

# Visitors to Canada Insurance



## About *Your* Travel Insurance:

This is ***your*** insurance policy, a contract detailing the terms and conditions of the insurance coverage(s) available. Refer to the ***insurance application/confirmation of coverage*** to view the coverages purchased. Keep it in a safe place and carry it with ***you*** when ***you*** travel.



Insurance

## IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

**You** have purchased a travel insurance policy – what’s next? **We** want **you** to understand (and it is in **your** best interests to know) what **your** policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your** policy before **you** travel. **Bolded** and **italicize** terms are defined in **your** policy. RBC Insurance Company of Canada has appointed AZGA Service Canada Inc. (operating as “Allianz Global Assistance”) as the provider of all assistance and claims services under this policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions; e.g., **medical conditions** that are not **stable**, pregnancy, child born on **trip**, excessive use of alcohol, high risk activities.
- This insurance may not cover claims related to **pre-existing medical conditions**, whether disclosed or not at time of policy purchase.
- Contact Allianz Global Assistance before seeking **treatment** or **your** benefits may be limited or denied.
- In the event of a claim **your** prior medical history may be reviewed.

IT IS **YOUR** RESPONSIBILITY TO UNDERSTAND **YOUR** COVERAGE. IF **YOU** HAVE QUESTIONS, CALL 1-800-387-2487, visit **our** website at [www.rbcinsurance.com](http://www.rbcinsurance.com) or contact **us** at RBC Insurance Company of Canada Claims c/o Allianz Global Assistance P O Box 277, Waterloo, ON N2J 4A4.

## What the Provincial Regulators want you to know:

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



## What to do if you need help on your trip

Call Allianz Global Assistance — 24/7 Help Wherever **You** Roam.

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

**Please call 1-800-387-2487 toll-free from the U.S. and Canada or (905) 816-2561 collect from anywhere in the world. (Note: If international operator assistance is required; please confirm how to call collect to Canada from your destination before leaving.)**

### What Assistance Services are available? Emergency Assistance Services

The following assistance services are available to **you**:

#### Medical Assistance & Consultation

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

- 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**;

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

#### Pay Assistance

Whenever possible, the payment of the eligible medical services **you** receive will be co-ordinated through **us**, 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 **our** control. **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 **us** immediately.

#### Replacement Co-ordination

Whenever possible, **we** 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.

## How do I make a claim?

If **you** need a Claim & Authorization form to submit a new claim, or **you** want status on an existing claim, please contact **our** Claims Department at:

905-816-2572 or 1-800-263-8944

Address:

RBC Insurance Company of Canada Claims  
c/o Allianz Global Assistance  
P O Box 277  
Waterloo, ON N2J 4A4

Or **you** can visit **our** website at

<http://www.rbcinsurance.com/travel/travelinsurance-claims.html> to obtain an **Emergency** Medical claim form.



## Eligibility

### Eligibility

To be eligible for insurance coverage you must:

- be a visitor to Canada;
- be a Canadian not eligible for benefits under a **government health insurance plan**;
- be a person who is in Canada on valid work or student visa;
- be an immigrant to Canada;
- be in Canada legally and are:
  - a **one-month-of-age** or older and under 85 years of age and have purchased **our** Visitors Plan I or II; or
  - b **one-month-of-age** or older and under 70 years of age and have purchased **our** Visitors Plan III.

#### IMPORTANT

This insurance is valid only if you have purchased it before your arrival in Canada or within 5 days after your arrival in Canada.

### When does your coverage start?

Insurance starts on **your effective date**.

### When does your coverage end?

Insurance ends on the earliest of:

- 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** depart Canada to return to **your** country of residence;
- c midnight of **your expiry date**;
- d the date which is 365 days after **your effective date**.



### 10 Day Free Look

If **you** are not completely satisfied with this travel insurance, **you** may cancel it within 10 days of purchase for a full refund, provided **you** have not left on **your trip** and have not experienced an event that would cause **you** to submit a claim. Refunds after the 10 day may not be permitted.

### What is Covered?

**Emergency Medical**- covers the **reasonable and customary** medical expenses **you** incur on **your trip** for necessary medical care or surgery, as part of the **emergency treatment** arising from a **medical condition** that is sudden and unexpected.

