

Wishing you safe travels



MEDOC[®] Travel Insurance Policy QCC Active Plan

Effective September 1, 2021

DETAILS ABOUT YOUR POLICY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances.

It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations and exclusions.

A pre-existing *medical condition* exclusion may apply to *medical conditions* and/or symptoms that existed prior to *your trip*.

Check to see how this applies in *your* policy and how it relates to *your* departure date, date of purchase or *effective date*.

In the event of an *accident, injury* or *illness* *your* prior medical history may be reviewed when a claim is reported.

If *you* have a *medical emergency*, *you* must notify the *MEDOC Claims Assistance Centre* immediately before seeking medical treatment. However, if *you* are unable to do so, because *you* are medically incapacitated, someone else must call on *your* behalf as soon as is reasonably possible. If *you* (or someone else on *your* behalf) do not call when the *emergency* occurs, *Eligible Expenses* will be reimbursed at 70% of *reasonable and customary costs*.

This policy is issued to *you* by the *Company* in consideration of the *applicant* submitting a completed and signed Application for Insurance form and payment of the required premium to the *Administrator*.

IMPORTANT: *You* must notify the **MEDOC CLAIMS ASSISTANCE CENTRE** prior to any treatment. *Your* policy may limit benefits should *you* fail to do so within a specific time period. Some of the expenses and services eligible for payment under this policy must be pre-approved and arranged in advance by the *MEDOC Claims Assistance Centre*.

IN THE EVENT OF A MEDICAL EMERGENCY

You must contact the MEDOC Claims Assistance Centre immediately:

Toll Free (Canada and United States): **1-866-871-2273**

Call Collect (Worldwide): **514-285-8193**

Email: **medoc@axa-assistance.ca**

PLEASE READ THIS POLICY CAREFULLY.

This policy contains a provision removing or restricting the right of the *insured* to designate persons to whom or for whose benefit insurance money is to be payable.

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I GENERAL INFORMATION

A Eligibility

To be eligible for insurance under the MEDOC Plan, *you* must:

- a) be a QCC member or a spouse of a QCC member; or
- b) be a QCC family member or friend of a QCC member and
- c) be actively at work with *your* employer; and
- d) be under age 65; and
- e) be a Canadian resident and permanently reside in Canada; and
- f) be insured under *your* Provincial or Territorial Health Insurance Plan.

B Applying for coverage

To apply for coverage under this insurance, *you* must complete the Application for Insurance form and return it with a personal cheque marked VOID to the Administrator. Premiums will be deducted through pre-authorized chequing. The *effective date* of insurance is the date the Administrator receives *your* completed, signed and dated Application for Insurance form. *Your* Application for Insurance form must be completed and received by the Administrator before *your* day of departure in order for coverage to be effective.

C Coverage for the new policy effective date

Your policy has an additional feature to provide a new policy upon the *expiry date* of this policy. This insurance is issued for a maximum of 365 days commencing on the *effective date* (September 1), based on *your* previous *policy year's* plan selection(s). *You* will receive written notification in advance of *your* new policy *effective date* for *your* coverage under the new policy terms and conditions and the new premium rates in effect for the new *policy year*. Coverage will begin on the *effective date* of the policy, unless *you* provide written notice of termination to the Administrator within 60 days from the first premium deduction for that *policy year*.

On the new policy *effective date* following *your* 65th Birthday, *your* coverage will be issued on the MEDOC Retiree Standard, 40-day Base Plan. *You* will receive written notification in advance, along with new information outlining the coverage and *you* will be given an opportunity to review and make changes to the plan options.

D Your premium payment

The total annual premium due for *your* coverage is payable either in one lump sum payment or alternatively is divided into equal monthly payments, from the first premium deduction date following the purchase of the 17-day Plan or the 35-day

Plan to the last premium deduction date in that *policy year*. Premium payments are paid through pre-authorized chequing bank deduction. In addition:

- a) For first-year *applicants*: the annual premium for the 17-day Plan or 35-day Plan will be pro-rated from the *effective date* to the *expiry date*.
First-year *applicants* are considered persons who were never previously insured under the MEDOC Plan and/or persons who are rejoining the MEDOC Plan after one (1) full *policy year* of non-coverage.
- b) If you are not a first-year *applicant*, and rejoining the MEDOC Plan within the same *policy year*, you will be required to pay the premium for the entire *policy year*.

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

For any monthly premium not paid when due for any reason, the amount owing, plus a service charge will be added to the next available premium deduction.

E Family Coverage

Family coverage is available to you, your spouse and dependent(s) when you require coverage for dependent(s) and have paid the required premium for the Family Plan or two Single Plans under this insurance.

F When does your coverage begin and end?

Your plan provides Emergency Medical Insurance benefits outside your province or territory of residence and Non-Medical benefits if you are away from your principal residence in Canada, from your *effective date* to August 31st inclusive, for any number of trips up to 17 days, if you selected the 17-day Plan; or up to 35 days, if you selected the 35-day Plan.

Your coverage for Emergency Medical Insurance benefits, Baggage and Trip Interruption & Delay Insurance benefits for each trip begins on your day of departure.

Your coverage for Emergency Medical Insurance benefits, Baggage and Trip Interruption & Delay Insurance benefits, ends on the earlier of:

- a) your actual day of return; and
- b) the 17th day of travel including your day of departure, if you selected the 17-day Plan; or
- c) the 35th day of travel including your day of departure, if you selected the 35-day Plan.

Individual insured trips must be separated by a return to your province or territory of residence for a period of at least 24 hours.

Your coverage for the Trip Cancellation Insurance benefits, under the 17-day Plan and the 35-day Plan, begins on the day of booking your trip, when your insurance is in effect.

Your coverage for the Trip Cancellation Insurance benefits ends on the earlier of:

- a) your day of departure; or
- b) the day the covered event occurs, which causes cancellation of your trip; or
- c) the day you cancel your trip.

G Upgrading your trip coverage

If you have not had a medical condition and want to upgrade your 17-day Plan to a 35-day Plan, you must contact the Administrator to arrange for an upgrade of coverage before your current trip termination date. Your premium will be adjusted on the next monthly premium deduction date and written notification will be sent to you. If you have had a medical condition, the MEDOC Claims Assistance Centre must approve your request for an extension.

H Automatic Extension of Coverage

This insurance provides automatic extension of coverage if on your trip termination date you, your travelling companion, or family member travelling with you are confined to a hospital due to an emergency. Coverage will remain in force for as long as you, your travelling companion or family member is admitted to hospital and will be extended up to 72 additional hours following discharge from hospital.

Automatic extension of coverage is provided for a maximum of 5 days if on your trip termination date you, your travelling companion, or family member travelling with you is unable to travel due to a medical emergency that does not require hospitalization. Medical evidence may be required.

Automatic extension of coverage up to 72 hours also applies when:

- a) the delay of a common carrier in which you are a passenger causes you to miss your scheduled return;
- b) the personal vehicle in which you are travelling is involved in an accident or mechanical breakdown that prevents you from returning on or before your day of return; or
- c) you must delay your day of return by the personal means of transportation in which you are travelling, due to extreme weather conditions on your day of return.

I Cancellation and/or Refund of Premium

To request a refund of premium, the following provisions apply. All requests must be made in writing to the Administrator.

No refund of premium is available under this Plan if your cancellation request is received after the deadline date mentioned under Coverage for the new policy effective date. If you request cancellation prior to the deadline date and you have incurred a claim, no refund of premium is available, and this Plan cannot be cancelled until the end of the policy year.

II MEDOC PLAN DESIGN

The MEDOC Plan provides *Emergency Medical Insurance* benefits, as indicated below, available for trips taken outside *your province or territory of residence*. This plan also provides *Non-Medical Insurance* benefits, as indicated below, available for trips away from *your principal residence* in Canada.

Unless otherwise stated, dollar amounts shown under this insurance are in Canadian currency. All benefits are subject to exclusions and limitations as outlined in Section IV.

