

# TravelCare Package

Single Trip



## 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.
- Contact Assured Assistance Inc. before seeking **treatment** or **your** benefits may be limited or denied.
- 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.

If **you** require **emergency treatment** during **your trip**, or for any other **emergency**, **you** must contact AAI 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.)**

Get the PATH App. Download the free RBC Insurance PATH app for quick, easy access to **emergency** medical 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**:

#### 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.

## Concierge Services

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

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

The following Concierge Services are available to **you**:

TRAVEL INFORMATION	
✓	Currency exchange rates
✓	ATM locations
✓	Weather information
✓	Consulate and embassy locations
✓	Local sights and attractions
✓	Social protocol in countries to be visited
✓	Last minute flight changes
✓	Hotel finder and reservations
✓	Ground transportation (rental car, train, bus)
✓	Baggage tracing

✓	Pre- <b>trip</b> health and safety advisories
✓	Passport, visa and customs information
✓	Departure tax information
✓	International driver's license information
✓	Person with disabilities—wheelchair access information
✓	Information regarding travelling with <b>children</b> (for couples that are divorced or separated), travelling with <b>children</b> that are not <b>yours</b> or <b>children</b> travelling on their own
✓	Canada customs—what can I bring into Canada
✓	Information on country to country calling
✓	Check-in assistance

## ENTERTAINMENT PLANNING

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

## PERSONAL SERVICES

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

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

benefits and not financial benefits. Any costs associated with the services are **your** responsibility. Services may vary or may not be available based on **your trip** destination.

### **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

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

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



## Eligibility

### Eligibility

To be eligible for insurance coverage you must:

- be a Canadian resident;
- be 75 years of age or older and have correctly completed the **medical questionnaire**;
- be 75 years of age or older and under 85 years of age, and you have chosen not to complete the **medical questionnaire** and purchased TravelCare® – Bronze package;
- at the time the coverage is purchased, be travelling for a maximum of 60 days;
- have correctly completed the **medical questionnaire** if the non-refundable portion exceeds \$15,000;
- be covered under **your government health insurance plan** for the full duration of **your trip**.

#### IMPORTANT

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

### 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** under Flight and Travel Accident.



## 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**.

**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.

**Flight and Travel Accident** – covers **your accidental bodily injury** 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 that occurs during **your trip**.

**Baggage Loss or Damage** – covers the loss or damage to baggage or personal effects.

### 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.

**Baggage Delay** – when **your** checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to **your departure point**.

### 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

TravelCare Package-Single Trip	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	Economy class transportation
<b>Trip</b> Interruption – After Departure Unused Portion of Pre-paid Travel Arrangements	Up to maximum covered amount for <b>Trip</b> Cancellation – Before Departure
Transportation Delay	Up to \$700
<b>Emergency</b> Travel Medical Coverage <sup>1</sup>	Unlimited <sup>1</sup>
Baggage Loss or Damage <sup>2</sup>	\$1000
Golf Club Delay or Ski Equipment Delay <sup>3</sup>	12 Hours or more \$400
Baggage Delay <sup>3</sup>	12 Hours or more \$400
Flight Accident <sup>4</sup>	Principal Sum: \$100,000
Travel Accident <sup>4</sup>	Principal Sum: \$50,000
<b>Emergency</b> Assistance & Concierge	Included

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if **you** do not have valid **government health insurance plan** coverage.

<sup>2</sup> The maximum for any one item or set of items is \$500. The maximum sum insured per person or per family does not exceed \$2,000 in total for all coverages issued by **us**.

<sup>3</sup> This insurance is available while en route and before returning to **your departure point**.

<sup>4</sup> **You** are entitled 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 *your government health insurance plan* and by 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.

## 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 Assured Assistance Inc.;
- 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** and **you** are also covered up to a maximum of \$1,500 to continue necessary **treatment** after **your** return to Canada. However, this **treatment** must be completed within 180 days after the accident.
- if **you** need other **emergency** dental **treatment**, **you** are covered for the **emergency** dental expenses **you** incur during **your trip**, up to a maximum of \$300, and the complete cost of **prescription drugs**.

## Out of Pocket Expenses

### IMPORTANT

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

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 \$350 per day to a maximum of \$3,500, 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.
- Incidental **Hospital** Expenses: This insurance covers **your** reimbursement, up to \$50 per day to a maximum of \$500, for **your** incidental **hospital** expenses (telephone calls, television rental) while **you** are hospitalized for at least 48 hours.



