

MYVIPCARE™

VUMI®

USER GUIDE



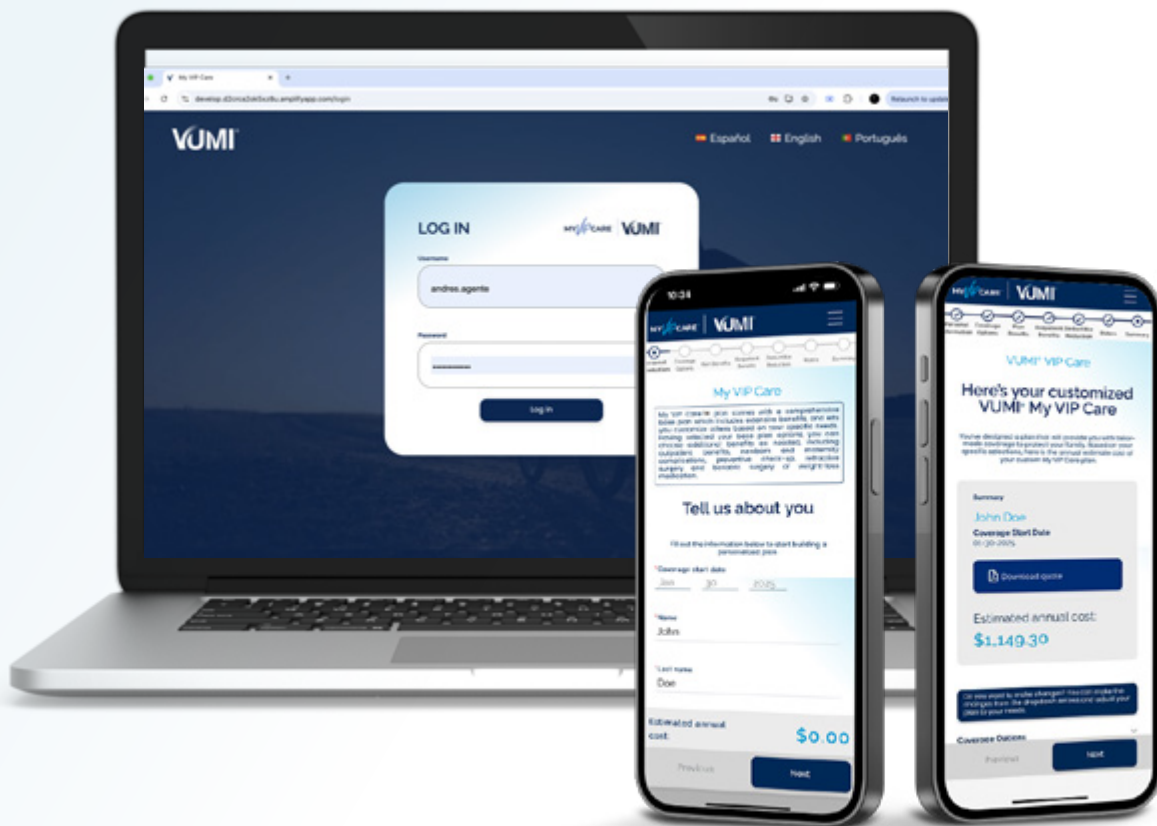
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ABOUT MY VIP CARE™

My VIP Care™ is an innovative product that features a comprehensive basic plan with extensive 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 STAR 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."

The screenshot displays the 'My VIP Care' quote creation interface. The main form is titled 'Tell us about you' and includes fields for Coverage start date, Name, Last name, Email address, Date of birth, Gender, Country of residence, and a checkbox for adding dependents. A sidebar on the left shows navigation options: Personal Information (selected), Coverage Options, Plan Benefits, Outpatient Benefits, Deductible Reduction, Return, and Summary. A red box highlights a 'Welcome back!' modal for 'John VIP Care' with a 'Start over with quote' button.



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.

