

# Cancellation & Interruption 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 **italicized** terms are defined in **your** 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.
- In the event of a claim **your** prior medical history may be reviewed.
- If **you** have been asked to complete a **medical questionnaire** and any of **your** answers are not accurate or complete, **your** policy will be voidable.

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

## 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 Assured Assistance Inc. (AAI) – 24/7 Help Wherever **You** Roam.

Assured Assistance Inc. (AAI) is the travel assistance company that operates on behalf of RBC Insurance®. They provide **our** world-class emergency travel assistance.

**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.)**

Get the PATH App. Download the free RBC Insurance PATH app for quick, easy access to **emergency** assistance anywhere **you** travel.

Get it from the Apple Store or Google Play.

### What Assistance Services are available?

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

#### 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:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

**You** can visit **our** website at

<http://www.rbcinsurance.com/travel/travel-insurance-claims.html> to obtain a Cancellation & Interruption claim form.



## Eligibility

### Eligibility

To be eligible for insurance coverage *you* must:

- purchase coverage for a maximum of 365 days;
- be living in Canada, travelling through Canada or visiting Canada during *your trip*;
- have correctly completed the *medical questionnaire* if the non-refundable portion exceeds \$15,000.

### 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* return to *your* province, territory or country of residence;
- c midnight of *your return date*;
- d midnight of *your expiry date*;
- e 365 days after *your* date of departure from *your departure point*.



### 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?

**Before *you* leave:**

***Trip* Cancellation** – when a covered reason causes *you* to cancel *your trip* before leaving *your departure point*.

**After *you* leave:**

***Trip* Interruption** – when a covered reason occurs during *your trip* which causes the delay of *your* departure from *your departure point*; or when a covered reason occurs during *your trip* which causes an early or late return back to *your departure point*.

**Delays:**

**Transportation Delay** – when *your* transportation carrier is delayed due to a covered reason which causes *you* to miss a connection or resulting in the interruption of *your* travel arrangements.

### 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 as **we** outline in this document.

#### IMPORTANT

If *you* have any questions about *your* travel insurance coverage, please visit **our** website or call **us**.





## Summary of Travel Insurance Coverage

Cancellation & Interruption Insurance	Maximum Sums Included
<b>Trip</b> Cancellation – Before Departure	Up to the maximum covered amount as indicated on <b>your insurance application/confirmation of coverage</b>
<b>Trip</b> Interruption – After Departure Transportation <b>Trip</b> Interruption – After Departure Unused Portion of Pre-paid Travel Arrangements	Option 1 Transportation – Economy class Unused Portion of Pre-paid Travel Arrangements – Up to maximum covered amount for <b>Trip</b> Cancellation-Before Departure
<b>Trip</b> Interruption – After Departure Transportation <b>Trip</b> Interruption – After Departure Unused Portion of Pre-paid Travel Arrangements	Option 2 Combined maximum up to \$1500
<b>Trip</b> Interruption – After Departure Transportation <b>Trip</b> Interruption – After Departure Unused Portion of Pre-paid Travel Arrangements	Option 3 Combined maximum up to \$800
Transportation Delay	Up to \$350
<b>Emergency</b> Assistance	Included

## 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.

## Trip Cancellation, Trip Interruption Insurance

### Description of Coverage:

This insurance covers *you* up to the amount of insurance coverage *you* purchased for losses incurred should a Covered Reason prevent *you* from travelling as planned.

### When does Coverage apply?

#### Trip Cancellation – Before you Leave:

- when a covered reason causes *you* to cancel *your trip* before leaving *your departure point*. (Coverage is not applicable if the sum insured prior to departure under *your* insurance is \$0.)

#### Trip Interruption – After you Leave:

- when a covered reason occurs during *your trip* which causes the delay of *your* departure from *your departure point*; or when a covered reason occurs during *your trip* which causes an early return back to *your departure point*.

#### Delayed Return – After you Leave:

- when a covered reason occurs during *your trip* and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

## IMPORTANT

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

- a 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; and
- b advise *us* at the same time.

*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.

## Covered Reasons

### Emergency Medical Condition or Death:

For Covered Reasons 1 to 5 “**you**” or “**your**” applies to **you** or **your travelling companion**.