### What is not Covered?

It is really important to read **your** insurance coverage before **you** travel. There are exclusions and limitations that apply to **your** coverage. Not every situation or loss is covered. **We** only cover claims that meet the terms and conditions that **we** outline in this document.



## Summary of Travel Insurance Coverage

Plans 	Visitors Plan I	Visitors Plan II	Visitors Plan III
<b>Coverages &amp; Benefits</b>			
<b>Emergency Medical</b>	<b>Maximum Sums</b>		
Medical and Other Benefits ( <i>Deductible</i> per person per claim)	\$25,000* \$50	\$50,000* \$50	\$150,000* No <i>deductible</i>
Return to <i>Departure Point</i>	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance		
Bedside Companion Travel to bedside	Economy Airfare & \$300 out of pocket expenses		
Repatriation of Remains (Please see policy for limits on the transportation container, cremation and burial at location)	Transportation Cost: Unlimited		
Follow Up Visits	Up to 3		
Insured Person or <i>Travelling Companion</i> Out of Pocket expenses	\$1,500		
<b>Emergency Dental Treatment</b>	\$2,000 (accidental blow to <i>your</i> face) and/or \$300 for other <i>emergency</i> dental <i>treatment</i>		
Travel Accident	Principal Sum: \$25,000		

\* This is the aggregate limit of all benefits under the *emergency* medical portion of this policy.

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

## Definitions

When reading *your* insurance coverage, *you* will notice that certain words are **bolded** and *italicized*. Please review the “Definitions” section located on the last few pages of this insurance document.

## General Conditions

There are general conditions that apply to all coverages and they can be found on last few pages of this insurance document.

## Emergency Travel Medical Insurance

### Description of Coverage:

*Emergency* Travel Medical coverage provides benefits to travellers in *emergency* medical situations.

This insurance covers the *reasonable and customary* medical expenses *you* incur once *you* have left *your departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition* up to the maximum amounts outlined in the section titled “What is Covered”.

This insurance only covers expenses in excess of those covered under any other insurance or benefit plan under which *you* are covered.

### Emergency Contact Numbers:

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

## IMPORTANT

### What must *you* do in a medical *emergency*?

- *You* must contact *us* before seeking *emergency treatment*.
- In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by *us*.
- When *you* contact *us*, *we* will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*.
- *We* 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 to *you*.
- Failure to call may result in reduced benefits.
- If *your medical condition* prevents *you* from calling *us* before seeking *emergency treatment*, *you* must call *us* 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.
- *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy.

## IMPORTANT

*You* must incur the medical expenses in Canada. However, coverage also includes the medical expenses *you* incur during a side *trip* if the side *trip* starts and ends in Canada. The time *you* spend in Canada covered under this policy must be greater than the time *you* spend on *your* side *trip*.

## What is Covered

### Emergency Medical Treatment

This insurance covers medical expenses related to the following when required as part of the **emergency treatment** during **your trip**:

- **emergency treatment**, other than dental **treatment**;
- services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse;
- **hospital** accommodation in a semi-private room when **you** are a resident inpatient;
- outpatient services provided by a **hospital**;
- the services of a licensed private duty nurse while **you** are hospitalized;
- the lesser of the rental or purchase of a **hospital**-type bed, a wheelchair, brace, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by **us**;
- the services of the following legally licensed practitioners for **emergency treatment** of a covered injury up to a maximum of \$300 per profession: physiotherapist, chiropractor, chiropodist, podiatrist or osteopath; and
- **prescription drugs**.

### Emergency Dental

This insurance covers the following dental expenses when required as **emergency treatment** and 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**, up to a maximum of \$2,000.
- 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**.

## Out of Pocket Expenses

### IMPORTANT

This benefit is subject to the pre-authorization of Allianz Global Assistance

Please call us:

1-800-387-2487 (toll-free call from the USA or Canada)

905-816-2561 (collect call from anywhere through a local operator)

- This insurance covers **your** reimbursement, up to \$150 per day to a maximum of \$1,500, for **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), if, upon **physician's** advice:
  - **you**, or **your travelling companion**, are relocated to receive medical attention for an **emergency medical condition** covered under this insurance; 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.



## Transportation

### Ground ambulance

This insurance covers **you** for local ground ambulance service to a **hospital, physician** or 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.

