



Insurance

Distribution Guide for Quebec residents only

Name of the insurance product

Travel Insurance

Type of insurance product

Individual travel insurance

Name and address of the Insurer

RBC Insurance Company of Canada and Aviva General Insurance Company

P.O. Box 97, Station A Mississauga (Ontario) L5A 2Y9

Quebec regional office
C.P. 11472, Succursale Centre-ville
Montreal (Quebec) H3C 5N2

Telephone: 1-800-387-4357

Fax: 1-866-748-2588

Name and address of the distributor:

RBC Insurance Company of Canada and RBC General Insurance Company

P.O. Box 97, Station A Mississauga (Ontario) L5A 2Y9

Quebec regional office

C.P. 11472, Succursale Centre-ville

Montreal (Quebec) H3C 5N2

Telephone: 1-800-387-4357 Fax: 1-866-7488-2588

Or

If the distributor is a Canadian representative instruction was given for the distributor to indicate below his information including his name (in bold fonts), address, telephone and fax number.

L'Autorité des marchés financiers does not express an opinion on the quality of the products offered in this guide. The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

Table of Contents

DEFINITIONS	1
INTRODUCTION	8
I. DESCRIPTION OF PRODUCTS OFFERED	9
Nature of coverages	9
■ Emergency Medical Insurance Coverage	10
■ Cancellation & Interruption Insurance Coverage	10
■ Flight and Travel Accident Insurance Coverage	10
■ Baggage & Personal Effects Insurance Coverage	11
Summary of Specific Features	11
■ Persons Eligible for Insurance	11
■ Insurance Coverage Options	14
■ Effective Date of Insurance Coverage	16
■ Emergency Medical Insurance Coverage	17
• What must you do in a medical emergency?	17
• What are the benefits?	18
• Personal Information	23
• Exclusions, limitations or reduction in Coverage applicable to the Emergency Medical Insurance Coverage	24
■ Cancellation & Interruption Insurance Coverage	29
• Covered Summary	29
• Covered Risks	30
• What are the benefits?	35
• Cancelling a trip	39
• Change in your medical condition prior to your departure	39
• Exclusions, limitations or reduction in Coverage applicable to the Cancellation & Interruption Insurance Coverage.....	40
■ Flight and Travel Accident Insurance Coverage	45
• What risks are insured?.....	45
• What are the benefits?	46
• Multiple Accidents	46
• Presumption of death following a disappearance.....	47
• Exclusions, limitations or reduction in Coverage applicable to the Flight and Travel Accident Insurance Coverage.....	47
■ Baggage & Personal Effects Insurance Coverage	49
• What risks are insured?.....	49
• What are the benefits?	49
• Theft, burglary, robbery, malicious mischief, disappearance, loss or damage.....	50
• Coverage Extension	50
• Exclusions, limitations or reduction in Coverage applicable to the Baggage & Personal Effects Insurance Coverage	51

Table of Contents (continued)

■ Package Coverages	53
• Maximum Sums Payable	53
■ Package Upgrade	54
■ Assistance Services	56
■ Automatic Coverage Extension	58
• Delay of a Common Carrier	58
• Hospitalization	58
• Medical Condition	58
■ If you decide to extend your trip	59
■ Top-up Insurance Coverage	60
• Before your Effective Date	60
• After your Effective Date	61
• If you want to top-up another insurer's travel insurance	61
• If you want to top-up travel insurance included with your credit card coverage	61
Cancellation	62
■ Premium Refund	62
■ End of the Insurance Coverage	63
■ Applying for Classic Medical Multi-Trip ANNUAL Plan after the one-year Anniversary	64
II. PROOF OF LOSS OR CLAIM	64
Submission of a Claim	64
■ Emergency Medical Insurance Coverage	64
■ Other Insurance Coverages	65
■ Time Periods to Submit a Claim	66
■ Claim and Authorization Forms	66
Insurer's Reply	68
Appeal of an Insurer's Decision and Recourses	68
Third Party Liability	68
III. SIMILAR PRODUCTS	69
IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS	69
V. NOTICE OF RESCISSION OF AN INSURANCE CONTRACT	70
VI. NOTICE OF SPECIFIC CONSENT	72
VII. DIRECTIVES FOR THE CANADIAN REPRESENTATIVE	75

The terms identified in *italic* in the text are defined in the section Definitions.

DEFINITIONS

Accidental bodily injury – bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Bedside companion – a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

Business meeting – a meeting, trade show, training course, or convention, scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

Caregiver – the permanent, full-time person entrusted with the well-being of *your* dependant(s). It is necessary that their absence cannot be reasonably replaced.

Catastrophic event - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism* or series of *acts of terrorism*, occurring within a seventy-two hour period that exceed \$1,000,000.

Change in medication - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

Children – unmarried persons:

- under 21 years of age; **or**
- under 26 years of age if full-time students; **or**
- mentally or physically handicapped and over 20 years of age; and

who are *your* natural, adopted or step-children and are dependent on *you* for support.

Commercial rental agency – a car rental agency licensed under the law of its jurisdiction.

Contamination – the poisoning of people by:

- nuclear;
- chemical; **and**
- biological substances

which causes illness and/or death.

Departure point – the place *you* depart from on the first day of *your* intended travel period, as shown on *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

Dismemberment – actual severance through or above *your* wrist or ankle joint.

Effective date – (SINGLE TRIP Plan)

- a) for all *emergency* medical coverages, Travel Accident coverages and Baggage & Personal Effects coverages: the date on which *you* are scheduled to leave *your departure point*. Under all coverages, *your effective date* is shown on *your insurance application/confirmation of coverage*. For TravelCare® Gold, Silver and Bronze package coverages, this date cannot be more than 365 days from the date of *your insurance application/confirmation of coverage*.
- b) for Cancellation & Interruption coverages: the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*. *your insurance application/confirmation of coverage*.
- c) for Flight Accident coverages: the date and time shown on *your* transportation ticket.
- d) for *Top-up* coverage:
 - 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
 - if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through d) above, based on the coverage *you* purchase as *top-up*.

Effective date – (Multi-Trip ANNUAL Plan)

- a) for *Emergency* Medical coverage, Travel Accident coverage and Baggage & Personal Effects coverage: subsequent to *your start-up date*, the date on which *you* are scheduled to leave *your departure point*.
- b) for Cancellation & Interruption coverage: if *your* pre-paid travel arrangements are purchased before *your start-up date*, the *effective date* is the date *your* Multi-Trip annual plan is purchased. If *your* pre-paid travel arrangements are purchased after *your start-up date*, *your effective date* is the date and time *you* purchased *your* prepaid travel arrangements, and before any cancellation penalties are in effect.
- c) for Flight Accident coverage: subsequent to *your start-up date*, the date and time shown on *your* transportation ticket.
- d) for *Top-up* coverage:
 - 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
 - if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through c) above, based on the coverage *you* purchase as *top-up* (not applicable if Multi-Trip Annual plan is purchased as *top-up* to *your* travel insurance included with *your* credit card coverage.)

Emergency – any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country.

Emergency treatment – medical treatment or surgery for an *emergency* that is required for:

- the immediate relief of an acute symptom,
- upon the advice of a licensed *physician*

that cannot be delayed until *you* return to *your* home country, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your* home country.

The treatment or surgery must be:

- ordered by or received from a licensed *physician* during *your trip*;
- received in a *hospital* during *your trip*;
- received from a licensed physiotherapist, chiropractor, chiropractist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

Expiry date – the date on which *your* coverage ends under this Insurance, as shown on *your insurance application/confirmation of coverage*.

Family coverage – the coverage that *you* and *your children* have when a *family coverage* option is available and the required premium has been paid. The *family coverage* option is available under *our* Classic Medical ,Classic Multi-Trip ANNUAL Medical coverage and the 4-Day Getaway Multi-Trip Annual Medical Plan.

Government health insurance plan – the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital – an establishment that is licensed as an accredited *hospital*:

- is operated for the care and treatment of in-patients;
- has a Registered Nurse always on duty; **and**
- has a laboratory and an operating room on the premises or in facilities controlled by the establishment.

Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate family – *spouse*, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew, the legal guardian or legal ward of the insured or the person for whom the insured is the legal guardian or legal ward.

Infant – a person who:

- was born before *your effective date*;
- is under 2 years of age;
- is *your immediate family* member; **and**
- travels with *you* during *your trip*.

Insurance application/confirmation of coverage – the printed form, computer printout, invoice or document provided by *your* Canadian representative or through *your* online application, which confirms the insurance coverage *you* have purchased.

The insurance application/confirmation of coverage forms part of the insurance contract.

Key employee – an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Loss of sight – entire and permanent loss of eyesight.

Medical condition –

- *accidental bodily injury* or sickness; **or**
- a condition related to that *accidental bodily injury* or sickness.

This condition includes:

- disease,
- acute psychoses; **and**
- complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medical questionnaire – the form that contains questions that must be answered correctly at the time of *insurance application/confirmation of coverage*. This form, once completed and signed, forms part of the insurance contract.

Your medical condition at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*.

You must complete the *medical questionnaire* if *you* are applying for:

- any TravelCare Gold, Silver or Bronze coverages, unless otherwise stated; **or**
- any coverage that includes Cancellation & Interruption, when the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000; **or**
- Classic Medical, or TravelCare Gold Medical if *your trip* exceeds 183 days.

Mental or emotional disorders - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

Mountain climbing – the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

Network – the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

Passenger plane – a certified multi-engine transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports. The *passenger plane* must hold a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and must be operated by a certified pilot.

Period of insurance - the period of time between *your effective date* and *your return date*.

Physician – someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided.
A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drug – drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist.

Prescription drug does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

Professional – engaged in a specified activity as *your* main paid occupation.

Return date –Single-Trip Plan

- a) for all coverages other than Flight Accident:
the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your insurance application/confirmation of coverage*.
- b) under Flight Accident:
the *return date* and time shown on *your* transportation ticket.
- c) If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

Return date – Multi-Trip ANNUAL Plan

- a) under Multi-Trip ANNUAL Plan coverages 11:59 p.m. on the last day of *your* purchased option (4, 9, 16, 30 or 60 day option);
- b) under Flight Accident:
the return date and time shown on *your* transportation ticket. *Your trip* must be within *your* purchased option (4, 9, 16, 30, 60 day option)
- c) If *you* purchase *top-up* coverage *your return date* is 11:59 p.m. on the last day of *your* extended coverage. (Note: if *you* purchase *your* Multi-Trip Annual Plan as *top-up* to *your* travel insurance included with *your* credit card coverage the during of the *top-up* coverage cannot exceed *your* purchased option.)

Schedule change –

- the later departure of an airline carrier causing *you* to miss *your* next connecting flight via a different airline carrier (or connecting cruise ship, ferry, bus, or train); **or**
- the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via a different airline carrier (or connecting cruise ship, ferry, bus, or train).

Schedule change does not mean a change resulting from a supplier default, strike or a labour disruption.

Spouse – the person who:

- is legally married to *you*; **or**
- has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

Stable – any *medical condition* or related condition, including any heart condition or any lung condition, (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; **and**
- no change in treatment, change in medical management, *change in medication*; **and**
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; **and**
- no new test results or test results showing a deterioration; **and**
- no investigations or future investigations initiated or recommended for *your* symptoms; **and**
- no hospitalization or referral to a specialist (made or recommended).

Start-up date – under **any Multi-Trip ANNUAL Coverage**

- if *you* are purchasing a Package Multi-Trip ANNUAL Plan, for Cancellation insurance coverage, the date *you* purchase *your* Multi-Trip ANNUAL coverage insurance, as stated on *your insurance application/confirmation of coverage*.
- for *Emergency Medical, Trip Interruption, Baggage & Personal Effects, Flight and Travel Accident* insurance coverage, the date of *your insurance application/confirmation of coverage*; or the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your insurance application/confirmation of coverage*. This date cannot be more than 180 days from the date of *your insurance application/confirmation of coverage*. If *you* are purchasing TravelCareGold, Silver or Bronze Coverage, this date cannot be more the 120 days from the date of *your insurance application/confirmation of coverage*.

- coverage for each subsequent *trip* starts each date *you* leave *your* province or territory of residence and is based on *your* purchased option: 4 consecutive days under the 4-Day option, 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option (while *you* travel outside of Canada)

Terrorism or act of terrorism – an act, including but not limited to:

- the use of force or violence;
- the threat of the use of force or violence;
- hijacking; **or**
- kidnapping;

of an individual or group in order to intimidate or terrorize any:

- government;
- group;
- association; **or**
- the general public,

for

- religious;
- political; **or**
- ideological reasons or ends.

The *act of terrorism* does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Top-up – the coverage *you* purchase from *us*:

- to add to *your* insurance beyond the duration covered under *your* Multi-Trip ANNUAL Coverage; **or**
- the Multi-Trip Annual Plan coverage *you* purchase from *us* is to compliment travel insurance included with your credit card coverage that is in effect for the initial portion of *your trip* duration and value.
- before *your* date of departure from *your departure point*, to complement coverage that is in effect through another program or policy of insurance for a portion of *your trip* duration or value. Applicable to Classic Medical or TravelCare Medical Single trip coverage.