## 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 Assured Assistance Inc.

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** province or territory 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** province or territory of residence following **your emergency treatment**, this insurance covers **you** for one or more of the following, when medically essential:

- residence to receive immediate **emergency** medical attention; or
  - the cost of a stretcher fare on a commercial flight via the most cost effective route to **your** province or territory of residence, if a stretcher is medically necessary; or
  - 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.
- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to **your** province or territory of

## IMPORTANT

The following benefits are subject to the pre-authorization of Assured Assistance Inc.

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)

### Return of *children* and escort for *children* to their province or territory of residence

If *children* insured under one of our *emergency* medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:

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

### Return of *travelling companion*

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

### Return to *your trip* destination

- This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical

attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your medical condition*. *Your trip* to return to *your* scheduled *trip* destination must occur during *your period of insurance* originally provided by this benefit.

- This benefit can only be used once during *your trip*.
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this insurance.
- When this benefit is provided to *you*, *your effective date* under this insurance becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

### Return of *your dog* or *cat*

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

### Return of *your excess baggage*

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

### Return of *vehicle*

- If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the *reasonable and customary* charges for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency*.

### 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**, then in the event 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 \$500 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**.

#### Domestic Services

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

#### Physician visit to replace lost, stolen or damaged prescription medication

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

#### 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** 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.

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 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.

- 3 This insurance does not cover expenses incurred within **your** home province or territory of residence.
- 4 **We** will not pay a benefit if you are not covered under the **Government Health Insurance Plan** (GHIP) of **your** province or territory of residence for the entire duration of the **trip**. It is **your** responsibility to check that you do have this coverage. If GHIP is not in force, this insurance is subject to a maximum of \$20,000.

## What Conditions Apply

- 1 By paying the premium for this insurance, **you** agree that **we** have:
  - a **your** consent to verify **your** health card number and other information required to process **your** claim, with the relevant government and other authorities;
  - 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:

TravelCare – Gold Coverage	Exclusion 1
TravelCare – Silver Coverage	Exclusion 2
TravelCare – Bronze Coverage	Exclusion 3

#### **EXCLUSION 1 – TRAVELCARE GOLD**

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

- 1 **Your medical condition** or related condition (whether or not the diagnosis has been determined) if, at any time in the 90 days before **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.

#### **EXCLUSION 2 – TRAVELCARE SILVER**

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

- 1 **Your medical condition** or related condition (whether or not the diagnosis has been determined) if, at any time in the 180 days before **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.

#### **EXCLUSION 3 – TRAVELCARE BRONZE**

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 365 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 365 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 365 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.

## 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 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.
- 2 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.
- 3 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.
- 4 **Your** self-inflicted injury, suicide or attempt to commit suicide.
- 5 Any claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
- 6 Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 7 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**.
- 8 Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 9 **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).
- 10 **Your** participation as a **professional** athlete in a sporting event including training or practice for the same.
- 11 **Your** participation in rock climbing or **mountain climbing**.
- 12 **Your** participation in a motorized race or motorized speed contest including training or practice for the same.
- 13 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.
- 14 A **medical condition** for which future investigation or **treatment** (except routine monitoring) is planned before **your effective date**.
- 15 Any **medical condition** or symptoms for which it is reasonable to believe or expect that **treatments** will be required during **your trip**.
- 16
  - 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 9weeks before the expected date of delivery or 9 weeks after.
- 17 Symptoms which would have caused an ordinarily prudent person to seek **treatment** or medication in the 90 days before **your effective date**.
- 18 Any claim incurred after a **physician** advised **you** not to travel.
- 19 Any expenses incurred if the reason for **your emergency** is associated in any way with an official travel advisory issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the



country, region or city of **your** destination before **your effective date**.

\*\*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.

- 20 If **our** medical advisors determine that **you** should transfer to another facility or return to **your** home province/territory of residence for **treatment**, and **you** choose not to, benefits will not be paid for further medical **treatment** and contract will be terminated.
- 21 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**.
- 22 Any claim related to:
- an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 23 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## 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 7 “**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.
- 6 A **medical condition** which prevents **you** from being immunized or taking preventative medication which is unexpectedly required after the **effective date** by the government for entry into a country, region or city that is originally part of **your trip**.
- 7 Sickness, injury or death of **your** service dog, provided that travel arrangements have been made for the dog to accompany **you** on a covered **trip**.

