

1 Cover

Travel Insurance



Annual BorderHop

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PRIVACY PRINCIPLES

We at AIG Insurance Company of Canada (referred to as "AIG", "we", "our", or "us") abide by these Privacy Principles and want You, Our policyholders, insureds and claimants (referred to as "Customers" or "You"), to be aware of how and why We handle personal information. We work hard to respect and maintain Your privacy. However, the very nature of Our business is such that the collection, use and disclosure of personal information are fundamental to the products and services We provide.

These Privacy Principles apply only to the product or service Our Customers have obtained or the insurance Policy under which the Customer is seeking or receiving benefits. As a worldwide leader in the delivery of insurance products and services, the member companies of AIG Property Casualty Inc. offer numerous products and services to many types of consumers and clients in many different countries around the world. Therefore, differing AIG Property Casualty Inc. companies may adopt differing privacy practices to fit their own jurisdiction and business requirements. The Global Privacy Notice, located at www.aig.ca, may also be applicable to Our Customers as We conduct Our business.

For the purposes of these Privacy Principles personal information means information that identifies an individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which We may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. Personal information does not include the name, business title, address, phone or fax number of an employee of an organization.

These Privacy Principles may be modified from time to time. An individual may obtain Our most up to date version located at www.aig.ca or by contacting us at:

The Privacy Officer
 C/o AIG Insurance Company of Canada
 145 Wellington Street West
 Toronto, Ontario M5J 1H8
 1-800-387-4481

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I. DEFINITIONS

We attach very specific meanings to the following words when they appear in this Policy. We have capitalized these words when they are used as a defined term.

Accident/Accidental: A sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip that independently of any other cause, results in Injury (or damage, if the context relates to property loss or damage).

Change in Prescribed Medication means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed.

Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage you are currently taking provided it is not newly prescribed or stopped and there has been no change to your Medical Condition; and
- a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

Common/Scheduled Carrier: Means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

Confirmation of Coverage: Your most recent computer printout, printed form, electronic copy, invoice, or Policy document that sets out the product You have purchased and any optional add on coverage, if any, You have chosen.

Contamination: The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

Departure Date: The date on which You are scheduled to leave Your Home Province on a Trip.

Departure Point: The city that You depart from Your Home Province on the first day of Your Trip.

Dependent Child and/or Dependent Children: Unmarried persons who are Your natural, adopted, step or foster children, dependent on You for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self support. You must be the legal guardian of any foster children and they must reside at Your same address.

Effective Date: The date You leave your Home Province on a Trip.

Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip, which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

Emergency Dental Treatment: Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

Emergency Medical Treatment: Medically necessary services or supplies provided during a Trip by a licensed Physician, Hospital or other licensed Provider, that are required to treat any Injury or Sickness or other sudden, acute and unexpected condition that arose during the Trip, and that cannot be reasonably delayed until You return to Your Home Province without endangering Your health.

End Date: For annual plans 365 days after Your Start Date.

Expected Medical Treatment: Medical consultation or Hospitalization that Your prior medical history indicates as being probable or certain to occur.

Expiry Date: For each Trip, the first to occur of:

- the date You return to Your Home Province;
- the date You leave Your Home Province on a Trip plus the number of days that is Your selected Trip duration, including Your date of departure;

unless there has been an Automatic Extension of Coverage or Top-up, in which case the Expiry Date is the first to occur of:

- the date You return to Your Home Province; or
- the end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section or the Top-up Section of this Policy.

Follow-up Treatment: Treatment that continues beyond the initial Emergency.

Follow-up Visit: The re-examination of You to monitor the effects of earlier medical Treatment related to the initial Emergency, except while Hospitalized. Follow-up visit does not include further diagnostic or investigative testing related to the initial Emergency.

Government Health Insurance Plan (GHIP): Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home Province: Your Canadian province or territory of residence.

Hospital: A medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home,

nursing home, convalescent hospital, health spa, or a rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

Hospitalization or Hospitalized: The state of being admitted to a Hospital and receiving Emergency Medical Treatment on an inpatient basis.

Immediate Family Member: Any one (1) or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, son-in-law, daughter-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury: A bodily injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

Insured: The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

Insurer: means AIG Insurance Company of Canada, 145 Wellington Street West, Toronto, Ontario, Canada, M5J 1H8. This Policy is administered on AIG Insurance Company of Canada's, behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

Medical Condition: An Injury or Sickness, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

Medical Consultation: Any investigative medical service, including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

Medical Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip, which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

Mental or Emotional Disorders: Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs. (Example: a mental or nervous health disorder like: anxiety, depression, neurosis, psychosis and others or any related physical complications).

Minor Ailment: Any Sickness or Injury which does not require: the use of medication for a period of greater than 15 days; more than one (1) Follow-up Visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the Departure Date of each Trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Mountain Climbing: The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.

Physician: A medical doctor, other than Yourself, Your Immediate Family Member, Your Travel Companion or their Immediate Family Member, who is licensed to administer medical Treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians: naturopath, herbalist, and homeopath.

Policy or Policies: This document, any riders or endorsements to this document, the application, any medical questionnaire if applicable, and the Confirmation of Coverage all of which form the entire contract.

Policy Purchase Date: The date You pay for specific insurance coverage which is listed on Your Confirmation of Coverage as Plan Start Date.

Premium: The cost of Your insurance Policy plus any additional amounts required for any optional coverage You have purchased.