Travelling companion – the person who is sharing travel arrangements with *you*, to a maximum of three persons.

Trip – the period of time between leaving *your departure point* up to and including *your return date*.

Unannounced Strike - means any sudden or spontaneous work stoppage (whether or not organized or sanctioned by a labour union) which:

- a) is not announced in any media, and
- b) causes the delay of *your* departure and/or arrival of a common carrier (such as a passenger plane, ferry, cruise ship, bus, limousine, taxi or train).

Vehicle – a private passenger automobile, motorcycle, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*

“We”, “Us”, “Our” and “RBC Insurance” refer to:

- **RBC Insurance Company of Canada for:**

- *Emergency* Medical expenses, incurred by eligible enrolled persons while outside *your* Canadian province or territory of residence.
- Cancellation & Interruption expenses.
- Flight & Travel Accident expenses.
- Baggage & Personal Effects expenses in all territories and provinces in Canada except Quebec.

- **Aviva General Insurance Company for:**

- Baggage & Personal Effects expenses in Quebec.

“You”, “yourself” and “your” refer to:

the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.

INTRODUCTION

This Distribution Guide describes the features and benefits offered by the insurance product Travel Insurance, which is distributed by *your* Canadian representative. This Distribution Guide describes the coverages in a clear and simple language, to help *you* make an informed decision when it comes to selecting the most appropriate coverage, without the presence of an insurance advisor.

The Insurance Coverages can be purchased individually or in a package.

For any additional information on the Coverages, Exclusions and other general disposition of the Insurance, please refer to the RBC Insurance® policy. *You* can obtain a copy of the policy from *your* Canadian representative or online using the following link:
www.rbcinsurance.com.

Name and address of the distributor:

RBC Insurance Company of Canada
P.O. Box 97, Station A Mississauga (Ontario) L5A 2Y9
Quebec regional office
C.P. 11472, Succursale Centre-ville
Montreal, QC H3C 5N2
Telephone: 1-800-387-4357
Fax: 1-866-748-2588
Website: www.rbcinsurance.com

I. DESCRIPTION OF PRODUCTS OFFERED

Nature of Coverages

The RBC Insurance coverages available are the following:

- *Emergency* Medical Insurance Coverage (SINGLE TRIP and Multi-Trip ANNUAL options);
- Cancellation & Interruption Insurance Coverage (SINGLE TRIP option);
- Flight and Travel Accident Insurance Coverage; **and**
- Baggage & Personal Effects Insurance Coverage;

These Coverages can be purchased individually or in a package.

The package Coverages available are:

- Deluxe Package (SINGLE TRIP and Multi-Trip ANNUAL options);
- TravelCare Package (SINGLE TRIP and Multi-Trip ANNUAL options);
- Travel Within Canada Package (SINGLE TRIP option);
- Non-Medical Package (SINGLE TRIP option).

The table below indicates the coverages included in each individual or package coverages:

	<i>Emergency Medical</i> Page 17	Cancellation & Interruption Page 29	Flight Accident Page 45	Travel Accident Page 45	Baggage & Personal Effects Page 49
Classic Medical/ The 4-Day Getaway	✓				
Cancellation & Interruption		✓			
Deluxe Package	✓	✓	✓	✓	✓
TravelCare Package	✓	✓	✓	✓	✓
Travel Within Canada Package	✓	✓	✓	✓	✓
Non-Medical Package		✓	✓	✓	✓

The reimbursable amounts can vary depending on the package *you* chose or if *you* chose individual insurance. For more information, please refer to the section “Package Coverages” in this guide or to the section regarding each insurance included in the package.

The payments, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*.

The interest is not covered by this Insurance if the payment of claim is delayed.
The following section describes each coverage available.

■ **Emergency Medical Insurance Coverage**

The *Emergency Medical Insurance Coverage* covers the reasonable and customary medical expenses *you* incur for necessary medical care or surgery. The *emergency* must arise after *you* have left *your departure point*. The medical care or surgery must be necessary as part of the *emergency treatment* arising from a *medical condition*.

The Insurance **only covers expenses in excess** of those covered under:

- *your government health insurance plan*; **and**
- by any other insurance or benefit plan under which *you* are covered.

Many types of *Emergency Medical Insurance Coverages* are available based on *your age*, *your medical condition* and the length of *your trip*:

- The 4-Day Getaway Multi-Trip Annual Medical coverage;
- Classic Medical (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Gold (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Silver (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Bronze (SINGLE TRIP and Multi-Trip ANNUAL options) coverages.

To find out which type of *Emergency Medical Insurance Coverage* applies to *your* situation, please refer to the section “Summary of Specific Features – *Emergency Medical Insurance Coverage*” of this guide.

■ **Cancellation & Interruption Insurance Coverage**

This coverage reimburses certain covered expenses if *you* must:

- cancel;
- interrupt; **or**
- delay

your trip due to one of the events listed in the section “Summary of Specific Features – Cancellation & Interruption Insurance Coverage” of this guide.

■ **Flight and Travel Accident Insurance Coverage**

This coverage pays a certain amount if *you* are victim of an *accidental bodily injury*, which causes:

- the *dismemberment*;
- the *loss of sight*;
- the complete and irrecoverable loss of hearing;
- the complete and irrecoverable loss of speech; **or**
- death.

■ Baggage & Personal Effects Insurance Coverage

This coverage covers:

- the loss of *your* baggage; **or**
- the damage to *your* baggage and personal effects that *you* use during *your trip*.

Summary of Specific Features

■ Persons Eligible for Insurance

It is valid only if the following conditions are met.

In this guide, *your age* refers to *your age* at the date *you* are named on *your* completed *insurance application/confirmation of coverage*.

For **all coverages**, *you* are eligible if:

- *you* are a Canadian resident (applicable to *Emergency Medical Insurance* coverage);
- *you* purchase coverage through a Canadian representative appointed by RBC Insurance Company of Canada;
- *you* purchase coverage for the full duration of *your trip* (if *you* are purchasing a Package Coverage, or Baggage & Personal Effects Insurance); **and**
- *you* are covered under *your government health insurance plan* for the full duration of *your trip* (if *you* are purchasing a Package Coverage or an *Emergency Medical Coverage*).

In addition, for **all Packages and for the Cancellation & Interruption Insurance Coverage**, *you* are eligible if:

- *you* have completed the *medical questionnaire* if **the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000**.

Package Coverages:

a) **Deluxe Package**, *you must* be:

- under 75 years of age.

In addition to the SINGLE TRIP Coverage option, **Deluxe Multi-Trip ANNUAL PACKAGE** options are available as outlined under “Multi-Trip ANNUAL PACKAGE Coverage” under the “Insurance Coverage Options” section.

b) **TravelCare Package (TravelCare - Gold Package TravelCare - Silver Package and TravelCare - Bronze Package)**, *you must* be:

- travelling for a maximum of 60 days and *you* are:
 - 75 years of age or older and have correctly completed the *medical questionnaire*; **or**
 - 75 years of age or older and under 85 years of age, *you* have chosen not to complete the *medical questionnaire* and purchased TravelCare - Bronze Package.

In addition to the SINGLE TRIP Coverage option **TravelCare - Gold ANNUAL PACKAGE, TravelCare - Silver ANNUAL PACKAGE and TravelCare - Bronze ANNUAL PACKAGE** options are available as outlined under “Multi-Trip ANNUAL PACKAGE Coverage” under the “Insurance Coverage Options” section.

c) **Travel Within Canada Package**, *you must* be:

- travelling within Canada (for the entire duration of *your* trip), or if travelling within *your* province or territory of residence, *your trip* must be more than 500 km by car or 100 km by air, train or bus, from *your* home.
- purchase coverage for a maximum of 365 days.

d) **Non-Medical Package, and Cancellation & Interruption**

- purchase coverage for a maximum of 365 days.
- be living in Canada, travelling through Canada or visiting Canada during *your trip*;

Emergency Medical Coverages:

e) **Classic Medical**, *you must*:

- purchase *your* coverage before *your effective date*; **and**
- at the time the coverage is purchased, be under 60 years of age.

In addition to the SINGLE TRIP Coverage option, **Classic Multi-Trip ANNUAL MEDICAL** options are available as outlined under “Multi-Trip ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 14

f) **The 4-Day Getaway Multi-Trip Annual Medical**, *you must*:

- purchase *your* coverage before *your effective date*; **and**
- at the time the coverage is purchased, be under 75 years of age.

g) **TravelCare – Gold Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Gold Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 14

h) **TravelCare – Silver Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Silver Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 14

i) **TravelCare – Bronze Medical**, you must:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Bronze Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 14.

Other Coverages:

- j) **Cancellation & Interruption Insurance**, you must purchase *your* coverage before *your effective date*.
- k) **Flight Accident Insurance**, you must purchase *your* coverage before *your effective date*.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Your insurance coverage is void if you fail to meet the eligibility conditions as outlined in this section. Our liability is limited to a refund of the premium paid.

■ Insurance Coverage Options

1. SINGLE TRIP Coverage

The SINGLE TRIP Coverage option is available under all of *our* coverages, as defined in paragraphs a) **through l)** under “Persons Eligible for Insurance”.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Coverage is limited to an eligible person who is travelling for a maximum of 183 days, unless otherwise stated.

Under *Emergency* Medical Coverage, if *you* are travelling for more than 183 days and to a maximum of 365 days, *you* may purchase the SINGLE TRIP Coverage, or *top-up your* Multi-Trip ANNUAL MEDICAL Coverage, provided that *you* are covered under *your government health insurance plan* for the full duration of *your trip* and *you* are:

- under 40 years of age; **or**
- 40 years of age or older and under 75 years of age, *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire*, it is determined that *you* are eligible to purchase coverage for *trips* beyond 183 days.

2. Multi-Trip ANNUAL PACKAGE Coverage

The Multi-Trip ANNUAL Package Coverage option is available under any of the following coverages, as defined in paragraphs a) and b) under “Persons Eligible for Insurance”, if *you* are:

- under 65 years of age and purchased Deluxe ANNUAL PACKAGE Coverage; **or**
- 65 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare - Gold Multi-Trip ANNUAL PACKAGE, TravelCare -Silver Multi-Trip ANNUAL PACKAGE, or TravelCare - Bronze Multi-Trip ANNUAL PACKAGE.

Coverage is limited to an eligible person who is travelling for any number of *trips* for a maximum of:

- 9 consecutive days if *you* have purchased the 9-Day option; **or**
- 16 consecutive days if *you* have purchased the 16-Day option; **or**
- 30 consecutive days if *you* have purchased the 30-Day option (available only to persons under 80 years of age).

The consecutive days include *your* date of departure from, and *return date to, your departure point*. If *you* are travelling for more than:

- 9 consecutive days under the 9-Day option, **or**
- 16 consecutive days under the 16-Day option, **or**
- 30 consecutive days under the 30-Day option,

you must *top-up* this coverage as outlined under “What if *you* want to *top-up your* coverage?” in the policy booklet.

CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE

If you do not top-up this coverage for a trip that is longer than your 9-Day, 16-Day or 30- Day option, you will not have coverage for any claim incurred outside of your period of insurance during that trip.

3. Multi-Trip ANNUAL MEDICAL Coverage

The Multi-Trip ANNUAL Medical Coverage option is available under any of the following coverages, as defined in **paragraphs e) through j)** above, under “Persons Eligible for Insurance”, if *you* are:

- under 65 years of age and purchased Classic Multi-Trip ANNUAL MEDICAL; **or**
- under 75 years of age and purchased the 4-Day Multi-Trip ANNUAL MEDICAL; **or**
- 65 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare – Gold Multi-Trip ANNUAL MEDICAL, , TravelCare -Silver Multi-Trip ANNUAL MEDICAL, or TravelCare – Bronze Multi-Trip ANNUAL MEDICAL.

While you travel outside Canada

Coverage is limited to an eligible person who is travelling outside of Canada for any number of trips for a maximum of:

- 4 consecutive days outside of Canada if *you* have purchased the 4-Day option; **or**
- 9 consecutive days outside of Canada if *you* have purchased the 9-Day option; **or**
- 16 consecutive days outside of Canada if *you* have purchased the 16-Day option; **or**
- 30 consecutive days outside of Canada if *you* have purchased the 30-Day option (available to persons under 80 years of age only); **or**
- 60 consecutive days outside of Canada if *you* have purchased the 60-Day option (available to persons under 80 years of age only).

In addition, if *you* are covered under the Multi-Trip ANNUAL Coverage, the consecutive days for travel outside of Canada include *your* date of departure from Canada and the date *you* return to Canada. If *you* are travelling for more than:

- 4 consecutive days under the 4-Day option; **or**
- 9 consecutive days under the 9-Day option, **or**
- 16 consecutive days under the 16-Day option, **or**
- 30 consecutive days under the 30-Day option, **or**
- 60 consecutive days under the 60-Day option,

you must top-up this coverage as outlined under “What if *you* want to top-up your coverage?” in the policy booklet.

CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE

If you do not top-up this coverage for a trip that is longer than your 4-Day, 9-Day, 16-Day or 30- Day option, you will not have coverage for any claim incurred outside of your period of insurance during that trip.