A 17-DAY PLAN

If you purchased the 17-day Plan, your coverage includes:

Up to a maximum of \$5,000,000 *Emergency Medical* and *Non-Medical Insurance* benefits for an unlimited number of *trips* not exceeding 17 days per *trip* per *policy* year. Proof of departure is required if a claim occurs.

Up to a maximum of \$12,000 *Trip Cancellation, Interruption & Delay Insurance* benefits per *insured person*, per *trip*. This applies only to *trips* booked prior to *your day of departure*.

B 35-DAY PLAN

If you purchased the 35-day Plan, your coverage includes:

Up to a maximum of \$5,000,000 *Emergency Medical* and *Non-Medical Insurance* benefits for an unlimited number of *trips* not exceeding 35 days per *trip* per *policy* year. Proof of departure is required if a claim occurs.

Up to a maximum of \$12,000 *Trip Cancellation, Interruption & Delay Insurance* benefits per *insured person*, per *trip*. This applies only to *trips* booked prior to *your day of departure*.

UPGRADING YOUR PLAN

If desired, *you* may upgrade *your* 17-day plan at any time during the *policy* year provided notification is reported prior to *your* 17th day of travel. The entire premium for the duration selected is due regardless of the time of year purchased. A decreased *trip* selection is not permitted during the *policy* year.

Evidence of *your day of departure* will be required at the time of claim. Unless specified otherwise, *your coverage* will begin and end as described in section I. General Information, F. When does *your coverage* begin and end?

III MEDOC PLAN, EMERGENCY MEDICAL AND NON-MEDICAL BENEFITS

A EMERGENCY MEDICAL INSURANCE BENEFITS

The MEDOC Plan covers *reasonable and customary* expenses arising from a medical emergency, up to the amounts specified and a maximum aggregate of \$5,000,000 per insured person per illness or injury, while on an insured trip outside your province or territory of residence which are in excess of any deductible amount specified on your confirmation of coverage. Eligible benefit payments are in excess of any medical expenses payable by your Provincial or Territorial Health Insurance Plan, or any other insurance plan, for emergency treatment medically required while on a trip.

You must contact the MEDOC Claims Assistance Centre before you seek medical attention. If you are unable to call because you are medically incapacitated someone else (such as a relative, friend, nurse, physician, or medical provider) must contact the MEDOC Claims Assistance Centre on your behalf as soon as is reasonably possible. If you (or someone else on your behalf) do not call the 24-hour MEDOC Claims Assistance Centre or if you choose to seek care from a non-recommended medical service provider, your coverage will be limited to 70% of eligible expenses payable under the Emergency Medical Insurance benefits.

IMPORTANT: The MEDOC Claims Assistance Centre must pre-approve and arrange eligible expenses and benefits (items # 1 to 8) in advance. To receive reimbursement for eligible expenses or benefits (items # 9 to 14), you must submit original receipts at time of claim.

All expenses and benefits under this insurance are subject to the Exclusions and Limitations including the Medical Stability Clause outlined in Section IV.

Eligible expenses include:

- I. **Emergency Medical Expenses** – This benefit covers the cost of emergency treatment for the following:
 - a) Hospital room and board, including an intensive care or coronary care unit, charges for standard ward accommodation, semi-private room, or private room charges when a private room is certified as *medically necessary* by the attending physician;
 - b) Other hospital services and supplies;
 - c) Medical, surgical or anesthetic treatment by a licensed physician;
 - d) X-rays and other diagnostic tests;
 - e) Use of an operating room, anesthesia and surgical dressings;
 - f) Cost of licensed ground ambulance service;
 - g) Outpatient emergency room charges;
 - h) Prescription drugs or medication prescribed by a physician limited to a 30 day supply;
 - i) Rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

- 2. Air Emergency Transportation or Evacuation** – Covers the cost of the following, when medically required and approved in advance and arranged through the *MEDOC Claims Assistance Centre*:
- a) Air ambulance to the nearest appropriate medical facility or to a Canadian hospital;
 - b) The cost of a one-way economy airfare transportation by the most effective route to return *you* to *your province or territory of residence*;
 - c) A return economy airfare on a commercial flight and the usual fees and expenses for a qualified medical attendant to accompany *you* to *your province or territory of residence*;
 - d) Expenses for (i) an economy seat, or (ii) the number of economy seats required to accommodate a stretcher to transport *you* back to *your province or territory of residence* following hospitalization as a result of an emergency.
- 3. Private Duty Nursing Expenses** – This benefit covers up to a maximum of \$10,000 per *insured person* for professional private duty nursing services (in a hospital only) by a registered graduate nurse when medically necessary.
- 4. Transportation to the Bedside** – This benefit covers the cost of a round-trip economy class fare by the most effective route (air, bus or train) from Canada to bring one of *your family members* or a close friend to be with *you*;
- a) if *you* have been confined in a hospital for at least 3 consecutive days and had been travelling alone;
 - b) if *you* and *your travelling companion* have both been confined in a hospital for at least 3 consecutive days;
 - c) if *you* have been confined in a hospital and are travelling with children that are under age 21 and are dependent on *you* for support;
 - d) to identify a deceased *insured person* prior to release of the body, where necessary.

For benefits a) to c) above to be payable, *your attending physician* must verify in writing that *your medical situation* is serious enough to warrant the visit. The *MEDOC Claims Assistance Centre* must approve and arrange this benefit in advance.

NOTE: *Your family member* or close friend travelling to be at *your bedside* is not covered under this insurance.

- 5. Return of Minor Dependent Child with Escort** – If a *dependent* under the age of sixteen (16) is travelling with *you* on the same trip and is left unattended because *you* are hospitalized for a period of 48 hours or more, or *you* must return to Canada because of a medical emergency, this benefit will arrange for and cover:
- a) the extra cost of one-way economy transportation by the most direct route to return *your dependent* to *your province or territory of residence*; or
 - b) the cost of return economy transportation, overnight accommodation expenses plus reasonable expenses for meals and ground transportation for an escort, when the *MEDOC Claims Assistance Centre* deems such escort necessary.

- 6. Repatriation or Burial** – If an event occurs that causes *your* death while on a *trip*, this benefit covers up to a maximum of \$5,000 per *insured person* for:
- a) the cost of preparation of *your* remains (including cremation), and/or
 - b) transportation of *your* remains to *your province or territory of residence*, and/or
 - c) the cost of burial at the place of death.

This benefit does not cover the cost of a burial coffin or urn.

- 7. Vehicle Return Benefit** – This benefit covers up to a maximum of \$5,000 for eligible and actual expenses incurred by *you* for the return of a *vehicle* if the *MEDOC Claims Assistance Centre's* medical advisors in consultation with *your* attending *physician* (where applicable), determine that neither *you* nor *your travelling companion* is able to operate *your* owned or rental *vehicle*, due to *your illness, injury* or death while travelling outside *your province or territory of residence*.

Eligible expenses for reimbursement are:

- a) the cost of the return of *vehicle* performed by a commercial rental agency to *your province or territory of residence* within 30 days of *your* return to Canada; or
- b) the following necessary and reasonable expenses incurred by an individual returning the *vehicle* on *your* behalf: fuel, meals, overnight accommodation, one- way economy airfare transportation.

This benefit does not cover expenses incurred by anyone travelling with the person returning the *vehicle*. To be covered these expenses must be supported by original receipts. Any other expenses including mileage reimbursement are not covered. Benefits will only be payable when pre-approved and/or arranged by the *MEDOC Claims Assistance Centre*.

- 8. Pet(s) Return Benefit** – This benefit covers up to a maximum of \$1,000 for the actual cost of a one-way transportation *you* incur for the return of *your pet(s)* to *your province or territory of residence* if *you* must interrupt *your trip* and are eligible for Trip Interruption & Delay Insurance coverage (after *day of departure*). Any other charges related to the return of the *pet(s)* are *your* responsibility.

The *Pet(s) Return Benefit* is also available if *you* are returned to Canada as described under Benefit # 2, Air Emergency Transportation or Evacuation Benefit.