- 1 **Your emergency medical condition** or death.
- 2 The **emergency medical condition** or death of:
  - a **Your immediate family** member,
  - b **Your caregiver, key employee** or business partner.
- 3 The death or admission to a **hospital** of **your** host at destination following an **emergency medical condition**.
- 4 The death of **your** friend.
- 5 The quarantine or hijacking of **you, your spouse** or **your** child.

#### What are you eligible for: (Covered Reasons 1 to 5)

Covered Reasons 1 to 5:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f)

Review **your** benefit(s) under the “What are the Benefits?” section.

### Pregnancy & Adoption:

For Covered Reason 6 “**your**” applies to **you, your spouse, your travelling companion, your travelling companion’s spouse, your immediate family** member or **your travelling companion’s immediate family** member.

- 6 **Your** complications of a pregnancy arising in the first 31 weeks of pregnancy. 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.

#### What are you eligible for: (Covered Reason 6)

Covered Reason 6:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f)

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reasons 7 and 8 “**your**” applies to **you, your spouse, your travelling companion, your travelling companion’s spouse**.

- 7 **Your** pregnancy being confirmed after **your effective date**, if **your** departure from **your departure point** is scheduled to take place in the 9 weeks before or after the expected date of delivery.

**What are you eligible for: (Covered Reason 7)**

Covered Reason 7:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	not applicable	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

- 8 The legal adoption of a child, when the actual date of that adoption is scheduled to take place after **your effective date** and prior to, or during, **your trip**.

**What are you eligible for: (Covered Reason 8)**

Covered Reason 8		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

**Work or Occupation:**

For Covered Reasons 9 to 12 “**your**” applies to **you, your spouse, your travelling companion**.

- 9 A transfer by **your** employer with whom **you** or **your spouse** is employed on **your effective date** which requires the relocation of **your** principal residence (not applicable to self-employed people).
- 10 The involuntary loss of **your** permanent employment (not contract employment) due to lay-off or dismissal without just cause.
- 11 Cancellation of **your business meeting** beyond **your** or **your** employer’s control.
- 12 **Your** being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.

**What are you eligible for: (Covered Reasons 9 to 12)**

Covered Reasons 9 to 12:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.



### Government Travel Warning or Visas:

For Covered Reason 13 “**your**” applies to **you**.

- 13 The Government of Canada issues an “Avoid Non – Essential Travel” or an “Avoid All Travel” travel advisory after **you** purchase **your** insurance advising or recommending that Canadian residents should not visit a destination included in **your trip**.

#### What are **you** eligible for: (Covered Reason 13)

Covered Reason 13:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a)	c), d) & g), or c), e) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reason 14 “**your**” applies to **you** or **your travelling companion**.

- 14 The non-issuance of **your** travel visa (not an immigration or employment visa) or the rejection of **your** travel visa application (not an immigration or employment visa) for reasons beyond **your** control.

#### What are **you** eligible for: (Covered Reason 14)

Covered Reason 14:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	not applicable	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

### Other:

For Covered Reasons 15 and 16 “**your**” applies to **you** or **your travelling companion**.

- 15 An event completely independent of any intentional or negligent act that renders **your** principal residence uninhabitable or the business that **you** own inoperative.
- 16 **Your, your spouse** or **your** child being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding during **your trip**.

#### What are **you** eligible for: (Covered Reasons 15 to 16)

Covered Reasons 15 to 16:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

### Transportation Delays:

For Covered Reason 17 “**your**” applies to **you**.

17 A missed departure or the delay of **your** connecting transportation due to the following events:

- mechanical failure of that transportation
- a traffic accident
- an emergency police-directed road closure
- weather conditions, earthquakes, volcanic eruptions
- **unannounced strike**
- loss or theft of **your** passports, travel documents, or money

Transportation for covered reason #17 refers to a **passenger plane**, ferry, cruise ship, bus, limousine, taxi, ride sharing, private automobile or train.

#### IMPORTANT

- **Your** travel plans must include enough time to meet the travel supplier’s check-in procedure.
- Any amount payable will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.

