

MYVIP CARE™

USER GUIDE



The image displays three devices showing the MYVIP CARE user interface. The laptop screen shows the 'My VIP Care' dashboard with a welcome message and a table of plan benefits. The tablet shows a 'breakdown of your customized quote' with a payment frequency selector. The smartphone shows a 'New VUMI VIP Care' notification with a 'Start over with quote' button.

Benefit	Amount
Standard hospital room and board	100% UCR
Intensive care unit	100% UCR
Surgeon and anesthesiologist fees	100% UCR
Adult companion accommodation expenses during a hospitalization related to a hospitalized insured under 18 years old	USD\$75 per night, max. of 30 nights



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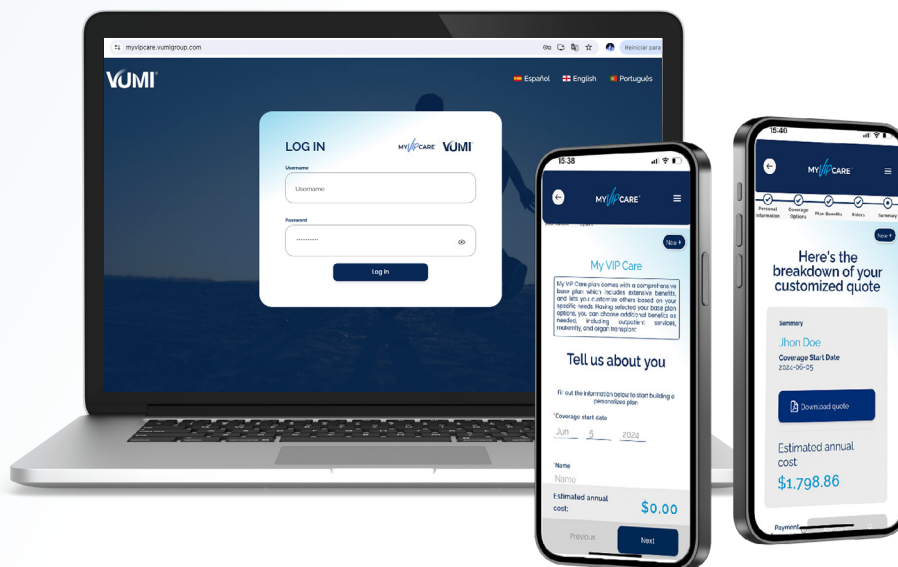


ABOUT MY VIP CARE™

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, maternity, and more.

HOW TO ACCESS MY VIP CARE™?

Enter the website myvipcare.vumigroup.com. There, you'll be able to log in with the same username and password you use to access the Agent Portal. Once inside the My VIP Care™ home page, you'll be able to start working on your quote. Remember that you can also find My VIP Care™ in the VUMI® Agent Central application, in the Quotes section.



Personal information

STEP 1

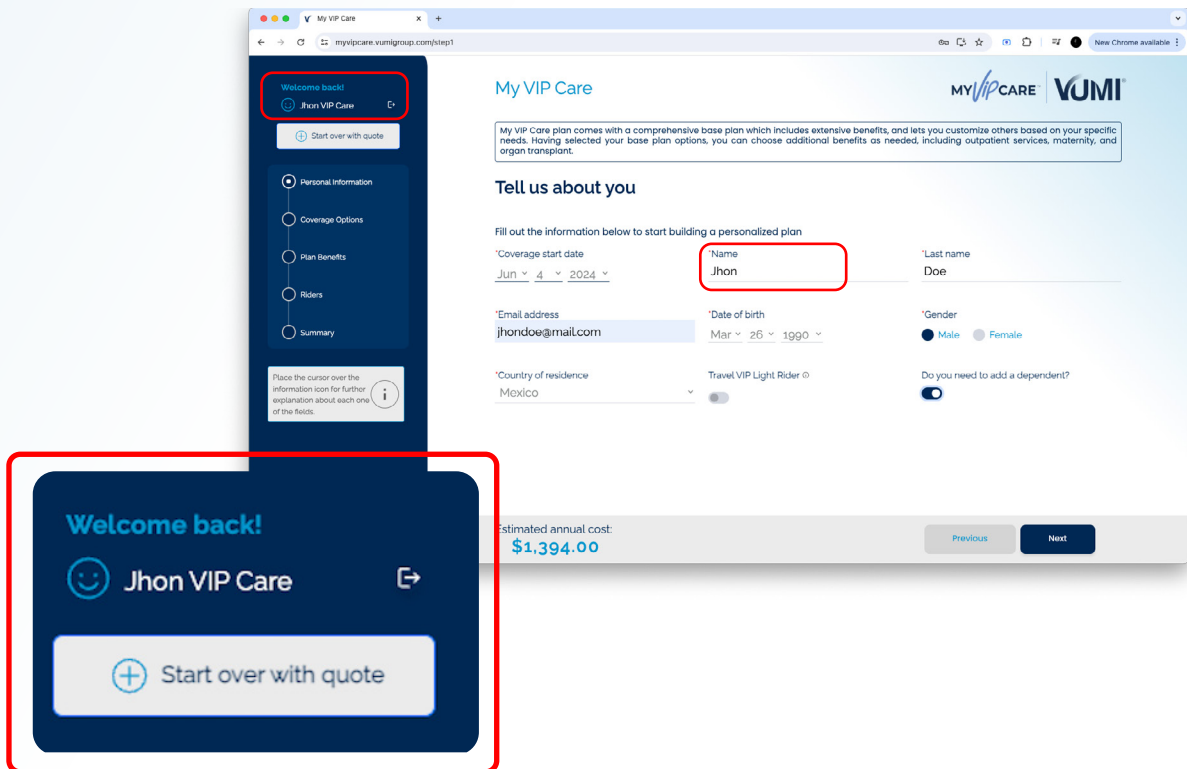
HOW TO START A QUOTE?

