

Wishing you safe travels



MEDOC® Travel Insurance Policy

Effective September 1, 2024

SAMPLE

**IMPORTANT: Please read this policy carefully before you travel.
Keep it in a safe place and take it with you when you travel.**

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SAMPLE

SUMMARY OF BENEFITS

The information below summarizes the insurance coverage under your MEDOC® Travel Insurance policy (hereinafter described as “this policy” or “your policy”). Such coverage is subject to Statutory Conditions and the terms, conditions, limitations and exclusions of this policy. Refer to this entire policy and more specifically to SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS? for complete benefit details. All amounts indicated below are expressed and payable in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE

| | | |
|--|--|---|
| Overall Maximum | Up to \$10,000,000, per insured person, per trip | |
| EMERGENCY MEDICAL TRAVEL INSURANCE BENEFITS (Out-of-Province) | | |
| Hospital or Medical Facility Accommodation | Room and board costs up to the private room rate | |
| Incidental Expenses | Up to \$50 per day, to a maximum of \$2,000 | |
| Physician Charges | Reasonable and customary charges | |
| Private Duty Nurse | Reasonable and customary charges | |
| Diagnostic Services | Reasonable and customary charges | |
| Medical Appliances | Reasonable and customary charges | |
| Paramedical Services | Up to \$500 per profession | |
| Prescriptions | 30-day supply per prescription | |
| Ground Ambulance Services | Reasonable and customary charges | |
| Emergency Air Transportation | Reasonable and customary charges | |
| Transportation to Bedside | Round-trip economy transportation & up to \$350 per day, to a maximum of \$3,500 for meals and accommodations | |
| Child Care | Return of Child | One-way economy transportation & up to \$5,000 for the cost of an escort, or |
| | Transportation of Family or Friend to be with child | Round-trip economy transportation & up to \$350 per day, to a maximum of \$3,500 for meals and accommodations , or |
| | Child Care at destination | Up to \$5,000, or |
| | Child Care at home | Up to \$5,000 |


EMERGENCY MEDICAL TRAVEL INSURANCE

| | |
|---|---|
| Return of Spouse or Travel Companion | One-way economy transportation |
| Return of Deceased | Up to \$15,000 for the cost of preparation and transportation of the deceased, or up to \$5,000 for the cost of cremation and/or burial |
| Meals and Accommodation | Up to \$350 per day, to a maximum of \$3,500 |
| Treatment of Dental Accidents | Up to \$5,000 |
| Treatment of Dental Pain | Up to \$600 |
| Pet Return | Up to \$500 |
| Vehicle Return | Up to \$10,000 |
| Luggage Return | Up to \$500 |
| Person of Choice to Accompany You | Round-trip economy transportation & up to \$250 per day, to a maximum of \$2,000 for meals and accommodations |
| Flight Accident | Up to \$150,000 |
| Accidental Death and Dismemberment | Up to \$50,000 |
| OTHER BENEFITS (Out-of-Province) | |
| Lost Prescriptions | Up to \$250 |
| Remote Evacuation | Up to \$5,000 |

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

| | |
|---|---|
| TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE (In-Province and Out-of-Province) | |
| Overall Maximum | Up to \$15,000, per insured person, per trip |
| Prepaid Travel Arrangements | Up to \$15,000, per insured person, per trip |
| Transportation | Up to \$15,000, per insured person, per trip |
| Out-of-Pocket Expenses | Up to \$350 per day, to a maximum of \$3,500 |
| Pet Return | Up to \$500 |
| Airport Lounge Day-Pass | Up to \$100 per insured person, per trip |
| BAGGAGE COVERAGE (Out-of-Province) | |
| Overall Maximum | Up to \$1,500 per insured person, per trip (to a maximum of \$3,000 for all insured persons combined) |
| Baggage Loss, Theft or Damage | Up to \$1,500 per insured person, per trip (to a maximum of \$3,000 for all insured persons combined) |
| Baggage Delay | up to \$400 per insured person, per trip (to a maximum of \$1,000 for all insured persons combined) |
| Document Replacement | Up to \$500 |

IMPORTANT NOTICE – PLEASE READ CAREFULLY

You have purchased a travel insurance policy – what's next? We want you to understand what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. 

- **Bolded terms are defined in your policy and can be found in the DEFINITIONS Section.** Throughout this document, any references to “you” or “your” means any eligible **insured person** covered under this insurance and for whom the required premium has been paid.
- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: **accidents** and **emergencies**) and typically does not cover follow-up or recurrent care.
- To qualify for the insurance coverage provided under your policy, you must meet all of the eligibility requirements found in GENERAL INFORMATION, SECTION 1 – ELIGIBILITY FOR COVERAGE.
- This policy contains limitations and exclusions [e.g.: **medical conditions** that are not **stable**, child born on trip, excessive use of alcohol, high risk activities].
- This policy may not cover claims related to **medical conditions** that are not **stable**, whether disclosed or not at time of policy purchase.
- Contact the **MEDOC Claims Assistance Centre** before seeking **treatment** or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a Health Option Questionnaire and any of your answers are not accurate or complete, your policy will be voidable.
- **This policy contains clauses which may limit the amounts payable.**
- **This policy contains a provision removing or restricting the right of the insured person to designate persons to whom or for whose benefit insurance money is to be payable.**

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1.866.606.3362, or visit www.johnson.ca/travel-insurance.

RIGHT TO EXAMINE POLICY: If this is the initial policy, the applicant has the right to cancel this policy within 10 days of receipt of the policy and receive a full refund. Upon such request, this policy will be considered to never have been in effect and the **Insurer** will have no liability under this insurance. The applicant must notify the **Administrator** immediately if they wish to cancel their coverage and written confirmation must be received within 10 days of receipt of the policy.

For new policies issued after the initial policy, see SECTION 7 – CANCELLATION AND/OR REFUND OF PREMIUM.

Royal & Sun Alliance Insurance Company of Canada (**Insurer**) provides the insurance for this policy. Global Excel Management Inc. (**MEDOC Claims Assistance Centre**) has been appointed by the **Insurer** as the assistance and claims service provider for the **MEDOC Claims Assistance Centre** under this policy. This insurance is administered by Johnson Inc. (**Administrator**).

GENERAL INFORMATION

SECTION 1 – ELIGIBILITY FOR COVERAGE

To be covered under the policy, you must meet the following eligibility requirements:

- You must be covered under the **government health insurance plan** of your **province**; and
- You must have your permanent residence in Canada; and
- You must be insured under the Public Service Health Care Plan (PSHCP) or Canada Post Extended Health Care Plan (CPEHCP); and
- The required premium payments for your coverage under the policy must have been paid; and
- You must be a member in good standing in accordance with the sponsoring organization or group's guidelines, or a **spouse** or **dependent** of such member.

A **dependent** may be covered under family coverage (see SECTION 6 – FAMILY COVERAGE for more details) but cannot apply for coverage under this insurance individually.

SECTION 2 – APPLYING FOR COVERAGE

When applying for coverage under this insurance, an application must be completed and returned with a personal cheque marked VOID to the **Administrator**. When applying for a Supplemental Plan, a Health Option Questionnaire must also be completed and returned. The application, and Health Option Questionnaire (if applicable), must be completed and received by the **Administrator** before a **trip** begins in order for coverage to be effective for that **trip**.

HEALTH OPTION QUESTIONNAIRE

The Health Option Questionnaire means the form that contains medical history questions which must be answered correctly at the time of application for a Supplemental Plan. The Health Option Questionnaire does not need to be completed when applying for a Base Plan only. Once completed, the Health Option Questionnaire forms part of the insurance contract. The answers provided on this form determine the applicable health option qualification (Optimum, Preferred, or Standard), and the terms of coverage and premium that applies to the policy.

If you have any questions on how to answer the Health Option Questionnaire, please consult your **physician**.

NEW POLICY EACH YEAR

This policy has an additional feature to provide a new policy each year. The new policy commences on the day immediately following the **expiry date** of the prior policy. The person named on the **confirmation of coverage** will receive written

notification at least 30 days in advance of your coverage being issued under the new policy with the terms and conditions and the new premium rates. If an **insured person** no longer meets the eligibility requirements in SECTION 1 – ELIGIBILITY FOR COVERAGE, you must advise the **Administrator** immediately.

Each new policy includes the prior policy's plan selection (Base Plan or Supplemental Plan) and individual or family coverage selection. If Supplemental Plan(s) were selected for the prior policy, the Supplemental Plan **coverage period** for the new policy is based on the calendar dates of travel under the prior policy. If your travel dates differ from those shown on the **confirmation of coverage**, the **Administrator** must be contacted to ensure the Supplemental Plan is adjusted accordingly.

Each new policy's Supplemental Plan(s) are issued under the Standard Health Option regardless of the health option on the prior policy. However, a Health Option Questionnaire may be submitted within 60 days of the first premium deduction for the new policy to apply for the Optimum or Preferred Health Option, provided you qualify. A Health Option Questionnaire does not need to be submitted for the Standard Health Option or if only a Base Plan was issued under the new policy.

For each new policy, the person named on the **confirmation of coverage** has 60 days of the first premium deduction to request the following modifications:

- request a change to the individual or family coverage selection; or
- cancel the new policy by providing notice of termination to the **Administrator** (see SECTION 7 – CANCELLATION AND/OR REFUND OF PREMIUM for more details).

Such modifications cannot be requested more than 60 days following the first premium deduction for the new policy, or if a claim has been incurred on the new policy.

SECTION 3 – PREMIUM PAYMENT

The total premium due for the policy is payable through pre-authorized chequing bank deduction(s) of either one lump sum or equal monthly payments. Equal monthly payments are withdrawn from the first premium deduction date following the purchase of the Base Plan and/or Supplemental Plan(s) to the last premium deduction date for that policy.

For the lump sum bank deduction payment option, if the **Administrator** is unable to collect the premium, coverage will not be in effect.

For any monthly premium not paid when due for any reason, a written Default Notice will be sent to the person named on the **confirmation of coverage** advising of non-payment of premium, other than the initial premium, and the amount owing plus a \$25 service charge will be added to the next available premium deduction. A 30-day grace period is allowed for each premium installment due after the

initial instalment. Coverage will terminate on the last day of the grace period if the installment due has not been paid in full by that date and a notice of termination of this policy will be sent to the person named on the **confirmation of coverage**.

SECTION 4 – MEDOC® PLAN DESIGN

BASE PLAN

The Base Plan provides coverage for:

- an unlimited number of **trips** outside Canada, for a duration not exceeding 40 consecutive calendar days; or
- an unlimited number of **trips** within Canada, for any duration of time.