- 9. Physiotherapy and Other Professional Services** – When prescribed by a *physician* and approved in advance by the *MEDOC Claims Assistance Centre*, this benefit covers up to a maximum of \$500 per profession per *insured person* for professional services of an osteopath, podiatrist, physiotherapist, chiropractor, or chiroprapist while on *your trip*.

- 10. Emergency Dental Expenses** – This benefit covers up to a maximum of \$5,000 per *insured person* for the cost of repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth required as the result of an accidental *injury* to the mouth (caused by an external accidental blow to the mouth). Chewing accidents are not covered. Services must be performed by a licensed *dentist* or *dental surgeon*.

To be eligible for payment, expenses for *emergency* dental services must commence within 30 days after the date of the *injury*. If treatment cannot be rendered within 30 days due to the nature of the *emergency*, it must be provided within 365 days of the date of that *injury*.

Along with the appropriate claim forms, *you* must submit one or more of the following: a) an official police or *accident* report; b) a licensed *dentist*, *dental surgeon* or a *physician's* report; and/or c) a *hospital* or medical facility report.

11. Emergency Relief of Dental Pain – This benefit covers up to a maximum of \$1,000 per *insured person* for the cost of palliative *emergency treatment* to relieve dental pain. This benefit does not cover charges for routine dental care or treatment, root canal and other procedures unless approved by the *MEDOC Claims Assistance Centre* and must be performed by a licensed *dentist* or *dental surgeon*.

12. Incidental Hospital Expenses – This benefit covers up to a maximum of \$250 per *insured person* for incidental expenses, such as television rental and/or telephone rental provided *you* have been hospitalized for 48 hours or more.

13. Additional Hotel and Meal Expenses – This benefit covers \$175 per day and up to a maximum of \$1,750 per *insured person* for the cost of necessary meals and hotel accommodation when submitting a claim for:

- a) Transportation to the Bedside;
- b) Return of Minor *Dependent Child* with Escort;
- c) Trip Interruption & Delay Insurance coverage; and/or
- d) Delay beyond *your* (scheduled) *day of return* due to a medical *emergency*.

14. Non-Medical Emergency Evacuation – Emergency mountain, sea or other remote location evacuation of *you* to the nearest accessible point by professional services up to a \$5,000.

15. Flight Accident and Accidental Death and Dismemberment Benefits

Flight Accident

If *you* die within 90 days of an *injury* incurred as a result of an *accident*, loss, or damage to a commercial aircraft while *you* are travelling as a ticketed passenger, (not as a pilot, officer or other crew member), the *Company* will pay \$100,000 to *your* estate.

Accidental Death and Dismemberment

If an accidental death or *injury* occurs within 90 days of an *accident* other than a Flight Accident, the *Company* will pay:

- a) \$25,000 to *your* estate if *you* die; or
- b) \$25,000 for an *injury* causing a loss of either both eyes, hands or feet; or
- c) \$12,500 for an *injury* causing the loss of one eye, hand or foot.
 - “Loss of one eye” means the total and irrecoverable loss of entire sight and “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*.

Benefits will be payable for only one loss, that being the greatest amount.

B NON-MEDICAL BENEFITS

- 1. Baggage & Personal Effects Benefits** – If, while on *your trip*, *your* baggage is lost, stolen or damaged, *you* will be reimbursed up to \$1,500 per *insured person* to a maximum of \$3,000 per *insured family*. The loss must be supported in writing by the appropriate local authorities at the place of loss and/or police report. Coverage is limited to \$200 per item or set of items.

You will be reimbursed up to \$400 per *insured person* up to a maximum of \$1,000 per family for the purchase of necessary toiletries and personal clothing as a result of *your* checked baggage being delayed by the carrier for more than 12 hours after *your* arrival. Purchases must be made within 36 hours of *your* arrival at *your* destination, and prior to receipt of *your* baggage.

You will be reimbursed up to \$200 per *insured person* per *trip* for the replacement cost of the following documents belonging to *you* should they be lost or stolen during the insured period: passport, driver's licence, birth certificate and/or travel visa. The loss or theft must be supported in writing by the appropriate local authorities at the place of loss and/or police report.

Baggage & Personal Effects Benefits Exclusions

No benefits are payable due to:

- a) breakage of, or damage to fragile or brittle articles unless caused by fire or *accident* to the means of conveyance;
- b) loss or damage not reported to the police and/or the appropriate local authorities within 24 hours of discovery;
- c) loss due to normal depreciation of the value of *your* articles;
- d) loss of, or damage to money, eyeglasses, sunglasses, contact lenses, medication, hearing aids, artificial teeth, tickets, documents, jewellery, cell phones, cameras or computer equipment;
- e) loss or damage by theft from an unattended *vehicle* unless it was completely locked and there was visible evidence of forced entry;
- f) loss or damage due to negligence on *your* part;
- g) loss of, or damage to fragile or perishable articles in checked baggage; and
- h) any loss or damage directly or indirectly resulting from or arising out of, or in connection with any screening or security process, any act of war or *terrorism* or nuclear incident.

2. Trip Cancellation, Interruption & Delay Insurance Benefits

For Trip Cancellation, Interruption & Delay Insurance benefits to be in effect, ALL *trips* MUST be booked prior to *your day of departure*.

For a *trip* to be covered for Trip Cancellation under the MEDOC Plan, this coverage must be in effect on the *day of booking your trip* or purchased:

- a) within 5 business days of booking *your trip* or
- b) prior to any cancellation penalties being charged for that *trip*.

Trip Cancellation, Interruption & Delay Insurance benefits are subject to the Exclusions and Limitations as outlined in Section IV.

If you make a deposit or full payment for travel arrangements for a *trip* taking place in the following *policy year*, your MEDOC Plan must be issued for another 365 days at the new *policy effective date* for that *trip* to be covered under this insurance.

Fees relating to the use of and/or ownership of timeshares are not an eligible expense under this insurance.

Points Program redemptions of any type and points used to purchase travel arrangements are not an eligible expense under this insurance. Please contact your Points Program supplier. Exception: If there is any monetary fee charged for the reinstatement of your applicable travel points, reimbursement may be payable based on the covered events listed under Trip Cancellation, Interruption & Delay Insurance benefits.

Trip Cancellation Insurance Benefits – (Before Day of Departure)

If you are unable to travel due to a covered event listed below and must cancel your *trip* before the *day of departure*, this insurance will reimburse you for the non-refundable and non-transferable portion of your *prepaid travel arrangements* as indicated on your travel arrangements, up to a maximum of \$12,000 per *insured person per trip*. Only the sums that are non-refundable and non-transferable on the day the covered event occurs shall be considered for the purpose of the claim. Any form of credit, compensation or indemnification (with or without restriction on use) offered by a travel provider, a travel agency, a *common carrier*, an accommodation facility or an organization is considered as a reimbursement of *prepaid travel arrangements*.

Notice: At the time you book your travel arrangement(s) or make any initial or additional payment(s) on your travel arrangement(s) you must not know of nor be aware of any reason, circumstance, event, activity, or *medical condition* affecting you, an immediate *family member*, a *travelling companion*, a travel companion's *family member*, or a *close business associate* which may eventually prevent you from starting and/or completing your covered *trip* as booked.

In order to submit a claim for trip cancellation before your *day of departure* it is required that:

- a) In the event of trip cancellation due to a *travel advisory* issued by the Canadian Government, you must contact the *MEDOC Claims Assistance Centre* for the procedure to follow either 72 hours before a deposit becomes due or 72 hours before the scheduled *day of departure*, whichever comes first. In the event of trip cancellation for any other reason, you must cancel your *trip* with the travel agent or the *common carrier* immediately, but no later than 24 hours

or next business day following the cause of cancellation and advise the *MEDOC Claims Assistance Centre* at the same time;

- b) If you are uncertain whether an event or situation may require you to cancel your trip, you must contact the *MEDOC Claims Assistance Centre* for clarification immediately, but no later than 24 hours or next business day following the event;
- c) Any issued travel ticket(s) must be surrendered to the *MEDOC Claims Assistance Centre* along with proof from the travel agency or common carrier of the non-refundable and non-transferable portion of your pre-paid travel arrangements; and
- d) In the case of a tour, a copy of the terms and conditions of the tour company or cruise lines will be required at time of claim.