#### What are you eligible for: (Covered Reason 17)

Covered Reason 17:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
not applicable	c), e), h)	d), g)

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reason 18 “**your**” applies to **you** and **your travelling companion**.

18 Delay of **your** scheduled carrier due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the **trip**, when **you** choose not to continue with **your** travel arrangements.

Note: If **you** choose to continue on with the **trip**, only Benefit b) applies.

#### What are you eligible for: (Covered Reason 18)

Covered Reason 18:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	b) or c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

## What are the Benefits?

### **Trip Cancellation – Before you Leave: (up to the maximum covered amount purchased)**

If **your trip** is cancelled before **you** leave as a result of a Covered Reason, benefits are payable for:

- 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.

#### **IMPORTANT**

**Benefit a) or b) are not applicable if the maximum amount purchased for Trip Cancellation – Before Departure is \$0.**

### **Trip Interruption – After you Leave (up to the maximum covered amount purchased for Trip Cancellation)**

#### **Unused Portion of Pre-paid travel arrangements:**

If **your trip** is interrupted after **you** leave as a result of a Covered Reason, benefits are payable for:

- c The non-refundable unused portion of **your** prepaid travel arrangements, excluding partially used airline/transportation tickets back to **your departure point**.

#### **IMPORTANT**

**Benefit c) is not applicable if the maximum amount purchased for Trip Cancellation – Before Departure is \$0.**

### **Transportation:**

- d **Your** economy class transportation via the most cost effective route to **your departure point**.

#### **IMPORTANT**

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 covered reason #2)

- This option is subject to the pre-authorization of Assured Assistance Inc.
- This option can only be used once during **your period of insurance**.
- If **you** choose this option, it will replace benefit d).
- The Out of Pocket Expenses benefit is not applicable if **you** choose this option.

- e **Your** economy class one-way air fare via the most cost effective route to **your** next destination (inbound and outbound) or to rejoin a tour or group.

### **Out of Pocket Expenses:**

- f **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), up to a daily maximum of:
  - \$175, to a maximum total of \$1750.
- g **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), up to a daily maximum of:

- \$175, to a maximum total of \$350.

#### **Transportation Delay Benefit:**

h As a result of covered reason #17, reimbursement to **you**, up to a daily maximum of \$175 to a total of \$350:

- for **your** overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight); and
- meals, essential telephone calls, internet usage fees, taxi fares (ride sharing or rental car in lieu of taxi fares).

#### **IMPORTANT**

This benefit can only be claimed if no other compensation was provided or offered by the delayed transportation.

#### **Repatriation of *your* remains Benefit:**

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** province or territory 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** province or territory 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.

## Limitations, Conditions & Exclusions

### What Conditions Apply?

- 1 It is a condition of any transportation and out of pocket expense benefit under this insurance that travel must be undertaken on the earliest of:
  - a the date when **your** travel is medically possible; and
  - b within 10 days following **your** originally scheduled **return date** if **your** delay is not the result of hospitalization; or
  - c 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 covered reasons.
- 2 This insurance is subject to the “**Terrorism Coverage**”, “**General Conditions**” and “**How Do You Submit a Claim?**” sections outlined in this insurance document.

### What is Not Covered

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

##### 1 **Pre-Existing Medical Condition Exclusion:**

(Applicable if the non-refundable portion of **your** pre-paid travel arrangements does not exceed \$15,000.)

When reading the **Pre-existing Medical Condition** exclusions, please review the definition of **stable**.

This exclusion applies to **you**, **your spouse**, **your** dependent **children** whether or not they are travelling with **you**. It also applies to **your** parents and **your** siblings who live in the same home, whether or not they are travelling with **you**.

**We** will not pay for any expenses incurred directly or indirectly as a result of:

- i **Your/their 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**, the **medical condition** or related condition has not been **stable**.
- ii Any heart condition (whether or not the diagnosis has been determined) if at any

time in the 90 days before **your effective date**:

- a **Your/their** heart condition has not been **stable**; or
  - b **You/they** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- iii Any lung condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
    - a **Your/their** lung condition has not been **stable**; or
    - b **You/they** 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.
- 2 **Pre-Existing Medical Condition Exclusion:**  
(Applicable if the non-refundable portion of **your** pre-paid travel arrangements exceeds \$15,000.)