For **trips** which include travel both within and outside Canada, you may travel outside Canada multiple times, for a duration not exceeding 40 consecutive calendar days each time you leave Canada, including the day you left Canada. Under the Base Plan you cannot be outside Canada for more than 40 consecutive calendar days, without returning to Canada. See SECTION 5 – WHEN DOES COVERAGE BEGIN AND END? for information on when coverage ends under your Base Plan.

If you will be outside Canada for more than 40 consecutive calendar days without returning to Canada, you must purchase a Supplemental Plan starting on the day you leave Canada and ending on the day you return home.

The Base Plan provides coverage in addition to your Public Service Health Care Plan (PSHCP) or Canada Post Extended Health Care Plan (CPEHCP) as follows:

- Expenses incurred as a result of an **emergency** that exceed the overall out-of-**province** coverage limit provided by the PSHCP or CPEHCP, subject to the overall maximum of \$10,000,000 per **insured person** and per **trip**.
- Expenses incurred as a result of an **emergency** that exceed the maximum amount payable for any given benefit provided by the PSHCP or CPEHCP, subject to the benefit maximum under this insurance or the overall maximum of \$10,000,000 per **insured person** and per **trip**.
- Benefits provided by this insurance that are not available under the PSHCP or CPEHCP, such as Trip Cancellation, Trip Interruption and Trip Delay coverage and Baggage coverage. This does not include coverage for claims, which have been declined on the PSHCP or CPEHCP.
- Expenses incurred on a **trip** outside your **province** that exceeds 40 consecutive calendar days, provided the **trip** does not exceed 40 consecutive calendar days outside Canada.

When applying for the Base Plan after commencement of the policy year, which is September 1st to August 31st inclusively, the premium rates will be pro-rated from your **effective date** until the end of the policy year.

SUPPLEMENTAL PLAN

The Supplemental Plan provides coverage for a single **trip** that includes travel for more than 40 consecutive calendar days outside of Canada.

A Supplemental Plan may be purchased to cover travel for a duration not exceeding 50 consecutive calendar days, starting on the day you leave Canada for a period of more than 40 consecutive calendar days and ending on the day you return home.

For longer **trips**:

- an additional 10-day unit of Supplemental Plan coverage can be purchased to cover a **trip** of up to 60 calendar days.
- for **trips** beyond 60 calendar days, additional 15-day units of Supplemental Plan coverage can be purchased to a maximum of 165 calendar days.
- for **trips** beyond 165 calendar days, an additional 17-day unit can be purchased to a maximum of 182 calendar days.
- for residents of Ontario, British Columbia, Alberta, Manitoba, New Brunswick and Newfoundland and Labrador travelling longer than 182 calendar days, additional 15-day units of Supplemental Plan coverage can be purchased to a maximum of 212 calendar days.

It is your responsibility to ensure that you are familiar with your **government health insurance plan** (GHIP) residency requirements and that you maintain your provincial coverage.

When one or more Supplemental Plan(s) are purchased, a Base Plan is automatically included.

A Supplemental Plan is issued for specific travel dates. Should your **departure date** or **return date** change, the person named on the **confirmation of coverage** must contact the **Administrator** to ensure the Supplemental Plan is adjusted accordingly.

SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

WHEN DOES COVERAGE FOR YOUR POLICY BEGIN AND END?

Coverage for your MEDOC® Travel Insurance policy will become effective on the later of:

- the date the **Administrator** receives a completed and signed Application for Insurance form and pre-authorized chequing bank debit authorization; or
- the date indicated as the **effective date** on the **confirmation of coverage**.

Coverage for your MEDOC® Travel Insurance policy will terminate immediately upon the next August 31st following your **effective date** indicated on the **confirmation of coverage**.

WHEN DOES COVERAGE FOR YOUR TRIP BEGIN AND END?

Trip Cancellation coverage for each **trip** begins on the later of:

- the date and time you make the initial non-refundable deposit for your **trip** and before any cancellation penalties have been incurred; or
- the date indicated as the **effective date** on the **confirmation of coverage**.

Trip Interruption and Trip Delay coverage for each **trip** begins when your **common carrier** departs from the scheduled **departure point** shown on the ticket, itinerary or other document issued to you by or for the carrier, or on your **departure date**.

Emergency Medical Travel Insurance and Baggage coverage for each **trip** begins on the date you leave your **province**.

Trip Cancellation coverage for each **trip** ends when your **common carrier** departs from the scheduled **departure point** shown on the ticket, itinerary or other document issued to you by or for the carrier, or on your **departure date**.

Trip Interruption and Trip Delay coverage for each **trip** ends on the first to occur of:

- your **return date**; or
- the 40th consecutive calendar day of travel outside of Canada, including the day you left Canada, if you selected the Base Plan, as indicated on the **confirmation of coverage**; or
- the day you reach the maximum number of days purchased for your Supplemental Plan single **trip**, starting from the day you leave Canada as shown on the **confirmation of coverage**.

Emergency Medical Travel Insurance and Baggage coverage for each **trip** ends at the earliest of the following times:

- on the day you return to your **province**; or
- on the 40th consecutive calendar day of travel outside of Canada, including the day you left Canada, if you selected the Base Plan, as indicated on the **confirmation of coverage**; or
- on the day you reach the maximum number of days purchased for your Supplemental Plan single **trip**, starting from the day you leave Canada as shown on the **confirmation of coverage**.

However, if you return to your **province** for an unexpected temporary visit prior to your scheduled Supplemental Plan **return date**, provided you did not incur a claim on your Supplemental Plan before your return to your **province** or receive **treatment** for a **medical condition** (other than a **minor ailment**) during your stay in your **province**, you may choose to have your existing Supplemental Plan coverage resume once you leave your **province** to continue your **trip**. Additionally, if you claim under Benefit H

in TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE, SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?, your existing Supplemental Plan coverage will resume once you leave your **province** to continue your **trip**. The days of your temporary return are not transferable, and the premium for such days is not refundable.

WHAT IF YOUR TRIP IS LONGER THAN YOUR COVERAGE PERIOD?

Except in the circumstances when coverage is automatically extended (see WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?), you do not have coverage under this insurance policy for any days of your **trip** that extend beyond your **coverage period**. However, coverage for a longer **trip** may be purchased with the Supplemental Plan by contacting the **Administrator** at **1.866.606.3362** (toll-free), at **709.737.6065** (collect) or by email at travelinsurance@johnson.ca before the end of your **coverage period**. See SECTION 4 – MEDOC® PLAN DESIGN for more details.

If coverage is requested for a longer **trip** after the **departure date** and there was a claim on the **trip**, any expenses related to the **medical condition** for which a claim was incurred are excluded from coverage. See SECTION 5 – WHAT ARE YOU NOT COVERED FOR?, General Exclusion 22 in EMERGENCY MEDICAL TRAVEL INSURANCE and General Exclusion 15 in TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE for more details.

WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the **coverage period**, provided you still meet the eligibility requirements in SECTION 1 – ELIGIBILITY FOR COVERAGE, if one of the following circumstances delays your return to your **province**:

- a) **Delay of Transportation.** If your **common carrier** has been delayed, or if a private **vehicle** becomes inoperable which prevents you from returning on your scheduled **return date** due to circumstances beyond your control, your coverage is extended for up to 72 hours beyond the end of the **coverage period**.
- b) **Medical Emergency Preventing Travel.** If you or your **travel companion** is unable to travel on your scheduled **return date** due to an **emergency** which does not require hospitalization, your coverage is extended for up to five days beyond the end of the **coverage period**.
- c) **Medically Unfit to Travel.** If you or your **travel companion** is medically unfit to travel due to an **emergency**, your coverage is extended for up to 72 hours following the date that you are deemed able to return to your **province** by your **physician** or your **common carrier**.
- d) **Hospitalization.** If you or your **travel companion** is hospitalized due to an **emergency**, your coverage will remain in force during the hospitalization and for up to 72 hours following discharge from the **hospital** or **medical facility**.

You are required to notify the MEDOC Claims Assistance Centre in the foregoing circumstances prior to the end of your coverage period. Failure to notify the MEDOC Claims Assistance Centre by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from your departure date.

SECTION 6 – FAMILY COVERAGE

Family coverage is available to the applicant, the applicant's **spouse** and **dependent(s)** when:

- the applicant and the applicant's **spouse** qualify for the same Health Option and have paid the premium for a family plan; or
- the applicant and the applicant's **spouse** qualify for two different Health Options and have paid the premium for two individual plans.

If an applicant does not require coverage for a **spouse**, family coverage is available to the applicant and the applicant's **dependent(s)** when the premium for a family plan has been paid.

A family or individual plan must be selected at the time of application for insurance. For each new policy, a request to change the individual or family coverage selection may be submitted within 60 days of the first premium deduction. No changes can be made to the new policy if a claim has been incurred on the new policy.

SECTION 7 – CANCELLATION AND/OR REFUND OF PREMIUM

To request a cancellation and/or refund of premium, the following provisions apply. All requests must be made to the **Administrator**.

Base Plan

The Base Plan cannot be terminated after the **effective date**, and all outstanding premium is owed, except under the following circumstances:

- **For new policies issued after the initial policy**, the person named on the **confirmation of coverage** may cancel coverage and be entitled to a refund of the premium paid by providing a request for termination of coverage to the **Administrator** within 60 days from the first premium deduction date for that policy, provided no claim has been incurred on the new policy.
- **In the event of death**, a partial refund may be available, provided no claim has been incurred on the new policy. In such cases, the **Administrator** must receive confirmation of death and the refund will be issued to the estate of the person named on the **confirmation of coverage**.

Supplemental Plan

A refund, partial refund or adjustment of premium may be available under a Supplemental Plan in the following circumstances:

- **For new policies issued after the initial policy**, the person named on the **confirmation of coverage** may cancel coverage and be entitled to a refund of premium by providing a request for termination of coverage to the **Administrator** within 60 days from the first premium deduction date for that policy, provided no claim has been incurred.
- **Before your departure date**, the person named on the **confirmation of coverage** may request a refund or adjustment to the monthly premium deductions. If such request results in a cancellation of all Supplemental Plans, the policy will be downgraded to a Base Plan.
- **In the event of death**, a refund may be available for unused Supplemental Plan(s). In such cases, the **Administrator** must receive confirmation of death and the refund will be issued to the estate of the person named on the **confirmation of coverage**. Payment is required for the outstanding premium of any remaining Supplemental Plan(s). If all Supplemental Plan(s) are unused at the time of death, the policy will be downgraded to a Base Plan and a partial refund may be available, provided no claim has been incurred.

- **If you return early from a trip**, the person named on the **confirmation of coverage** may request a refund or an adjustment to the monthly premium deductions, provided no claim has been incurred during the additional period provided by the Supplemental Plan. Proof of early return must be provided in the form of a stamped passport, airline ticket or boarding pass, credit card receipt, border crossing slip, or any signed and dated document that proves you have returned to your **province**.