### What are you eligible for: (Covered Reasons 1 to 7)

Covered Reasons 1 to 7		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f), m)

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

### Pregnancy & Adoption:

For Covered Reason 8 “**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.

- 8 **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 8)

Covered Reason 8		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f), m)

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

For Covered Reasons 9 and 10 “**your**” applies to **you, your spouse, your travelling companion, your travelling companion’s spouse**.

- 9 **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 9)**

Covered Reason 9		
Trip Cancellation	Trip Interruption	Delayed Return
<b>BENEFIT(S)</b>		
a) or b)	not applicable	not applicable

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

- 10 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 10)**

Covered Reason 10		
Trip Cancellation	Trip Interruption	Delayed Return
<b>BENEFIT(S)</b>		
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 11 to 14 “**your**” applies to **you, your spouse, your travelling companion**.

- 11 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).
- 12 The involuntary loss of **your** permanent employment (not contract employment) due to lay-off or dismissal without just cause.
- 13 Cancellation of **your business meeting** beyond **your** or **your** employer’s control.
- 14 **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 11 to 14)**

Covered Reasons 11 to 14		
Trip Cancellation	Trip Interruption	Delayed Return
<b>BENEFIT(S)</b>		
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 15 “**your**” applies to **you**.

- 15 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 Reasons 15)

Covered Reason 15		
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 16 “**your**” applies to **you** or **your travelling companion**.

- 16 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 16)

Covered Reason 16		
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 17 and 18 “**your**” applies to **you** or **your travelling companion**.

- 17 An event completely independent of any intentional or negligent act that renders **your** principal residence uninhabitable or the business that **you** own inoperative.
- 18 **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 17 to 18)

Covered Reasons 17 to 18		
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.

### Cruise, Tour or Travel Package:

For Covered Reasons 19 and 20, “**your**” applies to **you**.

- 19 The cancellation of **your** cruise, tour and travel package (excluding supplier default) by the cruise company or tour operator:
- prior to **your** departure from **your departure point**, or
  - after **your** departure from **your departure point**, but prior to the departure of the cruise ship or tour.

#### What are you eligible for: (Covered Reason 19)

Covered Reason 19		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
i)	j)	not applicable

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

- 20 **Your** cruise ship is delayed or the cruise itinerary is interrupted due to the **emergency medical condition** of another passenger on the ship causing **you** to miss a connection or resulting in the interruption of **your** travel arrangements.

#### What are you eligible for: (Covered Reason 20)

Covered Reason 20		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
not applicable	c), e), g)	d), g), m)

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

For Covered Reason 21 **your** applies to **you** and **your travelling companion**.

- 21 The inability to use **your** cruise shore excursion tour ticket or special event ticket (theatrical, concert or sporting event) purchased while on **your** cruise **trip** due to **your emergency medical condition**.

#### What are you eligible for: (Covered Reason 21)

Covered Reason 21		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
not applicable	k)	k)

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

### Missed Connection, Schedule Change & Delays:

For Covered Reasons 22 to 26 “**your**” applies to **you**.

- 22 **Your** missed connection caused by the **schedule change** of the airline carrier that is providing transportation for a portion of **your** travels.

23 **Your** missed connection caused by the outright cancellation by the airline carrier that is providing transportation for a portion of **your** travels rendering **your** non-refundable prepaid connector ticket no longer useful for **your trip**.

**What are you eligible for: (Covered Reasons 22 and 23)**

Covered Reasons 22 and 23		
Trip Cancellation	Trip Interruption	Delayed Return
<b>BENEFIT(S)</b>		
h), g)	h), g)	h), g), m)

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

24 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 #24 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 24)**

Covered Reason 24		
Trip Cancellation	Trip Interruption	Delayed Return
<b>BENEFIT(S)</b>		
not applicable	c), e), l)	d), g), m)

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

- 25 The inability to use **your** golf course green fee that **you** booked and purchased while on **your trip** due to a covered reason listed under **trip** interruption.
- 26 The inability to use **your** ski lift tickets in the event of ski lift closures due to avalanche or severe weather conditions.

**What are you eligible for: (Covered Reasons 25 & 26)**

Covered Reasons 25 and 26		
<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
<b>BENEFIT(S)</b>		
not applicable	n)	not applicable

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

For Covered Reason 27 “**your**” applies to **you** and **your travelling companion**.

