Account Number:</b>	1511025379
<b>Bank:</b>	Texas Capital Bank N.A. Richardson, Texas 75082	<b>ABA:</b>	111017979
<b>Address:</b>	Richardson, Texas 75082	<b>SWIFT code:</b>	TXCBUS44

Check  
  Wire transfer  
  Credit Card  
  Electronic Check (ACH)  
  Pay once the application has been approved

Previous Next

Let's Begin  
Jhon VIP Care  
Application: 20957

- Main Applicant Information
- Main Applicant Coverage
- Prior Coverage Information
- Medical Exams
- Medical Conditions
- Medication
- Habits
- Family History
- Acknowledgement and Authorizations
- Payment Information
- Claims Reimbursement Method

For payment via bank transfer or check, use the following information

<b>Beneficiary</b>	VUMI® GROUP, L.L. 2350 Lakeside Blvd #105, Richardson, Texas 75082	<b>Account Number:</b>	1511025379
<b>Bank:</b>	Texas Capital Bank N.A. Richardson, Texas 75082	<b>ABA:</b>	111017979
<b>Address:</b>	Richardson, Texas 75082	<b>SWIFT code:</b>	TXCBUS44

Check  
  Wire transfer  
  Credit Card  
  Electronic Check (ACH)  
  Pay once the application has been approved

**Card Details**

Credit card number\*\*  
1234 5678 9123 4567

Expiration date: MM/YY      CVC

**Card holder Details**

Name: \_\_\_\_\_ Last name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Cancel Save

## Payment Process

### REIMBURSEMENT INFORMATION

As a final step, select your customer's preferred method of reimbursement. Complete the required information and click **Submit Application**.

The application may be approved immediately (pending the OFAC verification) based on the answers to the medical questions, or sent for a review to the Underwriting department.

Application number 20957

**Claims Reimbursement method**

Please indicate how you would like to receive claim reimbursement payments. We remind you that bank transfers are the fastest and safest method for this purpose:

**Method**

Checking  Wire transfer  N/A

Name of the beneficiary	Phone number	Country
<input type="text"/>	<input type="text"/>	Select an option
City	Address	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

← Previous Send Application →

Application number 20957

**Claims Reimbursement method**

Please indicate how you would like to receive claim reimbursement payments. We remind you that bank transfers are the fastest and safest method for this purpose:

**Method**

Checking  Wire transfer  N/A

Your application has been sent for review.