Refunds will be issued, or an adjustment to your monthly premium deductions will be made, only for any unused full units of Supplemental Plan coverage. Unused partial units of Supplemental Plan coverage will not be refunded.

SAMPLE

EMERGENCY MEDICAL TRAVEL INSURANCE

SECTION I – INTRODUCTION

Emergency Medical Travel Insurance provides coverage for certain expenses you have incurred as a result of an **emergency** for which immediate **medically necessary treatment** is needed (except under the terms of the OTHER BENEFITS (Out-of-Province)) while travelling outside your **province**.

This Emergency Medical Travel Insurance is included with your MEDOC® Travel Insurance and provides an overall maximum coverage of \$10,000,000, per **insured person** and per **trip** for **reasonable and customary charges** in respect of expenses incurred for the benefits listed in SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS? Coverage is only for amounts in excess what is covered by your **government health insurance plan**, your Public Service Health Care Plan (PSHCP) or Canada Post Extended Health Care Plan (CPEHCP), or any other insurance plan.

SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

IF YOU HAVE AN EMERGENCY, YOU MUST CALL THE MEDOC CLAIMS ASSISTANCE CENTRE IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED AS FOLLOWS:

From Canada and the United States, call TOLL FREE **1.800.709.3420**

From Mexico, call TOLL FREE **800.514.7983**

From anywhere else in the world, call COLLECT + **819.566.1002**

NOTE: The complete assistance telephone numbers are also listed on the back of the **benefits card** provided to you.

- If you are calling during the first 40 days of your **trip** for an **emergency** the **MEDOC Claims Assistance Centre** will transfer your call to the Travel Assistance Provider responsible for your underlying Public Service Health Care Plan (PSHCP) or Canada Post Extended Health Care Plan (CPEHCP).
- If it is not reasonably possible for you to contact the **MEDOC Claims Assistance Centre** before seeking **treatment** due to the nature of your **emergency**, you must have someone else call on your behalf or you must call as soon as medically possible. If you fail to notify the **MEDOC Claims Assistance Centre**, the **Insurer** reserves the right to limit your benefits to 70% of eligible expenses, based on **reasonable and customary charges**. You will be responsible for payment of any remaining charges.
- Some **treatments** require pre-approval in order to be covered (see SECTION 5 – WHAT ARE YOU NOT COVERED FOR? for more details). If you do not contact

the **MEDOC Claims Assistance Centre** prior to seeking **treatment**, the medical **treatment** you receive may not be covered by this insurance.

- The **MEDOC Claims Assistance Centre** may direct you to a **medical facility** or **physician** in your area of travel. If you contact the **MEDOC Claims Assistance Centre** at the time of your **emergency**, the **Insurer** will ensure that your covered expenses are paid directly to the **hospital** or **medical facility**, where possible.

SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

EMERGENCY MEDICAL TRAVEL INSURANCE BENEFITS (Out-of-Province)

Hospital or Medical Facility Accommodation

Room and board costs, up to the private room rate charged by the **hospital** or **medical facility**. If **medically necessary**, expenses for **treatment** in an intensive or coronary care unit, and **emergency** out-patient services provided by a **hospital** or **medical facility**, are also covered.

Incidental Expenses

Up to \$50 per day, for a maximum amount of \$2,000, for your reasonable incidental expenses such as telephone, television, taxis, **ridesharing services**, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while you are hospitalized for an **emergency**, and the expenses incurred as a direct result of such hospitalization.

Physician Charges

The expenses resulting from the services of a licensed **physician** procured to you as a result of an **emergency**. The services of a **nurse practitioner** in substitution for appropriate and corresponding **physician** services may also be allowed. Such substitution must be approved in advance by the **MEDOC Claims Assistance Centre**.

Private Duty Nurse

If the **Insurer** or the attending **physician** consider one to be necessary, the services of a qualified private registered nurse (who is not you or an **immediate family member**), when **medically necessary** and while hospitalized or in lieu of hospitalization. This benefit must be approved in advance by the **MEDOC Claims Assistance Centre**.

Diagnostic Services

Laboratory tests and x-rays ordered by the attending **physician** who is treating you and that are part of the **emergency treatment**. Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies, unless such services are approved in advance by the **MEDOC Claims Assistance Centre**.

Medical Appliances

When approved in advance by the **MEDOC Claims Assistance Centre**, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair, when prescribed by the attending **physician**.

Paramedical Services

The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an **emergency**, for a maximum amount of \$500 per **insured person**, per profession listed above, per **emergency**, provided they are approved in advance by the **MEDOC Claims Assistance Centre**.

Prescriptions

Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a licensed **physician** and that are supplied by a licensed pharmacist when **medically necessary** for **emergency treatment**. This benefit is limited to a 30-day supply per prescription, unless you are hospitalized.

Ground Ambulance Services

When reasonable and **medically necessary**, licensed ground ambulance services from the place where the **emergency** occurred to the nearest **medical facility** able to provide the necessary **treatment**.

Emergency Air Transportation

When approved and arranged in advance by the **MEDOC Claims Assistance Centre**:

- air ambulance to the nearest appropriate **medical facility** or to a Canadian **hospital** for immediate **emergency treatment**; or
- transport on a licensed airline with an attendant and/or additional seats to accommodate a stretcher (where required) to return you to your **province** for immediate **emergency treatment** (if you are not holding a valid, open return air ticket).

Transportation to Bedside

When approved in advance by the **MEDOC Claims Assistance Centre**, round-trip economy class transportation from Canada via the most cost-effective route, plus up to \$350 per day, for a maximum amount of \$3,500, for the cost of meals and **accommodation**, of an **immediate family member** or friend, to:

- be with you if you are travelling alone and have been hospitalized as an **in-patient** for at least three consecutive days as the result of an **emergency**; or
- be with you if you and your **spouse** (if travelling with you) and your **travel companion(s)** have been hospitalized as an **in-patient** for at least three consecutive days while travelling as the result of an **emergency**; or
- where necessary, identify your body prior to the release of your body, if you are deceased.

In the case of hospitalization, your attending **physician** must provide written certification that the situation was serious enough to warrant the visit.

Only the **insured person(s)** would be covered by this insurance. The **immediate family member** or friend may wish to consider purchasing travel insurance.

Child Care

When approved in advance by the **MEDOC Claims Assistance Centre**, one of the following childcare assistance benefits for the **dependent(s)** or grandchildren (who are under 16 years of age) of the person named on the **confirmation of coverage** or

the **spouse** of such person, in the event the person named on the **confirmation of coverage** or the **spouse** of such person is hospitalized while travelling as the result of an **emergency**:

- a) One-way economy class transportation via the most cost-effective route to return to Canada. Where necessary, arrangements will include up to a maximum amount of \$5,000 for the cost of an escort for the **dependent(s)** or grandchildren; or
- b) Round-trip economy class transportation via the most cost-effective route, plus up to \$350 per day (to a maximum amount of \$3,500) for the cost of meals and **accommodation**, for an **immediate family member** or friend to be with the **dependent(s)** or grandchildren in the location where the person named on the **confirmation of coverage** or the **spouse** of such person is hospitalized; or
- c) Up to a maximum amount of \$5,000 for the cost of caregiver services (other than a relative) in the same location where the person named on the **confirmation of coverage** or the **spouse** of such person is hospitalized; or
- d) Up to a maximum amount of \$5,000 for the cost of caregiver services (other than a relative) in the home **province** when left unattended due to the **emergency** while travelling.

Only the **insured person(s)** would be covered by this insurance. For b), the **immediate family member** or friend may wish to consider purchasing travel insurance.

Return of Spouse or Travel Companion

If you are returned to your **province** under the Emergency Air Transportation benefit or the Return of Deceased benefit, the **Insurer** will reimburse the cost of a one-way economy class transportation via the most cost-effective route for a **spouse** or one **travel companion** to return to Canada (if the **spouse** or **travel companion** does not hold a valid, open return ticket). This benefit must be approved in advance by the **MEDOC Claims Assistance Centre**.

Return of Deceased

Up to a maximum amount of \$15,000, for the cost of preparation and transportation of the deceased **insured person** to their **province**, in the event of death due to an **emergency**.

In the case of cremation and/or burial at the place of your death, this benefit is limited to a maximum amount of \$5,000.

The cost of the casket or urn is not covered by this benefit.

Meals and Accommodation

Up to \$350 per day, to a maximum amount of \$3,500 per **trip**, per **insured person**, for your reasonable additional expenses for meals and **accommodation**, when a **trip** is extended beyond the last day of the scheduled **trip** due to an **emergency** of an **insured person**. This benefit must be authorized in advance by the **MEDOC Claims Assistance Centre**. The fact that you are unable to travel must be certified by the attending **physician** and supported with original receipts from commercial organizations.

Treatment of Dental Accidents

Up to a maximum amount of \$5,000 per **insured person**, for **emergency dental treatment** to repair natural, vital and sound teeth or permanently attached artificial teeth, provided the **injury** was caused by an external, accidental blow to the mouth or face. You must consult a **physician** immediately following the **injury**. **Treatment** must begin during the **coverage period** and be completed prior to returning to your **province**. An **accident** report is required from a **physician** for claims purposes.

Treatment of Dental Pain

Up to a maximum amount of \$600 per **insured person**, for the cost of **emergency treatment** performed by a **physician** to relieve dental pain. This benefit does not cover charges for routine dental care or **treatment**, root canal and other procedures, unless authorized in advance by the **MEDOC Claims Assistance Centre**.

Pet Return

Up to a maximum amount of \$500 for the cost of a one-way transportation of your accompanying cat or dog to your **province**, in the event that you are hospitalized or repatriated during an **emergency**. Any other charges related to the return of your accompanying cat or dog are your responsibility.

Vehicle Return

Up to a maximum amount of \$10,000 if neither you, nor someone travelling with you, are able to operate your **vehicle**, whether owned or rented, during your **trip** due to an **emergency**. Arrangements and payment will be made for the return of the **vehicle** to your home in your **province** or to the nearest appropriate rental agency. Benefits will only be payable for a single person to return the **vehicle** when approved and/or arranged in advance by the **MEDOC Claims Assistance Centre**. This benefit does not cover wages lost by the person driving your **vehicle**.

Luggage Return

When approved in advance by the **MEDOC Claims Assistance Centre**, up to a maximum amount of \$500, for the cost of return of your luggage to your **province**, if you are hospitalized or repatriated during an **emergency**.

Person of Choice to Accompany You

When approved in advance by the **MEDOC Claims Assistance Centre**, a single round-trip economy class transportation from Canada via the most cost-effective route, plus up to \$250 per day for the cost of meals and **accommodation**, to a maximum amount of \$2,000, for a person of your choice to accompany you on your return **trip** to your **province**, if the **travel companion** or another **insured person** travelling with you dies during the **trip**.