My VIP Care

MYVIPCARE YUMI

Tell us about your dependents

You may add your spouse/domestic partner or children. The age of a dependent child cannot be 24 years old or over.
*Dependent child, refers to family members under the age of 23. Upon reaching 24, a person is no longer eligible for dependent coverage.

Add dependent

Estimated annual cost: \$0.00

Previous Next

My VIP Care

MYVIPCARE YUMI

Tell us about your dependents

You may add your spouse/domestic partner or children. The age of the dependent cannot be over 23 years old.

Name: Jane Last name: Doe Relationship with main applicant: Spouse/Domestic partner

Gender: Male Female Date of birth: Jul - 29 - 2004 Country of residence: Venezuela

Estimated annual cost: \$0.00

Cancel Add

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 . 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

Providers Network

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 Sirio-Libanés, São Paulo
- Hospital Vila Nova Star, São Paulo
- Hospital Copa Star, Rio de Janeiro
- Hospital DF Star, Brasília
- 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, Cancun, 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.

The image displays two sequential screenshots of the My VIP Care VUMI website's 'Riders' selection interface. Both screenshots feature a dark blue sidebar on the left with a 'Welcome back!' message, a user profile 'John VIP Care', and a 'Start over with quote' button. The sidebar contains a list of options: Personal Information, Coverage Options, Plan Benefits, Outpatient Benefits, Deductible Reduction, Riders (selected), and Summary. A tooltip in the sidebar instructs the user to 'Place the cursor over the information icon for further explanation about each one of the fields.'

The main content area of the top screenshot is titled 'Let's continue customizing based on your exact needs (Riders)'. It shows a toggle for 'Preventive health check-up' set to 'On'. Below this, it states 'Preventive health check-up (3-month waiting period, no deductible applies, no coinsurance if applicable)' with a value of '\$1,000.00'. An illustration of a doctor and a patient is also present. At the bottom, the 'Estimated annual cost' is shown as '\$4,164.25'.

The bottom screenshot shows the same interface but with two additional riders selected. The 'Refractive eye surgery (24-month waiting period)' rider is set to 'On' with a value of '\$2,500.00'. The 'Bariatric surgery and/or weight loss medication (24-month waiting period, deductible and coinsurance if applicable)' rider is also set to 'On' with a value of '\$10,000.00'. A note below states: 'The bariatric surgery benefit with coverage of US \$10,000 is included in the base plan.' The 'Estimated annual cost' at the bottom is now '\$4,764.25'.

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.

The screenshot displays the 'My VIP Care' quote interface. On the left is a dark blue sidebar menu with the following items: 'Personal Information', 'Coverage Options', 'Plan Benefits', 'Outpatient Benefits', 'Deductible Reduction', 'Riders', and 'Summary'. The 'Summary' item is currently selected. The main content area has a header 'My VIP Care' and 'Here's your customized YUMI® My VIP Care'. Below this, a text block states: 'You've designed a plan that will provide you with tailor-made coverage to protect your family. Based on your specific selections, here is the annual estimate cost of your customized My VIP Care plan.' A red rectangular box highlights the 'Coverage Options' section, which includes a dropdown menu with the text 'Do you want to make changes? You can make the changes from the dropdown menu and adjust your plan to your needs.' Below this, the 'Coverage Options' section lists: 'Geographical coverage' (set to 'John Doe'), 'Maximum age to apply for coverage' (set to '75'), 'Waiting period' (set to '30 days'), and 'Provider network' (set to 'Preferred'). To the right of the red box is a 'Summary' box for 'John Doe' showing 'Coverage Start Date' as '10/1/2020', a 'Download quote' button, and an 'Estimated annual cost' of '\$4,077.95'. At the bottom of the main content area are 'Previous' and 'Next' buttons.



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.

Application number 20957

Main Applicant Information

Fill out the information below to start building your application.