### Air Ambulance, Commercial Flight or Stretcher

#### IMPORTANT

**This benefit must be pre-authorized and arranged by Allianz Global Assistance**

**Please call us:**

**1-800-387-2487 (toll-free call from the USA or Canada)**

**905-816-2561 (collect call from anywhere through a local operator)**

If the **physician** treating **you** recommends to **us** in writing that **you** return to **your** country of residence because of **your medical condition** in order to receive **emergency** medical attention, or if **our** medical advisors determine that **you** are able to and recommend that **you** return to **your** country of residence following **your emergency treatment**, this insurance covers **you** for one or more of the following, when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to **your** country 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** country of residence, if a stretcher is medically necessary; or
- when medically necessary or required by the airline, the cost of an upgraded airline seat on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany **you**; or
- the cost of air ambulance transportation.

## IMPORTANT

The following benefits are subject to the pre-authorization of Allianz Global Assistance

Please call us:

1-800-387-2487 (toll-free call from the USA or Canada)

905-816-2561 (collect call from anywhere through a local operator)

## Bedside companion's travel to *your* bedside

### IMPORTANT

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

If *you* are travelling alone and 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 on a commercial flight via the most cost effective route;
- up to \$300 for commercial accommodations and meals for the bedside companion; 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 over age 20 and physically or mentally disabled, or under age 21 and dependant on *your* bedside companion for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

## Follow-Up Visits

This insurance covers up to 3 follow-up visits, provided they are directly related to *your* medical *emergency*.

## Repatriation of *your* remains

If, during *your trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers:

- the transportation of *your* remains in the common carrier's standard transportation container to *your* country of residence, and up to \$5,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- the transportation of *your* remains to *your* country of residence and up to \$5,000 for the cremation of *your* remains at the location where *your* death occurred; or
- up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.

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 up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

## Limitations, Conditions & Exclusions

### What Coverage Limitations Apply:

- 1 This policy is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the medical questionnaire, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid
- 2 If **you** are insured under **our** Visitors Plan I or Visitors Plan II, **you** will be responsible for a **deductible** of \$50 per person and per claim. **We** will apply this **deductible** to any claim covered under this insurance in excess of any other coverage **you** may have.
- 3 **You** must call **us** before obtaining **emergency treatment** so that **we** may:
  - confirm coverage
  - provide pre-approval of **treatment**.

If it is medically impossible for **you** to call prior to obtaining **emergency treatment**, **we** ask **you** to call or have someone call on **your** behalf as soon as possible. Otherwise, if **you** do not call **us** before **you** obtain **emergency treatment**, **you** will be responsible for 30% of **your** medical expenses covered under this insurance.

### What Conditions Apply:

- 1 By paying the premium for this insurance, **you** agree that **we** have:
  - a **your** consent to verify **your** health and other information required to process **your** claim, with the relevant government and other authorities;
  - b **your** authorization to **physicians**, **hospitals** and other medical providers to provide to **us** any and all information they have regarding **you** while under observation or **treatment**, including **your**

medical history, diagnoses and test results; and

- c **your** agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of **your** claim for benefits obtainable from other sources.
- 2 This insurance is subject to the “**Terrorism Coverage**”, “**General Conditions**” and “**How Do You Submit a Claim?**” sections outlined in this insurance.

## What is Not Covered

### **Pre-existing Medical Condition** Exclusions:

#### If **you** are **one-month-of-age** or older and under **50 years of age**:

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 **you** depart on **your trip**, **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 **you** depart on **your trip**:
  - 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 **you** depart on **your trip**:
  - 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.

**If you are 50 years of age or older and under 71 years of age:**

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 **you** depart on **your trip**, **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 **you** depart on **your trip**:
  - 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 180 days before **you** depart on **your trip**:
  - 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.

**If you are 71 years of age or older and under 85 years of age:**

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**:
  - a **you** have taken medication, been prescribed medication, or received **treatment** for that **medical condition** or related condition; or
  - b **you** have experienced a deterioration of, or sought **treatment** for, that **medical condition** or related condition.

- 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 **you** have taken medication, been prescribed medication, or received **treatment** for any heart condition; or
  - b **you** have experienced a deterioration of, or sought **treatment** for, any heart condition.
- 3 **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 180 days before **your effective date**:
  - a **you** have taken medication, been prescribed medication, or received **treatment** for any lung condition; or
  - b **you** have experienced a deterioration of, or sought **treatment** for, any lung condition.