- 27 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 27)**

Covered Reason 27		
<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
<b>BENEFIT(S)</b>		
a) or b)	b) or c), d) & g)	not applicable

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

**Burglary of Principle Residence or Place of Business:**

For Covered Reason 28 “**your**” applies to **you** and **your travelling companion**.

- 28 The burglary of **your** principal residence or place of business within 7 days of **your** scheduled departure date, and as a result **you** or **your travelling companion** must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.

**What are you eligible for: (Covered Reason 28)**

Covered Reason 28		
<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
<b>BENEFIT(S)</b>		
a) or b)	not applicable	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**.

- 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:
  - \$350, to a maximum total of \$3500.
- 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:
  - \$350, to a maximum total of \$700.



#### Missed Connection Benefit:

Reimbursement to **you**, up to the maximum covered amount for the lesser of the following, toward the expenses **you** incur as a result of the covered reason # 22 & #23.

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

#### Cruise, Tour and Travel package Cancellation Benefit:

Reimbursement to **you**, up to the maximum covered amount for the lesser of the following, toward the expenses **you** incur as a result of covered reason #19.

#### IMPORTANT

**Your** maximum covered amount purchased for **Trip** Cancellation must include the cruise, tour, travel package and **your** non-refundable prepaid air fare.

- i ■ The change fee charged by the airline carrier(s) involved, when such an option is available to **you**; or
- Up to \$1,000 for **your** non-refundable prepaid air fare, which joins to or departs from **your** cancelled sea/land arrangements and that is not part of **your** package.
- j ■ The change fee charged by the airline carrier(s) involved, when such an option is available to **you**; or
- Up to \$1,000 for the extra cost of **your** one-way economy air fare on a commercial flight via the most cost effective route to return **you** to **your departure point**.

#### Unused Cruise Shore Excursion Tickets or Special Event Tickets:

- k Reimbursement of **your** expenses incurred as a result of covered reason # 21 for **your** unused cruise shore excursion tickets or special event tickets (theatrical, concert, or sporting event) up to \$100 per ticket to a maximum of \$500.

#### Transportation Delay Benefit:

- l As a result of covered reason #24, reimbursement to **you**, up to a daily maximum of \$350 to a total of \$700:
  - 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.

#### Pet Care Expenses:

- m Reimbursement to **you** toward the expenses **you** incur, up to \$100 maximum total, as a result of one of the covered reasons, for additional animal boarding fees if **you** were delayed and unable to return on **your return date**.

#### IMPORTANT

- This benefit is payable only if **your** pet care exceeds the quoted cost for the pre-booked period of accommodation with a licensed boarding kennel, cattery or animal shelter, in which case **we** will reimburse **you** for the boarding charges incurred after the first 24 hours of **your** delayed return, subject to a maximum total of \$100.
- This benefit does not cover veterinary fees.

## Golf Course Green Fee / Ski Lift Ticket

### Expenses:

- n Reimbursement to **you** toward the expenses **you** incur, up to \$100 per day/\$400 maximum total, for the non-refundable green fee or ski lift tickets as a result of one of the covered reasons.

### HolidaySure Plan Coupon:

Upon **your** request, compensation to **you** in the form of a coupon of up to \$750 in value when **you** cancel **your trip** due to hospitalization or death of:

- **Your immediate family** member (who is not at **your** destination)
- **Your travelling companion**
- **Caregiver, key employee** or business partner

and –

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

Failure to meet these conditions will make the HolidaySure Plan benefit coverage null and void.

**Your** original TravelCare Package, does not provide insurance for the replacement travel.

## 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 If before **your** date of departure **you** are prescribed any change to **your** current medication or **treatment** that would make **your medical condition** not **stable** and therefore ineligible for coverage under **our emergency** medical coverage, **you** may apply for **our** special consideration of **your** particular medical circumstance by calling **us** at 1-800-387-2487.

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

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

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

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

- review **your** claim under **our** Cancellation & Interruption insurance; or

- waive the exclusion that would make **you** ineligible for benefits under **our emergency** medical insurance, for the **medical condition** or related condition for which the change to **your** current medication or **treatment** that would make **your medical condition** not **stable** was prescribed to **you**.

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:

- 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**.
- Any heart condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
  - Your/their** heart condition has not been **stable**; or
  - You/they** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Any lung condition (whether or not the diagnosis has been determined) if at any

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

- Your/their** lung condition has not been **stable**; or
- 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:

- 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**.
- Your** heart condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
  - any heart condition has not been **stable**; or
  - you** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 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.
- 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.
- 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.

## 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**.
- 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**.
- 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.

