

## **Evidence of Correctness**

### **Critical Illness Insurance**

The purpose of this programming is to determine whether a critical illness is included in the coverage plan established for the insured. To achieve this, it is essential to consider several factors that will influence the evaluation. For instance, we established that the coverage is individual in nature, without depending on groups or collectives.

Additionally, we differentiate between the types of coverage plans available, as they are divided into standard and premier categories. This classification allows for the adaptation of coverage to the specific needs or payment methods of each insured individual. The gender of the individual must also be evaluated, as this can influence their health conditions or the illnesses that affect them. Another classification we use is the age of the individual, as the contract only covers up to 70 years of age.

In the form, the medical condition of the insured is classified, as the conditions indicated therein will be covered by the insurance; otherwise, they will not be covered.

### **Analyzed Clauses:**

#### **2.3**

- It must be a benefit for a specific serious event from the attached list on page 21 of the insurance.
- The benefit under the critical illness insurance will only be paid if the condition is met that the event occurs between the start date of the plan and before the end date (without prejudice, if applicable, that at least 3 months of the qualifying period must pass before the illness is diagnosed).

##### **2.3.1**

- If the insured suffers more than one critical illness, payment will only be made for the first event or first serious illness that occurs.

##### **2.3.2**

- If the premier benefit is held, an advance benefit will be paid as established on page 22.

#### 2.3.4

- Payment of coverage will not be made if the critical illness is due to an intentional or self-inflicted act.
- It must not be a terminal illness.
- If the beneficiary suffers from an illness listed on pages 21, they must survive at least 14 days from the event, since for these purposes it is considered that there is no attached life insurance.
- Payment will not be made if the illness is diagnosed within the first 3 months from the start date of the plan (which we will understand as the qualifying period) that would apply to illnesses such as angioplasty, cancer, coronary bypass surgery, stroke, among others.
- This qualifying period will not be understood if the insured had similar coverage before with another insurer or within the same company.