### General Exclusions

In addition to the exclusion outlined above under “**Pre-Existing Medical Condition Exclusions**,” this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:

- 1 If **you** are **one-month-of-age** or older and under 2 years of age, **a medical condition** (whether or not the diagnosis has been determined), arising from or related to a congenital defect.
- 2 The continued **treatment**, recurrence or complication of a **medical condition** or related condition, following **emergency treatment** during **your trip**, if **our** medical advisors determine that **your emergency** has ended.
- 3 The **treatment** of any heart or lung condition, following **emergency treatment** for a related or unrelated heart or lung condition during **your trip**, if **our** medical advisors determine that **you** were medically able to return to **your** home country and **you** chose not to return.
- 4 After **your medical emergency treatment** has started, **we** must assess and pre-approve additional medical **treatment**. If **you** undergo tests as part of a medical investigation, **treatment** or surgery, obtain **treatment** or

- undergo surgery that is not pre-approved, **your** claim will not be paid. This includes, but is not limited to, invasive testing, surgery, cardiac catheterization, other cardiac procedures, transplant, and MRI.
- 5 **Your** self-inflicted injury, suicide or attempt to commit suicide.
  - 6 Any claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
  - 7 Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
  - 8 Any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.
  - 9 Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
  - 10 **We** will not pay a benefit with respect to non-**emergency**, experimental or elective **treatment** (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
  - 11 **Your** participation as a **professional** athlete in a sporting event including training or practice for the same.
  - 12 **Your** participation in rock climbing or **mountain climbing**.
  - 13 **Your** participation in a motorized race or motorized speed contest including training or practice for the same.
  - 14 A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
  - 15 A **medical condition** for which future investigation or **treatment** (except routine monitoring) is planned before **your effective date**.
  - 16 Any **medical condition** or symptoms for which it is reasonable to believe or expect that **treatments** will be required during **your trip**.
  - 17
    - a Any claim related to routine pre-natal or post-natal care; or
    - b Any claim related to **your** child born during the **trip**; or
    - c Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
  - 18 Symptoms which would have caused an ordinarily prudent person to seek **treatment** or medication in the 90 days before **your effective date**.
  - 19 Any claim incurred after a **physician** advised **you** not to travel.
  - 20 (Applicable to side **trips** outside of Canada only) Any expenses incurred if the reason for **your emergency** is associated in any way with an official travel advisory issued before **your effective date** by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of **your** destination.  
 \*\*To view the travel advisories, visit the Government of Canada Travel site.  
 This exclusion does not apply to claims for an **emergency** or a **medical condition** unrelated to the travel advisory.
  - 21 If **our** medical advisors determine that **you** should transfer to another facility or return to **your** country of residence for **treatment**, and **you** choose not to, benefits will not be paid for further medical **treatment** and contract will be terminated.
  - 22
    - a Applicable to optional insurance policy extension – Any **medical condition** which first appeared, was diagnosed or received **emergency treatment** prior to the **effective date** of the insurance extension if the extension was purchased after the contracted date of departure.
    - b Applicable to top-up coverage – Any **medical condition** which first appeared,

was diagnosed or received **emergency treatment** prior to the **effective date** of this insurance if this insurance was purchased as **top-up**.

23 Claim related to:

- an act of war whether declared or undeclared;
- rebellion;
- exposure to nuclear reaction or radiation;
- radioactive, biological or chemical **contamination**.

24 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## Travel Accident Insurance

### Description of Coverage:

This insurance covers **your accidental bodily injury** sustained during **your trip** resulting in **your dismemberment, loss of sight**, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident.

### What is Covered

	Principal Sum:
Travel Accident	\$25,000

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** or **loss of sight** of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single **dismemberment** or **loss of sight** of one eye.

## Limitations, Conditions & Exclusions

### What conditions apply?

- 1 If after one year following the travel accident covered under this insurance, **your** body has not been found, it will be presumed that **you** died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the “**Terrorism Coverage**”, “**General Conditions**” and “**How Do You Submit a Claim?**” sections outlined in this policy.
- 3 The maximum sums available are shown in the Summary of Insurance Coverage chart contained in this policy.
- 4 Any expense incurred if the purpose of **your trip** is obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
- 5 The total benefits payable for one or more accidents will not exceed the applicable principal sum as outlined in the Summary of Insurance Coverage chart.