## Baggage Loss, Delay & Damage Insurance

(Underwritten in Quebec by Aviva General Insurance Company)

### Description of Coverage:

This insurance covers **you** for direct physical loss of, or damage to, the baggage and personal effects **you** own and use during **your trip**. It also covers baggage delay if **your** baggage is delayed for 12 hours or more while en route. This benefit is payable only when the delay happens before **your** return home.

#### IMPORTANT

If **you** are insured under other Baggage & Personal Effects insurance issued by **us**, then the maximum sum insured per person or per family will not exceed \$2,000 in total for all coverages.

## What is Covered

### Loss of or Damage to Baggage & Personal Effects:

- Reimbursement of **your** losses up to \$1000 maximum, subject to a maximum of \$500 for any one item or set of items (items which are purchased for use together and commonly used together).

### Replacement of Travel Documents:

- Reimbursement of up to \$300 in total towards the replacement expenses of one or more of the following documents: passport, driver's licence, birth certificate or travel visa, in the event any one of these is lost or stolen.

### Delay of Baggage & Personal Effects:

- Reimbursement up to \$400 maximum for necessary toiletries and clothing when **your** checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to **your departure point**.

### Delay of Golf Clubs:

- Reimbursement up to \$100 per day/\$400 maximum for the rental of golf clubs, and the purchase of **reasonable and customary** golf accessories such as golf balls and tees, in the event **your** golf clubs (which **you** own or use during **your trip**) are delayed by the carrier for 12 hours or more while en route and before returning to **your departure point**.

### Delay of Ski Equipment:

- Reimbursement up to \$100 per day/\$400 maximum for the rental of ski equipment, and the purchase of **reasonable and customary** ski accessories, in the event **your** ski equipment (which **you** own or use during **your trip**) is delayed by the carrier for 12 hours or more while en route and before returning to **your departure point**.

#### IMPORTANT

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

## Limitations, Conditions & Exclusions

### What conditions apply?

- 1 In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage of an item covered under this insurance, **you** must:
  - a during **your period of insurance**, immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
  - b promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c notify **us** immediately upon **your** return to **your departure point**.

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

- 2 If the insured property is under check of a common carrier and delivery is delayed, this

insurance will continue until such property is delivered by the common carrier.

- 3 a **We** are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
- b **We** have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
- 4 If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
- 5 This insurance is subject to the “**Terrorism Coverage**”, “General Conditions” and “How Do **You** Submit a Claim?” sections outlined in this document.

## What is Not Covered

This insurance does not cover:

- 1 Animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, **professional** or occupational items, antiques and collector items, breakage of or damage to brittle or fragile articles, property illegally acquired, kept, stored or transported.
- 2 Any claim arising from loss:
  - a caused by wear and tear, deterioration, defect or mechanical breakdown;
  - b caused by **your** imprudent act or omission;
  - c of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
  - d caused by theft from an unattended vehicle unless the vehicle (including the vehicle’s trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.

- 3 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.
- 4 Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 5 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## Flight & 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.

### IMPORTANT

For Flight Accident Insurance, the following applies:

- **Your trip** must take place on a **passenger plane**, between the **departure point** and the destination or the return to the **departure point** if a round **trip** ticket is obtained before leaving the **departure point**.
- At the time **you** sustain the **accidental bodily injury**, **you** must be travelling on a ticket or pass covering the whole airline **trip** issued to **you** for transportation on a **passenger plane** in which this insurance was purchased against. If the ticket is issued to **you** aboard such **passenger plane** after leaving the **departure point** but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the **departure point**.

The **accidental bodily injury** must be sustained while **you** are:

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

### What is Covered

	Principal Sum:
Flight Accident	\$100,000
Travel Accident	\$50,000

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?

Conditions 1 to 5 apply to Travel Accident.

Conditions 2 to 7 apply to Flight Accident.

- 1 If after 1 year following the 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 Travel 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 Travel Insurance Coverage chart.
- 6 If after 1 year following the forced landing or disappearance of the **passenger plane** on which **you** are riding, **your** body has not been found, it will be presumed that **you** died as a result of the **accidental bodily injury** that occurred at the time of such forced landing or accident or, in the case of disappearance of such **passenger plane**, that **you** died at the time and place the **passenger plane** was last seen or heard from and as the result of an accident to such **passenger plane**.
- 7 This insurance starts on **your effective date**. It ends either upon completion of the airline **trip** or upon expiration of the **passenger plane** ticket or upon surrender of the **passenger plane** ticket for refund or credit.