While you travel within Canada

Coverage is limited to an eligible person and provides coverage for unlimited travel while travelling within Canada but outside *your* province or territory of residence.

■ **Effective Date of Insurance Coverage**

The *effective date* of *your* coverage varies depending on the type of coverage, as described below:

a) **Emergency Medical Insurance Coverage, Travel Accident Insurance Coverage and Baggage & Personal Effects Insurance Coverage**

Your effective date is the date on which *you* are scheduled to leave *your departure point*. Under all coverages except any Multi-Trip ANNUAL Coverage, *your effective date* is shown on *your insurance application/confirmation of coverage*.

In the case of TravelCare Gold, Silver and Bronze coverages, or *your start-up date* for any Multi-Trip ANNUAL Coverage, this date cannot be more than 120 days from the date of *your insurance application/confirmation of coverage*.

b) **Cancellation & Interruption Insurance Coverage:**

Your effective date under all SINGLE TRIP Coverages is the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*.

Your effective date under all Multi-Trip ANNUAL Package Coverages is subsequent to *your start-up date* and is the date and time *you* purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect.

c) **Flight Accident Insurance Coverage:**

Your effective date is the date and time shown on *your* transportation ticket.

Your effective date under all Multi-Trip ANNUAL Package Coverages is subsequent to *your start-up date* and is the date and time shown on *your* transportation ticket.

d) **Top-up Insurance Coverage:**

Your effective date is:

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; **or**
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through c) above, based on the coverage *you* purchase as *top-up*.

The following sections describe in detail the coverages available.

Emergency Medical Insurance Coverage

The *Emergency Medical Insurance Coverage* applies if *you* have purchased one of the following coverages:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare - Gold Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverages.
- Classic Medical coverages;
- TravelCare - Gold Medical coverages;
- TravelCare - Silver Medical coverages;
- TravelCare - Bronze Medical coverages;
- The 4 Day Getaway Annual Medical

An *infant* is covered under *our* **Classic Medical Coverage and the 4-Day Getaway Multi-Trip Annual Medical Coverage**, and *we* will not charge a premium for his/her coverage if he/she is travelling with an *immediate family* member covered under **Deluxe Package, TravelCare Package, or Travel Within Canada Package**.

What must *you* do in a medical emergency?

You must contact Assured Assistance Inc. if you require medical treatment during your trip, or for any other emergency, before seeking emergency treatment, at one of the following numbers:

Toll-free call from the USA or Canada 1-800-387-2487
Collect call from anywhere through a local operator:..... 905-816-2561
Toll-free fax from the USA or Canada..... 1-888-298-6340
Fax 905-813-4719

If *your medical condition* prevents *you* from calling Assured Assistance Inc. before receiving *emergency treatment*, *you* must contact Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital*, personnel member from the doctor's office, etc.) may call on *your* behalf.

All surgery and heart procedures must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*.

Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this Insurance directly to *us* instead of billing *you*.

If *you* do not call Assured Assistance Inc., benefits could be reduced.

What are the benefits?

This Insurance covers the reasonable and customary medical expenses *you* incur once *you* have left *your departure point*. The medical care or surgery must be necessary, as part of the *emergency treatment* arising from a *medical condition*. This Insurance only covers expenses in excess of those covered under:

- *your government health insurance plan*; **and**
- any other insurance or benefit plan under which *you* are covered.

The items a) to q) below explain what expenses are covered and under which circumstances.

a) Unlimited Emergency Medical Expenses

This Insurance covers certain expenses when:

- they are **necessary** as part of an *emergency treatment*; **and**
- they are ordered by a licensed *physician* during *your trip*.

Covered expenses are the following:

- *emergency treatment*, other than dental treatment;
- the services of a licensed private duty nurse while *you* are hospitalized;
- the lesser of the rental or purchase of a hospital-like bed, a wheelchair, braces, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by Assured Assistance Inc.; **and**
- *prescription drugs*.

b) Hospital allowance

This Insurance covers *your* reimbursement up to \$50 per day to a maximum of \$500, for *your* incidental *hospital* expenses (telephone calls, television rental), while *you* are hospitalized for at least 48 hours.

c) Other emergency services

This Insurance covers expenses for *emergency treatment* given by a licensed:

- physiotherapist;
- chiropractor;
- chiropodist;
- podiatrist; **or**
- osteopath

to a maximum of **\$300 per profession**.

d) Ground Ambulance

This Insurance covers *you* for local ground ambulance to:

- a *hospital*;
- a *physician's* office; **or**
- a medical service provider

in an *emergency*.

We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

e) Repatriation of *your* remains

If, during *your trip*, *you* die from a *medical condition* covered under this Insurance, the Insurance covers the expenses for one the following:

- the transportation of *your* remains to *your* province or territory of residence; **and**
- the preparation of *your* remains and the standard transportation container up to a maximum of \$5,000;

OR

- the transportation of *your* remains to *your* province or territory of residence; **and**
- the cremation of *your* remains at the location where *your* death occurred, **up to a maximum of \$5,000;**

OR

- the preparation of *your* remains and the cost of a standard burial container up to a **maximum of \$5,000; and**
- the burial of *your* remains at the location where *your* death occurred **up to a maximum of \$5,000.**

If someone is legally required to identify *your* remains, this Insurance covers:

- the cost of a return economy air fare on a commercial flight via the most cost effective route; **and**
- commercial accommodations and meals for that person, **up to a maximum of \$500.**

That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, **up to a maximum of 3 business days.**

f) Emergency Medical Evacuation/Return to *your* province or territory of residence

This Insurance covers certain expenses if:

- the *physician* treating *you* recommends to us in writing that *you* return to *your* province or territory of residence because of *your medical condition* in order to receive *emergency* medical attention, **or**
- the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* province or territory of residence following *your emergency treatment*.

This Insurance covers these expenses **only** when:

- these expenses are pre-authorized by Assured Assistance Inc. **before** they are incurred; **and**
- these expenses are arranged by Assured Assistance Inc., when medically necessary.

The expenses incurred in **one of the following situations** are covered:

- the extra cost of an upgraded airline seat on a commercial flight via the most cost effective route to *your* province or territory of residence to receive immediate *emergency* medical attention;

OR

- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if a stretcher is medically necessary;

OR

- the cost of an upgraded airline seat on a commercial flight for a qualified medical attendant; or the usual fees and expenses required by such an attendant.
- the presence of the attendant must be **medically necessary** or **required by the airline**.

OR

- the cost of air ambulance transportation if it is medically essential.

g) Return to *your trip* destination (not applicable for the 4-Day Getaway)

- This Insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your medical condition*. *Your trip* to return to *your* scheduled *trip* destination, must occur during *your period of insurance* originally provided by this benefit.
- This benefit is subject to the pre-authorization of Assured Assistance Inc.
- This benefit can only be used once during *your trip*.
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

h) Subsistence allowance

This Insurance covers *your* reimbursement for certain essential expenses if, upon *physician's* advice:

- *you*, or *your travelling companion*, are relocated to receive medical attention; **or**
- *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment* for an *emergency medical condition* covered under this Insurance.

The expenses covered are the following:

- *your* commercial accommodations and meals;
- essential telephone calls;
- internet usage fees; **and**
- taxi fares (or car rental in lieu of taxi fares).

The covered expenses are reimbursed **up to a maximum amount as indicated in the following table:**

	Amount per day	Total Amount
Deluxe Package TravelCare Package Travel Within Canada Package	\$350/day	\$3,500
Any other <i>Emergency Medical Insurance Coverage</i>	\$175/day	\$1,750

This benefit is subject to the pre-authorization of Assured Assistance Inc.

i) Bedside companion's travel to your bedside

If:

- *you* are travelling alone;
- *you* are hospitalized (for more than 24 hours) during *your trip*; **and**
- a *bedside companion* is required;

this Insurance covers:

- the cost of a return economy air fare for *your bedside companion* on a commercial flight via the most cost effective route;
- the cost of commercial accommodations and meals for *your bedside companion* **up to a maximum of \$500; and**
- *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

If:

- *you* are **under age 21 and dependant on your bedside companion for support; or**
- *you* are **over age 20 and physically or mentally handicapped**

this Insurance provides this benefit to *you* **as soon as you are admitted to a hospital.**

This benefit is subject to the pre-authorization of Assured Assistance Inc.

j) Emergency dental treatment

This Insurance covers certain dental expenses when:

- they are required as part of an *emergency treatment*;
- they are ordered by or received from a licensed dentist.

If *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an **accidental blow to *your* face**, *you* are covered for:

- the *emergency* dental expenses *you* incur during *your trip*; **and**
- **up to a maximum of \$1,500** to continue necessary treatment after *your* return to Canada. However, this treatment must be completed **within 180 days** after the accident.

If *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, **up to a maximum of \$300, and** the complete cost of *prescription drugs*.

k) Return of vehicle

This Insurance covers the reasonable costs for a commercial agency to return the *vehicle*:

- to *your* residence; **or**
- to a *commercial rental agency*

if, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin.

This benefit is subject to the pre-authorization of Assured Assistance Inc.

l) Return of children and escort for children to their province or territory of residence

This Insurance covers certain expenses relating to *children* covered under one of our *Emergency Medical Insurance Coverages*, if *children*;

- travel with *you*; **or**
- join *you* during *your trip*.

You must:

- be hospitalized for **more than 24 hours**; **or**
- *you* must return to Canada

because of *your emergency medical condition* covered under this Insurance.

This Insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their province or territory of residence; **and**
- the cost of a return economy air fare on a commercial flight via the most cost effective route for an escort, if the airline requires that the *children* be escorted.

m) Return of travelling companion

- If *you* are travelling with a *travelling companion*, this Insurance covers one *travelling companion* for the extra cost of a one-way economy air fare via the most cost effective route to *your* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this Insurance. This air fare must be on a commercial flight.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

n) Return of your dog or cat

- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this Insurance, this Insurance covers the cost of one-way transportation **up to a maximum of \$500**, to return *your* domestic dog(s) or cat(s) to *your* province or territory of residence.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

o) Return of your excess baggage

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, this Insurance covers the cost to return *your* excess baggage **up to a maximum of \$500**.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

p) Domestic Services

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, and *your medical condition* restricts *your* ability to perform domestic services, this insurance covers the cost of reasonable domestic services provided by a registered domestic service business up to a maximum of \$250. Benefit must be used within 30 days of *your* return to *your* province or territory of residence. Note: this benefit is applicable to *your* primary residence.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

q) Physician visit to replace lost, stolen or damaged prescription medication

- If *your* prescription medication (needed to stabilize *your medical condition*), is lost, stolen or damaged during *your trip*, and the medication is required for the balance of *your trip*, this insurance covers the cost of one visit to a *physician* to obtain a written prescription in order for *your* medication to be dispensed by a licensed pharmacist during *your trip*. Note: this benefit is only covered if the prescription medication requiring a written prescription must be dispensed during *your trip* and cannot be delayed until *your* return to *your* province or territory of residence.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

Personal Information

By paying the premium for this Insurance, *you* agree that *we* and Assured Assistance Inc. have *your* authorization:

- to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- for *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including:
 - *your* medical history,
 - diagnoses,
 - test results;
- to the disclosure of the information above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy extension or term or condition, we have the right to collect from *you* any amount in which we have paid on *your* behalf to medical providers or other parties.

**Exclusions, limitations or reduction in Coverage applicable to the
Emergency Medical Insurance Coverage**

CAUTION

a) Exclusions related to a Pre-Existing Medical Condition:

This Insurance does not cover any expenses incurred directly or indirectly as a result of certain pre-existing conditions. This exclusion varies according to the type of insurance *you* have chosen. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.

If you are covered under:	If you are under age 60	If you are age 60 or older and under age 75	If you are age 75 or older
The 4 Day Getaway Medical coverage	Exclusion 1	Exclusion 2	Coverage Unavailable
If you are covered under:	If you are under age 65	If you are age 65 or older and under age 75	If you are age 75 or older
Deluxe Package coverages	Exclusion 1	Exclusion 1	Coverage Unavailable
Travel Within Canada			Exclusion 1
Classic Medical coverages	Coverage Unavailable		
TravelCare - Gold coverages *	Coverage Unavailable	Exclusion 1	
TravelCare - Silver coverages *		Exclusion 2	
TravelCare - Bronze coverages*		Exclusion 3	
Deluxe Multi-Trip ANNUAL Package	Exclusion 1	Coverage Unavailable	

* Please note that under all TravelCare Package coverages, the SINGLE TRIP option is available for ages 75 and older.

Exclusion 1:

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- ***your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;**
- ***you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;**
- ***you* have been treated with or prescribed home oxygen(on a regular basis or on an as needed basis); or**
- **treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition at any time in the 90 days before *you* depart for *your trip*.**

CAUTION (continued)

Exclusion 2:

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis); **or**
- treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition

at any time in the 180 days before *you* depart for *your trip*.

Exclusion 3:

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis); **or**
- treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition

at any time in the 365 days before *you* depart for *your trip*.