### What is Not Covered

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 2 **Your** self-inflicted injury, suicide or attempt to commit suicide.
- 3 Any claim that results from or is related to **you** or **your** beneficiary’s involvement in the commission or attempted commission of a criminal offence or illegal act.
- 4 Participation in any military manoeuvre or training exercise.

- 5 Disease, even if the cause of its activation or reactivation is an accident.
- 6 Piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 **Contamination** due to any **act of terrorism**.
- 8 **Terrorism**.
- 9 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.
- 10 A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
- 11 Any **accidental bodily injury**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.
- 12 Any **accidental bodily injury** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 13 Any **accidental bodily injury** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 14 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
- 15 Participation as a **professional** athlete in a sporting event including training or practice for the same.
- 16 Participation in hang-gliding, rock climbing, **mountain climbing**, parachuting, skydiving or bungee jumping.
- 17 Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

## Terrorism Coverage

Where an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under one of the Covered Reasons in accordance with the terms and conditions of this insurance, this insurance will provide coverage as follows:

- 1 **Terrorism** Coverage is not available under Travel Accident Insurance.
- 2 We will for **Emergency** Medical claims reimburse **you** up to a maximum of 100% of **your** eligible loss.
- 3 The benefits payable in accordance with paragraph above are in excess to all other potential sources of recovery, including other insurance coverage (even where such other coverage is described as excess) and will only respond after **you** have exhausted all such other sources.

## How to Become Insured, Extend or Modify Your Insurance

### How do you become insured?

**You** become insured and this insurance document becomes an insurance contract when:

- **Your** name is on the **insurance application/confirmation of coverage** and
- The required premium has been paid on or before **your effective date**.

### When does your coverage automatically extend?

- 1 If **you** are scheduled to return to **your** place of ordinary residence or country of origin, on the **expiry date** and the delay of the common carrier in which **you** are scheduled to travel prevents **you** from returning to **your** place of ordinary residence or country of origin, **your** coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If **you** or **your travelling companion** are hospitalized on **your expiry date**, **your** coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge.

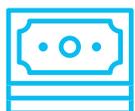
- 3 If **you** or **your travelling companion** are delayed beyond **your expiry date** because of a **medical condition** and are medically unable to travel, but are not hospitalized, **your** coverage will automatically extend for the delay period to a maximum of 5 days after **your expiry date**.
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from **your effective date**.

### What 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:

- 1
  - a If **you** have not had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**.
  - b If **you** have had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**, and the extension is subject to **our** approval.
  - c Regardless of the number of optional extensions above, coverage will not continue beyond 365 days from **your effective date**.
- 2 **You** must pay the required additional premium before **your** original **expiry date**.
- 3 Any extension of **your** coverage is subject to **our** approval and **we** reserve the right to decline the request.

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



## Insurance Premium

### About *Your* Premium

- The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates in effect.
- Premium rates and coverage terms and conditions are subject to change without prior notice.
- Coverage will be null and void if credit card charges are invalid, or if no proof of *your* payment exists.

### When can *your* premium be refunded?

If *you* are not completely satisfied with this travel insurance, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim. Refunds after the 10 day will not be permitted unless:

- *You* return to *your* place of ordinary residence or country of origin, before *your expiry date*, the premium *you* paid for the unused days can be refunded, if *you* provide proof of *your* date of return; Note: *you* must however pay the minimum premium for 7 days.

#### IMPORTANT

No refund of premium will be made in the event that a claim has been paid, incurred or reported.

### Contract or Coverage Termination by Us

- 1 This policy is issued on the basis of information in *your* application or provided in connection with *your* application (including answers to the medical questionnaire, if required). When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:
  - *your* coverage will be void
  - which means *your* claim will not be paid
- 2 If *you* fail to meet the eligibility conditions as outlined under “Eligibility”, *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 3 *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy.
- 4 This contract is void if a *trip* is made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.