Trip Interruption & Delay Insurance Benefits – (After Day of Departure)

If you must interrupt your trip after your day of departure or delay your day of return due to a covered event listed below, this insurance will reimburse you for the extra cost of a one-way economy airfare to your principal residence in Canada or your next destination point and any unused non-refundable and non-transferable accommodation costs or land arrangements up to a maximum of \$12,000 per insured person per trip. For trip delays preventing you from returning on your scheduled day of return, delays must not extend more than 10 days beyond your day of return. This benefit does not reimburse the unused portion of any travel ticket.

In order to submit a claim for Trip Interruption & Delay after your day of departure it is required for reimbursement of eligible expenses that:

- a) you must contact the *MEDOC Claims Assistance Centre* within 24 hours of the event; and
- b) for medical covered events any interrupted or delayed trip must be upon the recommendation of the attending physician; or in the event that you, a family member, travelling companion, or close business associate are confined to a hospital for at least 72 consecutive hours; or
- c) for non-medical covered events, appropriate documentation must be submitted as outlined in Section VII. How To Make A Claim.

Covered events under Trip Cancellation, Interruption & Delay Insurance Benefits:

Benefits under Trip Cancellation, Interruption & Delay Insurance benefits are payable should any of the following covered events occur preventing you from departing on or returning from your trip as scheduled:

1. Death, injury or illness to you, your family member, close business associate, caregiver, travelling companion, or your travelling companion's family member.
2. You are under medical quarantine for a communicable disease diagnosed by a physician.
3. The plane aboard which you are travelling is hijacked.
4. Death, quarantine or admission to hospital for at least 48 hours arising from an emergency, of your host at your destination.

5. Cancellation of a planned business meeting due to death or admission to *hospital* of the person with whom *you* are to meet, or cancellation of a conference (for which *you* had paid registration fees) due to circumstances beyond *your* control. Benefits are only payable to *you* if *you* were attending the meeting. Proof of registration will be required in the event of a claim.
6. Delay of *your common carrier* or a private automobile resulting from the mechanical failure of that carrier; a traffic *accident*, an *emergency* police-directed road closure, weather conditions or flight delay, causing *you* to miss a connection or resulting in the interruption of *your trip* arrangements.
7. A transfer by *you* or *your spouse's* employer for which notice was received from the respective employer subsequent to *your* booking date and before *your day of departure*, if the date of transfer coincides with or precedes *your day of departure*, and requires the relocation of *your* principal residence.
8. Damage to *your* principal residence by a disaster, making it uninhabitable.

9. For Trip Cancellation

The issuance of a *travel advisory*:

- to avoid all travel, or to avoid non-essential travel, to a location where *you* plan to travel; or
- to avoid all cruise ship travel when *you* are scheduled to take a *trip* on a cruise ship.

The *travel advisory* must be issued after the *day of booking*. The *travel advisory* must be in force on the *day of departure*.

For Trip Interruption & Delay

The issuance of a *travel advisory*:

- to avoid all travel, or to avoid non-essential travel, to a location where *you* are on a *trip*; or
- to avoid all cruise ship travel when *you* are already on a cruise ship.

The *travel advisory* must be in force during the *trip*. *You* must comply with the *travel advisory* within 14 days following its issuance.

10. A natural disaster at *your* place of destination.
11. A pregnancy diagnosed after paying in part or in full for *your* insured *trip* if *you* or *your spouse* accompanying *you* on the insured *trip* is pregnant and the expected date of delivery is in the nine weeks before or after the scheduled *day of departure* for *your* insured *trip*.
12. Legal adoption of a child by *you* when, after paying in part or in full for *your* insured *trip*, *you* receive notice that the actual date of adoption is scheduled to take place during *your* insured *trip*.

13. The involuntary loss of *your* or *your spouse's* permanent employment (not contract employment) due to lay-off or dismissal without just cause.
14. The non-issuance of *your* travel visa (not an immigration or employment visa) for reasons beyond *your* control.
15. *You* are called to service by government with respect to reservists, military, police or fire personnel.
16. *You* are: a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, while on a *trip*.
17. *Your* missed connection caused by the schedule change of the airline carrier that is providing transportation for a portion of *your trip*.
18. If *your* cruise is cancelled due to mechanical failure, grounding other than supplier default prior to *your* departure, expenses will be payable up to the maximum of \$1,200 per *insured* for the non-refundable prepaid travel arrangements that are not part of *your* cruise package.
19. *Illness, injury* or death of *your* guide dog, provided that *you* are legally blind or physically handicapped and travel arrangements have been made for the dog to accompany *you* on the covered trip.

An Upgrade Cost or Single Supplement Benefit is payable in the event that *your travelling companion's* insured travel arrangements are cancelled due to any of the covered events listed above and *you* elect to continue on the *trip* as planned. This benefit will cover the cost incurred to adjust *your* prepaid accommodation to a single occupancy amount and may be applied as an alternative to making a claim for Trip Cancellation.

Eligible and incurred expenses will be reimbursed for Trip Cancellation, Interruption & Delay Insurance benefits when *you* provide the following applicable documentation and original receipts, at the request of the *MEDOC Claims Assistance Centre*:

- a) a statement completed by the attending *physician* in the locality where the *injury* or *illness* occurred stating the diagnosis and the complete reason for the necessity of the cancellation, interruption or delay of *your trip*;
- b) documentary evidence of the *emergency* situation which caused the delay;
- c) proof that a portion of the travel arrangement costs is non-refundable and non-transferable;
- d) any original unused transportation tickets;
- e) any original invoices or receipts for land arrangements and any other *eligible* expenses; and/or
- f) any original tickets or receipts for any extra transportation cost incurred.

IV EXCLUSIONS & LIMITATIONS

PART I – Pre-existing *Medical Condition Stability Clause*

This exclusion applies to *you* if *you* are insured under this insurance.

This insurance does not cover any expenses for *Emergency Medical Insurance* benefits and/or *Trip Cancellation, Interruption & Delay Insurance* benefits, incurred directly or indirectly as a result of:

1. A *medical condition* or related condition (other than a *minor ailment*), if in the 90 days before *your day of departure* or *day of booking*, that *medical condition* or related condition was not *stable*.
2. A heart condition, if in the 90 days before *your day of departure* or *day of booking*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain for any heart condition.
3. A lung condition, if in the 90 days before *your day of departure* or *day of booking*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

Your day of departure applies to:

- *Emergency Medical Insurance* benefits; and
- *Trip Interruption & Delay Insurance* benefits.

Your day of booking applies to:

- *Trip Cancellation Insurance* benefits.

PART II – Additional Exclusions & Limitations:

All Exclusions & Limitations apply to you under this insurance regardless of plan type.

The * indicates which type of benefit(s) are excluded or limited.

This insurance does not cover any expenses incurred directly or indirectly as a result of the following:

	Medical	Trip Interruption/Delay	Trip Cancellation
1. Any treatment that is not <i>emergency treatment</i> .	*	*	*
2. An <i>emergency</i> and/or event that occurs while the coverage is not in force.	*	*	*
3. Any portion of the benefits that require prior authorization and arrangement by the <i>MEDOC Claims Assistance Centre</i> if the <i>MEDOC Claims Assistance Centre</i> has not pre-authorized and arranged them.	*	*	*
4. The following: <ul style="list-style-type: none"> • Routine pre-natal care during the <i>trip</i>; • Any medical treatment, relating to <i>your</i> pregnancy or childbirth, occurring within 9 weeks before or after the expected date of delivery; • Childbirth occurring within 9 weeks before or after the expected date of delivery; or • Any child born during the <i>trip</i>. 	*	*	*
5. <i>Your</i> committing or attempting to commit a criminal offence.	*	*	*
6. Suicide or intentionally self-inflicted <i>injury</i> .	*	*	*
7. Medication, drugs or toxic substance abuse or overdose or <i>your</i> deliberate non-compliance with prescribed medical therapy or treatment: alcohol abuse, alcoholism or an <i>accident</i> while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.	*	*	*
8. Any <i>medical condition</i> or related condition that arises during a <i>trip</i> you undertake with the knowledge acquired before <i>your day of departure</i> , that you will require or seek treatment or surgery for that <i>medical condition</i> or related condition, whether or not recommended by <i>your physician</i> .	*	*	*
9. <i>Your</i> active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war; riot, rebellion; revolution or insurrection; act of military power, or any service in the armed forces.	*	*	*

PART II – Additional Exclusions & Limitations continued...