- b) **You will be responsible for 30% of *your* medical expenses covered under this Insurance and in excess of *your* medical expenses paid by *your* government health insurance plan if:**

- *you* do not contact Assured Assistance Inc. at the time of *your* medical emergency, **or**
- *you* choose to receive treatment from a medical service provider outside the network.

If *your* medical condition prevents *you* from calling Assured Assistance Inc. before seeking emergency treatment, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, hospital or physician's office staff, etc.) may call on *your* behalf.

- c) This Insurance is subject to a maximum of **\$20,000** if *you* do not have valid government health insurance plan coverage at the time of claim.
- d) This insurance does not cover expenses incurred within *your* home province or territory of residence.

CAUTION (continued)

e) Terrorism:

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise lines;
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

Benefits payable will be paid only after *you* have exhausted all such other sources.

f) General exclusions:

In addition to the exclusions a) to d) outlined above, this Insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- any *medical condition* if any answer provided in *your medical questionnaire* is incorrect. In this case, the policy is void and the premium paid is refundable at *our* option;
- the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your home country* and *you* chose not to return;
- the treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your home country* and *you* chose not to return;
- *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
- *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act;
- any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
- any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*;
- any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*;
- *your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;

CAUTION (continued)

- *your mental or emotional disorders;*
- *any treatment that is not emergency treatment; and/or any medical condition arising from or in any way related to treatment that is not emergency treatment*
- *your participation as a professional athlete in a sporting event, including training or practice for the same;*
- *your participation in rock climbing or mountain climbing;*
- *your participation in a motorized race or motorized speed contest including training or practice for the same;*
- *any medical condition, complication, emergency treatment, or expense incurred during your trip, if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;*
- *a medical condition for which future investigation or treatment (except routine monitoring) is planned before your effective date;*
- *a medical condition for which it was reasonable to expect treatment or hospitalization during your trip;*
- *routine pre-natal care or a child born during your trip;*
- *in the 9 weeks before or after the expected date of delivery, or complications of pregnancy and/or childbirth;*
- *symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before your effective date;*
- *treatment or surgery for a specific condition, or a related condition, which had caused your physician to advise you not to travel;*
- *Any expenses incurred, if the reason for your emergency is associated in any way with a written formal travel warning issued before your effective date, by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city during the time of your insured trip.*
- *any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.;*
- *any medical condition, if the medical advisors of Assured Assistance Inc. recommend that you return to your country of residence following your emergency treatment, and you chose not to return;*
- *war (declared or not), act of foreign enemies or rebellion;*

CAUTION (continued)

- **ionising radiation or radioactive *contamination* from:**
 - **any nuclear fuel or waste which results from the burning of nuclear fuels, or**
 - **the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;**
- **applicable to optional policy extension-any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure.**
- **applicable to *top-up* coverage-any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the *effective date* of this insurance if this insurance was purchased as *top up*.**
- **any expenses resulting from orbital space flights, sub-orbital flights space flights and space tourism**

g) If *you*:

- **are retired and *your* former employer provides *you* with an extended health insurance plan; or**
- **are actively employed and *your* current employer provides *you* with a group health insurance plan;**

***we*:**

- **will not coordinate payment with such coverage if lifetime maximum coverage is \$50,000 or less;**
- **will coordinate payment with such coverage only in excess of \$50,000 if lifetime maximum coverage is more than \$50,000.**

- h) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.**
- i) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.**
- j) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.**

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

■ Cancellation & Interruption Insurance Coverage

Certain expenses are reimbursed by this Insurance when *you* must cancel or interrupt *your trip* due to a covered risk.

The Cancellation & Interruption Insurance Coverage applies if *you* have purchased one of the following coverages:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – Gold Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package;
- Cancellation & Interruption Insurance coverage

Coverage Summary

When does coverage apply?

- **Trip Cancellation- Before Departure**, when an insured risk causes *you* to cancel *your trip* before leaving *your departure point*.
- **Trip Interruption- After Departure**, when an insured risk occurs during *your trip* which causes the delay of *your* departure from *your departure point*; or when an insured risk occurs during *your trip* which causes an early return back to *your departure point*.
- **Delayed Return – After Departure**, when an insured risk occurs during *your trip* and results in *your* being delayed beyond *your* scheduled *return date* from returning to *your departure point*.

The events for which expenses are reimbursed include:

- a medical *emergency*;
- a pregnancy or an adoption;
- a death;
- government advisory or non-issuance of a visa;
- a change in *your* employment situation;
- a delay or a *schedule change* of *your* carrier; **and**
- certain other risks as indicated in the tables found from pages 30 to 35.

The table of the following pages details each insured risk covered by this coverage. The covered benefits applicable to each risk are represented by a letter in the column corresponding to the coverage. The description of each benefit will be found at the end of the table.

Covered Risks

What are <i>you</i> eligible for?				
		<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
Medical Condition				
1	Your emergency medical condition.	A	C, D and J, or C, E and J, or C, F and J	E, L & Q
2	The admission to a <i>hospital</i> of: <ul style="list-style-type: none"> • a member of <i>your immediate family</i> who is not at <i>your destination</i>; • <i>your business partner</i>; • a <i>key employee</i>; • a <i>caregiver</i>; following an <i>emergency</i> .	A	C, E, J and HolidaySure Plan® coupon	not applicable
3	The <i>emergency medical condition</i> of: <ul style="list-style-type: none"> • a member of <i>your immediate family</i> who is not at <i>your destination</i>; • <i>your business partner</i>; • a <i>key employee</i>; • a <i>caregiver</i>. 	A	C, E and J	not applicable
4	The admission to a <i>hospital</i> of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E and J	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D and J, or C, E and J, or C, F and J	E, L Q
6	The <i>emergency medical condition</i> of: <ul style="list-style-type: none"> • <i>your travelling companion's immediate family member</i>; • <i>business partner</i>; • <i>key employee</i>; • <i>caregiver</i>. 	A or B	C, E and J	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	C, E and J	E, L & Q
Pregnancy and adoption				
8	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy.	A	C, E and J	E, L & Q

What are you eligible for?				
		<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
Pregnancy and adoption (cont'd)				
9	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family of your travelling companion</i> or <i>travelling companion's spouse</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy.	A or B	C, E and J	E, L and Q
10	<i>Your</i> or <i>your spouse's</i> pregnancy being confirmed after <i>your effective date</i> , if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being confirmed after <i>your effective date</i> , if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A	C, E and J	not applicable
13	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A or B	C, E and J	not applicable
Death				
14	<i>Your</i> death.	A	C and M, or C and N, or C and O	M, or N, or O and Q
15	Death of: <ul style="list-style-type: none"> • <i>your immediate family</i> member who is not at <i>your destination</i>; • <i>your friend</i> who is not at <i>your destination</i>; • <i>your business partner</i>; • a <i>key employee</i>; • a <i>caregiver</i>. 	A	C, E, J and HolidaySure Plan® coupon	not applicable
16	The death of <i>your travelling companion</i> .	A or B	C, E and J	E, L and Q
17	Death of: <ul style="list-style-type: none"> • <i>your travelling companion's immediate family</i> member; • business partner; • <i>key employee</i>; • <i>caregiver</i>. 	A or B	C, E and J	not applicable
18	The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E and J	not applicable
19	The death of <i>your immediate family</i> member or friend, who is at <i>your destination</i> .	A	C, E and J	E, L and Q

What are <i>you</i> eligible for?				
		<i>Trip</i> Cancellation	<i>Trip</i> Interruption	Delayed Return
Government advisories and visas				
20	A formal travel advisory issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance. The travel warning must advise Canadians not to travel to a country, region or city during a period that includes <i>your trip</i> if <i>you</i> had a ticket for this destination.	A	C, E and J, or C, F and J	not applicable
21	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
22	The non-issuance of <i>your travelling companion's</i> travel visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application, (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable
Employment and occupation				
23	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	C, E and J	not applicable
24	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E and J	not applicable
25	The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E and J	not applicable
26	The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E and J	not applicable
27	Cancellation of <i>your</i> or <i>your travelling companion's</i> business meeting beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's employer's</i> control.	A	C, E and J	not applicable
28	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E and J	not applicable
29	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A or B	C, E and J	not applicable

What are <i>you</i> eligible for?				
		Trip Cancellation	Trip Interruption	Delayed Return
Delays and schedule change				
30	Delay of <i>your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions for a period of at least 30% of the <i>trip</i> , when <u>you choose not to continue</u> with <i>your</i> travel arrangements.	A	C, E and J	not applicable
31	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions for a period of at least 30% of the <i>trip</i> , when <u>you choose not to continue</u> with <i>your</i> travel arrangements.	A	C, E and J	not applicable
32	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions for a period of at least 30% of the <i>trip</i> , when <u>you choose to continue</u> with <i>your</i> travel arrangements.	B	B	not applicable
33	Delay of a private automobile resulting from: <ul style="list-style-type: none"> • the mechanical failure of that automobile; • weather conditions, earthquakes or volcanic eruptions; • a traffic accident; • an emergency police-directed road closure causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements. The automobile must have been scheduled to arrive at the point of departure at least <u>2 hours</u> before the scheduled time of departure.	not applicable	C, F and J	E, J and Q
34	Delay of <i>your</i> connecting carrier (<i>passenger plane, ferry, cruise ship, bus, limousine, taxi or train</i>), resulting from: <ul style="list-style-type: none"> • the mechanical failure of that carrier; • weather conditions, earthquakes or volcanic eruptions; • a traffic accident; • an emergency police-directed road closure; • <i>unannounced strike</i>; • loss or theft of <i>your</i> passports, travel documents or money causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F and K	E, J and Q
35	The cancellation of <i>your</i> cruise, tour and travel package (excluding supplier default) by the cruise company or tour operator, when you are covered under any of our Package coverages: <ul style="list-style-type: none"> • prior to <i>your</i> departure from <i>your departure point</i>, or • after <i>your</i> departure from <i>your departure point</i>, but prior to the departure of the cruise ship or tour 	H	I	not applicable
36	<i>Your</i> missed connection caused by the <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels, when you are covered under any of our Package coverages.	G and J	G and J	G, J and Q

What are <i>you</i> eligible for?				
		Trip Cancellation	Trip Interruption	Delayed Return
Other risks				
37	Your missed connection caused by the outright cancellation by the airline carrier that is providing transportation for a portion of <i>your</i> travels rendering <i>your</i> non-refundable prepaid connector ticket no longer useful for <i>your trip</i> when you are covered under any of our Package coverages.	G and J	G and J	G, J and Q
38	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or the business that <i>you</i> own inoperative.	A	C, E and J	not applicable
39	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or the business that he/she owns inoperative.	A or B	C, E and J	not applicable
40	The quarantine or hijacking of <i>you, your spouse or your child.</i>	A	C, E and J	E, L and Q
41	The quarantine or hijacking of <i>your travelling companion or your travelling companion's spouse or child.</i>	A or B	C, E and J	E, L and Q
42	<i>Your, your spouse or your child</i> being called for jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A	C, E and J	not applicable
43	<i>Your travelling companion or your travelling companion's spouse or child</i> being called for jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A or B	C, E and J	not applicable
44	<i>Your</i> cruise ship is delayed or the cruise itinerary is interrupted due to the <i>emergency medical condition</i> of another passenger on the ship causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements. You must be covered under any of our Package coverages.	not applicable	C, F and J	E, J and Q
45	The inability to use <i>your</i> cruise shore excursion tour ticket or special event ticket (theatrical, concert or sporting event) purchased while on <i>your</i> cruise <i>trip</i> due to <i>your emergency medical condition</i> or the <i>emergency medical condition</i> of <i>your travelling companion.</i> You must be covered under any of our Package coverages.	not applicable	P	P
46	The burglary of <i>your</i> or <i>your travelling companion's</i> principal residence or place of business within 7 <i>days</i> of <i>your</i> scheduled departure date and as a result <i>you</i> or <i>your travelling companion</i> must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities. You must be covered under any of our Package coverages.	A or B	not applicable	not applicable
47	<i>You</i> or <i>your travelling companion</i> are medically unable to be immunized or take preventative medication, which is unexpectedly and suddenly required by the government for entry into that country, region or city that is originally part of <i>your trip</i> provided that this	A	C and E	not applicable

	requirement became effective after the purchase of <i>your</i> travel arrangements and insurance. The reason <i>you</i> or <i>your travelling companion</i> are unable to be immunized or take preventative medication, must be due to your <i>medical condition</i> . You must be covered under any of our Package coverages.			
48	Sickness, injury or death of <i>your</i> service dog, provided that <i>you</i> are blind, visually impaired, or physically handicapped and travel arrangements have been made for the dog to accompany <i>you</i> on a covered <i>trip</i> . You must be covered under any of our Package coverages.	A	C and E	not applicable
49	The inability to use <i>your</i> golf course green fee, that <i>you</i> booked and purchased while on <i>your trip</i> due to a covered reason listed under Trip Interruption. <i>You</i> must be covered under any of <i>our</i> Package coverages. You must be covered under any of our Package coverages.	not applicable	R	not applicable
50	The inability to use <i>your</i> ski lift tickets, in the event of ski lift closures due to avalanche or severe weather conditions. <i>You</i> must be covered under any of <i>our</i> Package coverages. You must be covered under any of our Package coverages.	not applicable	S	not applicable

What are the benefits?