Only the **insured person(s)** will be covered by this insurance. The person(s) of choice to accompany you may wish to consider purchasing travel insurance.

Flight Accident

If you die or are dismembered within 90 days of an **injury** sustained as a result of an **accident** caused by the loss of, or damage to, a commercial aircraft while you are

travelling as a ticketed passenger (not as a pilot, officer or other crew member), the **Insurer** will pay:

- a) \$150,000 to your estate if you die; or
- b) \$150,000 for an **injury** causing a loss of both hands, both feet, or sight in both eyes; or
- c) \$75,000 for an **injury** causing the loss of one hand, one foot, or sight in one eye.

Accidental Death and Dismemberment

If an accidental death or **injury** occurs within 90 days of an **accident** sustained during your **trip**, other than a Flight Accident, the **Insurer** will pay:

- a) \$50,000 to your estate if you die; or
- b) \$50,000 for an **injury** causing a loss of both hands, both feet, or sight in both eyes; or
- c) \$25,000 for an **injury** causing the loss of one hand, one foot, or sight in one eye.

Under the Flight Accident and Accidental Death and Dismemberment Benefits:

- “Loss of sight” means the total and irrecoverable loss of entire sight;
- “Loss of hand or foot” means the actual complete and permanent severance at or above the wrist or ankle joint or complete irreversible paralysis;
- Death or loss due to an **injury** must be a direct result of the **accident** sustained during your **trip**; and
- Benefits will be payable for only one loss, that being the greatest amount.

OTHER BENEFITS (Out-of-Province)

Lost Prescriptions

The replacement cost of prescription medication lost during your **trip** when approved in advance by the **MEDOC Claims Assistance Centre**, up to a maximum amount of \$250.

Remote Evacuation

Up to a maximum amount of \$5,000 for a professional service provider to evacuate you from a mountainous area, the sea or other remote location to the nearest accessible point if you are prevented from leaving such location through other means.

SECTION 4 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit your entitlement to benefits under Emergency Medical Travel Insurance.

Failure to Notify the MEDOC Claims Assistance Centre

In the event of an **emergency**, you must call the **MEDOC Claims Assistance Centre** before seeking **treatment**. If it is not reasonably possible for you to contact the **MEDOC Claims Assistance Centre** before seeking **treatment** due to the nature of your **emergency**, you must have someone else call on your behalf or you must call as soon as medically possible. If you fail to notify the **MEDOC Claims Assistance Centre**, the **Insurer** reserves the right to limit your benefits as follows:

- a) The **Insurer** will not pay expenses for benefits that are not approved by the **MEDOC Claims Assistance Centre**, if pre-approval is required; and

b) The **Insurer** will pay 70% of eligible expenses, based on **reasonable and customary charges**.

You will be responsible for payment of any remaining charges.

Benefits Limited to Incurred Expenses

The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

Benefits Limited to the Greatest Loss

For the Flight Accident or Accidental Death and Dismemberment benefits, should more than one covered loss be sustained as the direct result of a single **accident**, only the largest of the benefits is payable.

Sanctions

The **Insurer** shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach economic, financial, or trade sanctions imposed under the laws or regulations of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction, to the extent that compliance with those sanctions, laws or regulations is permitted.

SECTION 5 – WHAT ARE YOU NOT COVERED FOR?

GENERAL EXCLUSIONS

Under your Emergency Medical Travel Insurance benefits, the Insurer will not pay any expenses relating to or in any way associated with:

1. Any **medical condition** (other than a **minor ailment**) that was not **stable*** at any time during the 90 days before your **departure date**. This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.

***Stable** means any **medical condition** (other than a **minor ailment**) for which all the following statements are true:

- there has been no new diagnosis, **treatment** or prescribed medication;
- there has been no change in **treatment** or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in **treatment** frequency or type. "Change in medication" does not include: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, or a change from a brand medication to a generic brand medication (where there is no modification to the dosage);
- there have been no new symptoms, more frequent symptoms or more severe symptoms;
- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) and no waiting of results of further investigations for that **medical condition**.

2. Any **medical condition** that required the use of home oxygen at any time during the 90 days before your **departure date**. This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.
3. Any cancer for which you received chemotherapy **treatment** at any time during the 90 days before your **departure date**. This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.
4. Any lung condition that required **treatment** with oral steroids (prednisone or prednisolone) at any time during the 90 days before your **departure date**. This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.
5. Any **medical condition** which prior to your **departure date**:
 - a) you were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; or
 - b) future investigation, consultation with any **physician**, **treatment** or surgery (except routine monitoring) is recommended by a **physician** or planned before your **trip**.

This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.
6. Any **medical condition** that existed prior to your **departure date** for which a **physician** advised you not to travel or for which you have been diagnosed as having a **terminal illness**.
7. Further consultation, **treatment**, recurrence or complication of a **medical condition**, once you are deemed medically stable to return to your **province** (with or without medical escort) following an **emergency** for such **medical condition**, either in the opinion of the **MEDOC Claims Assistance Centre** or your **physician** or by virtue of discharge from a **hospital** or **medical facility**.
8. Further consultation, **treatment**, recurrence or complication of a **medical condition**, once you are declared medically fit for transfer or return by the **MEDOC Claims Assistance Centre** following an **emergency** for such **medical condition**, if you choose to decline the transfer or return.
9. **Treatment**, services or supplies that:
 - a) are not considered **emergency** medical **treatments** for the immediate relief of acute pain and suffering, including any elective and/or cosmetic surgery or **treatment**; or
 - b) you have elected to receive outside your **province** when medical evidence indicates that you could return to your **province** to receive such **treatment**, services or supplies.

The delay to receive **treatment**, services or supplies in your **province** has no bearing on the application of this exclusion.

This exclusion does not apply to a medical **emergency** arising from a COVID-19 vaccination you receive on your **trip**.

10. Any transplant you undergo during your **trip**, including, but not limited to, organ transplants and bone marrow transplants.

11. Any **treatment**, services or supplies that are experimental or investigative in nature.

12. Your **medical condition**, when you undertake your **trip** for the purpose of securing or with the intent of receiving **treatment** for that **medical condition**, or any **medical condition** that arises as a result of such **treatment**.

This exclusion does not apply to a medical **emergency** arising from a COVID-19 vaccination you receive on your **trip**.

13. Expenses for which no charge would normally be made in the absence of insurance.

14. Invasive testing or surgery (such as cardiac catheterization, angioplasty, and/or cardiovascular surgery), including any associated diagnostic test(s) or charges, unless authorized in advance by the **MEDOC Claims Assistance Centre** prior to being performed, except in extreme circumstances where such surgery is performed on an **emergency** basis immediately upon admission to **hospital** or **medical facility**.

15. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, unless such services are authorized in advance by the **MEDOC Claims Assistance Centre**.

16. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, **treatment** of an **ongoing condition**, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or **treatment** in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or **treatment**, and **treatment** of an acute **sickness** and/or **injury** after the initial **emergency** has ended (as determined by the **MEDOC Claims Assistance Centre**).

17. Anxiety, panic attack, or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.

18. **Treatment** not performed by or under the supervision of a licensed **physician**.

19. Routine pre-natal care.

20. If you are pregnant, your pregnancy or the birth and delivery of your child, or any complications of either, occurring in the nine weeks before or after your expected delivery date, as determined by your primary care physician in your **province**.
21. Any child born during your **trip**.
22. For a Supplemental Plan or additional units of Supplemental Plan coverage purchased after your **departure date**, any **medical condition** for which you make a claim prior to the request of such Supplemental Plan or units of Supplemental Plan coverage.
23. Your participation in and/or voluntary exposure to any risk from war or any act of war (whether declared or undeclared), invasion, any act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution, insurrection, a military power, or any service in the armed forces.
24. Committing or attempting to commit an illegal act or a criminal act.
25. Intentional self-inflicted injury, suicide or attempted suicide.
26. Participation:
 - a) as a professional athlete, in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
 - b) in any motorized race or motorized speed contest; or
 - c) in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, skydiving, parachuting, bungee jumping, or mountain climbing using ropes and/or specialized equipment.
27. Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.
28. When riding as a passenger on a commercial carrier which is not licensed for the transportation of passengers for compensation or hire.
29. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
30. The replacement of an existing prescription, whether by reason of renewal or inadequate supply, the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or not legally registered and approved in Canada or not required as a result of an **emergency**.
31. Upgrading charges and cancellation penalties for airline tickets, unless authorized in advance by the **MEDOC Claims Assistance Centre**.
32. The cost of any airline ticket covered under the policy where your ticket may be exchanged or used for the same purpose.

33. Any **medical condition** you suffer or contract during your **trip**, or any loss you incur, which arises from the abuse of alcohol, drugs or toxic substances.
34. An **accident** occurring while you were operating a motorized vehicle, vessel or aircraft, if you:
- were under the influence of drugs or toxic substances; or
 - had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood; or
 - had a blood alcohol level higher than the legal limit in the location where the **accident** occurred.
35. Any **medical condition** you suffer or contract, or any loss you incur in a specific country, region or area while a travel advisory of “Avoid non-essential travel” or “Avoid all travel” is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before your **departure date**, even if the **trip** is undertaken for essential reasons. This exclusion only applies to **medical conditions** or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after your **departure date**, your coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for you to safely evacuate the country, region or area, after which coverage will be limited to **medical conditions** or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

This exclusion does not apply to **medical conditions** or losses which are related to Novel Coronavirus 2019 (COVID-19), even while a travel advisory related to COVID-19 is in effect.

SECTION 6 – HOW DO YOU MAKE A CLAIM?

HOW TO MAKE A CLAIM?

To submit a claim:

- If in Canada or the United States, call toll free at: **1.800.709.3420**.
- From Mexico, call toll free at: **800.514.7983**.
- From anywhere else in the world, call collect to: **+ 819.566.1002**.

How about online claims portal?

- During your call, you will be given all the information required to file a claim. Following your claim opening, you will be provided instructions on how to access the online claimant portal to submit further documents and review the status of your claim.