When starting a My VIP Care™ quote, the first step is to fill in the personal information fields. You can include any dependents or the Travel VIP Light rider during this step, if necessary.

Next to each title, you will find the icon (i). When you place your cursor over this icon, the explanation or exact reference of the benefit will appear so you can learn more about it. Once you have filled in the client’s preferences, press **“Next.”**

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 appear customized.

For example, if your customer’s name is “Jhon,” the plan summary and quote will be titled “Jhon’s VIP Care Plan”.



Dependent's 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, you can 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 the age of 24, a person is no longer eligible for dependent child coverage.

My VIP Care

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.

Name	Last name	Relationship with main applicant	Gender	Date of birth	Country of residence	Travel VI Rid
Jane	Doe	Spouse/Domestic partner	Female	04-26-2000	Mexico	No

Estimated annual cost: **\$2,473.00**

Buttons: Previous, Next

My VIP Care

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: Feb 21, 2004
*Country of residence: Mexico

Travel VIP Light Rider:

Estimated annual cost: **Calculating...**

Buttons: Cancel, Edit

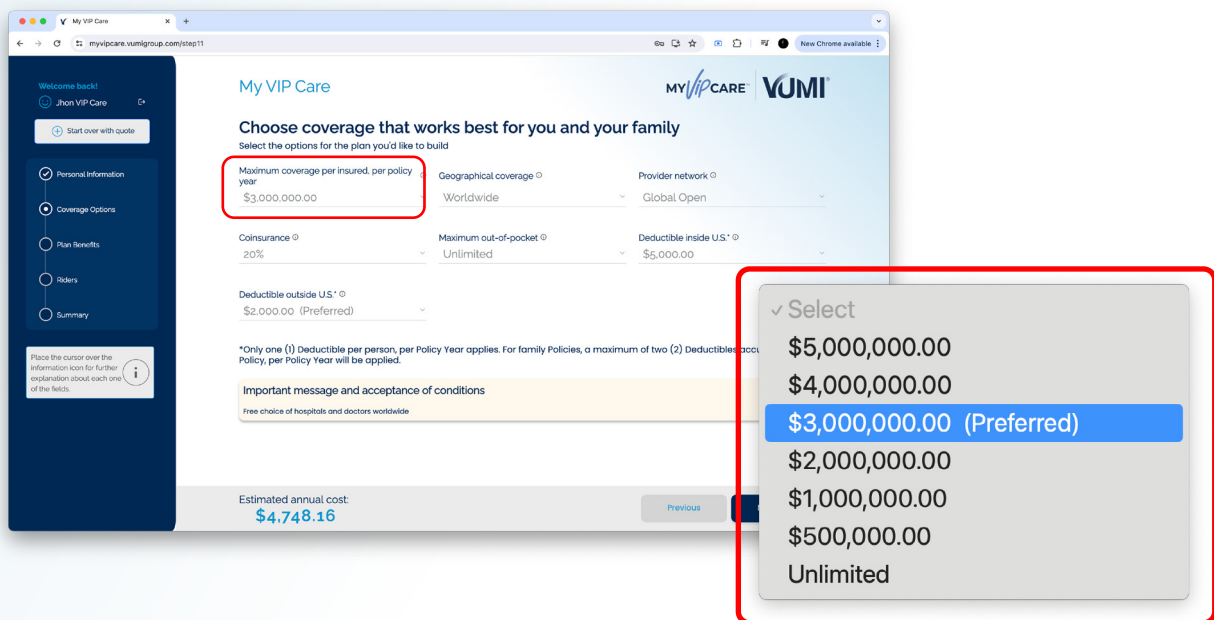


Coverage options

CHOOSING COVERAGE

In this step, you choose the scope of coverage that your client and their family needs. When using the drop-down menu, you'll find that one option is marked as **Preferred**. You can continue with this recommended option or choose one that better suits your client's needs. When you have finished with the selections, click **"Next."**

This step shows how the estimated **annual cost changes** and how the options are modified according to your client's budget.