The expenses covered under this Insurance are described below.

Cancellation-Before Departure

Prepaid travel arrangements/ Trip Cancellation:

- A) the non-refundable portion of *your* prepaid travel arrangements;
 - B) the extra cost of the next occupancy charge, if *you* choose to travel as originally planned;
- Note: Benefit A and B are not applicable if the sum insured for *Trip Cancellation-Before Departure* is \$0.

Trip Interruption-After Departure

Unused Portion of Pre-paid travel arrangements/Trip Interruption- Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured purchased for Trip Cancellation-Before Departure:

- C) the non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*;

Transportation:

- D) *your* economy class transportation via the most cost effective route to rejoin a tour or group;
- E) *your* economy class transportation via the most cost effective route to *your departure point*;

Fly to Bedside or Funeral-- Note: If *you* are required to interrupt *your trip* to attend a funeral, or travel to the bedside of a hospitalized *immediate family* member, business partner, *key employee* or *caregiver*, *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 back to *your departure point*. (applicable to risk insured #2, #15, and #17)

- This option can only be used once during *your period of insurance*.
- If *you* choose this option, it will replace benefit E.
- The Subsistence Allowance benefit is not applicable if *you* choose this option.

This option is subject to the pre-authorization of Assured Assistance Inc.

F) *your* one way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

Missed Connection benefit:

G) the lesser of the following amounts, **up to the maximum amount as indicated in the table on page 53:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- the extra cost, **up to a maximum of \$1,000**, of *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound);

Cruise, tour and travel package cancellation benefit:

Note: *your* sum insured must include the cruise, tour, travel package and *your* non-refundable prepaid air fare.

H) the **lesser** of the following amounts, **up to the maximum amount as indicated in the table on page 53:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- *your* non-refundable prepaid air fare which joins to or departs from *your* cancelled sea/land arrangements, up to a maximum of \$1,000, that is not part of *your* cruise package;

I) the **lesser** of the following amounts, **up to the maximum amount as indicated in the table on page 53:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- the extra cost of *your* one-way economy air fare via the most cost effective route on a commercial flight, up to a maximum of \$1,000, to return *you* to *your departure point*;

Subsistence allowance:

J) *your* commercial accommodations and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	Amount per day	Total Amount
Deluxe Package	\$350/day	\$700
TravelCare Package	\$350/day	\$700
Travel Within Canada Package	\$350/day	\$700
Non-Medical Package	\$350/day	\$700
Cancellation & Interruption	\$175/day	\$350

- K) *your* overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight) and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	Amount per day	Total Amount
Deluxe Package	\$350/day	\$700
TravelCare Package	\$350/day	\$700
Travel Within Canada Package	\$350/day	\$700
Non-Medical Package	\$350/day	\$700
Cancellation & Interruption	\$175/day	\$350

- Note: This benefit can only be claimed if no other compensation was provided or offered by the delayed connecting carrier.

- L) *your* commercial accommodations and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	Amount per day	Total Amount
Deluxe Package	\$350/day	\$3,500
TravelCare Package	\$350/day	\$3,500
Travel Within Canada Package	\$350/day	\$3,500
Non-Medical Package	\$350/day	\$3,500
Cancellation & Interruption	\$175/day	\$1,750

CAUTION - EXCLUSIONS, RESTRICTIONS AND REDUCTION OF COVERAGE

- 1) **It is a condition for the benefits D), E) and F) under the transportation benefit and the benefits J), L), under the subsistence allowance benefit to be covered, that *your* travel must be undertaken on the earliest of the following dates:**

- the date when *your* travel is medically possible;
- within **10 days** following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; **and**
- within **30 days** following *your* originally scheduled *return date* if *your* delay is the result of hospitalization

when the benefit is payable because of a *medical condition* covered under one of the insured risks.

- 2) When the benefits J) **and** L) are payable to *you*, the maximum payable in total may not exceed the amount specific for benefit L).
- 3) Benefit J) is available only in conjunction with benefits D), E) or F) when no cost-effective and/or direct alternate transportation is available
- 4) It is a condition of risk insured # 34 that any amount payable under Benefit F will be reduced by any amount recoverable from another source (including but not limited to alternative or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.

Repatriation of *your* remains:

The cost for **one of the following options:**

- M) · the transportation of *your* remains to *your* province or territory of residence ;
and
- the cost of the preparation of *your* remains and the cost of the container,
up to a maximum of \$5,000;

OR

- N) · the transportation of *your* remains to *your* province or territory of residence;
and
- the cremation of *your* remains at the location where *your* death occurred,
up to a maximum of \$5,000;

OR

- O) · the preparation of *your* remains **and** the cost of a standard burial container,
up to a maximum of \$5,000; and
- the burial of *your* remains at the location where *your* death occurred,
up to a maximum of \$5,000.

Unused Cruise Shore Excursion Tickets or Special Event Tickets:

- P) reimbursement of *your* expenses actually incurred as a result of risk insured # 44.
- *your* unused cruise shore excursion tickets or special event tickets (theatrical, concert, or sporting event) **up to \$100 per ticket to a maximum of \$500.**

Pet Care Expenses

- Q) reimbursement to *you* toward the expenses *you* actually incur **up to \$100 maximum** total as a result of one of the insured risks,
- for additional animal boarding fees if *you* were delayed and unable to return on *your* return date.
- Note: This benefit is payable only if *your* pet care exceeds the quoted cost for the pre-booked period of accommodation with a licensed boarding kennel, cattery or animal shelter, in which case *we* will reimburse *you* for the actual boarding charges incurred after the first 24 hours of *your* delayed return, subject to a maximum total of \$100. This benefit does not cover veterinary fees.

Golf Course Green Fee Expenses

- R) reimbursement to *you* toward the expenses *you* actually incur **up to \$100 per day/\$400 maximum** total for the non-refundable green fee as a result of one of the insured risks.

Ski Lift Ticket Expenses

- S) reimbursement to *you* toward the expenses *you* actually incur **up to \$100 per day/\$400 maximum** total for non-refundable lift tickets.

HolidaySure Plan Coupon:

Upon *your* request, compensation to *you* in the form of a coupon of **up to \$750** in value when *you* incur risk insured # **2 or 15**, and if:

- *you* miss **at least 75%** of *your* trip, as a result of the interruption of *your* travel plans;
- *you* use the coupon towards travel in the **180 days** immediately following the date of *your* early return from *your* interrupted insured trip; **and**

- *you* use the coupon to purchase replacement travel **through the travel agency that originally booked** *your* interrupted insured travel plans, provided that it is not insolvent.

Failure to meet these conditions will make the HolidaySure Plan benefit coverage null and void. *Your* original Deluxe Package, TravelCare Package, Travel Within Canada Package or Non- Medical Package coverage does not cover the replacement travel.

Cancelling a trip

When a cause of cancellation (the event that triggers one of the 50 risks insured) occurs before the date of departure from *your departure point*, *you* must:

- cancel *your trip* with the travel agent, airline, tour company or the carrier immediately, **but no later than the business day following the cause of cancellation;**
- advise *us* at the same time.

Caution-Exclusions, limitations or reduction in Coverage

Our maximum liability is the amounts or portions indicated in *your trip* contract that are non- refundable at the time of the cause of cancellation or on the next business day.

Change in your medical condition prior to your departure

If *you* are covered under:

- Cancellation & Interruption Insurance Coverage; **and**
- *Emergency* Medical Insurance Coverage

and *your medical condition* is not *stable* before *your* date of departure because:

- *you* are prescribed a *change in medication*; **or**
- *you* are prescribed a change in treatment

and therefore *you* become ineligible for coverage under *our emergency* medical coverages, *you* may apply for *our* special consideration of *your* particular medical circumstance through *your* Canadian representative.

Note: *Your medical condition* must have been *stable* within the 90 days prior to the date *your insurance premium* is paid in order to apply for special consideration.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting 90 days prior to *your effective date*, to the date of *your* request for consideration. *You* are responsible for any fees charged by *your physician* for copies of clinical notes; **and**
- complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, *we* will, at *our* discretion:

- review *your* claim under *our* Cancellation & Interruption Insurance; or
- **waive the exclusion** for this *medical condition* that would make *you* ineligible for benefits under *our emergency* medical insurance.

Exclusions, limitations or reduction in Coverage applicable to the Cancellation & Interruption Insurance Coverage

CAUTION

- a) **This insurance does not cover any expense directly or indirectly related to certain events. This exclusion varies according to the amount of non-refundable portion of *your* prepaid travel arrangements. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.**

Under Cancellation & Interruption coverages, *effective date* refers to the date and time:

- **the required premium is paid, as shown on *your insurance application/confirmation of coverage*, under all SINGLE TRIP Coverages; and**
- ***you* purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect, under all Multi-Trip ANNUAL Coverages.**

	Amount of non-refundable amount of prepaid travel arrangement	
	Less than \$15,000	More than \$15,000
No <i>medical questionnaire</i>	Exclusions 1 and 2	Not applicable
<i>You</i> have answered all questions on the <i>medical questionnaire</i> and as a result of <i>your</i> answers it is determined that Exclusion 3 does not apply to <i>you</i>	Not applicable	Exclusions 1 and 4
<i>You</i> have answered all questions on the <i>medical questionnaire</i> and as a result of <i>your</i> answers it is determined that Exclusion 3 does apply to <i>you</i>	Not applicable	Exclusions 1, 3, and 4

Exclusion 1:

This Insurance does not cover losses, claims or expenses of any kind caused directly or indirectly from:

- **any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your effective date*, and which *you* knew might be cause for cancellation, interruption or delay of *your trip*.**
- **a *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim;**
- **pre-paid travel arrangements for which a insurance premium was not paid;**
- ***your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide, whether sane or insane;**

CAUTION (continued)

- ***your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act;**
- ***your mental or emotional disorders;***
- **any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;**
- **any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*;**
- **any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*;**
- ***your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;**
- a) routine pre-natal care; or
- b) a child born during *your period of insurance*; or
- c) pregnancy; or
- d) childbirth;
- **In the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.**
- **any expense incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;**
- **war, declared or not, act of foreign enemies or rebellion;**
- **the non-issuance of a travel visa due to late visa application;**
- ***your* refused entry at customs, border crossing, or security checkpoint for any reason;**
- **the *schedule change* of a medical test or surgery that was originally scheduled before *your period of insurance*;**
- ***your medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect. In that case, the policy is void and the premium paid is refundable at *our* option;**
- ***your* participation in rock climbing or *mountain climbing*;**
- **ionising radiation or radioactive *contamination* from:**
 - any nuclear fuel or waste which results from the burning of nuclear fuels, or
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- **any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.**

CAUTION (continued)

Exclusion 2:

When reading the Pre-existing Medical Condition exclusions, please review the definition of *stable*. This exclusion applies to *you, your spouse, your children* whether or not they are travelling with *you* and also applies to *your parents and your siblings* who live in the same home whether or not they are travelling with *you*.

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition and any related condition (whether or not the diagnosis has been determined) if *you, or your family*:

- have a *medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- have been treated with home oxygen; **or**
- have taken oral steroids (prednisone or prednisolone) for any lung condition

at any time in the **90 days** before *your effective date*.

Exclusion 3:

If the non-refundable portion of *your pre-paid travel arrangements* exceeds \$15,000, *you must complete the medical questionnaire*.
The pre-existing medical condition exclusion is based on the category *you qualify for (Gold, Silver or Bronze)*.
Exclusion # 4 also applies to all categories.

Gold

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - 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.
3. *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Silver

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
 - 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.

CAUTION (continued)

3. **Your lung condition** (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
- any lung condition has not been *stable*; or
 - you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Bronze

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- Your medical condition** or related condition (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*, I or related condition has not been *stable*.
- Your heart condition** (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*:
 - any heart condition has not been *stable*; or
 - you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Your lung condition** (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*:
 - any lung condition has not been *stable*; or
 - you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Exclusion 4:

This Insurance does not pay for any expenses incurred directly or indirectly as a result of all *medical conditions*, any heart condition and/or any lung condition or related condition (whether or not the diagnosis has been determined) if:

- your immediate family member*; or
- your travelling companion*

have

- a *medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- have been treated with or prescribed home oxygen (on a regular or on an as needed basis); or
- treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition;

at any time in the 90 days before the *effective date*.

b) Terrorism:

Where an *act of terrorism* that is not a *catastrophic event* directly or indirectly causes a loss, we will reimburse *you* up to a maximum of 100% of *your* eligible loss.

Where an *act of terrorism* that is a *catastrophic event* directly or indirectly causes a loss, we will reimburse *you* up to a maximum of 50% of *your* eligible loss.

CAUTION (continued)

Where an *act of terrorism* that is a *catastrophic event*, the maximum benefit payable:

- per *act of terrorism*; **or**
- per series of *acts of terrorism* occurring within a 72 hour period

for all policyholders shall be \$5,000,000. If the total benefits payable exceed \$5,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$5,000,000.