#### **IMPORTANT**

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 # 3 also applies to all categories.

#### **Gold**

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

- i **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**.
- ii **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.
- iii **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:

- i **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**.
- ii **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.
- iii **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 180 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.

### Bronze

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

- i **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**, **your medical condition** or related condition has not been **stable**.
- ii **Your** heart condition (whether or not the diagnosis has been determined) if at any time in the 365 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.
- iii **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 365 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.

### 3 Pre-Existing Medical Condition Exclusion:

(Applicable if the non-refundable portion of your pre-paid travel arrangements exceeds \$15,000.)

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

- i **Your immediate family** member or **your travelling companion's 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 immediate family** member or **your travelling companion's medical condition** or related condition has not been **stable**.
- ii **Your immediate family** member or **your travelling companion's** 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 **your immediate family** member or **your travelling companion** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
  - iii **Your immediate family** member or **your travelling companion's** 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 **your immediate family** member or **your travelling companion** 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.
- b A **trip** undertaken to visit or attend an ill person when the **medical condition** or death of that person is the cause of the claim.
  - c Pre-paid travel arrangements for which an insurance premium was not paid.
  - d **Your** self-inflicted injury, suicide or attempt to commit suicide.
  - e Claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
  - f 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**.
  - g Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
  - h Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
  - i Any claim related to routine pre-natal or post-natal care, or
    - Any claim related to **your** child born during the **trip**, or
    - Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.

## 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:

- a Any known or 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**.
- j 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.
- k **Your** participation in rock climbing or **mountain climbing**.
- l The non-issuance of a travel visa due to late visa application.
- m **Your** refused entry at customs, border crossing, or security checkpoint for any reason.

- n The schedule change of a medical test or surgery that was originally scheduled before **your period of insurance**.
- o **Your medical condition** if any answer provided in the **medical questionnaire**, when applicable, is incorrect, in which case the insurance is void and the premium paid is refundable at **our** option.
- p Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- q Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## 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 **We** will, for Cancellation & Interruption claims, except in the case of **catastrophic event**, reimburse **you** up to a maximum of 100% of **your** eligible loss.
- 2 **We** will, for Cancellation & Interruption claims resulting in a **catastrophic event**, and subject to the limits described in paragraph 6), reimburse **you** up to a maximum of 50% of **your** eligible loss.
- 3 For all other classes of insurance, **we** will reimburse **you** up to a maximum of 100% of **your** eligible loss.
- 4 The benefits payable in accordance with paragraphs 2), 3) and 4) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even

where such other coverage is described as excess) and will only respond after **you** have exhausted all such other sources.

- 5 The benefits payable in accordance with paragraph 3) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policy holders shall be CDN\$5,000,000 per **act of terrorism** or series of **acts of terrorism** occurring within a 72-hour period. The total maximum payment out of the fund for all policy holders shall be CDN\$10,000,000 per calendar year regardless of the number of **acts of terrorism**. If, in **our** judgment, the total of all payable claims for all policy holders under one or more **acts of terrorism** may exceed the applicable fund maximum limits, **your** prorated claim will be paid after the end of the calendar year.

## 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:

- **Your** name is on the **insurance application/confirmation of coverage**.
- The required premium has been paid on or before **your effective date**.
- **You** have completed the **medical questionnaire** if required.

### When does your coverage automatically extend?

- 1 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.
- 2 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from **your** latest date of departure from **your departure point**.

## 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 Assured Assistance Inc. before **your return date**, and the extension is subject to the approval of Assured Assistance Inc.
- 2 **You** must pay the required additional premium before **your** original **return date**.
- 3 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:
  - a for which **you** are eligible; and
  - b 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.

## Topping Up another travel insurance coverage

If **you** are covered under another travel insurance coverage, **you** may purchase **top-up** coverage from **us** only before **your** date of departure from **your departure point**, and:

- a **You** must pay the required **top-up** premium before **your** date of departure from **your departure point**.
- b The terms, conditions and exclusions of **our** policy issued as **top-up** apply to **you**.
- c **You** cannot purchase an annual coverage to **top-up** a single **trip** (if **you** have travel insurance included with **your** credit card coverage, **you** can purchase an annual coverage as **top-up**).