Important: Under **Geographic Coverage**, you will find three options that enable **Provider Network** options and coverage acceptance boxes. The information box at the bottom of the screen shows the restrictions for each option.

It's essential to read and fully comprehend the messages about the acceptance of choices that will appear according to your selections.

Geographic coverage	Providers network		
Option 1: worldwide coverage	Open worldwide	Limited worldwide (exclusions in the U.S. apply)	Worldwide limited in the U.S. (closed network in the U.S.)
	Free choice of hospitals and physicians worldwide.	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, 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.	Free choice of hospitals and physicians worldwide, except in the U.S. In the U.S., the plan only offers coverage at the following hospitals: Florida: University of Miami Jackson Health System, Cleveland Clinic Weston, Holtz Children’s Hospital. Texas: Houston Methodist Hospital System, Methodist Hospital in San Antonio, The Hospitals of Providence in El Paso.

Important message and acceptance of conditions

Free choice of hospitals and doctors worldwide, except the U.S. In the United States, the plan offers coverage only in the following hospitals: Free choice of hospitals and doctors worldwide, except the U.S. In the United States, the plan offers coverage only in the following hospitals: Florida: University of Miami Jackson Health System, Cleveland Clinic Weston, Holtz Children’s Hospital. Texas: Houston Methodist Hospital System, Methodist Hospital in San Antonio, The Hospitals of Providence in El Paso.

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.

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, 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.

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.

**Option 2:
Worldwide
limited**

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

Important message and acceptance of conditions

Excludes coverage in the following countries: Brazil, 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.

**Worldwide
coverage** ▾

Providers network ▾

**Option 3:
Latin America**

Latam Open

Latam Limited

Free choice of physicians
and hospitals in
Latin America.

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

Hospital Israelita Albert Einstein, São Paulo; Hospital Sirio-Libanês, São Paulo; Centro Médico ABC, México; Hospital Ángeles, 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.

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.

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-Libanês, São Paulo; Centro Médico ABC, México; 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.



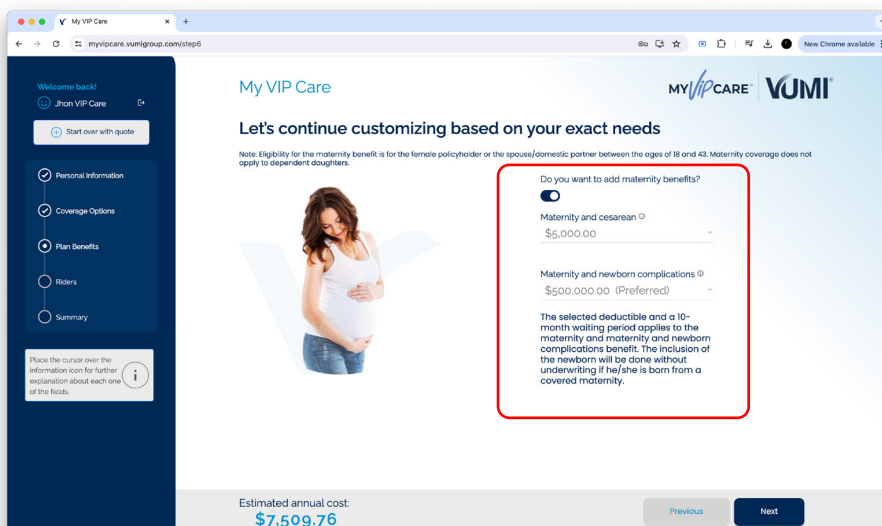
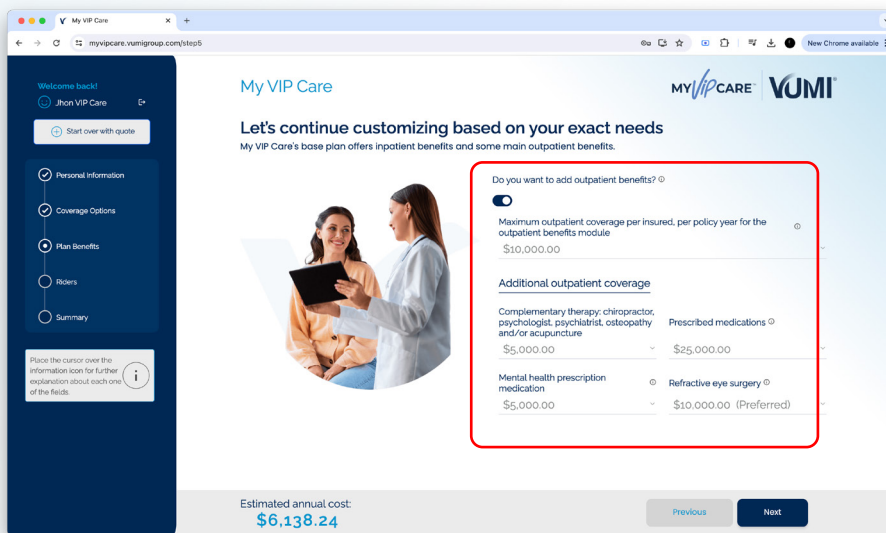
Plan benefits

OUTPATIENT AND MATERNITY BENEFITS

Other options, such as Maximum Outpatient Coverage, will be activated when you select the option to add outpatient benefits.

