

HOW TO ACTIVATE ASSISTANCE SERVICES
E-mail: assistencia@vitalcard.com.br

Whatsapp: +54 9 11 3137 2382

No Brasil ou no Exterior, ligue a cobrar para +1 786 233 7254

Ou escolha o toll free conforme a país onde você estiver:
Brasil: 0800 5915071 **Argentina:** +54 (11) 39899547

EUA: +1 (888) 2152641 **Espanha:** +34 (91) 0605956

Reino Unido: +44 (20) 37691990


Read the QR Code on the side to record Vital Card emergency contacts on your mobile phone. Before any service, call our Service Center for better guidance.

IMPORTANT: Some medical centers and hospitals in the United States and other countries may eventually send multiple billing invoices to the patient, even though they are under the responsibility of the Vital Card. If you have called the Call Center at the time of the emergency and you have still been charged, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take appropriate action.

 You can request the cancellation of travel insurance **only before the effective date**, by requesting it by e-mail (suporte@vitalcard.com.br), by telephone (0800 600-5058) or directly at website (vitalcard.com.br).

TOTAL VALUE OF ASSISTANCE SERVICES
Total value in US\$ 54,99

Change 5,20

Total value in R\$ 285,95

ASSISTANCE SERVICES

19. Assistance in hiring a lawyer

20. Assistance in the payment of judicial bail

03. support in fund transfer

04. Luggage location assistance

05. Aid in the document loss

06. Emergency aid 24 h

07. Access to the worldwide accredited network

08. Insurance Police in English - Spanish - French- Italian- German

09. Free app for travel insurance use

CONTRACTED INSURANCE COVERAGE
ACCESS TO GENERAL CONDITIONS: www.vitalcard.com.br/condicoes-gerais
Insured Sum

01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event

até € 150.000

02. Cancellation of Trip

até € 1.500

03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event

Incluído**

04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event

até € 15.000**

05. Pharmaceutical Expenses for Accident or Disease

até € 1.000

06. Dental Expenses

até € 2.000

07. Trip Extension and Return Trip Guarantee (PE-VR)

até € 3.000*

08. Medical Transfer

até € 5.000

09. Medical Repatriation

até € 50.000

9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)

até € 10.000

10. Total Permanent Travel Accident Invalidity (IPA)

até R\$ 50.000

11. Accidental Death on Travel (MA)

total de R\$ 50.000

12. Repatriation os Remains

até € 25.000

13. Baggage Loss (supplementary to airline)

até € 1.000 (€ 25,00/Kg)

14 Baggage Delay

até € 300

15 Flight Delay

até € 300

16. Sending of companion

até € 3.000

17. Submission of substitute executive

até € 3.000

18. Interruption of Travel by Death - Accident or illness

até € 750

20. Repatriation of Remains due to Covid 19 (TC-COVID 19)

Incluído**

19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)

Incluído**

21 - Damaged Luggage

€ 50.00

(**) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN)

Serviços Prestados por: WMC - World Medical Care

Para dúvidas, sugestões ou reclamações: 0800 600-5058 ou +55 41 2109-6777

Diretor Operacional: +55 41 98808-4646 — rafael@vitalcard.com.br | Diretor Comercial: +55 41 98818-7105 - luciano@vitalcard.com.br

O SEGURO VIAGEM DO CORAÇÃO



Ticket 18800381 TRAVEL INSURANCE

Senha de veracidade MPDAVDDMMRD



SUSEP Process 15414.901206 / 2016-30 - (Branch 1369 - Travel)

Access to general conditions:

<https://www.vitalcard.com.br/condicoes-gerais>

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DATA FROM THE INSURED

Name:	GRAZIELE CRISTINA SOIBERT FISCHER		
Date of birth:	29/07/1989	Genre: F	Social Security ID: 07912822950
Address:	Rua Gruenerwinkell	Number: s/n	
Compl.:		Neighborhood: Aimore	
City:	Guabiruba	UF: SC	Zip Code: 88360000
Phone:	(47)99162-7085		
E-mail:	atendimento3@roseciadeviagens.com.br		

PREMIO			
Gross Prize in US\$:	20,44	Change:	5,20
Net Premium in R\$:	105,89	IOF:	0,40
Gross Premium in R\$:	106,29	Payment Method:	in cash
Frequency:	Only		

If the payment of the premium for any installment is not made by the due date indicated in the billing document, the insurance will be automatically and automatically canceled and the coverage cannot be rehabilitated

INSURANCE TICKET - Nº 18800381

Plan: Max Plus Europa € 45.000 EM TRIPLO

Date of Issue: 28/09/2026

Permanence: 14 dia(s)

Vigency: 03/10/2026 à 16/10/2026

Verification Password: MPDAVDDMMRD

Use this password to check your ticket on the vitalcard.com.br website or to download it on the Vital Card application.