The total maximum payment for all policyholders shall be \$10,000,000 per calendar year regardless of the number of *Acts of Terrorism*. If the total benefits payable exceed \$10,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$10,000,000.

When *your* benefit is reduced, *your* prorated claim will be paid after the end of the calendar year.

Benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise lines;
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

An excess insurance is an insurance from which the covered benefits are paid after any other amounts payable from other sources.

The benefits payable will only be paid after *you* have exhausted all such other sources.

- c) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- d) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- e) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

■ Flight and Travel Accident Insurance Coverage

The **Flight Accident** Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – Gold Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package;
- Flight Accident.

The **Travel Accident** Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – Gold Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package.

What risks are insured?

This Insurance covers *your accidental bodily injury* which results in *your*:

- *dismemberment*;
- *loss of sight*;
- death;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech

within **365 days** from the date of the accident that occurs **during your trip**.

Under **Flight Accident**, the *accidental bodily injury* must be sustained while *you* are:

- a passenger on the *trip* shown in the *insurance application/confirmation of coverage* or during a substitute *trip* if the ticket is exchanged;
- riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this Insurance;
- riding as a passenger in a limousine or bus service provided by the airline or airport authority;
- at an airport for the purpose of departure or arrival of the flight covered by this Insurance;
- riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this Insurance; **or**
- exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.

Also, for the Flight Accident Insurance, *your trip* must take place:

- on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application/confirmation of coverage* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*;
- on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this Insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

What are the benefits?

We will pay **the greater** of these benefits for all losses resulting from an accident:

1) **100 % of the principal sum** for:

- death;
- double *dismemberment*;
- *loss of sight* of both eyes;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech.

2) **50 % of the principal sum** for:

- single *dismemberment*; **or**
- *loss of sight* of one eye.

Principal Sum

The principal sum is indicated in the section “Package Coverages” on page 53 of this guide.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Our total liability for all Flight Accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.

Multiple Accidents

The total benefits payable for one or more accidents will not exceed the applicable principal sum.

Presumption of death following a disappearance

It will be presumed that *you* died if *your* body has not been found after **one year** following the accident.

It will be presumed that *you* died if *your* body has not been found after **one year** following:

- the forced landing of the *passenger plane*; **or**
- at the time and place the *passenger plane* was last seen or heard from, if the *passenger plane* has disappeared.

Exclusions, limitations or reduction in Coverage applicable to the Flight and Travel Accident Insurance Coverage

CAUTION

- a) **The Flight Accident Insurance Coverage does not cover any loss, claim or expense of any kind caused directly or indirectly from:**
- war, declared or not, act of foreign enemies or rebellion;
 - *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
 - the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
 - participation in any military manoeuvre or training exercise;
 - disease, even if the cause of its activation or reactivation is an accident;
 - piloting, learning to pilot or acting as a member of a crew of an aircraft;
 - *contamination* due to any *act of terrorism*;
 - ionising radiation or radioactive *contamination* from:
 - any nuclear fuel or waste which results from the burning of nuclear fuels, or
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
 - *terrorism*.
 - any *accidental bodily injury* incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;
 - *accidental bodily injury* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
 - *accidental bodily injury* arising from, or in any way related to, the abuse of alcohol during *your trip*;
 - *accidental bodily injury* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to you
 - *accidental bodily injury* arising from, or in any way related to, *your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- b) **The Travel Accident Insurance Coverage does not cover any loss, claim or expense of any kind caused directly or indirectly from:**
- war, declared or not, act of foreign enemies or rebellion;
 - *your* intentional self-inflicted injury, suicide or attempt to commit suicide,

whether sane or insane;

- the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
- participation in any military manoeuvre or training exercise;
- disease, even if the cause of its activation or reactivation is an accident;
- piloting, learning to pilot or acting as a member of a crew of an aircraft;
- *contamination* due to any *act of terrorism*;
- ionising radiation or radioactive *contamination* from:
 - any nuclear fuel or waste which results from the burning of nuclear fuels, or
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
- *terrorism*;
- any *accidental bodily injury* incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;
- *accidental bodily injury* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
- *accidental bodily injury* arising from, or in any way related to, the abuse of alcohol during *your trip*;
- *accidental bodily injury* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to you.
- *accidental bodily injury* arising from, or in any way related to, *your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- *your* participation as a *professional* athlete in a sporting event including training or practice for the same;
- *your* participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping;
- *your* participation in any kind of motorized race or motorized speed contest including training or practice for the same.
- Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

c) **Terrorism:**

This Insurance Coverage does not cover any claim, if such claim is directly or indirectly caused by *terrorism* or by a *contamination due to any act of terrorism*.

- d) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- e) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- f) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

Baggage & Personal Effects Insurance Coverage

This Insurance is underwritten in Quebec by Aviva General Insurance Company.

The Baggage & Personal Effects Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – Gold Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages;
- Non-Medical Package

What risks are insured?

This Insurance covers:

- the physical loss; **or**
- damage to

the baggage and personal effects

- *you* own; **and**
- *you* use during *your* trip.

What are the benefits?

1. Loss of or Damage to Baggage & Personal Effects

Reimbursement of *your* losses up to the sum insured, **up to a maximum of \$500 for any one item or set of items.**

The sums insured for the packages are indicated in the section “Package Coverages” of this guide.

2. Replacement of Travel Documents

Reimbursement of up to **\$300 in total** towards the replacement expenses of **one or more** of the following documents:

- passport;
- driver's licence;
- birth certificate; **or**
- travel visa

in the event any one of these documents is **lost** or **stolen**.

3. **Delay of Baggage & Personal Effects**

Reimbursement for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier **for 12 hours or more** while en route and before returning to *your departure point* and **you are covered under a Package:**

- **up to \$400 maximum** for any **Deluxe Package, Travel Within Canada Package, TravelCare Package** or **Non-Medical Package**.

We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.

4. **Delay of Golf Clubs**

Reimbursement for the rental of golf clubs, and the purchase of reasonable golf accessories such as golf balls and tees, in the event *your* golf clubs (that *you* own or use during *your trip*) are delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.

- **Up to \$100 per day/\$400 maximum** for any **Deluxe Package, Travel Within Canada Package, TravelCare Package** or **Non-Medical Package**.

5. **Delay of Ski Equipment**

Reimbursement for the rental of ski equipment and the purchase of reasonable ski accessories, in the event *your* ski equipment (which *you* own or use during *your trip*) is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.

- **Up to \$100 per day/\$400 maximum** for any **Deluxe Package, Travel Within Canada Package, TravelCare Package** or **Non-Medical Package**.

Note: Ski equipment includes snowboards, skis, bindings, boots or poles.

Theft, burglary, robbery, malicious mischief, disappearance, loss or damage

You must, during *your period of insurance*, notify and obtain corroborating documentary evidence from the police that prove the theft, loss, damage or disappearance.

If the police are not available, *you* must notify and obtain corroborating documentary evidence that proves the theft, loss, damage or disappearance from:

- the hotel manager;
- the tour guide; **or**
- the transportation authorities.

You must also:

- take all reasonable precautions to protect, save and/or recover the property; **and**
- notify *us* immediately upon *your* return to *your departure point*.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Failure to comply with this condition will invalidate any claim under this Insurance.

Coverage Extension

This Insurance will continue until the insured property is delivered by the common carrier, if the insured property is under check of a common carrier and delivery is delayed.

**Exclusions, limitations or reduction in Coverage applicable to the
Baggage & Personal Effects Insurance Coverage**

CAUTION

- a) If *you* are insured under other Baggage & Personal Effects insurance issued by *us*, then the maximum sum insured per person or per family will not exceed \$2,000 in total for all coverages.
- b) We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
- c) If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.

d) **Terrorism:**

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise-lines; **OR**
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

The benefits payable will only be paid after *you* have exhausted all such other sources.

e) **This Insurance does not cover:**

- animals;
- perishables;
- bicycles except while checked as baggage with a common carrier;
- household effects and furnishings;
- hearing aids;
- artificial teeth and limbs;
- eye glasses, sunglasses, contact lenses;
- money;
- tickets;
- securities;
- documents;
- *professional* or occupational items;
- antiques;
- collector items;
- breakage of or damage to brittle or fragile articles;
- property illegally acquired, kept, stored or transported;
- any claim arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown;
- any claim arising from loss caused by *your* imprudent act or omission;
- any claim arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect;

CAUTION (continued)

- any claim arising from loss directly in consequence of war, declared or not, act of foreign enemies or rebellion;
 - any claim arising from loss caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- f) any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from:
- any nuclear fuel or waste which results from the burning of nuclear fuels; or
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- g) any expense incurred if the purpose of your trip is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;
- h) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- i) any expenses resulting from orbital space flights, sub-orbital flights space flights and space tourism
- j) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- k) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

■ Package Coverages

Maximum Sums Payable

The maximum sums payable vary according to the type of coverage *you* have selected. These maximums are shown in the table below:

Package Coverages	Deluxe¹	TravelCare – Gold, Silver & Bronze¹	Travel Within Canada	Non-Medical
Cancellation & Interruption Insurance				
MAXIMUM SUMS PAYABLE				
<i>Trip</i> Cancellation-Before Departure	Up to the sum insured ²	Up to the sum insured ²	Up to the sum	Up to the sum insured
<i>Trip</i> Interruption-After Departure-Transportation	Economy Class Transportation	Economy Class Transportation	Economy Class Transportation	Economy Class Transportation
<i>Trip</i> Interruption-After Departure- Unused Portion of pre-paid Travel Arrangements Arrangements	Up to the sum insured for Trip Cancellation-Before Departure	Up to the sum insured for Trip Cancellation-Before Departure	Up to the sum insured for Trip Cancellation-Before Departure	Up to the sum insured for Trip Cancellation-Before Departure
Subsistence Allowance	\$3,500	\$3,500	\$3,500	\$3,500
HolidaySure Plan Coupon	\$750 Travel Coupon	\$750 Travel Coupon	\$750 Travel Coupon	\$750 Travel Coupon
Connection Benefit	\$1,000	\$1,000	\$1,000	\$1,000
Emergency Medical Insurance				
Medical & Other Benefits	Unlimited ³	Unlimited ³	Unlimited ³	Not Applicable
Subsistence Allowance	\$3,500	\$3,500	\$3,500	Not Applicable
Baggage & Personal Effects Insurance				
Loss of, or Damage to, Baggage & Personal Effects	\$1,000 ⁴	\$1,000 ⁴	\$1,000 ⁴	\$1,000 ⁴
Delay of Baggage & Personal Effects	\$400	\$400	\$400	\$400
Delay of Golf Clubs	\$ 400	\$400	\$400	\$400
Delay of Ski Equipment	\$400	\$400	\$400	\$400
Flight Accident Insurance				
PRINCIPAL SUM				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing ⁵	\$100,000	\$100,000	\$100,000	\$100,000
Travel Accident Insurance				
PRINCIPAL SUM				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing ⁵	\$50,000	\$50,000	\$50,000	\$50,000

¹ Under the PACKAGE Multi-Trip ANNUAL Coverage option, all MAXIMUM SUMS PAYABLE and PRINCIPAL SUMS are per *trip*.

² Under the PACKAGE Multi-Trip ANNUAL Coverage option, the Before Departure sum insured is \$1,500 per *trip* to a maximum of \$10,000 per year.

³ This Insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage.

⁴ The maximum for any one item or set of items is \$500.

⁵ *You* are entitled to a maximum of the largest amount specified for one of these benefits.

Cancellation & Interruption Insurance Coverage

Risk	Maximum Sums Available
Trip Cancellation-Before Departure	Up to the sum insured
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 1: Transportation- Economy class Unused Portion of Pre-paid Travel Arrangements - up to insured pre-paid travel arrangements
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 2: Combined maximum based on <i>your</i> sum insured for After Departure of \$1500
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 3: Combined maximum based on <i>your</i> sum insured for After Departure of \$800
Subsistence Allowance (Trip Interruption)	\$350
Subsistence Allowance (Delayed Return)	\$1750
Repatriation of Remains	Unlimited transportation to province or territory of residence \$5,000 for preparation of remains \$5,000 for cremation or burial at location where death occurred

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Our total liability for all Flight Accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.

■ **Package Upgrade**

This Package Upgrade rider is available to *you* if *you*:

- qualify for and have purchased any of our Package coverage Single Trip options; or qualify for and have purchased any of our Package coverage Multi-Trip Annual Plan options. *You* must pay the required Package Upgrade rider premium for each individual trip *you* want to cover; **and**
- pay the required Package Upgrade rider premium before *your* date of departure from *your* departure point.

Note: Package Upgrade rider must be purchased in conjunction with *your* Package coverage. The Rider is not valid if purchased on its own.

For the purposes of *your* Package in which *you* paid the required “Package Upgrade rider” premium, it is hereby understood and agreed that the terms of *your* policy are amended as follows:

1. Transportation on Same Class Ticket Benefit

If *you* are travelling on a *passenger plane* with a ticket or pass in which this insurance was purchased against, and *you* are eligible for benefit D, E or F under Cancellation & Interruption Insurance, this insurance will cover the extra cost of *your* same class transportation via the most cost effective route.