All Exclusions & Limitations apply to *you* under this insurance regardless of plan type or Health Option.

The * indicates which type of benefit(s) are excluded or limited.

Medical

Trip Interruption/Delay

Trip Cancellation

10.a) *Any illness, injury or medical condition you suffer or contract, or any loss you incur in a location for which a travel advisory is issued to avoid all travel to that location as well as any illness, injury or medical condition you suffer or contract, or any loss you incur during a cruise ship while a travel advisory is issued to avoid all cruise ship travel.*

If *you* are already present at the location in question or on a cruise ship at the time the *travel advisory* is issued, *you* must comply with the *travel advisory* within 14 days following its issuance. If *you* do not comply with the *travel advisory* within 14 days following its issuance, no emergency medical expenses will be eligible after this deadline.

b) No expenses will be reimbursed if *you* made travel arrangements while a *travel advisory* was in effect recommending:

- To avoid all travel to a location where *you* plan to travel; or
- To avoid all cruise ship travel when *you* are scheduled to take a *trip* on a cruise ship;

However, this exclusion does not apply:

- To any trip cancellation for an eligible reason for cancellation other than the *travel advisory*, if there is a change to the risk level of the *travel advisory* to a lower risk level before the *day of departure*; and
- To any trip interruption for an eligible reason for interruption other than the *travel advisory*, if there is a change to the risk level of the *travel advisory* to a lower risk level before the *day of departure* or during *your trip*.

c) No trip interruption expenses are payable if *you* leave on a *trip* while a *travel advisory* is in effect recommending:

- To avoid all travel to a location where *you* plan to travel; or
- To avoid all cruise ship travel when *you* are scheduled to take a *trip* on a cruise ship;

However, this exclusion does not apply to any trip interruption for an eligible reason for interruption other than the *travel advisory*, if there is a change to the risk level of the advisory to a lower risk level during *your trip*.

PART II – Additional Exclusions & Limitations continued...

All Exclusions & Limitations apply to *you* under this insurance regardless of plan type or Health Option.

The * indicates which type of benefit(s) are excluded or limited.

Medical

Trip Interruption/Delay

Trip Cancellation

10.d) No trip interruption expenses caused by the following advisory are payable if *you* leave on a *trip* while a *travel advisory* is in effect recommending to avoid non-essential travel to a location where *you* plan to travel.

However, this exclusion does not apply to any trip interruption caused by the *travel advisory*, if there is a change to the risk level of the *travel advisory* to a higher risk level during *your trip*.

e) No trip interruption expenses caused by one of the following advisories are payable if, during *your trip*, a *travel advisory* is issued:

- To avoid all travel or to avoid non-essential travel to a location where *you* already are and *you* do not comply with the *travel advisory* within 14 days following its issuance; or
- To avoid all cruise ship travel when *you* are already on a cruise ship and do not comply with the *travel advisory* within 14 days following its issuance.

If *you* do not comply with the *travel advisory* within 14 days following its issuance, no expenses will be eligible after this deadline.

f) No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during *your trip*, a *travel advisory* is issued:

- To avoid all travel to a location where *you* already are and *you* do not comply with the *travel advisory* within 14 days following its issuance; or
- To avoid all cruise ship travel when *you* are already on a cruise ship and do not comply with the *travel advisory* within 14 days following its issuance.

If *you* do not comply with the *travel advisory* within 14 days following its issuance, no expenses will be eligible after this deadline.

*

PART II – Additional Exclusions & Limitations continued...

All Exclusions & Limitations apply to *you* under this insurance regardless of plan type or Health Option.

The * indicates which type of benefit(s) are excluded or limited.

	Medical	Trip Interruption/Delay	Trip Cancellation
11. The continued treatment, recurrence, investigation or complications of a <i>medical condition</i> following <i>emergency treatment</i> for that <i>medical condition</i> during <i>your trip</i> if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province or territory of residence</i> or <i>your principal residence</i> in Canada and <i>you</i> chose not to. The immediate availability of treatment or surgery upon returning the <i>insured person</i> to his or her <i>province or territory of residence</i> is not the responsibility of the <i>Company</i> , the <i>MEDOC Claims Assistance Centre</i> or the <i>Administrator</i> . After receiving <i>emergency treatment</i> for a <i>medical condition</i> , this insurance will not cover <i>you</i> for that <i>medical condition</i> , or related condition, for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> .	*	*	
12. Treatment of any heart or lung condition following <i>emergency treatment</i> for any related or unrelated heart or lung condition during <i>your trip</i> , if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province or territory of residence</i> or <i>your principal residence</i> in Canada and <i>you</i> chose not to. After receiving <i>emergency treatment</i> for any heart or lung condition, this insurance will not cover <i>you</i> for any heart or lung condition for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> .	*	*	
13. Any <i>medical condition</i> for which, prior to <i>your day of departure</i> and/or prior to booking <i>your trip</i> : <ul style="list-style-type: none"> • <i>You</i> were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; • Future investigation, consultation with any <i>physician</i>, treatment or surgery (except routine monitoring) recommended by a <i>physician</i> or planned before <i>your trip</i>. <p>This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.</p>	*	*	
14. Invasive testing or surgery (including cardiac catheterization, angioplasty, and MRI) unless pre-approved and arranged by the <i>MEDOC Claims Assistance Centre</i> .	*	*	

PART II – Additional Exclusions & Limitations continued... All Exclusions & Limitations apply to <i>you</i> under this insurance regardless of plan type or Health Option. The * indicates which type of benefit(s) are excluded or limited.	Medical	Trip Interruption/Delay	Trip Cancellation
15. Any <i>emergency</i> transplants including but not limited to organ transplants and bone marrow transplants.	*	*	
16. <i>Your</i> participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless <i>you</i> hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.	*	*	
17. Treatment or surgery for a specific <i>medical condition</i> , or a related condition, which caused a <i>physician</i> to advise <i>you</i> not to travel.	*	*	
18. Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.	*	*	
19. When riding as a passenger on a <i>Common Carrier</i> which is not licensed for the transportation of passengers for compensation or hire.	*	*	
20. <i>You</i> being aware, on the <i>effective date</i> of insurance and/or on the <i>day of booking</i> , of any reason that might reasonably prevent <i>you</i> from travelling on <i>your trip</i> as booked.		*	*
21. Loss arising as a result of a <i>Common Carrier</i> work stoppage, or the bankruptcy or insolvency of a travel agent, agency, broker or <i>Travel Supplier</i> .		*	*
22. Eye glasses, contact lenses, hearing aids or prescriptions for the same.	*		

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 ("Sanctions") imposed under the laws of Canada.

V DEFINITIONS

Italicized words or expressions have a specific meaning as follows:

Administrator means Johnson Inc.

Accident means a sudden, unexpected, unintended, unforeseeable external event, occurring during an *insured trip*, arising from *accidental* means, which independently of any other cause, causes *injury*.

Applicant(s) means any person who:

- a) has applied for coverage under this insurance;
- b) is actively at work;
- c) is under age 65;
- d) is a Canadian resident and permanently residing in Canada; and,
- e) is insured under their *Provincial or Territorial Health Insurance Plan*.

Caregiver means the permanent, full-time person entrusted with the well-being of *your dependent(s)* and whose absence cannot reasonably be replaced.

Close Business Associate means a person whose absence requires *you* to return to *your* workplace to ensure no business or material deterioration in customer service or products, or impairment in the services provided.