- You will be asked to substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The **Insurer** is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to you for completion.
- When making a claim, the **Insurer** may require that a Claim & Authorization Form be completed and that supporting documentation such as the following be provided:
 - Complete original unused transportation tickets and vouchers if the Emergency Air Transportation or Return of Spouse or Travel Companion benefit is used.
 - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of **treatment**, and the name of the **hospital or medical facility** and/or **physician**.
 - All original prescription drug receipts (not cash receipts) from the pharmacist, **physician, hospital or medical facility** showing the name of the prescribing **physician**, prescription number, name of preparation, date, quantity and total cost.
 - Original receipts for any covered expenses for which a claim is made.
 - Proof of your **departure date** and **return date**, as well as proof of the date(s) you left and returned to Canada, if travelling both inside and outside Canada during your **trip**. While boarding passes are preferred, the **Insurer** will accept airline tickets or other proof of **departure date** and **return date**, provided it contains your name and the location and date of your purchase.
 - Any other additional documents pertinent to your claim, as may be required by the **MEDOC Claims Assistance Centre**.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of your claim.**

All pertinent documents should be sent to the MEDOC Claims Assistance Centre:



GlobalExcel®

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

OTHER CLAIM INFORMATION

- You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred. You must repay to the **Insurer** any amount paid or authorized by the **Insurer** on your behalf, if and when the **Insurer** determines that the amount was not payable under the terms of your insurance or if payment was made due to a clerical or administrative error.

See STATUTORY CONDITIONS for more information regarding giving notice and furnishing proof of claims.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

SECTION I – INTRODUCTION

Trip Cancellation and Trip Interruption Insurance provides reimbursement for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of your **trip** cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of your non-refundable and non-transferable **prepaid travel arrangements** due to the interruption or delay of your **trip**; and
3. replacement of your baggage due to loss, theft or damage.

Trip Cancellation, Trip Interruption and Trip Delay coverage is included with your MEDOC® Travel Insurance policy, for a maximum amount of \$15,000, per **insured person** and per **trip**.

Baggage coverage is included with your Trip Cancellation and Trip Interruption Insurance for a maximum amount of \$1,500, per **insured person** and per **trip** (to a maximum amount of \$3,000 for all **insured persons** combined).

SECTION 2 – WHAT SHOULD YOU DO TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

**IF YOU NEED ASSISTANCE OR TO FILE A CLAIM,
CALL THE MEDOC CLAIMS ASSISTANCE CENTRE:**

From Canada and the United States, call TOLL FREE **1.800.709.3420**

From Mexico, call TOLL FREE **800.514.7983**

From anywhere else in the world, call COLLECT + **819.566.1002**

It is important that you call on the day the cause of cancellation, interruption or delay of trip occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

NOTE: The complete assistance telephone numbers are also listed on the back of the **benefits card** provided to you.

SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE (In-Province and Out-of-Province)

In the event of the cancellation, interruption or delay of your **trip** for one of the 37 covered reasons set out in the first column of the chart below, you will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F, G, H, I, J or K, as applicable), for a maximum amount of \$15,000, per **insured person** and per **trip**.

Instructions for reading chart and determining benefits.

1. To determine if the reason for cancellation, interruption or delay of your **trip** is a covered reason, refer to the first column under “WHAT ARE YOU COVERED FOR?” header of the chart below.
2. If the reason for cancellation, interruption or delay of your **trip** is one of the 37 covered reasons listed, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F, G, H, I, J or K) described in the “WHAT ARE YOUR BENEFITS FOR CANCELLING, INTERRUPTING OR DELAYING YOUR TRIP?” header of the chart correspond to your covered reason.
3. For claims related to a **medical condition**, the date of the diagnosis of a new **medical condition** or the date that a **physician** advises the **medical condition** is no longer **stable** shall be considered as the date the covered reason occurs.
4. Unless indicated otherwise, a **travel companion** is not covered under this insurance and may wish to consider purchasing his/her own insurance.

WHAT ARE YOUR BENEFITS FOR CANCELLING, INTERRUPTING OR DELAYING YOUR TRIP?

• Benefits A, B, C & D – Prepaid Travel Arrangements

If your covered reason entitles you to Benefits A, B, C or D, you will be entitled to reimbursement (subject to the overall maximum amount of \$15,000 per **insured person** and per **trip**) for:

- A. the non-refundable and non-transferable portion of your **prepaid travel arrangements** or **rebooking fees**, whichever is less; or
- B. the cost to change your **prepaid travel arrangements** to a single occupancy, if you choose to travel as originally planned; or
- C. the non-refundable and non-transferable unused portion of your **prepaid travel arrangements**; or
- D. the non-refundable and non-transferable unused portion of your **prepaid travel arrangements**, excluding the cost of prepaid unused transportation to your **return point**.

Note: Your entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the **travel supplier**. Should the travel voucher expire before your next available opportunity to use it, a claim may be submitted for the amount of the expired travel voucher, up to the benefit maximum outlined above.

- **Benefits E, F, G & H – Transportation**

If your covered reason entitles you to Benefits E, F, G or H, you will be entitled to reimbursement (subject to the overall maximum amount of \$15,000, per **insured person** and per **trip**) for the extra cost of your economy class:

- E. one-way transportation via the most cost-effective route to rejoin a tour or group on your **trip**; or
- F. one-way transportation via the most cost-effective route to your **return point**; or
- G. one-way transportation via the most cost-effective route to your next destination (inbound and outbound) on your **trip**; or
- H. round-trip transportation via the most cost-effective route, to a maximum of \$2,000, to return you home from your **trip** destination, for a period of 10 days or less, and back to your destination to resume your original **trip**.

Please Note: If you are required to interrupt your **trip** to attend a funeral or travel to the bedside of a hospitalized **immediate family member**, close friend, **caregiver**, business partner, or **key employee** where death is imminent, you have the option to purchase a ticket to the destination where the death or hospitalization has occurred. You will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route to your **return point** (applicable to covered reasons #4, 11 and 12). This option must be pre-authorized by the **MEDOC Claims Assistance Centre**. This option can only be used once and if you choose this option, it will replace Benefit F.

- **Benefit I – Out-of-Pocket Expenses**

I. If your covered reason entitles you to Benefit I, you will be entitled to reimbursement of up to an amount of \$350 per day per **insured person**, to a maximum amount of \$3,500 per **trip** for all **insured persons** combined (subject to the overall maximum amount of \$15,000 per **insured person** and per **trip**), for **accommodation**, meals, telephone, taxi and **ridesharing services**, for expenses incurred if your **trip** is interrupted or if your return is delayed beyond the scheduled **return date**.

- **Benefit J – Pet Return**

J. If your covered reason entitles you to Benefit J, you will be entitled to reimbursement of up to \$500 for the cost of a one-way transportation of your accompanying cat or dog to your **province**. Any other charges related to the return of your accompanying cat or dog are your responsibility.

- **Benefit K – Airport Lounge Day-Pass**

K. If your covered reason entitles you to Benefit K and your **trip** delay exceeds 3 hours beyond your originally scheduled departure time, you will be entitled to reimbursement of up to \$100 per **insured person** and per **trip** for reimbursement of airport lounge day-pass access fees.

- **N/A: Not Applicable**

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|---|-------------------|--------------------------|------------|
| 1 | Your medical condition or admission to a hospital or medical facility following an emergency . | A | D, I & J, plus E, F or G | F, I & J |
| 2 | A change in your medical condition after you make a deposit or payment towards your trip , but prior to your departure date , which causes that medical condition to no longer be stable in the 90 days prior to your departure date . This covered reason only applies if you have purchased a Supplemental Plan for your trip and are qualified under the Standard Health Option. | A | N/A | N/A |
| 3 | You or your travel companion's death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19), which prevents you from travelling on your departure date or your scheduled return date , or causes you to interrupt your trip . | A or B | D, F, I & J | F, I & J |
| 4 | The admission to a hospital or medical facility following an emergency of your immediate family member (who is not at your destination), your business partner, your key employee or your caregiver . | A | D, F, I & J | N/A |
| 5 | The medical condition of your immediate family member (who is not at your destination), your business partner, your key employee or your caregiver following an emergency . | A | D, F, I & J | N/A |
| 6 | The admission to a hospital or medical facility of your host at destination, following an emergency . | A | D, F, I & J | N/A |

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|---|-------------------|--------------------------|------------|
| 7 | The medical condition of your travel companion or their admission to a hospital or medical facility following an emergency . | A or B | D, I & J, plus E, F or G | F, I & J |
| 8 | The medical condition of your immediate family member who is at your destination or their admission to a hospital or medical facility following an emergency . | A | D, F, I & J | F, I & J |
| 9 | The medical condition of your travel companion's immediate family member or their admission to a hospital or medical facility following an emergency . | A or B | D, F, I & J | F, I & J |
| 10 | Your death. | A | C & J | N/A |
| 11 | The death of your immediate family member (who is not at your destination). | A | H or D, F, I & J | N/A |
| 12 | The death of your close friend (who is not at your destination), your business partner, your key employee or your caregiver . | A | D, F, I & J | N/A |
| 13 | The death of your travel companion . | A or B | D, F, I & J | F, I & J |
| 14 | The death of your travel companion's immediate family member , business partner, key employee or caregiver . | A or B | D, F, I & J | N/A |
| 15 | The death of your host at destination, following an emergency . | A | D, F, I & J | N/A |
| 16 | The death of your immediate family member or friend, who is at your destination. | A | D, F, I & J | F, I & J |

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|--|-------------------|-----------------------------|------------|
| 17 | The unexpected and unforeseen illness, injury or death of your service, therapy or emotional support dog, if you have a physical, mental or visual impairment, and travel arrangements have been made for the dog to accompany you on your covered trip . The dog must be individually trained by an organization or a person specializing in service, therapy or emotional support dog training. In the case of illness or injury, the illness or injury must be serious enough to warrant treatment from a licensed veterinarian. | A | D, F, I & J | F, I & J |
| 18 | A travel advisory or formal notice issued by the Canadian government after the purchase of your trip and prior to your departure date , advising Canadians to "Avoid non-essential travel" or "Avoid all travel" to a country, region or area that is part of your trip . | A | N/A | N/A |
| 19 | A travel advisory or formal notice issued by the Canadian government after your departure date , advising Canadians to "Avoid non-essential travel" or "Avoid all travel" to a country, region or area that is part of your trip . | N/A | D, I & J, plus F or G | F, I & J |
| 20 | A transfer by the employer with whom you, your spouse or your travel companion is employed which requires the relocation of your principal residence. | A or B | D, F, I & J | N/A |

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|--|-------------------|-------------------|-------------|
| 21 | The involuntary loss of your, your spouse's or your travel companion's permanent employment (not including contract employment) due to lay-off or dismissal without just cause. | A or B | D, F, I & J | N/A |
| 22 | Cancellation of your or your travel companion's business meeting due to reasons beyond your, your employer's, your travel companion's or your travel companion's employer's control. | A or B | D, F, I & J | N/A |
| 23 | You or your travel companion being summoned to service as a reservist, or as active military, police, fire or essential medical personnel. | A or B | D, F, I & J | N/A |
| 24 | <p>Delay of your or your travel companion's private or rented vehicle resulting from:</p> <ul style="list-style-type: none"> • the mechanical failure of that vehicle; • acts of nature (such as weather conditions, earthquakes or volcanic eruptions); • a traffic accident; or • an emergency police-directed road closure, <p>when the delay causes your or your travel companion's trip to be cancelled or interrupted, or when your or your travel companion's connection is missed. The vehicle must be scheduled to arrive at least 2 hours (or the required minimum arrival reporting time, whichever is the greater) in advance of the contracted time of departure.</p> <p>Note: This covered reason does not apply if alternative travel arrangements can be made.</p> | A or B | D, F, I & J | F, I, J & K |