2. Subsistence Allowance Benefit Increase

Under *Emergency Medical Insurance*, the maximum sum payable under Subsistence Allowance, Benefit 8, is hereby increased to up to \$500 per day to a maximum of \$5,000 (not applicable to the Non-Medical Package).

Under Cancellation & Interruption Insurance, the maximum sum payable under Subsistence Allowance:

- Benefit J, is hereby increased to up to a daily maximum of \$500, to a maximum of \$1,000; and
- Benefit L, is hereby increased to up to a daily maximum of \$500, to a maximum of \$5,000.

3. Entertainment Benefit

If *you* are delayed, beyond *your* scheduled *return date*, from returning to *your departure point* due to one of the risks insured, *we* will reimburse *you* for the expenses *you* actually incur, up to \$100 for entertainment expenses for *you* to attend a ticketed event such as, but not limited to, a movie theatre, theatre, concert hall, opera or sporting event.

4. Special Event Benefit

The Special Event Benefit is available to *you* when the primary reason for *your trip* is to attend a wedding, sporting event, or conference, which cannot be delayed regardless of *you* being in attendance.

- a) If *your* departure from or return to *your departure point* is interrupted and *your* scheduled time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the expenses *you* actually incur, up to \$600 for the additional transportation cost of an alternate route on a scheduled carrier, to *your* planned destination to allow *you* to arrive in time for the Special Event.
- b) The Special Event Benefit does not cover any expenses incurred directly or indirectly as a result of:
 - *your* failure to comply with normal check-in procedure of the travel supplier;
 - strike, hijack, riot or civil commotion; or
 - any extra costs that are not described in paragraph a) above, which *you* have incurred due to a missed connection, as a result of *your* delay.

5. Increase Delay of Baggage & Personal Effects Benefit

Under Baggage & Personal Effects Insurance, the maximum sum payable under Benefit 3, Delay of Baggage & Personal Effects, is hereby increased to up to \$750 for necessary toiletries and clothing (including formal wear) when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.

Your Insurance Coverage is subject to all other terms set out in this document.

■ **Assistance Services**

Assured Assistance Inc. (AAI) provides *Emergency* Assistance and Concierge Services leveraging *our* travel assistance coordinators, travel professionals and call centre infrastructure teams. Behind the scenes *our* medical assistance team is ready to provide their expertise if required.

Emergency Assistance Services:

The **Emergency Assistance Services** applies to all the following products*:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare - Gold Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverages;
- Classic Medical coverages;
- The 4-Day Getaway Multi-Trip Annual Medical coverage;
- TravelCare - Gold Medical coverages;
- TravelCare - Silver Medical coverages;
- TravelCare - Bronze Medical coverages.

*the Non-Medical Package only includes the “Replacement Co-ordination” service.

If *you* require medical treatment during *your trip*, or for any other emergency, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free from the USA or Canada 1-800-387-2487
Collect call from anywhere (through a local operator) 905-816-2561
Toll-free fax from the USA or Canada 1-888-298-6340
Fax 905-813-4719

The following assistance services are available to *you*:

1 **Medical Assistance & Consultation**

When *you* have a medical *emergency* and *you* call Assured Assistance Inc., whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Assured Assistance Inc. will:

- provide confirmation of coverage and pay *your* eligible medical expenses directly to the recommended medical service provider;
- in consultation with *your physician*, arrange *emergency* medical transportation to a suitable facility if it is determined that existing facilities are inadequate in order to treat or stabilize *your medical condition*;
- consult with *your attending physician* to monitor *your* care; and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that *your* resulting eligible expenses will be covered by this insurance.

2 **Pay Assistance**

Whenever possible, the payment of the eligible medical services *you* receive will be co-ordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond the control of Assured Assistance Inc. *You* may be required to make payment up-front or to leave a deposit. If *you* are required to make payment up-front or leave a deposit, call Assured Assistance Inc. immediately.

3 **Replacement Co-ordination**

Whenever possible, Assured Assistance Inc. will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.

Concierge Services:

The **Concierge Services** applies to all the following products:

- Deluxe Package coverages;
- Travel Within Canada Package;
- Non-Medical Package;
- TravelCare - Gold Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverage

If *you* require planning or assistance during *your trip*, please contact *our* Concierge Services at:

Toll-free from the USA or Canada 1-800-387-2487
Collect call from anywhere (through a local operator)..... 905-816-2561
Toll-free fax from the USA or Canada..... 1888-298-6340

The following Concierge Services are available to *you*:

Travel Information:

- ✓ Currency exchange rates
- ✓ ATM locations
- ✓ Weather information
- ✓ Consulate and embassy locations
- ✓ Local sights and attractions
- ✓ Social protocol in countries to be visited
- ✓ Last minute flight changes
- ✓ Hotel finder and reservations
- ✓ Ground transportation (rental car, train, bus)
- ✓ Baggage tracing
- ✓ Pre-trip health and safety advisories
- ✓ Passport, visa and customs information
- ✓ Departure tax information
- ✓ International driver's license information
- ✓ Person with disabilities — wheelchair access information
- ✓ Information regarding travelling with children (for couples that are divorced or separated), travelling with children that are not yours or children travelling on their own
- ✓ Canada customs — what can I bring into Canada
- ✓ Information on country to country calling
- ✓ Check-in assistance

Entertainment Planning:

- ✓ Restaurant locations/reservations
- ✓ Golf course locations/reservations
- ✓ Tickets for concerts, theatre, sports
- ✓ Yacht and fishing charters reservations

Personal Services:

- ✓ E-mail/phone messaging to family and friends
- ✓ Floral services
- ✓ Fitness centre/spa reservations
- ✓ Legal/bail Assistance
- ✓ Arrange for interpreter/translation services
- ✓ Arrange for courier services for valuable documents left behind

Note: *We* will always do our best to find the information, make the arrangements *you* request, or refer *you* to appropriate professionals. Please be aware, the arrangements *you* request may not be available. Outside professionals are independent providers and Assured Assistance Inc. is not responsible for the availability, quality or results of any services or information they provide. Our Concierge benefits are service benefits and not financial benefits. Any costs associated with the services are *your* responsibility. Services may vary or may not be available based on *your trip* destination.

■ **Automatic Coverage Extension**

In some cases, *your* Insurance can automatically be extended.

Delay of a Common Carrier

If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of **72 hours**.

Hospitalization

If *you* or *your travelling companion* is hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend. *Your* coverage will automatically extend **for the period of hospitalization and up to an additional 5 days after discharge**. This is not available for the Cancellation & Interruption Insurance Coverage.

Medical Condition

If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend. *Your* coverage will automatically extend for the delay period **to a maximum of 5 days after *your return date***. This is not available for the Cancellation & Interruption Insurance Coverage.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

Coverage will not continue beyond 365 days from date of departure, regardless of the automatic extensions above.

■ **If you decide to extend your trip**

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- a) If *you* **have not had a medical condition** under *your* existing coverage under any of *our* insurances other than any Multi-Trip ANNUAL Coverage, *you* must request the extension by contacting *your* Canadian representative before *your return date*.
- b) If *you* **have had a medical condition** under *your* existing coverage under any of *our* insurances other than any Multi-Trip ANNUAL Coverage, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- c) If *you* are **covered under any Multi-Trip ANNUAL Coverage**, extensions are not available. Instead, *you* may *top-up your* coverage as outlined under "What if *you* want to *top-up your* Multi-Trip ANNUAL Coverage?" in this guide.

In the three cases above, *you* must pay the required additional premium **before your original return date**.

If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:

- for which *you* are eligible; **and**
- that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

■ **Top-up Insurance Coverage**

If *you* are covered under any of *our* Multi-Trip ANNUAL Coverages, and if *your travel period* exceeds:

- **4 consecutive days** under the 4-Day plan, **or**
- **9 consecutive days** under the 9-Day plan, **or**
- **16 consecutive days** under the 16-Day plan, **or**
- **30 consecutive days** under the 30-Day plan, **or**
- **60 consecutive days** under the 60-Day plan

you must top-up this coverage as outlined below.

If:

- *you* are covered under one of *our* Multi-Trip ANNUAL **Coverage**; and
- *you* want to *top-up your coverage*

you may purchase another policy from *us* under the insurance for which *you* are eligible.

This Insurance is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date* for the additional number of days beyond the duration provided by *your* Multi-Trip ANNUAL **Coverage**.

Before your Effective Date

You may contact *your* Canadian representative to purchase *top-up* coverage.

After your Effective Date

- a) If ***you have not had a medical condition*** during *your trip*, *you* must contact *your* Canadian representative before *your* scheduled *return date* to purchase *top-up* coverage.
- b) If ***you have had a medical condition*** during *your trip*, *you* must contact Assured Assistance Inc. before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* policy is subject to the approval of Assured Assistance Inc.

The terms, conditions and exclusions of the policy issued as *top-up* apply to *you*.

You must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

You will not have coverage for any claim incurred outside of your period of insurance during a trip if you do not top-up this coverage for that trip that is longer than your 4-Day, 9-Day, 16-Day, 30-Day or 60-Day plan. If the policy you are purchasing as top-up requires you to complete a medical questionnaire, you must complete the medical questionnaire for that top-up coverage.

If you want to top-up another insurer's travel insurance

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Canadian representative **only before your date of departure** from *your departure point*

You must pay the required *top-up* premium **before your date of departure** from *your departure point*.

If *you* wish to purchase *top-up* coverage with one of *our emergency* medical coverages and:

- if the entire duration of *your* intended *travel period* is greater than **183 days** (including the period of time in which *you* are covered under another insurer's travel insurance), and
- *you* are **65 years of age or older**;

you must complete the *medical questionnaire*.

The terms, conditions and exclusions of our policy issued as *top-up* apply to *you*.

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

You cannot purchase a Multi-Trip ANNUAL Coverage as *top-up*.

If *you* want to *top-up* travel insurance included with *your* credit card coverage

If *you* are covered under travel insurance included with *your* credit card coverage, *you* may purchase a Deluxe Package Multi-Trip annual plan as *top-up* coverage for the additional number of days beyond the duration provided with *your* credit card coverage:

- a) *You* may contact *your* Canadian representative before *your* date of departure from *your* departure point.
- b) *You must pay the required top-up premium for a 9-Day, 16-Day or 30-Day option, before your date of departure from your departure point.*
- c) *Your top-up coverage cannot exceed 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, or 30 consecutive days under the 30-Day option.*
- d) *The terms, conditions and exclusions of our policy issued as top-up apply to you.*
- e) *If the policy you are purchasing as top-up requires you to complete a medical questionnaire, you must complete the medical questionnaire for that top-up coverage.*
- f) *It is your responsibility to confirm top-up coverage is permitted on your existing travel insurance included with your credit card coverage.*

Cancellation

You can cancel *your* insurance coverage at any time before *your* date of departure and receive a full refund of *your* premium by contacting *your* Canadian representative, if the insurance coverage *you* have purchased does not include **Cancellation & Interruption Insurance Coverage**.

The name and address of *your* Canadian representative can be found on the front page of this guide. *Your* Canadian representative will inform *you* about the documents required to cancel *your* insurance.

If *your* insurance coverage includes **Cancellation & Interruption Insurance Coverage**, *you* can cancel *your* insurance coverage within 10 days following the date of the *insurance*

application/confirmation of coverage. You must send a written request by registered or certified mail.

You cannot cancel the Cancellation & Interruption Insurance Coverage after *your* date of departure or if the date of departure is within 11 days after the date of the *insurance application/confirmation of coverage.*

You will find a form to cancel *your* insurance coverage on page 70 of this guide.

■ **Premium Refund**

All requests for premium refunds must be submitted to the Canadian representative from whom *you* purchased the insurance.

No refund of premium will be made in the event that a claim has been paid, incurred or reported or if *you* have already departed on *your* trip

a) **Under Cancellation & Interruption and/or any Package coverages:**

the premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:

- the supplier cancels *your trip* and all penalties are waived;
- the supplier changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
- *you* cancel *your trip* before any cancellation penalties are in effect.

b) **Under any Multi-Trip ANNUAL Coverage:**

The premium *you* paid can be refunded only before *your start-up date.*

c) **Under all coverages other than those outlined above in a) and b):**

The premium *you* paid for the unused days can be refunded if *you* return to *your departure point* before *your return date*

You must:

- provide proof of *your* date of return, and
- do not have a claim under the insurance.