Common Carrier means any land, air or water conveyance, which is licensed to carry passengers for compensation or hire.

Company means SSQ Insurance Company Inc.

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

Day of Booking means the day *you* book and make the initial deposit for *your* prepaid travel arrangements.

Day of Departure means the following:

With respect to *Emergency Medical Insurance* benefits, the *day of departure* means the calendar day that *you* leave *your province or territory of residence*. If during an *insured trip*, *you* return to *your province or territory of residence* for a period of 24 hours or more, *your day of departure* means the most recent calendar day that *you* left *your province or territory of residence*.

With respect to *Trip Interruption & Delay Insurance* benefits, the *day of departure* means the calendar day that *you* leave *your* principal residence in Canada.

Day of Return means the following:

With respect to *Emergency Medical Insurance* benefits, the *day of return* means the calendar day *you* are scheduled to return to *your province or territory of residence*.

With respect to *Trip Interruption & Delay Insurance* benefits, the *day of return* means the calendar day *you* are scheduled to return to *your principal residence in Canada*.

Dentist, Dental Surgeon means a person other than *you* or a *family member*, who is legally qualified and licensed to practice as a *dentist* or *dental surgeon* in the jurisdiction where the services are rendered.

Dependent(s) means any of *your* unmarried children (natural, foster child, legally adopted or living with the adopting parents during period of probation, step-child for whom *you* are the legal guardian), who is:

- a) under the age of 21;
- b) age 25 or less and a full-time student attending college or university and who is dependent on *you* for their sole means of support;
- c) of any age, if mentally or physically handicapped and primarily dependent on *you* for financial support; or
- d) *your* grandchild, niece or nephew for the purpose of the Return of Minor Dependent Child with Escort benefit only.

Dependents are covered under the terms of the Health Option the *member* is enrolled under.

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

Eligible Expenses means any *reasonable and customary* expenses arising from a medical emergency, incurred while on an insured *trip* that are in excess of any medical expenses payable by *your Provincial or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*.

Emergency means any sudden and unforeseen and unintentional *illness* or *injury* that occurs while on a *trip* and makes it necessary to receive immediate medical treatment from a licensed *physician, dentist* or *dental surgeon* or to be hospitalized.

An *emergency* ends when the *illness* and/or *injury* has been treated such that *your* condition becomes *stable*, as determined by *your attending physician*, and the *emergency* has ended.

Emergency Treatment means any medication, medical treatment or surgery for an *emergency* that is received for the immediate relief of an acute symptom or upon the advice of a *physician* and cannot be delayed until *you* return to Canada. The *emergency treatment* must be received during *your trip* because *your medical condition* prevents *you* from returning to *your province or territory of residence*.

Emergency treatment or surgery during your trip must be:

- a) ordered by a licensed *physician*;
- b) received in a *hospital*; or
- c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath as a result of an *emergency*.

Expiry Date means the date which your coverage ends under this insurance, which is midnight on the *expiry date* indicated on your *confirmation of coverage*.

Family Member means *spouse*, child, parent, guardian, step-parent, grandparent, grandchild, great-grandchild, parent-in-law, daughter-in-law, son-in-law, step-child, brother, sister, step- brother, step-sister, aunt, uncle, nephew, niece, brother-in-law or sister-in-law.

Friend means an individual who can use a QCC *member* as a reference or contact person.

Hospital means an establishment legally licensed as a *hospital*, which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from *illness* or *injury*, on an in-patient or outpatient basis, with 24 hour service by Registered Nurses and *physicians*.

This includes legally licensed *hospitals* providing specialized treatment for mental *illness*, cancer, arthritis and convalescing or chronically ill persons when approved by the MEDOC Claims Assistance Centre. *Hospital* does not include nursing homes, homes for the aged, rest homes, health spas or other places providing similar care.

Illness means sickness or disease which results in a covered loss while this insurance is in effect and is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon* while on a *trip*.

Injury means any accidental bodily harm caused solely by external, violent and accidental means and independently of any *illness* or other causes which occurs during a *trip* resulting in a covered loss while this insurance is in effect and which is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon*.

Insured family means any *insured person* for whom premium has been paid under Family policy or two Single policies in the same household.

Insured, Insured person, Person insured means *you*, *your spouse* or *dependent(s)* who are covered under this insurance and for whom the required premium has been paid.

Insurer means SSQ Insurance Company Inc.

Medical Condition means an *illness* or *injury* (or a condition relating to that *illness* or *injury*), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medically Necessary means an *emergency treatment* or service, which is considered by the medical profession as appropriate and effective in treating an *injury*, *illness* or disease.

MEDOC Claims Assistance Centre means the travel assistance provider, AXA Assistance Canada Inc., appointed as the provider of all assistance and claims services under this insurance.

Member means a person in good standing in accordance with the *Sponsor Group's* membership guidelines.

Minor Ailment means any sickness or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*; hospitalization; surgical intervention; or referral to a specialist; and which ends at least 30 consecutive days prior to the *day of departure* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a *minor ailment*.

Networks mean the *hospitals, physicians* and other medical service providers recognized by the *MEDOC Claims Assistance Centre* at the time of an *emergency*.

Nurse means a person, other than *you* or a *family member* who is licensed and qualified to perform nursing services within the scope of their license including a Registered Nurse (R.N.) / Registered Practical Nurse (R.P.N.) / Licensed Practical Nurse (L.P.N.) / Registered Nursing Assistant (R.N.A.) / Certified Nursing Assistant (C.N.A.).

Nurse Practitioner means a person, other than *you* or a *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.

Pet means specifically *your* domestic dog or cat.

Physician means a medical practitioner whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he or she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his or her licensed authority. A *physician* must be a person other than *yourself* or a *family member*. Where permitted by law, the *MEDOC Claims Assistance Centre* may approve the services of a *Nurse Practitioner* in substitution for appropriate and corresponding *physician* services.

Policy Year means September 1 to August 31.

Prepaid travel arrangements mean

- Expenses incurred by the *insured* to purchase a trip, including tickets from a *common carrier*, rental or motor vehicles or accommodation from a business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services;
- Amounts paid by the *insured* for travel arrangements usually included in a package trip;
- Amounts paid by the *insured* in relation to registration fees for a conference.

Province or Territory of Residence means *your* province or territory of permanent residence in Canada.

Provincial or Territorial Health Insurance Plan means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Reasonable and Customary means eligible costs, approved by the *MEDOC Claims Assistance Centre*, that do not exceed the charges for the costs made by other providers for the same services and level of expertise in the area where treatment was incurred.

Sponsor Group means the Quarter Century Club.

Spouse means a person who is legally married to *you* or if not legally married, has been living in a conjugal relationship (including a same-sex person) with *you* for a continuous period of at least 12 months and who resides in the same household as *you*.

Stable means any *medical condition* or related condition (including any heart condition and/or lung condition), other than a *minor ailment*, for which all of the following statements are true:

- there has been no new diagnosis, new treatment or new prescribed medication;
- there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or changes in treatment frequency or type); Exception: i) the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, (as long as it is not newly prescribed or stopped); or ii) a change from a brand name medication to a generic brand medication (provided the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom experienced;
- there has been no test result showing a deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and there is no further investigation for which results are pending.

Terrorism means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Travel Advisory means a formal notice issued by the Canadian Government.

Travel Supplier means a licensed or registered company in the business of providing transportation and/or accommodation to the public, including, but not limited to: tour operator, travel wholesaler, airline, cruiseline, provider of ground transportation or provider of commercial accommodation to the *insured*.

Travelling Companion means a person who accompanies *you* and shares prepaid accommodations and/or transportation arrangements with *you* while on a *trip* and is not an *insured person* under this insurance.

Trip Termination Date means the earlier of:

- a) *your day of return*; or
- b) the 17th day of travel including *your day of departure*, if *you* selected the 17-day Plan, as shown on *your* completed, signed application for insurance form or *confirmation of coverage*; or
- c) the 35th day of travel including *your day of departure*, if *you* selected the 35-day Plan, as shown on *your* completed, signed application for insurance form or *confirmation of coverage*.

