# VOUCHER 18928401
## TRAVEL ASSISTANCE

Senha de veracidade PPXAVDYCDBM

### 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 pais 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.

### DATA FROM THE INSURED

| | | | |
|---|---|---|---|
| **Name:** | CLAUDIO AGOSTINHO BUTOLO | | |
| **Date of birth::** | 15/01/1966 | **Genre:** M | **Social Security ID:** 09596579835 |
| **Adress:** | AVENIDA 03 | | **Number:** 281 |
| **Compl.:** | | **Neighborhood:** | CENTRO |
| **City:** | Corumbataí | **UF:** SP | **Zip Code:** 13540003 |
| **Phone:** | (19)99609-5778 | | |
| **E-mail:** | claudiobutolo@hotmail.com | | |

**Travel Assistance Voucher -** Nº 18928401

**Plan:** MAX Europa € 45.000 EM TRIPLO CANCELAMENTO 3K
**Date of Issue:** 24/11/2026
**Permanence:** 13 dia(s)
**Vigency:** 28/11/2026 à 10/12/2026
**Verification Password:** PPXAVDYCDBM

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

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$** | 59,03 |
| **Change** | 5,97 |
| **Total value in R$** | 352,43 |

### ASSISTANCE SERVICES

| | | |
|---|---|---|
| 19. Assistance in hiring a lawyer | 04. Luggage location assistance | 07. Access to the worldwide accredited network |
| 20. Assistance in the payment of judicial bail | 05. Aid in the document loss | 08. Insurance Police in English - Spanish - French- Italian- German |
| 03. support in fund transfer | 06. Emergency aid 24 h | 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 € 3.000 |
| 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 18928401
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Senha de veracidade PPXAVDYCDBM

**SUSEP Process 15414.901206 / 2016-30 - (Branch 1369 - Travel)**
**Access to general conditions:**
https://www.vitalcard.com.br/condicoes-gerais

**There is only automatic extension of validity** for all coverages if the client is hospitalized on the end date of his trip on the contracted ticket. It is not possible to hire travel insurance after starting the trip. For other coverages, the effective period will be according to the effective start and end date, as described in the ticket. You can request cancellation of travel insurance only before the start of the term, by request by e-mail (suporte@vitalcard.com. Br), by phone (0800 600-5058) or directly on the website (vitalcard.com.br ).

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| **Phone:** | (19)99609-5778 | | |
| **E-mail:** | claudiobutolo@hotmail.com | | |

### PREMIO

| | | | |
|---|---|---|---|
| **Gross Prize in US$:** | 19,24 | **Change:** | 5,97 |
| **Net Premium in R$:** | 114,43 | **IOF:** | 0,43 |
| **Gross Premium in R$:** | 114,86 | **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 18928401

**Plan:** MAX Europa € 45.000 EM TRIPLO CANCELAMENTO 3K
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## CONTRACTED INSURANCE COVERAGE

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| 02. Cancellation of Trip | até € 3.000 | 1,55 |
| 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 | 0,78 |
| 06. Dental Expenses | até € 2.000 | 0,78 |
| 07. Trip Extension and Return Trip Guarantee (PE–VR) | até € 3.000* | 0,78 |
| 08. Medical Transfer | até € 5.000 | 2,33 |
| 09. Medical Repatriation | até € 50.000 | 10,09 |
| 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 | 0,78 |
| 11. Accidental Death on Travel (MA) | total de R$ 50.000 | 0,78 |
| 12. Repatriation os Remains | até € 25.000 | 0,78 |
| 13. Baggage Loss (supplementary to airline) | até € 1.000 (€ 25,00/Kg) | 0,78 |
| 14 Baggage Delay | até € 300 | 0,78 |
| 15 Flight Delay | até € 300 | 0,78 |
| 16. Sending of companion | até € 3.000 | 0,78 |
| 17. Submission of substitute executive | até € 3.000 | 0,78 |
| 18. Interruption of Travel by Death - Accident or illness | até € 750 | 0,78 |
| 20. Repatriation of Remains due to Covid 19 (TC-COVID 19) | Incluído** | 0,00 |
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| 21 - Damaged Luggage | € 50.00 | 0,00 |
| (**) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN) | | |

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|---|---|
| **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.<br>**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. |

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### 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, Sudan, Syria, Krimea and other regions under war

### WHAT TO DO IN CASE OF DISCRIMINATION

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Telefones: **Estando no Brasil ou no Exterior, ligue a cobrar para: +1 (786) 233 7254**

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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 still received a charge, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take the necessary measures

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, CLAUDIO AGOSTINHO BUTOLO, registred at social security number 09596579835, insured person by Vital Card , underwritten by policy number: 18928401 , authorize to charge the insurance premium with other services and products bought by me.

_____

Signature of the insured

**Notes:**

- 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.
- 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**


**Seu guia turístico durante a viagem!**

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Escaneie e explore o mundo!

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| **Compl.:** | | **Neighborhood:** | CENTRO |
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| **Phone:** | (19)99609-7541 | | |
| **E-mail:** | valeria@joaoafonso.com.br | | |

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**IMPORTANTE**

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 still received a charge, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take the necessary measures

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, VALERIA CRISTINA BERTAGNA BUTOLO, registred at social security number 05728158838, insured person by Vital Card , underwritten by policy number: 18928402 , authorize to charge the insurance premium with other services and products bought by me.

_____
Signature of the insured

**Notes:**

- 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.
- In the case of payment of a split premium, the payment of the first installment is considered to be the actual payment.

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