■ **End of the Insurance Coverage**

Your Insurance Coverage ends at the **earliest of the following dates:**

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence, **except in the following circumstances:**

Your insurance coverage **will not end if you temporarily return** to *your* province, territory, or country of residence **prior to your return date** provided that:

- *you* resume *your trip*;
- *you* are covered under Classic Medical, TravelCare-Gold Medical, TravelCare-Silver Medical or TravelCare-Bronze Medical, and
- *you* do not have a claim under this Insurance,

- *you did not have a medical condition during your temporary return to your province, territory or country of residence, and*
 - *you were fit to resume travel on your trip.*
- c) *midnight on the 4th day, 9th day, the 16th day, or the 30th day (based on your purchased option) of your travel outside of Canada;*
 - d) *midnight of your return date;*
 - e) *midnight of your expiry date;*
 - f) *183 days after your date of departure from your departure point except in the circumstances outlined in f), g) and h);*
 - g) *365 days after your date of departure from your departure point if you are covered under Classic Medical, or TravelCare Gold Medical, and your government health insurance plan covers you for the full duration of your trip;*
 - h) *365 days after your date of departure from your departure point under Cancellation & Interruption Insurance, Non-Medical Package, Travel within Canada and Flight Accident;*
 - i) *the day before the one-year anniversary of your start-up date under any Multi-Trip ANNUAL Coverage.*

■ **What happens to *your* Classic Medical Multi-Trip ANNUAL Plan after the one-year Anniversary**

(Your plan has an additional feature to provide a new policy upon the expiry date of this policy)

If *you* are under 65 years of age on the day of the one-year anniversary of *your start-up date*, and *you* have paid the premium for Classic Medical Multi-Trip ANNUAL Plan using *your* credit card, *you* will be issued a new policy for the next year, and the premium will be charged to *your* credit card unless:

- *you* notify *your* Canadian representative;
- *you* are no longer eligible to apply for Classic Medical Multi-Trip ANNUAL Plan;
- Classic Medical Multi-Trip ANNUAL Plan is no longer available;
- *you* are given 45 days notice by registered mail that the Insurer will not issue a new policy; **or**
- *your* credit card information on file is no longer valid.

If *you* do not pay using a credit card, *your* coverage terminates at the end of each 365 day period and *you* must apply for new coverage from *your* Canadian representative.

What happens to *your* 4-Day Getaway Multi-Trip Annual Medical after the one-year Anniversary

(Your plan has an additional feature to provide a new policy upon the expiry date of this policy if purchased online)

If *you* are under 75 years of age on the day of the one-year anniversary of *your start-up date*, and *you* have paid the premium for The 4-Day Getaway Multi-Trip Annual Medical Plan using *your* credit card, *you* will be issued a new policy for the next year, and the premium will be charged to *your* credit card unless:

- *you* notify *your* Canadian representative;
- *you* are no longer eligible to apply for The 4-Day Getaway Multi-Trip Annual Medical Plan;
- The 4-Day Getaway Multi-Trip Annual Medical Plan is no longer available;
- *you* are given 45 days notice by registered mail that the Insurer will not issue a new policy; **or**
- *your* credit card information on file is no longer valid.

If *you* do not pay using a credit card, *your* coverage terminates at the end of each 365 day period and *you* must apply for new coverage from *your* Canadian representative.

II. PROOF OF LOSS OR CLAIM

Submission of a Claim

■ **Emergency Medical Insurance Coverage**

If *you* require medical treatment during *your trip*, *you* or another person must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free from the USA or Canada 1-800-387-2487
Collect call from anywhere (through a local operator)..... 905-816-2561
Toll-free fax from the USA or Canada..... 1-888-298-6340
Fax..... 905-813-4719

■ **Other Insurance Coverages**

To submit a claim for eligible expenses incurred during *your trip* and not related to medical services, *you* can:

- follow the instructions on the claim form included with *your* insurance policy, **or**
- visit *our* website www.rbcinsurance.com/travelinsurance/claims-customer-service.html, **or**
- contact *our* Claims Department at one of the following numbers:

Toll-free from Canada 1-800-263-8944
Collect call from any country 514-748-2244

■ Time Periods to Submit a Claim

For **all Insurance Coverages**, *you* must submit *your* claim within **90 days** following the date of *your* return to *your* departure point.

If *you* are unable to submit *your* claim within these time periods, *you* must submit *your* claim within **one year**; otherwise *you* lose all *your* rights to the benefits.

If *you* are insured under *our* Multi-Trip ANNUAL Coverage, in the event of claim, *you* must provide documentary evidence of *your* effective date.

■ Claim and Authorization Forms

Some documents must be provided when submitting a claim. These include the Claim & Authorization form, fully completed **and**, where applicable:

Emergency Medical Insurance Coverage

- *our* medical questionnaire **if you are covered under TravelCare - Gold, TravelCare - Silver or TravelCare - Bronze coverages**;
- original of all bills, invoices and receipts; proof of both departure from and return to *your* province of residence. The type of proof depends on whether *you* travelled via airline or car. (For example, copies of airline tickets, itinerary, boarding passes, gas receipts, original duty-free shop receipts.)
- proof of payment by *your* government health insurance plan and payment from any other insurer or benefit plan;
- the completed and signed Power of Attorney and Quebec Regie forms, if *you* reside in the province of Quebec;
- a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated you during *your* trip that the expenses were medically necessary;
- for accidental dental expenses, *we* require proof of the accident.

We may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense

Cancellation & Interruption Insurance Coverage

- *our* medical questionnaire **if the full value of the non-refundable portion of your prepaid travel arrangements exceeds \$15,000**;
- a medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was not recommended;
- written evidence of the risk insured which was the cause of cancellation, interruption or delay;
- tour operator terms and conditions;
- complete original unused transportation tickets, vouchers, cruise shore excursion tickets or special event tickets;
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses;
- original passenger receipts for new tickets;
- reports from the police or local authorities documenting the cause of the missed connection;
- detailed invoices and/or receipts from the service provider(s).

Flight and Travel Accident Insurance Coverage

- police reports, medical records, death certificate, autopsy or coroner's report.

Baggage & Personal Effects Insurance Coverage

- proofs of loss/damage (copy of reports made to the authorities), proof of ownership and receipts for the items claimed, **in the event of loss or damage;**
- proof of delay and receipts for purchases of necessary toiletries and clothing, **in the event of a delay.**

CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

When making a claim under this Insurance, *you* must provide the applicable Documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim

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

Insurer's Reply

Our objective is to process *your* claim or to inform *you* of *our* decision within 7 days following the reception of all information required to process *your* claim.

For the *Emergency* Medical Insurance Coverage, *we* reimburse the covered expenses directly to the medical providers when possible.

For death claims under the Flight and Travel Accident Insurance Coverage, *we* will pay the principal sum to the beneficiary indicated in the *insurance application/confirmation of coverage* or to *your* estate, if no beneficiary is indicated.

We will pay the expenses, other than for loss of life, covered under this Insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your insurance application/confirmation of coverage*.

You must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.

Appeal of an Insurer's Decision and Recourses

You may contact l'Autorité des marchés financiers or consult *your* own lawyer if the insurer does not respect its commitments.

Any action shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued if *you* do not agree with a decision taken regarding *your* claim or for a dispute related to determinations made under the policy.

In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 3 years after the occurrence which gives rise to the claim.

However, if this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In fact, if this law is modified in order to extend or reduce the maximum delay to commence *your* action or arbitration proceeding against *us*, *you* must do it within the new delays prescribed by the law.

Third Party Liability

If *you* have any claim or right of action against any person, firm or organization for expenses for which *we* have made payment under this policy, *you* shall, if requested by *us*, assign and transfer such claim or right of action to *us*. *You* agree that you will do nothing to prejudice such rights. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.

III. SIMILAR PRODUCTS

Other insurers may provide products similar to this one. Before buying an insurance product, ensure that *you* do not already have such coverage.

IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS

If *you* have any questions about this insurance, please contact the insurer first, by referring to the contact information indicated on the cover page of this Distribution Guide.

For details about the commitments of insurers and distributors of insurance products to *you*, *you* may contact l'Autorité des marchés financiers :

Autorité des marchés financiers

Place de la Cité, Tour Cominar
2640, boulevard Laurier, 4^e étage
Québec (Québec) G1V 5C1

Telephone

Québec City: 418-525-0337
Montréal: 514-395-0337
Toll-Free: 1-877-525-0337

Fax

418-525-9512

Website

www.lautorite.qc.ca

V. NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Article 440 of the *Act respecting the distribution of financial products and services*

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows *you* to rescind an insurance contract *you* have just signed when signing another contract, without penalty, **within 10 days of its signature**. To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this Insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day time period, *you* may rescind the insurance at any time; however, penalties may apply.

For further information, contact l'Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: _____
(Name of insurer)

(Address of insurer)

Date: _____
(Date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby rescind insurance contract no.:

(Number of contract, if indicated)

Entered into on: _____
(Date of signature of contract)

In: _____
(Place of signature of contract)

(Name of client)

(Signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441,442 and 443 of the Act must be reproduced on the back of this notice.

Art.439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

Art.440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Bureau, stating that the client may rescind the insurance contract within 10 days of signing it.

Art.441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

Art.442. No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

Art.443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Bureau, stating that the debtor may subscribe for the insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

VI. NOTICE OF SPECIFIC CONSENT

You are free to grant or refuse this consent

Sections 92 and 437 of the Act respecting the distribution of financial products and services

WHAT YOU MUST KNOW:

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our clerks to have access to this information.
- These clerks will also have access to any update of the information done during the period of validity of the consent.
- These clerks will use the information available **in order to solicit you for the purchase of new financial products and services.**

YOU ARE FREE TO SET THE PERIOD OF VALIDITY OF YOUR CONSENT

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the “specific consent” section, a place where you may write down the period of validity desired.

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

Without this specific consent, the distributor may not use this information for a purpose other than the purpose for which it was collected. **The distributor cannot compel you to give your consent or refuse to do business with you if you refuse to give it. Section 94 of the Act protects you.** For further information, you may contact the Autorité des marchés financiers at: 418-525-0337 or 1-877-525-0337.

The information we hold pertaining to you, at this date, was collected as part of:

(purpose(s) of the file)

Here are the required categories of information that we would like one of our clerks to use and the products and services he may offer you. For a fuller description of each category, you may refer to the back of this sheet.

Please authorize each category of information requested.

Required information category to be accessed ⁽¹⁾	For which products and services? ⁽²⁾	Client's Authorization ⁽³⁾		Initials ⁽⁴⁾
<i>To be filled by the distributor</i>	<i>To be filled by the distributor</i>	Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

Instructions for the distributor (duplication not required):

1. The distributor must describe each category on the reverse side of this sheet.
2. The distributor must specify the nature of the products and services it wishes to offer the client. Each information category must be associated with a specific purpose. Where a category serves several purposes, the distributor must repeat it for each purpose.
3. The client may give his or her authorization by telephone, provided both parties can identify each other. In such case, this form shall serve as a script for the officer, who will also read the detailed description of each category to the client. The distributor must fill out this form and send it to the client within ten (10) days of obtaining the verbal consent.
4. If in electronic form, the initials may be replaced by a confirmation window. However, the notice of consent must be made available to the client by any means allowing the reading or printing thereof.

In accordance with the Act respecting the protection of personal information in the private sector, **you may request access to the information that we hold pertaining to you.**

SPECIFIC CONSENT

Having read the above, I, the undersigned, _____
(name of client)

consent to the use of the information held by the distributor for the purposes indicated above.

This authorization will be valid until revoked or for the following period:

DD/MM/YY (to be filled out by the client)

I may revoke this consent at any time by sending a notice. I may use the attached model notice for this purpose or as a basis for preparing my own notice.

(signature of client)

(date of signature of the consent)

(client identification, address, folio or contract no., etc.)

**I HEREBY REVOKE THE SPECIFIC CONSENT GIVEN TO THE DISTRIBUTOR
BY THE FOLLOWING NOTICE**

To: _____
(name of distributor)

(address of distributor)

On: _____

I, the undersigned, _____ hereby notify you that
(name of client)

I am canceling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to you on _____
(date of consent)

(name of client)

(signature of client)

(client identification, address, folio or contract no., etc.)

VII. DIRECTIVES FOR THE CANADIAN REPRESENTATIVE

Please check the box(es) corresponding to the insurance coverage selected by the client and write *your* initials on the line besides the box(es).

NAME OF THE CLIENT (in block letters)

has purchased the following RBC Insurance coverage:

	Check	Initials
Package Insurance Coverages		
Deluxe Package	<input type="checkbox"/>	_____
Travel Within Canada Package	<input type="checkbox"/>	_____
Non-Medical Package	<input type="checkbox"/>	_____
TravelCare - Gold Package	<input type="checkbox"/>	_____
TravelCare - Silver Package	<input type="checkbox"/>	_____
TravelCare - Bronze Package	<input type="checkbox"/>	_____
 Emergency Medical Insurance Coverage (under 65 years of age)		
Classic Medical	<input type="checkbox"/>	_____
 Emergency Medical Insurance Coverage (under 75 years of age)		
The 4-Day Getaway Multi-Trip Annual Medical	<input type="checkbox"/>	_____
 Emergency Medical Insurance Coverage (65 years of age or older)		
TravelCare - Gold Medical	<input type="checkbox"/>	_____
TravelCare - Silver Medical	<input type="checkbox"/>	_____
TravelCare - Bronze Medical	<input type="checkbox"/>	_____
Cancellation & Interruption Insurance Coverage	<input type="checkbox"/>	_____
Flight Accident Insurance Coverage	<input type="checkbox"/>	_____

® / ™ Trademark(s) of Royal Bank of Canada. Used under licence.

VPS95890

113317(07/2016)