Trip(s) means the following:

With respect to *Emergency Medical Insurance* benefits, *trip(s)* means a defined period of travel outside *your province or territory of residence* while this insurance is in effect.

With respect to *Trip Cancellation, Interruption & Delay Insurance* benefits, *trip(s)* means a defined period of travel away from *your principal residence* in Canada while this insurance is in effect.

Vehicle means a private automobile, motorcycle, van, trailer, or motor home *you own* or have rented.

You, your or yourself means an *insured person* under this insurance for whom the required premium has been paid.

VI TRAVEL ASSISTANCE SERVICES

A When should you call the MEDOC Claims Assistance Centre?

At the first onset of symptoms of an emergency and before you seek medical attention, you must contact the MEDOC Claims Assistance Centre. If you are unable to call because you are medically incapacitated, someone else must contact the MEDOC Claims Assistance Centre on your behalf as soon as is reasonably possible.

The MEDOC Claims Assistance Centre is available to you 24 hours a day, 365 days a year to answer your claims questions, and provide help for you if you have a medical emergency or wish to claim for trip cancellation, interruption and delay.

If you (or someone else on your behalf) do not call the MEDOC Claims Assistance Centre when the emergency arises or for a referral, or if you choose not to receive treatment from the networks recommended by the MEDOC Claims Assistance Centre, eligible expenses will be reimbursed at 70%.

B What assistance services are available?

Under this insurance, the following assistance services are available to you:

1. Medical Assistance and Consultation

When you have a medical 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;
- pay your eligible expenses directly to the recommended medical service provider, wherever possible;
- consult with your physician to monitor your care;
- monitor appropriateness, necessity and reasonableness of that care to ensure your resulting eligible expenses will be covered by this insurance.

2. Payment Assistance

Wherever possible, the payment of the medical services you receive will be coordinated through the MEDOC Claims Assistance Centre, communicating with your medical provider. There are certain countries where, due to local conditions or travel advisories from the Canadian government, assistance services are not available and you may be required to pay for medical treatment directly. If you are required to make payment yourself, you must obtain detailed and itemized original bills for claims submission and call the MEDOC Claims Assistance Centre on your return to your province or territory of residence.

3. Emergency Message Centre

In case of an emergency, the MEDOC Claims Assistance Centre will help relay important messages to or from your family, business or physician.

4. Lost Document and Ticket Replacement

The *MEDOC Claims Assistance Centre* will help you replace lost or stolen travel documents.

5. Legal Assistance

The *MEDOC Claims Assistance Centre* can direct you to a local lawyer or assist you to arrange for bail or for payment of legal fees. The cost of these services is your responsibility.

6. Pre-Trip Planning Assistance

The *MEDOC Claims Assistance Centre* can provide information on inoculation and visa requirements when you call toll free **1-866-871-2273** (Canada and United States) or collect **514-285-8193** (Worldwide).

VII HOW TO MAKE A CLAIM

1. To make a claim for benefits under this insurance:

You must submit notice of the claim to the *MEDOC Claims Assistance Centre* within thirty (30) days after the medical emergency occurs, or as soon as is reasonably possible thereafter. A telephone call to the *MEDOC Claims Assistance Centre* to report the claim will be considered "Notice of Claim" under the terms of the insurance.

2. Written proof of claim:

You must submit written proof of claim within 90 days after the date of the medical emergency, but not more than 12 months after the date of the medical emergency, which includes:

- a) completion of any claim forms furnished by the *MEDOC Claims Assistance Centre*;
- b) original itemized receipts which include the *physician's* name and credentials, the attending *physician's* report or statement, and any other form of documented evidence requested by the *MEDOC Claims Assistance Centre*.

If the claim is reported by telephone to the *MEDOC Claims Assistance Centre*, and the medical service provider agrees to bill the *MEDOC Claims Assistance Centre* directly for the *eligible expenses*, the *MEDOC Claims Assistance Centre* will, where possible, obtain the documentation necessary to process the claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing.

If, for any reason, you arrange treatment and pay the *eligible expenses*, you must provide supporting documentation as indicated above. You are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

3. Proof of Day of Departure:

If you have a claim, you will be required to provide proof of your *day of departure*. Proof of your *day of departure* includes: a border crossing receipt; duty free receipt; airline ticket or boarding pass; stamped passport; credit card receipt; signed and dated bank or financial institution documents; or, any signed and dated document that proves you were in your *province or territory of residence* the day before your scheduled *day of departure*.

4. Returning any ill or injured insured person to their province or territory of residence:

The *Company*, through the *MEDOC Claims Assistance Centre*, in consultation with the attending *physician*, reserves the right to return any ill or injured *insured person* to his or her *province or territory of residence*. If an ill or injured *insured person* is able to return to his or her *province or territory of residence* following the *emergency* medical treatment and/or diagnosis of a *medical condition* which requires continuing medical care, treatment or surgery and elects to have the treatment or surgery performed outside his or her *province or territory of residence*,

no benefits shall be payable with respect to such continuing treatment or surgery. The immediate availability of treatment or surgery upon returning the *insured person* to his or her *province or territory of residence* is not the responsibility of the *Company*, the *MEDOC Claims Assistance Centre* or the *Administrator*.

5. Limitation of Benefits:

Once you are deemed medically *stable* to return to your *province or territory of residence* (with or without a medical escort) either in the opinion of the *Insurer* or by virtue of discharge from *hospital*, your *emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.

6. Co-ordination of Benefits With Other Plans:

This insurance is a second payor plan. For any loss or damage payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private, provincial, or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the *province or territory of residence* that are in excess of the amounts for which an *insured person* is *insured* under such coverage.

All co-ordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines.

Unless otherwise indicated on your *confirmation of coverage*, if your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of:

- a) \$50,000 or less, this insurance will not co-ordinate payment with such coverage;
or
- b) more than \$50,000, this insurance will co-ordinate payment with such coverage only in excess of \$50,000.

7. Right to Recover Payments:

If any benefit paid to you or on your behalf is in excess of the amount allowed under the provisions of this insurance, or if payment is made due to a clerical or administrative error, the *Company* and/or the *MEDOC Claims Assistance Centre* reserve the right to recover the amount of such payment from any *insured person*, institution, *insurer* or organization to whom payment was made.

8. Subrogation from a Third Party:

If an *insured person* suffers a loss covered under this policy, the *Company* and/or the *MEDOC Claims Assistance Centre* has the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim. You will execute and deliver such documents, and fully co-operate with the *Company* and/or the *MEDOC Claims Assistance Centre*, so as to allow the *Company* and/or the *MEDOC Claims Assistance Centre* to fully assert its rights of subrogation. You will not do anything after the loss to prejudice such rights.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the insured person, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the insured person institutes a demand or action for a covered loss he or she shall immediately notify the insurer so that it may safeguard its rights.

9. Authorization to obtain all pertinent records or information:

As a condition precedent to the payment of benefits, the *Company* and/or the *MEDOC Claims Assistance Centre* shall have the authority to obtain all pertinent records or information from any *physician, dentist, dental surgeon, practitioner, hospital, clinic, insurer, individual or institution* to assess the validity of a claim submitted by or on behalf of any *insured person*. In the event of *your death*, the *Company* and/or the *MEDOC Claims Assistance Centre* may request an examination of *your body*, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

10. Assignment of Benefits:

Where the *Company* and/or the *MEDOC Claims Assistance Centre* pay medical and/or *hospital* expenses directly, this insurance allows the *Company* and/or the *MEDOC Claims Assistance Centre* to recover eligible benefits from *your Provincial or Territorial Health Insurance Plan*, and any other coverage *you may have*, monies that the *Company* and/or the *MEDOC Claims Assistance Centre* have advanced to others on *your behalf*. This insurance also allows the *Company* and/or the *MEDOC Claims Assistance Centre* to receive in *your name*, and endorse and negotiate on *your behalf* these eligible payments.