For the Maternity benefit and Maternity and Newborn Complications benefit, the selected deductible and a 10-month waiting period will apply. The policy will include a newborn without risk assessment if born within a covered maternity.

It's important to remember the Maternity benefit is only applicable for female applicants or the spouse of an applicant between the ages of 18 and 43. This benefit does not extend to dependent children.

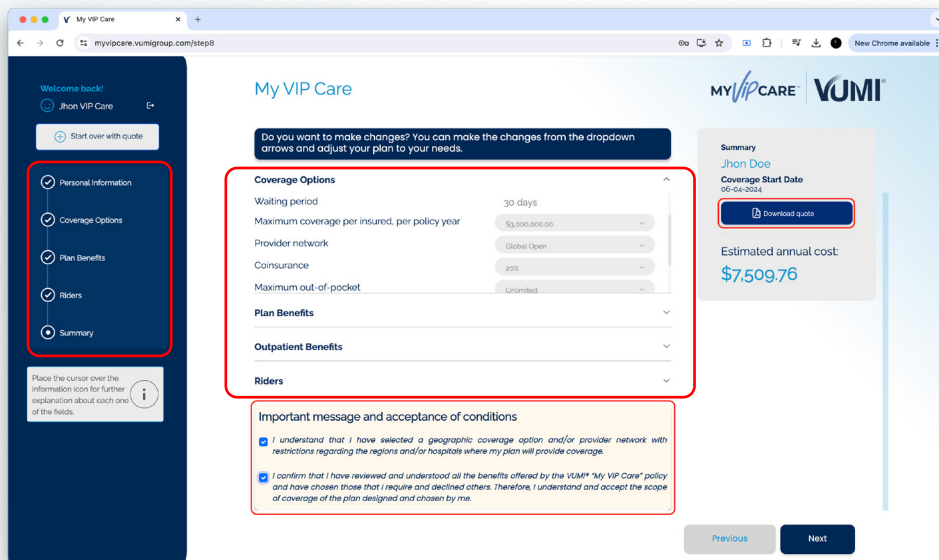


Quotation

PLAN'S SUMMARY AND CUSTOMIZED OPTIONS

In the drop-down menu, you can see the plan's coverage and benefits, including your selected options. You can still make changes to coverage on this step. The benefit coverage with the 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 steps by clicking on the titles in the blue menu on the left.



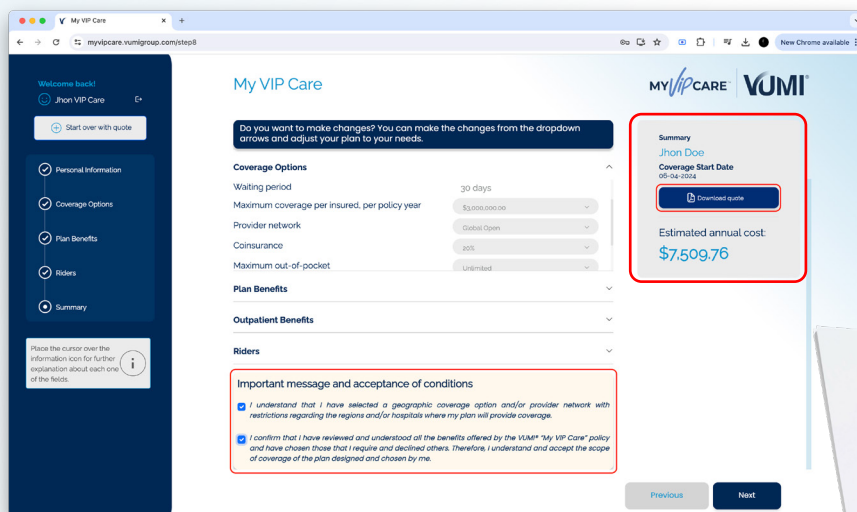


DOWNLOAD QUOTE

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, dependents and the detailed quotation with different payment options. The following pages detail the plan benefits with the customized benefits shaded in gray.