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|---|-------------------|--------------------------------|-------------|
| 25 | <p>A cancellation or delay of your or your travel companion's common carrier resulting from:</p> <ul style="list-style-type: none"> • the mechanical failure of that common carrier; • a traffic accident; • an emergency police-directed road closure; • weather conditions; • flight delay; or • grounding of your air transportation, <p>when the cancellation or delay causes your or your travel companion's trip to be cancelled or interrupted, or when your or your travel companion's connection, cruise or tour is missed.</p> <p>Note: This covered reason does not apply if alternative travel arrangements can be made.</p> | A or B | D, I & J, plus E, F or G | F, I, J & K |
| 26 | Your trip cancellation or missed connection caused by the schedule change of your common carrier . | A | D, I & J, plus E, F or G | F, I, J & K |
| 27 | An event completely independent of any intentional or negligent act that renders your principal residence uninhabitable. | A | H or D, F, I & J | N/A |
| 28 | An event completely independent of any intentional or negligent act that renders your travel companion's principal residence uninhabitable. | A or B | D, F, I & J | N/A |
| 29 | An event completely independent of any intentional or negligent act that renders you or your travel companion's place of business inoperative. | A or B | D, F, I & J | N/A |
| 30 | A natural disaster at your destination. | A | D, I & J, plus E, F or G | F, I, J & K |

| WHAT ARE YOU COVERED FOR? | | TRIP CANCELLATION | TRIP INTERRUPTION | TRIP DELAY |
|---------------------------|---|-------------------|--------------------------|-------------|
| 31 | The quarantine or hijacking of you, your travel companion or your host at destination. | A or B | D, F, I & J | F, I & J |
| 32 | You or your travel companion being called for jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, scheduled during your trip . | A or B | D, F, I & J | N/A |
| 33 | You or your travel companion's cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, a collision with the seabed or shore, withdrawal of the ship from operation due to a grounding order, quarantine of cruise ship or the repositioning of the cruise ship due to acts of nature (such as weather conditions, earthquakes, or volcanic eruptions). | A or B | D, F, I & J | F, I, J & K |
| 34 | Your pregnancy, or the pregnancy of your spouse who is travelling with you, if diagnosed after the purchase of your trip and prior to your departure date when you choose not to travel. | A | N/A | N/A |
| 35 | Legal adoption of a child by you when, after paying for your trip , you receive notice that the actual date of adoption is scheduled during your trip . | A | D, F, I & J | N/A |
| 36 | The non-issuance of your travel document (not an immigration or employment visa) for reasons beyond your control. | A | N/A | N/A |
| 37 | Your driver's license, birth certificate or travel document is lost or stolen during your trip , due to circumstances beyond your control. The loss or theft must be reported to the police and/or the appropriate local authorities within 24 hours of discovery, and supported by a police report or in writing by the appropriate local authorities. | N/A | D, I & J, plus E, F or G | F, I & J |

BAGGAGE COVERAGE (Out-of-Province)

This insurance covers certain expenses incurred as a result of your lost, stolen or damaged baggage or **travel documents**, occurring while travelling outside your **province**. Baggage coverage is limited to a maximum amount of \$1,500 per **insured person** and per **trip** (to a maximum amount of \$3,000 for all **insured persons** combined) for expenses incurred as a result of the events listed below.

Baggage Loss, Theft or Damage

The cost of replacement of your baggage and personal property contained therein, due to theft, damage or loss of your baggage.

Payment is based on the actual replacement cost of any lost or stolen article, provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum coverage amount, whichever is less, with respect to any one item or set of items.

Baggage Delay

The purchase of necessary toiletries and personal clothing, if your checked baggage is delayed by your **common carrier** for more than 12 hours after your arrival at destination, up to a maximum amount \$400 per **insured person** and per **trip** (to a maximum amount of \$1,000 per for all **insured persons** combined). Purchases must be made within 36 hours of the arrival at the destination, and prior to receipt of the baggage.

Document Replacement

In the event of loss or theft, the cost of replacing one or more of the following documents: your driver's license, birth certificate or **travel document**, to a combined maximum amount of \$500 per **insured person** and per **trip**.

SECTION 4 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit your entitlement to benefits under your Trip Cancellation and Trip Interruption Insurance.

Limitations of Coverage

When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before your **departure date**, you must, as soon as reasonably possible:

- cancel your **trip** with the travel agent, airline, tour company, carrier or travel authority etc.; and
- advise the **Insurer**.

The **Insurer's** maximum liability is limited to the amounts or portions indicated in your **trip** contract that are non-refundable at the time of the cause of cancellation, subject to the limits provided under Trip Cancellation and Trip Interruption Insurance.

Benefits Limited to Incurred Expenses

The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

Sanctions

The **Insurer** shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach economic, financial, or trade sanctions imposed under the laws or regulations of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction, to the extent that compliance with those sanctions, laws or regulations is permitted.

SECTION 5 – WHAT ARE YOU NOT COVERED FOR?

GENERAL EXCLUSIONS

Under your Trip Cancellation and Trip Interruption Insurance, the Insurer will not pay any expenses relating to, or in any way associated with:

1. Any **medical condition** (other than a **minor ailment**) that was not **stable*** at any time during the 90 days before your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay). This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.

***Stable** means any **medical condition** (other than a **minor ailment**) for which all the following statements are true:

- a) there has been no new diagnosis, **treatment** or prescribed medication;
 - b) there has been no change in **treatment** or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in **treatment** frequency or type. "Change in medication" does not include: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, or a change from a brand medication to a generic brand medication (where there is no modification to the dosage);
 - c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
 - d) there have been no test results showing deterioration; and
 - e) there has been no hospitalization or referral to a specialist (made or recommended) and no waiting of results of further investigations for that **medical condition**.
2. Any **medical condition** that required the use of home oxygen at any time during the 90 days before your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay). This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.
 3. Any cancer for which you received chemotherapy **treatment** at any time during the 90 days before your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay). This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.

4. Any lung condition that required **treatment** with oral steroids (prednisone or prednisolone) at any time during the 90 days before your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay). This exclusion only applies to expenses incurred on a Supplemental Plan and only if you are qualified under the Standard Health Option.

Exclusions 1, 2, 3 and 4 apply to you, as well as your immediate family member, your travel companion, your travel companion's immediate family member, your business partner, your close friend, your key employee, your caregiver, or your host at your trip destination.

5. Any **medical condition** which prior to the **effective date** of this policy, or prior to your **booking date**, or prior to making any additional payments for your travel arrangements, or prior to your **departure date**:
- a) you were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; or
 - b) future investigation, consultation with any **physician**, **treatment** or surgery (except routine monitoring) is recommended by a **physician** or planned before your **trip**.

This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.

6. Any **medical condition** that existed prior to your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay) for which a **physician** advised you not to travel or for which you have been diagnosed as having a **terminal illness**.
7. **Trip** cancellation, **trip** interruption or **trip** delay when you are aware, on your **booking date** (for Trip Cancellation) or your **departure date** (for Trip Interruption and Delay) of any reason that might reasonably prevent you from travelling as booked.
8. A **medical condition** once you are declared medically fit for transfer or return by the **MEDOC Claims Assistance Centre** following an **emergency** for such **medical condition**, if you choose to decline the transfer or return following an **emergency**.
9. A **medical condition** for which you receive **treatment** during your **trip** that:
- a) are not considered **emergency** medical **treatments** for the immediate relief of acute pain and suffering, including any elective and/or cosmetic surgery or **treatment**; or
 - b) you have elected to receive outside your **province** when medical evidence indicates that you could return to your **province** to receive such **treatment**.

The delay to receive **treatment** in your **province** has no bearing on the application of this exclusion.

This exclusion does not apply to a medical **emergency** arising from a COVID-19 vaccination you receive on your **trip**.

10. Any transplant you undergo during your **trip**, including, but not limited to, organ transplants and bone marrow transplants.
11. A **medical condition**, when you undertake your **trip** for the purpose of securing or with the intent of receiving **treatment** for that **medical condition**, or any **medical condition** that arises as a result of such **treatment**.
- This exclusion does not apply to a medical **emergency** arising from a COVID-19 vaccination you receive on your **trip**.
12. Routine pre-natal care.
13. If you are pregnant, your pregnancy or the birth and delivery of your child, or any complications of either, occurring in the nine weeks before or after your expected delivery date as determined by your primary care physician in your **province**.
14. Any child born during your **trip**.
15. For a Supplemental Plan or additional units of Supplemental Plan coverage purchased after your **departure date**, any **medical condition** for which you make a claim prior to your request of such Supplemental Plan or units of Supplemental Plan coverage.
16. Participation:
- a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
 - b) in any motorized race or motorized speed contest; or
 - c) in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, skydiving, parachuting, bungee jumping, or mountain climbing using ropes and/or specialized equipment.
17. Air travel during your **trip** other than as a passenger in a commercial aircraft licensed to carry passengers for hire.
18. When riding as a passenger on a commercial carrier during your **trip** which is not licensed for the transportation of passengers for compensation or hire.
19. Committing or attempting to commit an illegal act or a criminal act.
20. Intentional self-inflicted injury, suicide or attempted suicide.
21. Any **medical condition** you suffer or contract during your **trip**, or any loss you incur, which arises from the abuse of alcohol, drugs or toxic substances.
22. An **accident** occurring while you were operating a motorized vehicle, vessel or aircraft, if you:
- a) were under the influence of drugs or toxic substances; or
 - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood; or
 - c) had a blood alcohol level higher than the legal limit in the location where the **accident** occurred.

23. A **medical condition** for which you undergo rehabilitation or receive ongoing care or **treatment** in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or medical **treatment** (as determined by the **Insurer**) or failure to carry out a **physician's** instructions.
24. Anxiety, panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
25. Any **medical condition** you suffer or contract, or any loss you incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before your **departure date**, even if the **trip** is undertaken for essential reasons. This exclusion only applies to **medical conditions** or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after your **departure date**, your coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for you to safely evacuate the country, region or area after which coverage will be limited to **medical conditions** or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

This exclusion does not apply to you or your **travel companion's** death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19), which prevents you from travelling on your scheduled **return date**, or causes you to interrupt your **trip**, even while a travel advisory related to COVID-19 is in effect.