CONTRACTED INSURANCE COVERAGE

ACCESS TO GENERAL CONDITIONS: www.vitalcard.com.br/condicoes-gerais

	Insured Sum	Premium By Coverage
01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event	até € 150.000	85,18
02. Cancellation of Trip	até € 1.500	0,73
03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event	Incluído**	0,00
04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até € 15.000**	0,00
05. Pharmaceutical Expenses for Accident or Disease	até € 1.000	0,73
06. Dental Expenses	até € 2.000	0,73
07. Trip Extension and Return Trip Guarantee (PE-VR)	até € 3.000*	0,73
08. Medical Transfer	até € 5.000	2,18
09. Medical Repatriation	até € 50.000	9,46
9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)	até € 10.000	0,00
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000	0,73
11. Accidental Death on Travel (MA)	total de R\$ 50.000	0,73
12. Repatriation os Remains	até € 25.000	0,73
13. Baggage Loss (supplementary to airline)	até € 1.000 (€ 25,00/Kg)	0,73
14 Baggage Delay	até € 300	0,73
15 Flight Delay	até € 300	0,73
16. Sending of companion	até € 3.000	0,73
17. Submission of substitute executive	até € 3.000	0,73
18. Interruption of Travel by Death - Accident or illness	até € 750	0,73
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	Incluído**	0,00
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**	0,00
21 - Damaged Luggage	€ 50.00	0,00

(**) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN)

LACK OF INSURANCE

Before the trip : no need. If it is identified that the insurance issue occurred while traveling, it will be canceled, automatically losing its validity.

DEDUCTIBLE

Flight delay : 4 hours.

Baggage delay : 6 hours.

BENEFICIARIES

If the insured does not indicate the beneficiary, the indemnity for the Death coverage will be paid to the legal heirs in accordance with the Civil Code. The indication and change of beneficiaries may be made at any time by the insured, by filling in the beneficiary designation form available with the representative. For the other coverage of this insurance, see the one described in the Insured's Manual.

EXCLUDED RISKS

Check the risks excluded from coverage in the "General Conditions", attached to this Insurance ticket.

Serviços Prestados por: WMC - World Medical Care

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O SEGURO VIAGEM DO CORAÇÃO

POLICY CANCELLATION

Within 7 days of purchase of your policy or effective premium payment, what happens later, and as long as its validity has not started, the insured person can:

- Perform the right of cancellation by the same way of purchase, without disadvantage of the other ways available.
- The premiums that has been paid until the 7 days of purchase date will be returned to insured person, immediately, on the same way that it has been paid. he insured person can give up from the policy purchase and the sums paid will be returned, respecting the following rules:
- Cancellation before trip starts: The insured person will have premiums paid fully back, except the value of the Cancellation Trip Coverage.
- Cancellation after trip starts: The insured person will have no right of any value paid.

This plan does not cover: Brasil, Mianmar, Iran, North Korea, Sudão, Syria, Krimea and other regions under war

WHAT TO DO IN CASE OF DISCRIMINATION

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Travel Insurance marketed by SCHULTZ INGÁ TURISMO LTDA - CNPJ: 04.628.135 / 0001-57, and guaranteed by American Life Insurance Company - CNPJ: 67.865.360 / 0001-27, through SUSEP Process 15414.901206 / 2016-30 - Brokerage Insurance: STZ Corretora de Seguros Ltda - CNPJ: 12.353.171 / 0001-83 - SUSEP Registry: 10.0688185.