## 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:

- the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
- the supplier (tour operator, airline, etc.) 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.

### 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** are 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 **You** must file **your** claim with **us** within 90 days of **your** return to **your departure point**.
    - 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/travelinsurance> to obtain a Cancellation & Interruption claim form.
    - **Our** address:  
P.O. Box 97, Station A,  
Mississauga, Ontario, L5A 2Y9
- attendance and in the locality where the **medical condition** occurred stating the reason why travel was not recommended, the diagnosis and all dates of **treatment**.
  - Written evidence of the covered reason which was the cause of the cancellation, interruption or delay.
  - Tour operator terms and conditions.
  - Complete original unused transportation tickets, vouchers, cruise shore excursions or special ticket events.
  - All receipts for the prepaid land arrangements and/or out of pocket 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).

### Information Required for each type of Claim

If you are making a **Trip Cancellation or Trip Interruption Insurance claim**:

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

- A medical document, fully completed by the legally qualified **physician** in active personal

**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.

## Option to appeal if you do not agree with partial payment or denial

If **you** have not been able to resolve **your** concern with **us** and **you** have received a letter stating **our** final decision/proposal, **you** can contact the RBC Insurance Customer Care Assurance office for assistance. This office can offer a fair and objective review of both parties' positions without bias and provide a final report of its findings/recommendations.

### What You Will Need:

- Provide a written statement of **your** outstanding concerns and **your** resolution expectations.
- Provide a copy of the RBC Insurance business division final decision/proposal letter.
- Provide any new information or documentation not already submitted to support **your** position.

### Please contact:

**RBC Insurance Services Inc.**  
Customer Care Assurance  
PO Box 213, Station A  
Mississauga, Ontario L5A 4N9

### Contact us online

[https://www.rbcinsurance.com/cgi-bin/contact\\_us.cgi?form=feedback](https://www.rbcinsurance.com/cgi-bin/contact_us.cgi?form=feedback)

Call 1-888-728-6666

Fax 1-888-844-3331

## 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** and **our** agents, Assured Assistance Inc. and their agents 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** and, when applicable, the **medical questionnaire**, is the entire contract between **you** and **us**. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of 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.

## 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 **In the case of out-of-country/province health care coverage:**
  - a if **you** are retired and **your** former employer provides to **you**, under an extended health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, **we** will not coordinate payment with such coverage;

- more than \$50,000, **we** will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
  - b if **you** are actively employed and **your** current employer provides to **you**, under a group health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, **we** will not coordinate payment with such coverage;
    - more than \$50,000, **we** will coordinate payment with such coverage only in excess of \$50,000.
- 2 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.
- 3 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.
- 4 These conditions are not applicable to benefits payable under Flight & 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.

**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) and whose absence cannot reasonably be 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 72-hour period that exceed \$1,000,000.

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

- a under 21 years of age; or
- b under 26 years of age if full-time students; or
- c **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.

**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** – **your effective date** is shown on **your insurance application/confirmation of coverage**:

### Cancellation & Interruption coverage:

- the date and time the required premium is paid.

### 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 above based on the coverage **you** purchase as **top-up**.

**Emergency** – A sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by Assured Assistance Inc. 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.



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

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

**Medical questionnaire** – the form that contains questions that must be answered correctly at the time of **insurance application/confirmation of coverage**, and that, 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** for Cancellation & Interruption coverage, if the non-refundable portion of **your** prepaid travel arrangements exceeds \$15,000.

**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**.

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

**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.

**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**.

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.

**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**.

**Terrorism** or **act of terrorism** – an act, including but not limited to the use of force or violence and/or the threat thereof, including 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, and 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**:

- a to add to **your** insurance beyond the duration covered under **your** Multi-Trip Annual Coverage; or
- b before **your** date of departure from **your** **departure point** to complement travel insurance coverage that is in effect through another program or policy of insurance for a portion of **your** **trip** duration or value.

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

**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**.

**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).

**We, us** and **our** refer to RBC Insurance Company of Canada and Assured Assistance Inc.

**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 and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9



Insurance

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