Application

This application is a legal document that must be read, completed in its entirety and signed by the main applicant and the agent. The main applicant and higher dependent(s) must attach, along with this application, a copy of their passport or personal identification document (ID or equivalent). If you have any existing medical condition, you must declare it in the Medical Conditions Section. Applicants 65 years of age or older must provide the Attending Physician Statement properly completed and signed by their physician. If the information provided is incomplete or unsigned, it might cause delays in the underwriting process. VUMI® reserves the right to contact the applicant and/or higher doctor if necessary.

OK

Application number 20957

Main Applicant Information

Fill out the information below to start building your application.

First Name: John, Middle Initial: Doe, Last Name: Doe, Passport or ID number: 913456789, Country: Mexico

State: Mexico, City: Mexico City, Address: Street 1, 2345 Ave, Zip code: 12343, Email address: johndoe@email.com

Country of nationality: Mexico, Office phone: 12323212321, Mobile phone: 1231231232, Home Telephone: 12312312323, Fax: 12312312323

Occupation: Officer, Marital status: Single, Height: 175, Weight: 90

Date of birth: Aug 20, 1992, Gender: Male

Beneficiary full name (to receive payments on behalf of the Policyholder): John Doe

Language: English



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.

The screenshot shows the 'Medical Exams' section of the application form. On the left is a sidebar with navigation links: 'Let's Begin', 'John VIP Care', 'Application: 20957', 'Main Applicant Information', 'Main Applicant Coverage', 'Prior Coverage Information', 'Medical Exams' (highlighted), 'Medical Conditions', 'Medication', 'Habit', 'Family History', and 'Acknowledgment and Authorization'. The main content area has the title 'Medical Exams' and three questions, each with 'No' and 'Yes' radio button options:

- Have any of the applicants had any exam other than a routine examination in the past 5 years? If yes, please indicate: ☒ No ☐ Yes
- Have any of the applicants had any medical consultations in the past 6 months? If yes, please indicate: ☒ No ☐ Yes
- Have any of the applicants suffered an accident in the last 5 years? If yes, please indicate: ☒ No ☐ Yes

At the bottom are 'Previous' and 'Next' buttons.

The screenshot shows the 'Medical Conditions' section of the application form. The sidebar is identical to the previous screenshot. The main content area has the title 'Medical Conditions' and a question: 'To the best of your knowledge and understanding, has any of the applicants received medical treatment, or had any diagnostic tests and/or suffered from any of the following diseases?'. Below this is a list of conditions with 'No' and 'Yes' radio button options. The 'Yes' option for 'Heart, vision, ear or throat disorders' is selected and circled in red. Below the list is a table with columns 'Applicant', 'Condition, illness or injury', and 'From'. The first row is highlighted with a red box:

Applicant	Condition, illness or injury	From
John Doe - 18		ABOVE/BELOW

Below the table are questions: 'Does the applicant currently have this medical condition?' (Yes/No), 'Treatment and result:', 'Current status of the condition, illness or injury (i.e. if you are in treatment, the condition was resolved or is under control):', 'Name of the physician:', and 'Physician's phone number:'. At the bottom are 'Cancel', 'Save and finish', and 'Save and add another' buttons.



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
- Acknowledgment and Authorizations
- Payment Information

Frequency of payment: Annual

Annualized premium	\$ 3,485.76
Annual Administration Fee	\$ 75.00
Total to pay	\$ 3,564.76

Method of payment

First payment: \$ 3,564.76

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

Beneficiary	VUMI GROUP LLC	Account Number	1511025379
	2392 Lakeside Blvd #105, Richardson, Texas 75082	ABA	11017979
Bank	Texas Capital Bank N.A.	SWIFT code	TXCBUS44
Address	Richardson, Texas 75082		

☐ 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
- Acknowledgment and Authorizations
- Payment Information
- Online Acknowledgment Method

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

Beneficiary	VUMI GROUP LLC	Account Number	1511025379
	2392 Lakeside Blvd #105, Richardson, Texas 75082	ABA	11017979
Bank	Texas Capital Bank N.A.	SWIFT code	TXCBUS44
Address	Richardson, Texas 75082		

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

Card Details

Credit card number**
1234 5678 9101 1010

Expiration date
MM / YY

CVC

Card holder Details

Name
First 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.