It's important you agree with the selections and accept the terms and conditions in the yellow box before proceeding by clicking **"Next."**



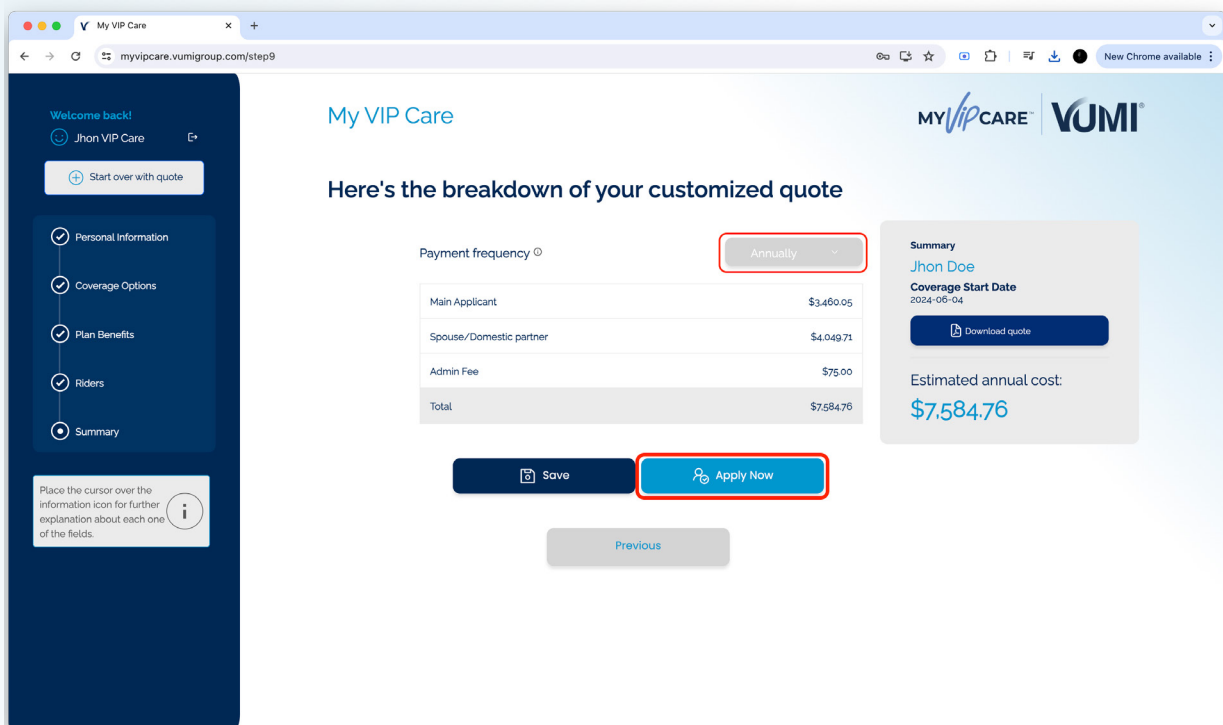


Quotation result

SAVE YOUR QUOTATION OR APPLY NOW

By clicking **“Save,”** the quote you created will be saved directly to the **My Quotes** section of the Agent Portal. You will receive an email with a link to continue the application anytime.

Clicking the **“Apply Now”** button will redirect you to the Application process step.

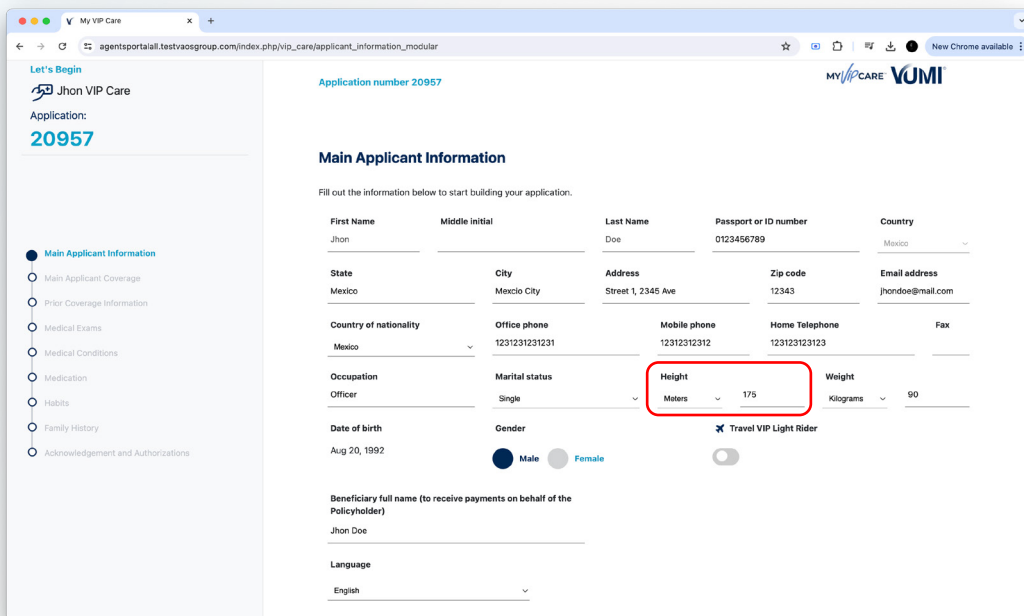
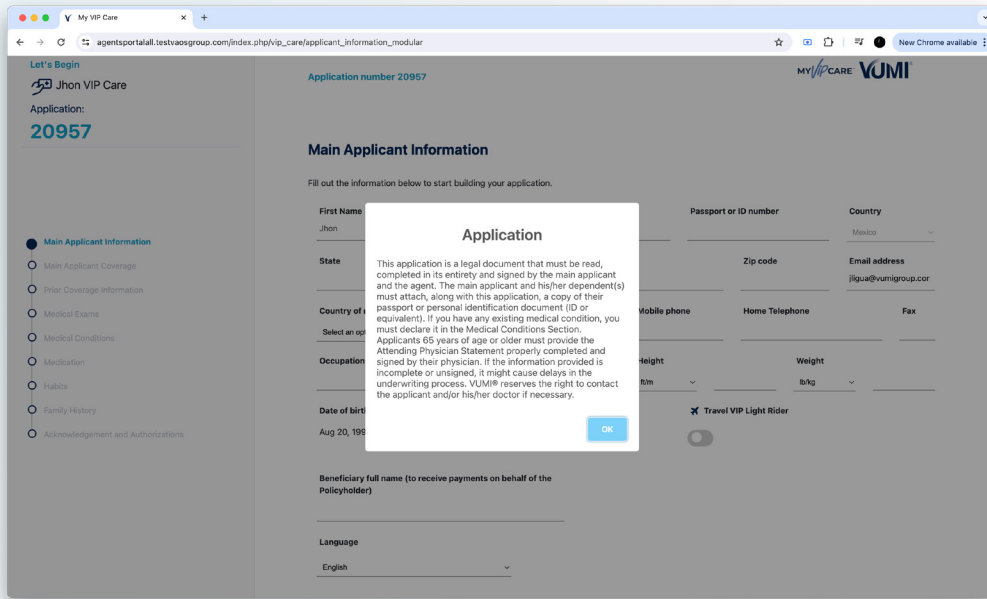