## How to Submit a Claim

### How to Submit a Claim

- 1 When **you** call **us** at the time of an **emergency**, **you** will be given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 **We** do not cover fees charged for completing a medical certificate.
- 3 For an **Emergency** Medical Insurance claim or a Travel Accident claim:

**You** must provide notice of **your** claim within thirty (30) days of the date the claim arises.

**You** must submit the information required for **your** claim within ninety (90) days of the date of the claim arises. If it is not reasonably possible to provide such information within ninety (90) days, **you** must do so within one (1) year of the date the claim arises or such other time period as may be permitted by **your** applicable provincial legislation or **your** claim may not be reviewed.

If **your** claim is approved, payment will be made within sixty (60) days of receipt of all of the required information.

- If **you** need a Claim & Authorization form, please contact **our** Claims Department at **1-800-387-2487 toll-free from the U.S. and Canada, or (905) 816-2561.**

- Or **you** can visit **our** website at <http://www.rbcinsurance.com/travel/travelinsurance-claims.html> to obtain an **Emergency** Medical claim form.
- **Our** address:  
RBC Insurance Company of Canada Claims  
c/o Allianz Global Assistance  
P O Box 277  
Waterloo, ON N2J 4A4

### How to file a Complaint

The complete process to file a complaint with RBC Insurance Company of Canada can be accessed on the RBC Insurance Company of Canada public website at <https://www.rbcinsurance.com> under “Make a Complaint” at <https://www.rbc.com/customercare/index.html>

### Information Required for each type of Claim

If **you** are making an **Emergency** Medical Insurance claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

- Original of all bills, invoices and receipts.
- Proof of payment by and payment from any other insurer or benefit plan.
- 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.

In addition, for accidental dental expenses, **we** require proof of the accident.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

### What can you expect from us when making a claim

- 1 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.
- 2 **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**.
- 3 Payment, 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**. This insurance will not pay for any interest.
- 4 **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your** policy.
- 5 During the processing of a claim under this insurance, **we** may require **you** to undergo a medical examination by one or more *physicians* selected by **us** and at **our** expense.

### What can you do if your claim is not approved

If **your** claim is not approved and **you** disagree with **our** decision, **you** have the option to appeal. **You** can contact the RBC Client Complaints Appeal Office for assistance at: ccao@rbc.com or 1-888-728-6666 or <https://>

[www.rbcinsurance.com/contact-us/personal-insurance/index.html](https://www.rbcinsurance.com/contact-us/personal-insurance/index.html)

In order to submit the appeal, **you** will need to outline **your** concerns and resolution expectations. **You** will also need to send **us** the following:

- A copy of the final decision/proposal letter that **you** received
- Any new information or documentation that has not already been submitted to support **your** position

There is a limitation period for commencing an action in the Province of Quebec. If **you** decide to commence an action in court, **we** recommend **you** seek independent legal advice on **your** rights and the applicable limitation period. **You** may only commence a legal action in the province or territory where the insurance was issued.

### General Conditions

- 1 Throughout this document, any reference to age refers to **your** age on the date of **insurance application/confirmation of coverage**.
- 2 **We** are not responsible for the availability, quality or results of any medical *treatment* or of any transportation or of **your** failure to obtain medical *treatment*.
- 3 This document, including the **insurance application/confirmation of coverage**, is the entire contract between **you** and **us**. Despite any other provision of this contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.
- 4 Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws

of Ontario), or in other applicable legislation in **your** province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

- 5 **You** may only commence a legal action in the province or territory where the policy was issued. **You** or **your** heirs assign consent to the transfer of any legal action to the province or territory where the policy was issued.
- 6 If the aggregate of all Flight Accident insurance policies under which **we** cover **you** is in excess of \$200,000, **our** total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.

### Access to Care

**We** will assist **you** to access care whenever possible; however, **we** are not responsible for the quality of care **you** receive.

### Misrepresentation

- 1 This policy is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the medical questionnaire, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid
- 2 You must be accurate and complete in **your** dealings with us at all times.
- 3 **We** will not pay a claim if **you**, any person insured under this policy or anyone acting on **your** behalf attempt to deceive **us** or makes a fraudulent, false or exaggerated statement or claim.

### Co-ordination of Benefits

If **you** are eligible for benefits, similar to the benefits provided under this insurance, the total

benefits paid to **you** by all insurers cannot exceed the actual incurred expense.

**We** will coordinate the payment of benefits from all insurers with whom **you** are eligible, to the maximum of the largest amount specified by each insurer.