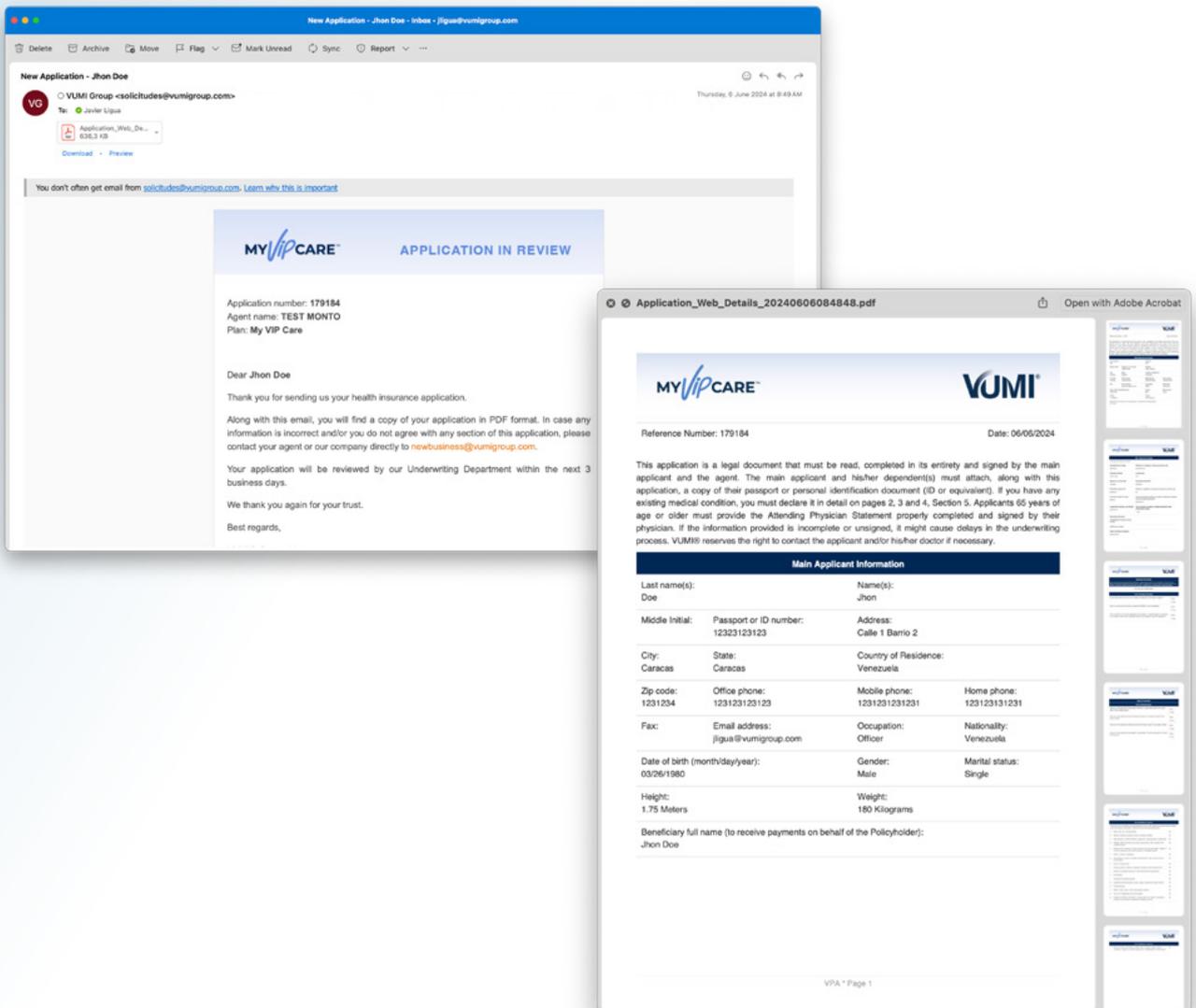
← Previous OK

**Policy Issuance**  
**STEP 4**

**APPLICATION REVIEW**

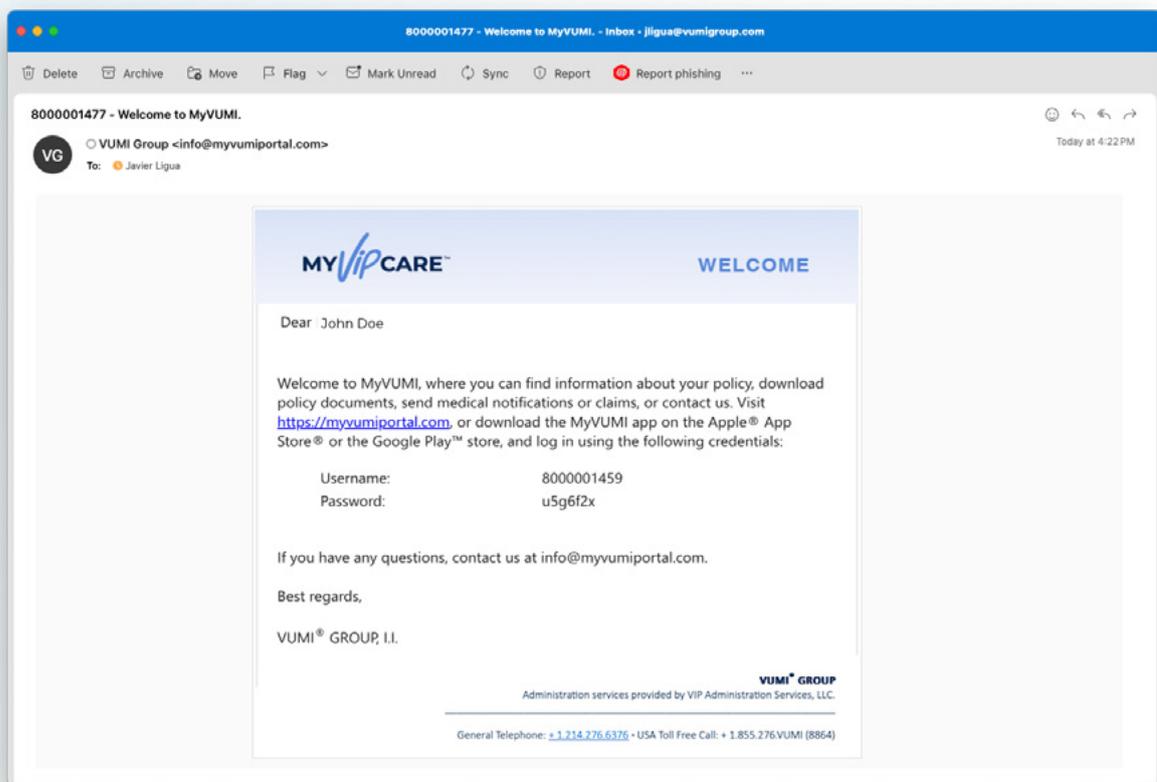
Upon application, you will receive an email detailing the Underwriting department’s application review. It can take up to 3 business days to receive a response. If there are no issues, the policy will be issued.

If the information in the application is not complete, you should contact the VUMI® team through the email [applications@vumigroup.com](mailto:applications@vumigroup.com) or follow the instructions in the email received.



## Policy Issuance

Once approved by the Underwriting team and payment of the policy has been received, you and your client will receive a welcome email with the different documents of the policy. In addition, the insured will receive the welcome email from the MyVUMI™ Insured Portal with their login credentials.





**VUMI® GROUP**

**Administration services provided by VIP Administration Services, LLC.**

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