STEP 2

START TO COMPLETE THE APPLICATION FORM

Remember to answer each question with honest, accurate information to avoid any issues for your customer.



Important: If the applicant and their dependents are under 65 years of age, not have declared any flagged pre-existing medical conditions, and their body mass index parameters (weight and height) are within normal parameters, a standard policy will be issued immediately.



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 any of 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 navigation menu with options: Main Applicant Information, Main Applicant Coverage, Prior Coverage Information, Medical Exams (selected), Medical Conditions, Medication, Habits, Family History, and Acknowledgment and Authorizations. The main content area has the title 'Medical Exams' and contains four 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 9 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
- Have any of the applicants had a pediatric, gynecological or routine examination in the last five (5) years?: No Yes

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

The screenshot shows the 'Medical Conditions' section of the application form. The navigation menu on the left is the same as in the previous screenshot, with 'Medical Conditions' selected. 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?'

A red box highlights a specific condition: 'a Nasal, vision, ear or throat disorders'. To the right of this condition are 'No' and 'Yes' radio button options, with 'Yes' selected. Below this, there is a table for recording details:

Applicant	Condition, illness or injury	From
Jhon Doe -M		dd/mm/yyyy

Below the table are several text input fields:

- Does the applicant currently have this medical condition? Yes No
- Treatment and result:
- Current status of the condition, illness or injury (ex. If you are in treatment, the condition was resolved or is under control)
- Name of the physician
- Physician's phone number

At the bottom of the highlighted area are three buttons: 'Cancel', 'Save and finish', and 'Save and add another'.