## What is Not Covered

Exclusions 1 to 13 apply to Flight Accident

Exclusions 1 to 16 apply to Travel Accident

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 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.
- 10 **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**.

- 11 **Accidental bodily injury** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 12 **Accidental bodily injury** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 13 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
- 14 Participation as a **professional** athlete in a sporting event including training or practice for the same.
- 15 Participation in hang-gliding, rock climbing, **mountain climbing**, parachuting, skydiving or bungee jumping.
- 16 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 Flight and Travel Accident Insurance.
- 2 **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.
- 3 **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.
- 4 For all other classes of insurance, **we** will reimburse **you** up to a maximum of 100% of **your** eligible loss.
- 5 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.

- 6 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.
- In addition, an **infant** travelling with an **immediate family** member covered under this Package, is insured under the terms of **our Emergency Medical Insurance**, and **we** will not charge a premium for the **infant's** coverage.

### 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 If **you** or **your travelling companion** are hospitalized on **your return date** or **expiry date**, **your** coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for Cancellation & Interruption).
- 3 If **you** or **your travelling companion** are delayed beyond **your return date** because of a **medical condition** and are medically unable to travel, but are not hospitalized, **your** coverage will automatically extend for the delay period to a maximum of 5 days after **your return date** (not available for Cancellation & Interruption).
- 4 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 If the entire duration of **your** intended travel period is greater than 183 days (including the period of time in which **you** are covered under another insurer's travel insurance), **you** wish to purchase **top-up** coverage with one of **our emergency** medical coverages, and **you** are 65 years of age or older, **you** must complete the **medical questionnaire**.
- c The terms, conditions and exclusions of **our** Policy issued as **top-up** apply to **you**.
- d **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 an **Emergency** Medical claim form or a Cancellation & Interruption claim form.
  - **Our** address:  
P.O. Box 97, Station A,  
Mississauga, Ontario, L5A 2Y9

### 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 where applicable:

- **Our medical questionnaire** if applicable.
- Original of all bills, invoices and receipts.
- Proof of payment by **your government health insurance plan** and payment from any other insurer or benefit plan.
- The completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms if **you** reside in the province of Quebec.
- A complete diagnosis from the **physician(s)** and/or **hospital(s)** who provided the **treatment**, including, where applicable, written verification from the **physician** who **treated you** during **your trip** that the expenses were medically necessary.

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

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

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

- A medical document, fully completed by the legally qualified **physician** in active personal attendance and in the locality where the **medical condition** occurred stating the reason why travel was not recommended, 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).

**If you are making a Baggage & Personal Effects or Baggage Delay Insurance claim:**

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

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

**If you are making a Flight and Travel Accident Insurance claim:**

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

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

**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.
- 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 **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.

**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.

**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.

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

**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**:

**Emergency Medical coverage, Travel Accident coverage and Baggage & Personal Effects coverage**:

- the date on which **you** are scheduled to leave **your departure point**. **Your effective date** is shown on **your insurance application/confirmation of coverage**. For TravelCare® – , Gold, Silver and Bronze package coverages, this date cannot be more than 365 days from the date of **your insurance application/confirmation of coverage**.

**Cancellation & Interruption coverage**:

- the date and time the required premium is paid.

**Flight Accident coverage**:

- the date and time shown on **your passenger plane** ticket.

**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.

**Infant** – a person who was born before **your effective date**, is under 2 years of age, is **your immediate family** member and travels with **you** during **your trip**.

**Insurance application/confirmation of coverage** – the 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.

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

**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** if **you** are applying for:

- a any TravelCare – Gold, Silver or Bronze coverages, unless otherwise stated; or
- b any coverage that includes Cancellation & Interruption, when 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.

**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** –

- a For all coverages other than Flight Accident: the date on which **you** are scheduled to return to **your departure point**. This date is shown

on **your insurance application/confirmation of coverage**.

- b under Flight Accident:  
the **return date** and time shown on **your passenger plane** ticket.

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.

**Schedule change** – the later departure of an airline carrier causing **you** to miss **your** next connecting flight via a different airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket **you** have purchased for **your** prior connector flight via a different airline carrier (or connecting cruise ship, ferry, bus or train). **Schedule change** does not mean a change resulting from a supplier default, strike or a labour disruption.

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

**Stable** – 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).

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

**We, us** 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  
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Insurance

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