26. A **trip** cancellation, **trip** interruption or **trip** delay which is related, directly or indirectly, to Novel Coronavirus 2019 (COVID-19).

This exclusion does not apply to you or your **travel companion's** death, illness or positive test result as a result of contracting Novel Coronavirus 2019 (COVID-19), which prevents you from travelling on your **departure date** or scheduled **return date**, or causes you to interrupt your **trip**.

27. Your participation in and/or voluntary exposure to any risk from war or any act of war (whether declared or undeclared), invasion, any act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution, insurrection, a military power, or any service in the armed forces.
28. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a **common carrier** or **travel supplier**.
29. Point program redemptions of any type, (e.g., AIR MILES® Reward Miles, Aeroplan®, timeshare points/weeks) used to purchase items or services. This exclusion does not apply to fees charged for the reinstatement of travel points.

30. Any event or series of events that causes your **trip** to be cancelled, interrupted or delayed, unless such event or series of events is listed as a covered reason in SECTION 3 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?.
31. For Baggage benefit only: Animals, cameras and accessory equipment, cell phones, computer equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures and hearing aids, jewelry, china, art objects, breakage of fragile articles, perishables, furs, tickets, valuable papers and documents (except as specified in the Document Replacement benefit), credit cards and any other **negotiable instruments**, securities and money.
32. For Baggage benefit only: Confiscation, expropriation or detention by any government, public authority, customs or other officials.
33. For Baggage benefit only: Baggage or personal property lost, stolen or damaged while you are **commuting**.
34. For Baggage benefit only: Loss or damage resulting from moths, vermin, deterioration or wear and tear.
35. For Baggage benefit only: Loss or damage caused by any imprudent action or omission by you.

SECTION 6 – HOW DO YOU MAKE A CLAIM?

HOW TO MAKE A CLAIM?

To submit a claim:

- If in Canada or the United States, call toll free at: **1.800.709.3420**.
- From Mexico, call toll free at: **800.514.7983**.
- From anywhere else in the world, call collect to: **+ 819.566.1002**.

How about online claims portal?

- During your call, you will be given all the information required to file a claim. Following your claim opening, you will be provided instructions on how to access the online claimant portal to submit further documents, and review the status of your claim.
- You must contact the **MEDOC Claims Assistance Centre** on the day the covered reason occurs or as soon as reasonably possible to advise the **MEDOC Claims Assistance Centre** of the cancellation, interruption or delay of your **trip**.
- You must contact the **MEDOC Claims Assistance Centre** on the day the baggage is lost, damaged or stolen.
- You will be asked to substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The **Insurer** is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to you for completion.

- When making a claim, the **Insurer** may require that a Claim & Authorization form be completed and that supporting documentation such as the following be provided:
 - A medical document, fully completed by the legally qualified **physician** in active personal attendance and in the locality where the **emergency** occurred stating the reason why travel was impossible, the diagnosis and all dates of **treatment**.
 - Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
 - Tour operator terms and conditions.
 - Copy of your invoice showing payment of **prepaid travel arrangements**, including the **common carrier** ticket.
 - Complete original unused transportation tickets and vouchers.
 - Proof of your **departure date** and **return date**, as well as proof of the date(s) you left and returned to Canada, if travelling both inside and outside Canada during your **trip**.
 - All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
 - Original passenger receipts for new tickets.
 - A copy of the initial claim report submitted to the **common carrier** and proof of submission of the loss to and the result of any settlement by the **common carrier**.
 - For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
 - Reports from the police or local authorities documenting the cause of the missed connection.
 - Detailed invoices and/or receipts from the service provider(s).

Failure to complete the required Claim & Authorization form in full may delay the assessment of your claim.

All pertinent documents should be sent to the MEDOC Claims Assistance Centre:

 **GlobalExcel**

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

OTHER CLAIM INFORMATION

- During the processing of a claim, the **Insurer** may require you to undergo a medical examination by one or more **physicians** selected by the **Insurer** and at the **Insurer's** expense. You agree that the **Insurer** and its agents have:
 - a) Your consent to verify your health card number and other information required to process your claim with the relevant government and other authorities; and
 - b) Your authorization to request, from **physicians, hospitals, medical facilities** or other medical providers, any and all information they have regarding you, while you were under observation or **treatment**, including your medical history, diagnoses and test results; and
 - c) Your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.
- You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred, and you must repay to the **Insurer** any amount paid or authorized by the **Insurer** on your behalf if and when the **Insurer** determines that the amount was not payable under the terms of your insurance or if payment was made due to a clerical or administrative error.

See STATUTORY CONDITIONS for more information regarding giving notice and furnishing proof of claims.

ASSISTANCE SERVICES

If you need assistance before or while travelling, help is one call away. The MEDOC Claims Assistance Centre provides the following services whenever possible:

Pre-Trip Assistance

The MEDOC Claims Assistance Centre will provide you with pertinent travel information prior to leaving on your **trip**, such as:

- Travel advisories for the regions you will be visiting;
- Required inoculations;
- Local currencies;
- Visa requirements;
- The MEDOC Claims Assistance Centre's emergency contact phone number(s) for the different countries you will be visiting; and
- How to make a phone call from the country you are visiting, including the required country codes.

Emergency Call Center

No matter where you travel, professional assistance personnel are ready to take your call. You can call the MEDOC Claims Assistance Centre toll free at **1.800.709.3420** if in Canada or the United States or **800.514.7983** if in Mexico, or collect at **+ 819.566.1002** from anywhere else in the world.

Medical Assistance and Consultation

If you have an **emergency** and you call the MEDOC Claims Assistance Centre, you will be directed to one or more recommended medical service providers near you. In addition, the MEDOC Claims Assistance Centre will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider;
- Consult with your attending **physician** to monitor your care; and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that your expenses will be covered by this insurance.

Payment Assistance and Direct Billing

The payment of the medical services you receive will be coordinated through the MEDOC Claims Assistance Centre, communicated with your medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and you may be required to make payment up-front. If you are required to make payment up-front, you must obtain detailed and itemized original bills for claims submission and call the MEDOC Claims Assistance Centre on your return home.

Claims Information

The **MEDOC Claims Assistance Centre** will answer any questions you have about your claim, the **MEDOC Claims Assistance Centre's** standard verification procedures and the way that your policy benefits are administered.

Interpretation Service

The **MEDOC Claims Assistance Centre** can connect you to a foreign language interpreter when required for **emergency** services in foreign countries.

Emergency Message Centre

In case of an **emergency**, the **MEDOC Claims Assistance Centre** will help exchange important messages with your family, business or **physician**.

Legal Referrals

If you are arrested or detained, the **MEDOC Claims Assistance Centre** will help you contact a local lawyer or the nearest Canadian embassy. The **MEDOC Claims Assistance Centre** will also keep your family, friends or business associates informed until you find legal counsel and the **MEDOC Claims Assistance Centre** will coordinate any bail bond services that you may need.

SAMPLE

WHAT ELSE DO YOU NEED TO KNOW?

Canadian Currency

Any claims paid to you will be payable in Canadian currency. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to you. No sum payable shall bear interest.

Payment of Benefits

All payments are payable to you or on your behalf. In case of your death, benefits are payable to your estate, unless another beneficiary is designated in writing to the **MEDOC Claims Assistance Centre** or the **Insurer**.

Premium Level

The initial premium payable shall be determined according to the most current Premium Rate Table which the **Insurer** shall, upon request, furnish to the person named on the **confirmation of coverage**.

Other Insurance

This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan or contract, including any private or provincial or territorial auto insurance plan providing **hospital**, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits that are in excess of the amounts for which you are insured under such other coverage.

In no case will the **Insurer** seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$100,000 or less. If the employment related plan provides for a lifetime maximum for all in-country and out-of-country benefits in excess of \$100,000, coordination of benefits will only be done for amounts of the lifetime maximum remaining that are in excess of \$100,000.

Transfer or Medical Repatriation

During an **emergency** (whether prior to admission or during a covered hospitalization or after your release from the **hospital** or **medical facility**), the **Insurer** reserves the right to:

- a) transfer you to one of the **MEDOC Claims Assistance Centre's** preferred health care providers; and/or
- b) return you to your **province**;

for the medical **treatment** of your **emergency** where this poses no danger to your life or health. The **MEDOC Claims Assistance Centre** will make every provision for your **medical condition** when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the **hospital** or **medical facility**.

Availability and Quality of Care

The **Insurer** is not responsible for the availability, quality or results of medical **treatment** or transportation, or your failure to obtain medical **treatment**.

Authorization to Obtain Pertinent Records or Information

As a condition precedent to the payment of benefits, the **Insurer** and/or the **MEDOC Claims Assistance Centre** shall have the authority to obtain all pertinent records or information from any **physician**, practitioner, **hospital**, clinic, other insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any **insured person**.

Misrepresentation and Non-Disclosure

Any information that has been misrepresented or misstated to the **Insurer** by you or that is incomplete may result in this policy and your insurance coverage being null and void, in which case no benefits will be paid.

Applicable Law

The policy as between the **Insurer** and any **insured person**, is governed by the law of the **insured person's province**. Any legal proceeding by the **insured person**, his/her heirs or assigns shall be brought in the courts of the **insured person's province**.

Subrogation

If you suffer a loss covered under this policy, the **Insurer** and/or the **MEDOC Claims Assistance Centre** is granted the right from you to take action to enforce all your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss, other than members of your household if this policy is governed by Quebec law.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the **Insurer** is granted the right to make a demand for, and recover those benefits. If the **Insurer** institutes an action, the **Insurer** may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or an action for a covered loss you shall immediately notify the **Insurer** so that it may safeguard its rights.

You shall take no action after a loss that will impair the rights of the **Insurer** set forth in the previous paragraph and shall do such things as are necessary to secure the **Insurer's** rights.

Evidence of Age

The **Insurer** reserves the right to request proof of age of any **insured person**.

Assignment

Emergency Medical Travel Insurance benefits (other than Flight Accident and Accidental Death and Dismemberment benefits) under the policy may not be assigned to a third party. However, in no event will this affect the **MEDOC Claims Assistance Centre's** ability to make payment, for the benefit of the **insured person**, directly to the **hospital** or **medical facility** as provided for under ASSISTANCE SERVICES.

STATUTORY CONDITIONS

The Contract

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

The **Insurer** shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the **Insurer**.