When *your Provincial or Territorial Health Insurance Plan* and other insurer payments have been made, this releases *your Provincial or Territorial Health Insurance Plan* and other insurers from any further liability in respect of that eligible claim.

11. Limitation periods:

Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (B.C., Alberta and Manitoba). Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Limitations Act (Ontario), otherwise within [2] years from the date of loss or such longer period that may be required under the law applicable in *your province*.

12. Other Conditions:

If *you* are insured and eligible for more than one of the same benefits under this insurance, the total amount payable for all the benefits cannot exceed the actual expense incurred. The maximum amount payable is the largest amount specified for any one benefit.

VIII GENERAL PROVISIONS

1. Premium Level

The initial premium payable shall be determined according to the most current Premium Rate Table published by the *Company*. Premiums are subject to change:

- a) at the *effective date* of a new policy ; or
- b) if there is any change to the coverage under the *Provincial or Territorial Health Insurance Plan*.

The *Company* reserves the right to alter premiums, and the right to alter future coverage with 30 days advance notification.

2. Incontestability

No statement made by *you* in *your* application for insurance, except for fraudulent statements and omissions shall be used by the *Company* to contest a claim after *your* insurance has been in force for a period of 24 months following the *effective date*.

3. Applicable Law

Any provision of this insurance, which is in conflict with any federal, provincial or territorial law in which this policy was issued, is amended to comply with the minimum requirements of that law. All other provisions shall remain in full force and effect.

4. 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*.

5. Limitation of Liability

The *Company*, *Administrator* or the *MEDOC Claims Assistance Centre* are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure by *you* to obtain medical treatment.

6. Termination of Policy

The *Administrator* reserves the right to terminate *your* policy if:

- a) two or more monthly premium payments are in default in a 12-month period because of insufficient funds or other cause;
- b) pre-authorized payments have been declined for any reason; or
- c) proof of payment cannot be established to the satisfaction of the *Administrator*.

7. Termination at Expiry Date

Termination of this policy shall not require the consent or notice to any *insured person* or other person having a beneficial interest in this policy.

A new policy will be issued upon the *expiry date*, unless written notice of termination is provided by *you* to the *Administrator* within 60 days from the first premium deduction for that *policy year*.

8. Copy of Application

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

IX YOUR PRIVACY

YOUR PRIVACY MATTERS TO US

SSQ Insurance Company Inc. (“SSQ”), Johnson Inc. (“Johnson”) and the *MEDOC Claims Assistance Centre*, collectively (“we”, “us” or “our”) work together to provide *you* and any *co-insured* with *your* MEDOC Travel Insurance Plan coverage and related services (“MEDOC Plan”).

We are committed to protecting *your* privacy. We respect *your* privacy and want *you* to understand how we safeguard *your* personal information.

HOW WE COLLECT YOUR INFORMATION

We collect and keep personal information about *you* required to provide the MEDOC Plan coverage to *you* by arrangement with *your sponsor group*. This personal information is collected from *you*, either directly or through our representatives.

We may also need to collect information about *you* from sources such as *hospitals*, doctors and other health care providers, the government (including *Provincial or Territorial Health Insurance Plans*) and governmental agencies, other insurance companies, travel agents and suppliers, law enforcement representatives, private investigators, *your* family and *friends*, *your sponsor group* and any references *you* provide. In addition, the *MEDOC Claims Assistance Centre*, in connection with administering the MEDOC Plan claims, collect information from various other sources including: a *co-insured*, references provided by *you* or by a *co-insured*, *hospitals* and health practitioners, *Provincial or Territorial Health Insurance Plans*, other *insurers*, government agencies or offices and embassies and other individuals, groups or companies from whom collection is necessary to administer or otherwise provide to *you* or a *co-insured* the coverage and services requested.

HOW WE USE YOUR INFORMATION

We use *your* personal information to provide the MEDOC Plan, which includes using it to evaluate insurance risk, manage and co-ordinate claims, re-price medical expenses, and negotiate payment of expenses to third parties.

We may also share *your* information with others who work for us or with third parties, when it is necessary for MEDOC Plan services. Third parties may include other insurance or reinsurance companies, health organizations and the government (including *Provincial or Territorial Health Insurance Plans*) and governmental agencies.

We may use *your* information internally, to prepare statistical reports that help us understand the needs of our clients, to inform *your sponsor group* regarding the overall MEDOC Plan program, and help us understand and manage our business.

OTHER WAYS WE MAY USE YOUR INFORMATION

In addition, SSQ and Johnson may, but only with *your sponsor group* authorization, use *your* personal information to promote to *you* or to a *co-insured* the services of SSQ or Johnson and selected third parties. As required, and only with *your sponsor group* authorization, SSQ or Johnson may also share *your* personal information with selected third parties so that they may provide/offer services to *you* or to a *co-insured*.

You or a *co-insured* may instruct SSQ and Johnson to stop using *your* personal information as described here, under “Other ways we may use *your* information” at any time by calling toll-free – see “Important Telephone Numbers”.

YOUR RIGHT TO ACCESS YOUR INFORMATION

You have a right to access the personal information that we have about *you* in *your* file. If we have information that is not correct, *you* can have it corrected.

A WORD FROM SSQ REGARDING PRIVACY

File and Personal Information

In order to maintain the confidentiality of information concerning the persons it insures, SSQ Insurance Company Inc. opens an insurance file to hold personal information about the application for insurance and any insurance claims made.

With the exception of certain cases provided for under applicable legislation, access to *insured persons'* files is restricted to those employees, legal agents and service providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to any other person *you* may authorize. SSQ keeps these insurance files in its offices.

All persons insured with SSQ have the right to consult the information contained in their file and, if necessary, to have any errors or inaccuracies corrected, free of charge, by making a written request to the attention of SSQ's Personal Information Protection Officer at the following address: SSQ Insurance Company Inc., 2525 Laurier Boulevard, P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request for information will be informed beforehand of the approximate amount that will be charged.

Legal Agents and Service Providers

SSQ may exchange information of a personal and confidential nature with its legal agents and service providers only for the purpose of allowing them to carry out the tasks they are assigned, in particular, for processing travel insurance claims. SSQ's legal agents and service providers must comply with SSQ's Personal Information Protection Policy.

When *you* enroll in the MEDOC Plan, and also when *you* make a claim, *you* are actually giving *your* consent that the *insurer* and its legal agents and service providers may use *your* personal information for the above-mentioned purposes. It is understood that not giving this consent would compromise the management of *your* insurance coverage and the quality of the services SSQ can offer *you*.

For more information, consult the SSQ Personal Information Protection Policy available at www.ssq.ca.

X JOHNSON INC. CONTACT INFORMATION

Please contact Johnson Inc. if you have any questions relating to your MEDOC coverage and we will be pleased to assist you.

Toll free: **1.866.606.3362**

Email: **travelinsurance@johnson.ca**

Mailing Address:
MEDOC® TRAVEL INSURANCE
Johnson Inc.
10 Factory Lane
St. John's, NL A1C 6H5

IN THE EVENT OF A MEDICAL EMERGENCY

You must contact the MEDOC Claims Assistance Centre directly when a medical emergency arises, at their 24-hour Emergency Helpline before seeking medical treatment. However, if you are unable to do so, because you are medically incapacitated, someone else must call on your behalf as soon as is reasonably possible. If you (or someone else on your behalf) do not call when the emergency occurs, Eligible Expenses will be reimbursed at 70% of reasonable and customary costs. The MEDOC Claims Assistance Centre will direct you to the nearest appropriate medical facility. The MEDOC Claims Assistance Centre will pay hospitals and other medical providers directly, wherever possible, except when you choose to pay the expenses or when the medical care provider refuses to accept payment directly from the MEDOC Claims Assistance Centre.



Administered by Johnson Inc.
Underwritten by SSQ Insurance Company Inc.

Jean-François Chalifoux
Chief Executive Officer

Éric Trudel
Senior Vice-President
Strategy and Product Management

In witness whereof, SSQ Insurance Company Inc. has caused this Policy to be signed by its Chief Executive Officer and Senior Vice-President; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.

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