Let's Begin
John VIP Care
Application
20957

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 ☐ AIA

Name of the beneficiary Phone number Country

City Address Reference

Let's Begin
John VIP Care
Application
20957

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 ☒ AIA

Your application has been sent for review.



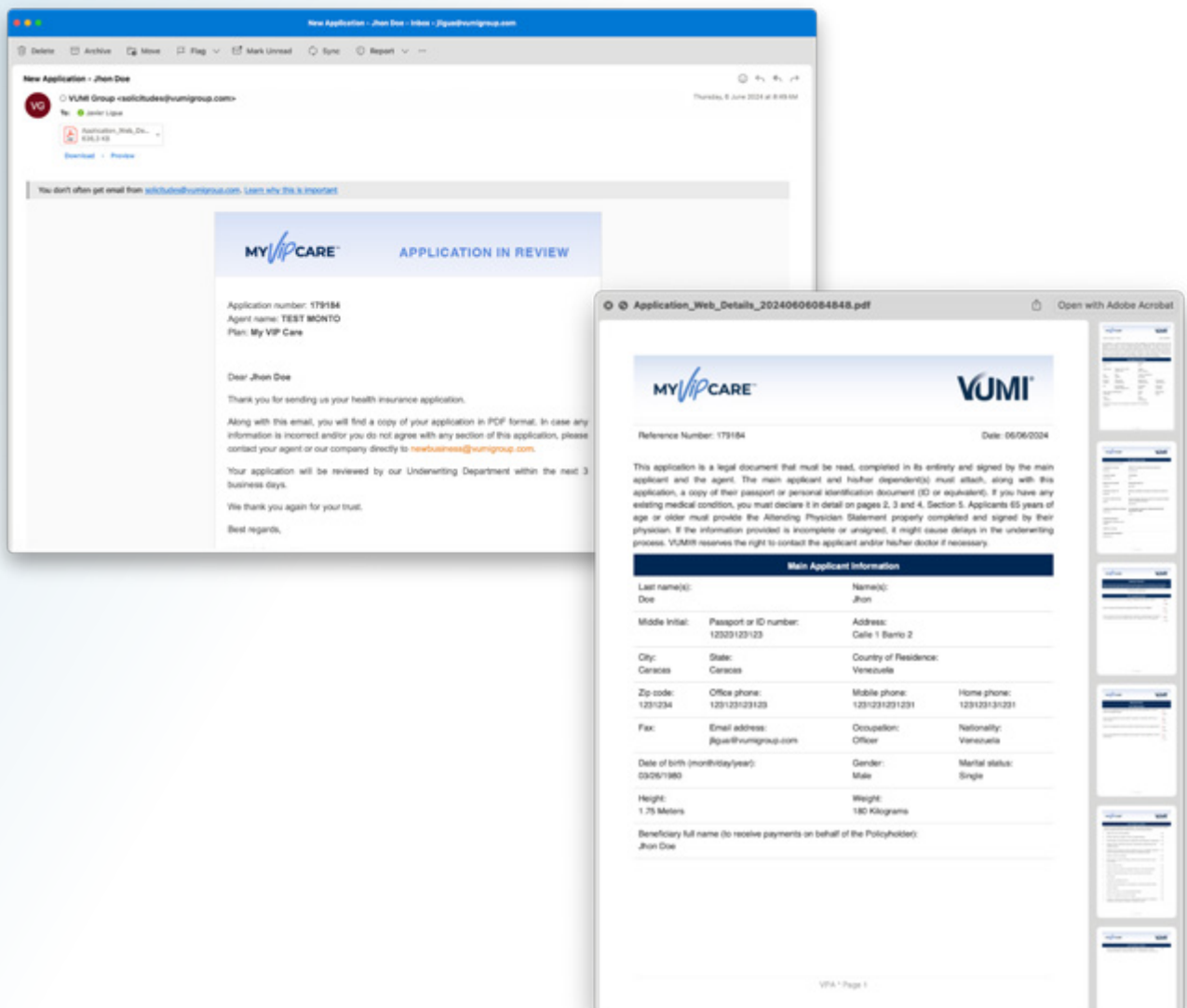
Policy Issuance

STEP 4

APPLICATION REVIEW

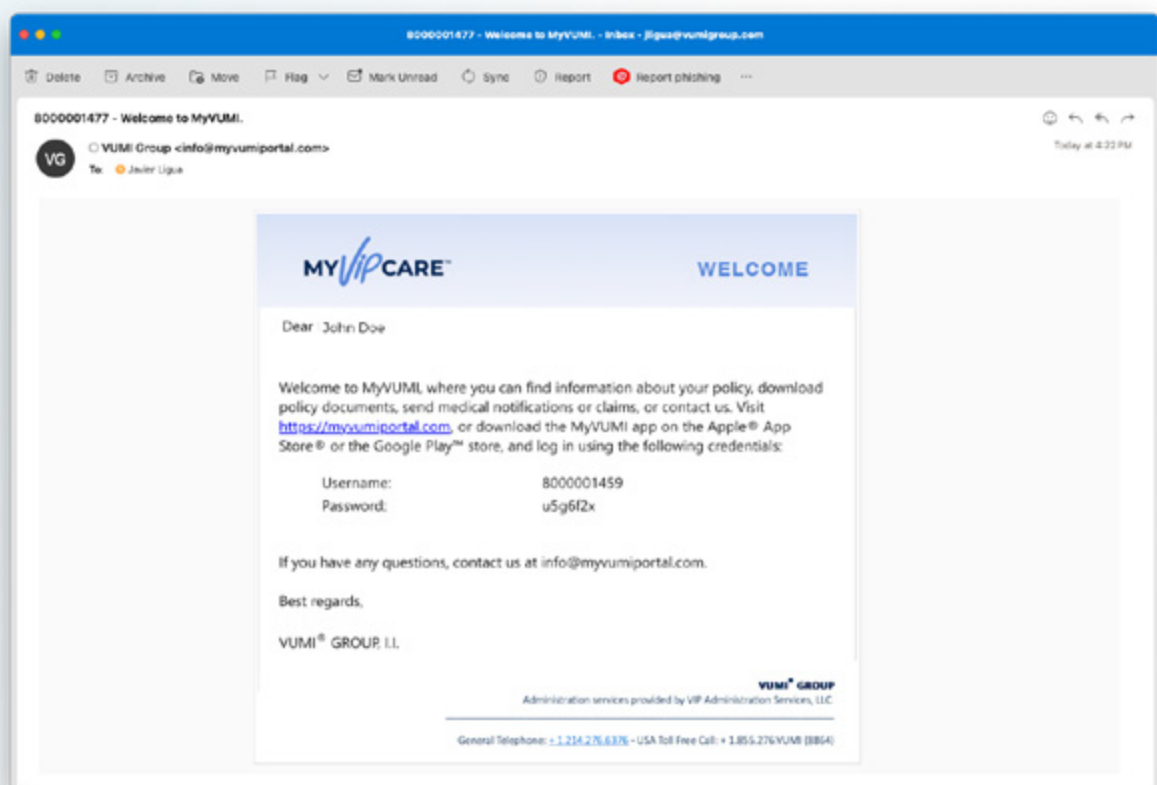
Upon application, you will receive an email detailing the Underwriting department's application review. It can take up to 3 business days to receive a response. If there are no issues, the policy will be issued.

If the information in the application is not complete, you should contact the VUMI® team through the email applications@vumigroup.com 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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