- 1 If **you** are insured under more than one of **our** policies, the total amount paid to **you** cannot exceed the actual expense which **you** have incurred, and the maximum **you** are entitled to is the largest amount specified for the benefit in any one policy.
- 2 Any of **our** policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of **our** policies.
- 3 These conditions are not applicable to benefits payable under Travel Accident Insurance.

### Right to be Reimbursed (Subrogation) and Third Party Recovery

As a condition to receiving benefits under this policy, **you** agree that if **you** have a claim or right of action against any person, company or organization for the loss or expenses for which under this policy **we** have made payment, **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 our rights to recover, and **you** will cooperate fully with **us** and to allow **us**, at **our** own expense, to bring a law suit in **your** name against the third party.

In the event that **you** institute a demand or action in connection with the losses or expenses for which under this policy we have made payment, **you** agree to:

- 1 Immediately notify **us** of this claim and provide the name and address of the lawyer or firm pursuing this action on **your** behalf;
- 2 Advise the lawyer or firm acting on **your** behalf about **our** right to be reimbursed under this policy, and instruct any such lawyer or firm acting on **your** behalf to include as part of

**your** action all amounts paid by **us** under this policy;

- 3 Keep **us** informed on the status of **your** legal action and to provide **us**, free of charge with such reports as we may reasonably require and details of any settlement negotiations; and
- 4 Reimburse **us** for all **emergency** medical, hospital, and related costs paid under the policy from any amounts **you** receive from a third party responsible (in whole or in part) for **your** injury or sickness whether such amounts are paid under a judgment or settlement agreement.



## Definitions

The following are **our** definitions and apply when **bolded** and written in *italics* throughout this document.

**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.

**Children** – dependent unmarried persons, who are **your** natural, adopted or step-children, and are:

- a **one-month-of-age** or older and under 21 years of age; or
- b **your** child of any age who is mentally or physically disabled.

**Contamination** – the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

**Deductible** – the dollar amount for which **you** are liable for each claim, as stated on **your insurance application/confirmation of coverage**, before any remaining eligible expenses are reimbursed under this insurance.

**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**.

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

**Effective date** – is one of the following when the insurance is purchased:

- a before **you** arrive in Canada:
  - the date of **your** arrival in Canada as shown on **your insurance application/confirmation of coverage**, if **you** are **one-month-of-age** or older; or
- b after **you** arrive in Canada, the date shown on **your insurance application/confirmation of coverage**. Note: this insurance is valid only if **you** have purchased it within 5 days after **your** arrival in Canada.

**Emergency** – a sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by Allianz Global Assistance indicates that no further **treatment** is required at destination or **you** are able to return to **your** province/territory of residence for further **treatment**.

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

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

**Hospital** – an institution that is licensed as an accredited **hospital** that is staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A **hospital** is not an 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, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

**Insurance application/confirmation of coverage** – the document provided by **us** 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.

**Loss of sight** – entire and permanent loss of eyesight.

**Medical condition** – any disease, illness or injury (including symptoms of undiagnosed conditions).

**Mountain climbing** – the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners 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**.

**One-month-of-age** – 31 days after birth, provided birth occurred after a gestation period of at least 38 weeks.

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

**Physician** – a person who is not **you** or a member of **your immediate family** or **your traveling companion**, licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

**Pre-existing medical condition** – any **medical condition** that exists prior to **your effective date**.

**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.

**Reasonable and customary** – charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Return date** – the date on which **you** are scheduled to return to **your departure point**. This date is shown on **your insurance application/confirmation of coverage**.

**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** - A medical condition is considered **stable** when all of the following statements are true:

- there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in treatment), and
- there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new **prescription drug**, and the **medical condition** has not become worse, and
- there has not been any new, more frequent or more severe symptoms, and
- there has been no hospitalization or referral to a specialist, and
- there have not been any tests, investigation or **treatment** recommended, but not yet complete, nor any outstanding test results, and
- there is no planned or pending **treatment**.

All of the above conditions must be met for a **medical condition** to be considered **stable**.

**Treat, treated, treatment** – a procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

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

**We, us** and **our** refer to RBC Insurance Company of Canada and any services provided by Allianz Global Assistance.

**You** 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**.

**RBC Insurance Company of Canada**  
6880 Financial Drive  
Mississauga, Ontario  
L5N 7Y5



**Insurance**