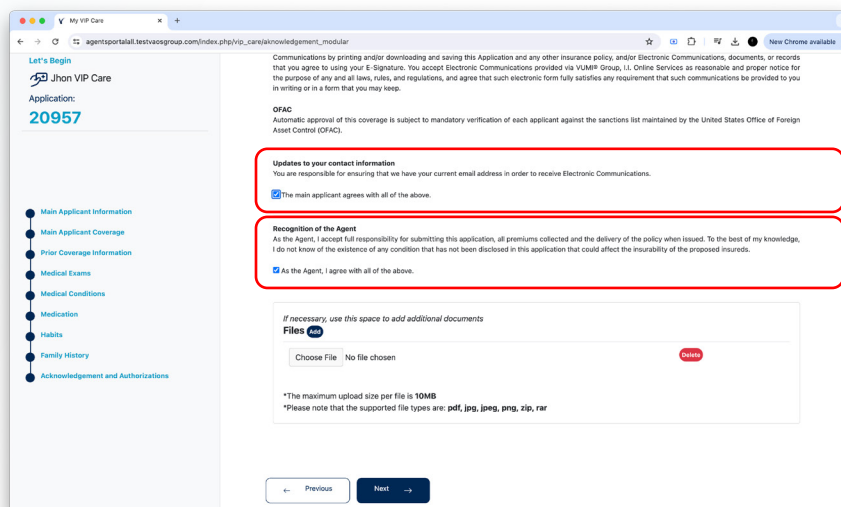
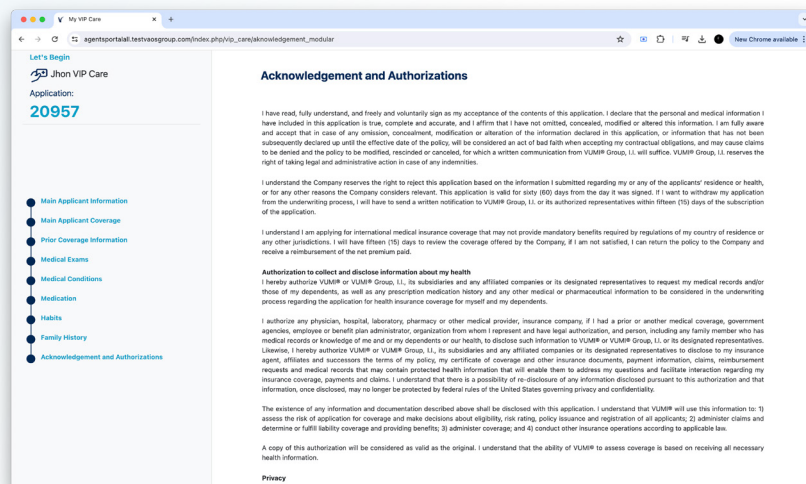


Application form

ACKNOWLEDGMENT AND AUTHORIZATIONS

It is important your client reads, understands, acknowledges, validates and agrees to all the contents of the application and grants authorization to collect and disclose 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 process
STEP 3

PAYMENT INFORMATION

The Payment Information section contains the payment details according to the chosen payment frequency. Your client's premium may change based on the risk assessment 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
Annual Administration Fee	\$ 76.00
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

Beneficiary	VUMI® GROUP, L.L. 2350 Lakeside Blvd #105, Richardson, Texas 75082	Account Number:	1511026379
Bank:	Texas Capital Bank N.A	ABA:	111017979
Address:	Richardson, Texas 75082	SWIFT code:	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

Beneficiary	VUMI® GROUP, L.L. 2350 Lakeside Blvd #105, Richardson, Texas 75082	Account Number:	1511026379
Bank:	Texas Capital Bank N.A	ABA:	111017979
Address:	Richardson, Texas 75082	SWIFT code:	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 based on the answers to the medical questions or sent for review by 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.