The contractual conditions of the Insurance Plan to which this ticket is linked, are registered with SUSEP, according to the SUSEP Process number and can be consulted at www.susep.gov.br or www.vitalcard.com.br/condicoes-gerais. The registration of this plan with SUSEP does not imply, on the part of the Autarchy, an incentive or recommendation for its sale. Public Attendance Service SUSEP: 0800 021-8484. The insured can consult the registration status of his insurance broker, on the website www.susep.gov.br, through the number of his registration with SUSEP, full name, CNPJ or CPF.

All of the information we provide on travel insurance in this document is only a brief summary. This document does not include all the terms, conditions, limitations, exclusions and conditions for terminating the travel insurance plans described. Coverage may not be available to residents of all countries, states or provinces. Please read the General Conditions carefully for a complete description of the coverage.

Warning: Travel insurance is not health insurance! Read the Contract Conditions carefully, observing your rights and obligations, as well as the limit of the Insured Capital contracted for each coverage

INSURANCE PREMIUM COLLECTION AUTHORIZATION TERM

I, GRAZIELE CRISTINA SOIBERT FISCHER, registred at social security number 07912822950, insured person by Vital Card , underwritten by policy number: 18800381 , authorize to charge the insurance premium with other services and products bought by me.

Signature of the insured

Notes:

- o The insured power & aacute; withdraw from the insurance contracted within 7 (seven) calendar days from the signature of the proposal, in the case of individual contracting, or from the issuance of the ticket, in the case of contracting; per ticket, or the actual payment of the premium, whichever is the last.
- o In the case of payment of a split premium, the payment of the first installment is considered to be the actual payment.

THE SAFE JOURNEY OF THE HEART



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até € 15.000**

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até € 1.000

06. Dental Expenses

até € 2.000

07. Trip Extension and Return Trip Guarantee (PE-VR)

até € 3.000*

08. Medical Transfer

até € 5.000

09. Medical Repatriation

até € 50.000

9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)

até € 10.000

10. Total Permanent Travel Accident Invalidity (IPA)

até R\$ 50.000

11. Accidental Death on Travel (MA)

total de R\$ 50.000

12. Repatriation os Remains

até € 25.000

13. Baggage Loss (supplementary to airline)

até € 1.000 (€ 25,00/Kg)

14 Baggage Delay

até € 300

15 Flight Delay

até € 300

16. Sending of companion

até € 3.000

17. Submission of substitute executive

até € 3.000

18. Interruption of Travel by Death - Accident or illness

até € 750

20. Repatriation of Remains due to Covid 19 (TC-COVID 19)

Incluído**

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Incluído**

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O SEGURO VIAGEM DO CORAÇÃO

SUSEP Process 15414.901206 / 2016-30 - (Branch 1369 - Travel)

Access to general conditions:

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DATA FROM THE INSURED			
Name:	RICHARD TAFAREL BOOS		
Date of birth:	24/07/1989	Genre: M	Social Security ID: 06573969901
Address:	Rua Gruenerwinkell	Number: s/n	
Compl.:		Neighborhood: Aimore	
City:	Guabiruba	UF: SC	Zip Code: 88360000
Phone:	(47)99162-7085		
E-mail:	atendimento3@roseciadeviagens.com.br		

PREMIO			
Gross Prize in US\$:	20,44	Change:	5,20
Net Premium in R\$:	105,89	IOF:	0,40
Gross Premium in R\$:	106,29	Payment Method:	in cash
Frequency:	Only		

If the payment of the premium for any installment is not made by the due date indicated in the billing document, the insurance will be automatically and automatically canceled and the coverage cannot be rehabilitated

INSURANCE TICKET - Nº 18800382

Plan: Max Plus Europa € 45.000 EM TRIPLO

Date of Issue: 28/09/2026

Permanence: 14 dia(s)

Vigency: 03/10/2026 à 16/10/2026

Verification Password: MPDAVDDMMRD

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BENEFICIARIES	If the insured does not indicate the beneficiary, the indemnity for the Death coverage will be paid to the legal heirs in accordance with the Civil Code. The indication and change of beneficiaries may be made at any time by the insured, by filling in the beneficiary designation form available with the representative. For the other coverage of this insurance, see the one described in the Insured's Manual.	
EXCLUDED RISKS	Check the risks excluded from coverage in the "General Conditions", attached to this Insurance ticket.	

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Signature of the insured

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