Copy of Application

The **Insurer** shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

Material Facts

No statement made by the insured or a person insured at the time of application for this contract shall be used in defence of a claim under or to avoid the contract, unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

- I. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall
 - a) give written notice of claim to the **Insurer**:
 - i. by *delivery of the notice, or by sending it by registered mail**, to the head office or chief agency*** of the **Insurer** in the **province**; or
 - ii. by *delivery of the notice to an authorized agent of the **Insurer** in the **province**;
 - iii. in Ontario only, by delivery by electronic means; not later than 30 days after the date a claim arises under the contract on account of an **accident** or **sickness**;
 - b) within 90 days after the date a claim arises under the contract on account of an **accident** or **sickness**, furnish to the **Insurer** such proof as is reasonably possible in the circumstances of
 - i. the happening of the **accident** or the commencement of the **sickness**;
 - ii. the loss caused by the **accident** or **sickness**;
 - iii. the right of the claimant to receive payment;
 - iv. the claimant's age; and
 - v. if relevant, the beneficiary's age; and

- c) if so required by the **Insurer**, furnish a satisfactory certificate as to the cause or nature of the **accident** or **sickness** for which claim is made under the contract and, in the case of **sickness**, its duration.

*in Ontario: personal delivery

**in Alberta: by recorded mail

***in Saskatchewan: the chief office

Failure to Give Notice or Proof

2. Failure to give notice of claim and furnish proof of claim within the time required by this statutory condition 1. does not invalidate the claim, if
- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the **accident** or the date a claim arises under the contract on account of **sickness**, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or
 - b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year* after the date a court makes the declaration.

*In Saskatchewan, the limitation period set out in The Limitations Act.

Insurer to Furnish Forms for Proof of Claim

The **Insurer** shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the **accident** or **sickness** giving rise to the claim and of the extent of the loss.

Rights Of Examination

As a condition precedent to recovery of insurance money under this contract:

- a) the claimant must give to the **Insurer** an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending, and
- b) in the case of death of the person insured, the **Insurer** may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- c) In Saskatchewan, the **Insurer** shall bear the costs of any examination or autopsy and shall provide copies of reports of any examination or autopsy to the person insured or the person insured's representative.

When Money Payable

All money payable under the contract shall be paid by the **Insurer** within 60 days after it has received proof of claim.

Limitation of Actions

- a) An action or proceeding against the **Insurer** for the recovery of a claim under this contract shall not be commenced more than one year (in New Brunswick, Nova Scotia, Newfoundland and PEI), or two years (in Yukon, Northwest Territories and Nunavut), after the date the insurance money became payable or would have become payable if it had been a valid claim.

- b) Every action or proceeding against the **Insurer** for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in:
- i. the *Insurance Act*, for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba;
 - ii. the *Limitation Act*, for actions or proceedings governed by the laws of Saskatchewan;
 - iii. the *Limitations Act, 2002*, for actions or proceedings governed by the laws of Ontario;
 - iv. Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec);
- or other applicable legislation.

In the event of any inconsistency between the statutory conditions or provisions of the Civil Code of Quebec or any other provincial Insurance Acts applicable to the insured and any other provisions of this policy, the statutory conditions or provisions of the Civil Code of Quebec or provincial Insurance Acts, as applicable, shall prevail.

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DEFINITIONS

Throughout this policy, **bolded terms** have the specific meaning described below:

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in **injury**.

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Administrator means Johnson Inc.

Benefits Card means the card provided to you and on which the assistance telephone numbers are shown.

Business Meeting means a meeting, trade show, conference, training course, or convention, scheduled before the **booking date**, between companies with unrelated ownership, pertaining to full-time occupation or profession and that is the sole purpose of the **trip**.

Booking Date means the date and time where the initial non-refundable deposit or non-refundable payment for a **trip** is made and before any cancellation penalties have been incurred.

Caregiver means a person entrusted with the care of the **dependent** child on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles, however, are not considered common carriers.

Commuting means the regular or frequent travel between residence and place of usual employment.

Confirmation of Coverage means any letter or document(s) sent to you by the **Administrator** describing or confirming the insurance coverage, plan selection and/or **trip** dates.

Coverage Period means the number of days of travel for your **trip** that your selected plan covers. See GENERAL INFORMATION, SECTION 5 – WHEN DOES COVERAGE BEGIN AND END? for more details.

Departure Date means:

- with respect to Out-of-**Province** Trip Cancellation, Trip Interruption and Trip Delay coverage, Emergency Medical coverage and Baggage coverage, the date on which you leave your **province**, or
- with respect to In-**Province** Trip Cancellation, Trip Interruption and Trip Delay coverage, the date you begin your **trip**.

Departure Point means the place from which you depart on the first day of your trip, as shown on the confirmation of your **prepaid travel arrangements**.

Dependent means the unmarried child of the person named on the **confirmation of coverage** or the unmarried child of such person's **spouse** (including any natural child, adopted child or child living with the adopting parents during period of probation, stepchild, foster child or a child for whom the person named on the **confirmation of coverage** or the **spouse** of such person is the legal guardian). The child must be dependent on the person named on the **confirmation of coverage** or the **spouse** of such person for support. The child must be under 21 years of age or under age 25 years of age if he, she or they are a full-time student at a recognized educational institution. Such child will be considered to be a dependent at any age if physically or mentally disabled and dependent on the person named on the **confirmation of coverage** or the **spouse** of such person for support.

A **dependent** is covered under the terms of the Health Option qualification that the person named on the **confirmation of coverage** is qualified under.

Effective Date means the date for which coverage begins under this insurance, which is the date indicated as the effective date on the **confirmation of coverage**.

Emergency means an event related to a sudden and unforeseen **sickness** and/or **injury** that results in loss while this coverage is in effect and is sufficiently serious to prompt a reasonably prudent person to consult a **physician** or be hospitalized for the purpose of medical **treatment**. An emergency ends when the **Insurer's** medical advisors determine that you are medically able to travel to the **return point** or return to your **province**.

Expiry Date means the date for which coverage ends under this insurance, which is the next August 31 following the effective date indicated on the **confirmation of coverage**.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Grounding means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

Hospital or **Medical Facility** means a licensed facility, which provides people with care and medical **treatment** needed because of an **emergency**. The facility must be staffed 24 hours a day by qualified and licensed **physicians** and nurses. A hospital or medical facility does not include a spa or nursing home.

Immediate Family Member means **spouse**, son, daughter, father, mother, brother, sister, stepchild, stepparent, a person related to another by marriage (in-law), stepsibling, grandchild, grandparent, aunt, uncle, niece and nephew.

Injury means an unexpected and unforeseen harm to the body caused by an **accident**.

In-patient means a patient who occupies a **hospital** or **medical facility** bed for more than 24 hours for medical **treatment** and for which admission was recommended by a **physician** when **medically necessary**.

Insured Person means the person named on the **confirmation of coverage**. If family coverage has been selected, insured person also includes the **spouse** and **dependent(s)** of such person.

Insurer means Royal & Sun Alliance Insurance Company of Canada.

Key Employee means an employee whose continued presence is critical to the ongoing affairs of the business during a person's absence.

Medical Condition means an **injury** or **sickness** (or a condition related to that **injury** or **sickness**).

Medically Necessary, in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; and
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting your condition or quality of medical care; and
- d) is needed to prevent or alleviate existing danger to life or health; and
- e) cannot be delayed until you return to your **province**.

MEDOC Claims Assistance Centre means Global Excel Management Inc., the company appointed by the **Insurer** to provide medical assistance and claims services.

Minor Ailment means any **sickness** or **injury** which does not require:

- a) the use of medication for a period of greater than 15 days;
- b) more than one follow-up visit to a **physician**;
- c) hospitalization, surgical intervention, or referral to a specialist; and
- d) which ends at least 30 consecutive days prior to the **booking date** (for Trip Cancellation) or the **departure date** (for Emergency Medical Travel Insurance and Trip Interruption and Delay).

However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Negotiable Instrument means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

Nurse Practitioner means a person, other than you or an **immediate family member** who is a registered nurse (RN) certified (NP) with additional education in health assessment, diagnosis and management of illnesses and **injuries**, including prescribing drugs. This nurse practitioner must be permitted by law to provide those services in the country where the **emergency** occurs.

Ongoing Condition means an acute **sickness** and/or **injury** that requires continuing care and/or **treatment** after the initial **emergency** has ended as determined by the **MEDOC Claims Assistance Centre**.

Physician means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a Doctor of Medicine (M.D.) or Doctor of Dentistry (D.O.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than you or your **immediate family member**.

Prepaid Travel Arrangements means transportation, **accommodation** and other travel expenses booked through a **travel supplier**, prior to the **departure date** of your **trip**.

Province means the Canadian province or territory of permanent residence.

Reasonable and Customary Charges mean charges that are, as determined by the **Insurer**, comparable to other charges for the same service and level of expertise in the place where the **emergency** took place.

Rebooking Fee means additional amounts charged to change an original ticket prior to the **departure date**, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.

Return Date means:

- with respect to Out-of-**Province** Trip Cancellation, Trip Interruption and Trip Delay coverage, Emergency Medical coverage and Baggage coverage, the date on which you return to your **province**, or
- with respect to In-**Province** Trip Cancellation, Trip Interruption and Trip Delay, the date you end your **trip**.

Return Point means the place you return to on the last day of your **trip**, as shown on the confirmation of your **prepaid travel arrangements**, or your **province**.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Sickness means a disease or disorder of the body.

Spouse means:

- a) a person who is married to or has entered into a civil union with another person and is living with that person.
- b) a person who is not married but has lived in a marital relationship in the same household for at least one year with another person who is publicly presented as his or her spouse.

Stable means any **medical condition** (other than a **minor ailment**) for which all the following statements are true:

- a) there has been no new diagnosis, **treatment** or prescribed medication;
- b) there has been no change in **treatment** or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in **treatment** frequency or type. "Change in medication" does not include: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, or a change from a brand medication to a generic brand medication (where there is no modification to the dosage);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and no waiting of results of further investigations for that **medical condition**.

Terminal Illness means a condition that is cause for the **physician** to estimate that a person has less than six months to live.

Travel Companion means a person, other than an **insured person**, who is sharing travel arrangements with you from the **departure date** of a covered **trip**, including **accommodation** and transportation, and who has paid for such **accommodation** or transportation prior to the **departure date**. A maximum of three persons will be considered travel companions. Unless indicated otherwise, a travel companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Travel Document means an identifying document applied for through a government or international organization which facilitates movement across international borders, such as a passport or travel visa.

Travel Supplier means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel **accommodations** or other provider that sells travel services to the general public.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

Trip means a journey which commences on the **departure date** and ends on the **return date**.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which you are a passenger or driver.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada (“we”, “us”) collect, use and disclose, personal information (including to and from your agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, **insured persons** and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or **travel companions** when a policyholder, **insured person** or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of policyholders, **insured persons** or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an **insured person** may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

IDENTIFICATION OF INSURER

This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada and is administered by Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership.

Royal & Sun Alliance Insurance Company of Canada
www.rsagroup.ca
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