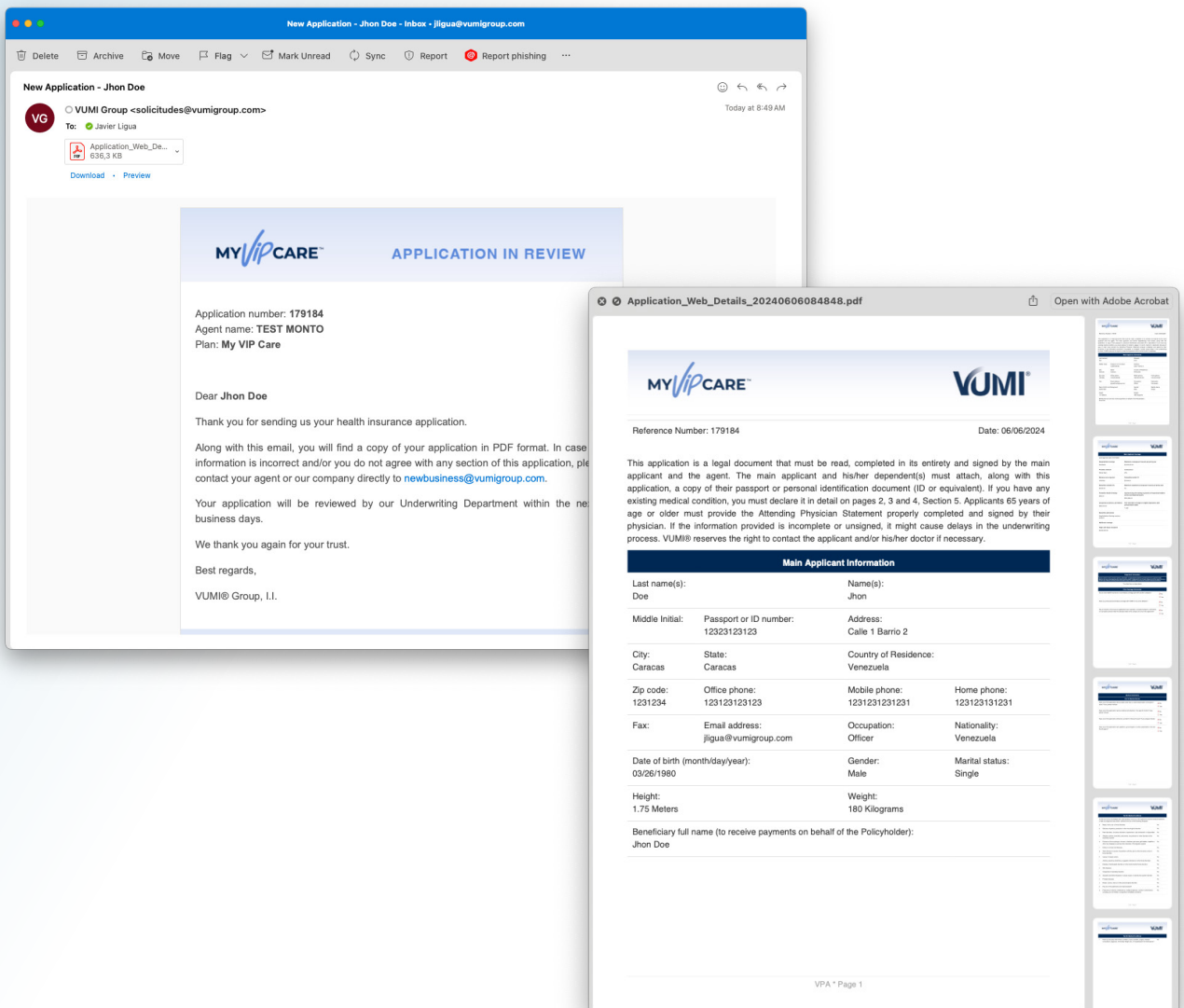
← Previous **OK**

Policy issuance
STEP 3

APPLICATION REVIEW

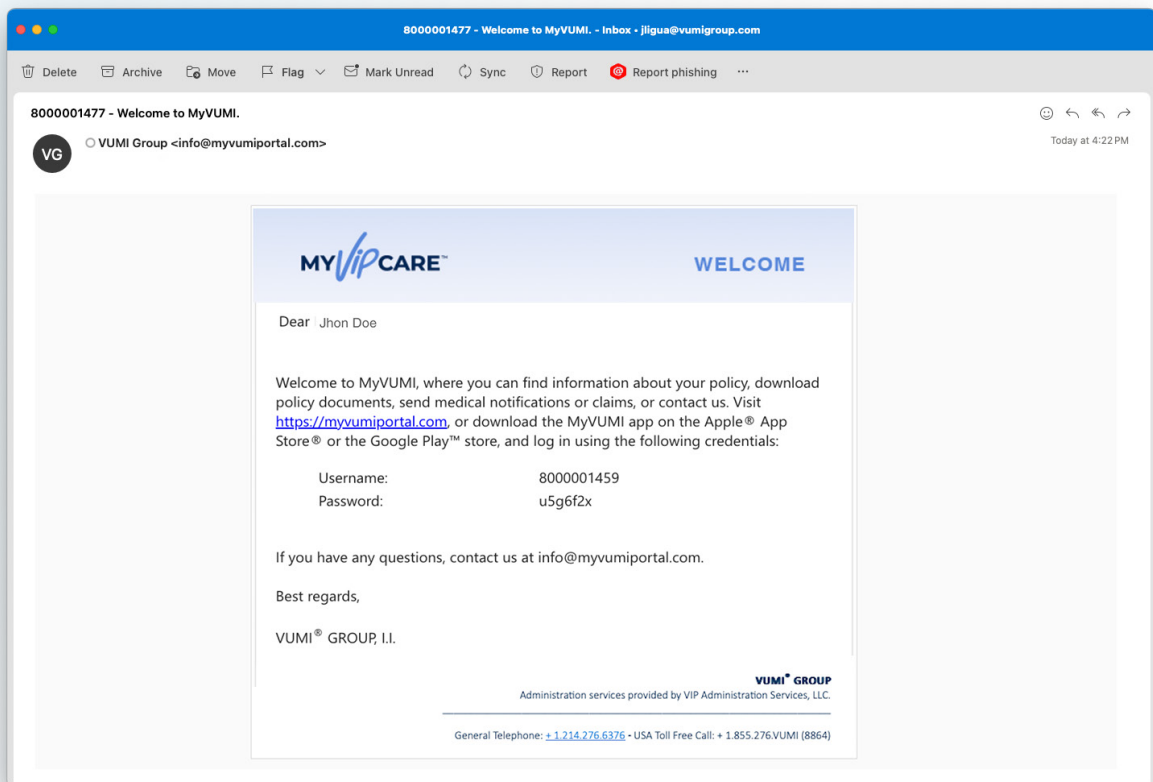
Upon application, you will receive an email detailing the Underwriting department’s application review. It will take up to 3 business days to receive a response. If there are no issues, the policy will be issued.

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



Policy issuance

Upon approval by the Underwriting team and completion of the policy payment, the client and the agent will receive a welcome email with the policy number and password to access the MyVUMI™ Insured Portal, where you will find all the policy documents.





VUMI® GROUP

Administration services offered by VIP Administration Services, LLC.

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