Prescription Medication: A drug, medicine or medication only obtainable by the prescription of a licensed Physician for Emergency Medical Treatment or dentist, for Emergency Dental Treatment, and dispensed by a licensed pharmacist.

Provider: The Hospitals, clinics, Physicians, and other medical service providers, the use of which must be approved by Us at the time of the Medical Emergency.

Recurrence: The appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

Rental Car: An automobile rented by You from a commercial rental agency for Your personal use under a written rental agreement.

Return Date: Either the date of Your scheduled return to Your Departure Point as indicated on Your most recent Confirmation of Coverage or (ii) the date of Your actual return to Your Home Province.

Selected Trip Duration: The Trip coverage period You have selected for Your annual coverage. Your selected Trip duration appears on Your Confirmation of Coverage

Sickness: An acute illness or unforeseen disease requiring Emergency Medical Treatment, Emergency Dental Treatment or Hospitalization due to the sudden onset of symptoms.

Spouse: The person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one (1) year, regardless of gender.

Stable and Controlled: Any Medical Condition (other than a Minor Ailment) for which there has been no new Treatment or newly Prescribed Medication; no change in Treatment or Change in Prescribed Medication; no new, more frequent or more severe symptoms; no test results showing deterioration; no investigations initiated for symptoms whether or not Your diagnosis has been determined; no Hospitalization and no referral to a specialist.

Start Date: The date shown on Your most recent Confirmation of Coverage as the "plan start date".

Subsistence Allowance: Expenses incurred as a result of Your emergency, including accommodation, meals, and essential telephone calls.

Top-up: Coverage purchased from Us to extend Your insurance beyond Your selected Trip duration of nine (9), 16, 30, or 60 days.

Travel Companion: The person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of three (3) people) in respect of a Trip.

Treatment: A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescription Medication, investigative testing, and surgery.

Trip: Your travel for which coverage under this Policy has been purchased and is in effect. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind; the Trip has defined Departure Dates and Return Dates specified when the Insured applies.

Vehicle: A private passenger automobile, minivan, recreational vehicle, or camper truck, which You use during Your Trip exclusively as conveyance of passengers other than for hire. It can be either owned by You or rented by You from a rental agency.

We, Us, Our: means AIG Insurance Company of Canada, 145 Wellington Street West, Toronto, On, M5J 1H8. This Policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

You, Yourself, Your: The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. This Policy covers losses resulting from unforeseeable and Emergency circumstances only.
2. A pre-existing condition exclusion applies to Medical Conditions and/or symptoms that existed prior to travel. There may be no coverage if You have a pre-existing condition.
3. You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
4. Our medical department must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
5. If You choose not to receive Treatment or services from a Provider, as directed by Us, You will not only be responsible for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses.
6. Your Emergency Medical and Dental Coverage is subject to an aggregate limit of \$2 million CAD.
7. There are limits, limitations and exclusions that apply to all Insured persons.
8. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
9. Read this Policy carefully.

IMPORTANT INFORMATION

This Policy covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words are capitalized in this Policy document when the Policy definition applies.

Along with this Policy document, You should have received a Confirmation of Coverage. The Confirmation of Coverage sets out details specific to the product You purchased and it is part of Your contract of insurance as is this document and Our medical questionnaire (if applicable). If You did not receive all of these documents, if any information contained in these documents is incorrect, or if You have questions regarding Your coverage, it is Your responsibility to contact Us at 1-866-878-0191. You should bring all of these documents with You when You travel.

II. SPECIFIC DETAILS OF YOUR INSURANCE AM I ELIGIBLE?

Emergency Medical Plan

Single Trip Option

To be eligible for this coverage You must:

1. have purchased Your Policy prior to or on the same day as Your Departure Date;
2. have purchased Your Policy not more than 365 days prior to Your Departure Date;
3. have purchased coverage for the full duration of Your Trip;
4. be covered under Your GHIP for the full duration of Your Trip;
5. be a Canadian resident at the time your Policy is purchased and remain a Canadian resident for the full duration of Your Trip; and
6. be travelling for a maximum of 365 days. If travelling outside Your Home Province for more than 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP.

Annual Option

To be eligible for this coverage You must:

1. have purchased Your Policy prior to or on the same day as Your Departure Date;
2. have the Policy Start Date be the date of purchase or any date into the future up to a maximum of 120 days;
3. have purchased Top-up coverage from Us for the full duration of Your Trip outside of Canada;
4. be covered under Your GHIP for the full duration of Your policy;
5. be a Canadian resident at the time your Policy is purchased and remain a Canadian resident for the full duration of Your policy; and
6. be travelling for a maximum of 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP. (including Top-up).

Coverage is provided for Trips of any length within Canada outside of Your Home Province.

Medically Qualified Emergency Medical Plan

Single Trip Option

To be eligible for this coverage You must:

1. have purchased Your Policy prior to or on the same day as Your Departure Date;
2. have purchased Your Policy not more than 150 days prior to Your Departure Date;
3. have purchased Your Policy from Us for the full duration of Your Trip;

4. be covered under Your GHIP for the full duration of Your Trip;
5. be a Canadian resident at the time your Policy is purchased and remain a Canadian resident for the full duration of Your Trip;
6. be 60 years of age or older and satisfied Our requirements based on the answers You have provided on Our medical questionnaire and be travelling for a maximum of 30 days.

Annual Option

To be eligible for this coverage You must:

1. have purchased Your Policy prior to or on the same day as Your Departure Date;
2. have the Policy Start Date be the date of purchase or any date into the future up to a maximum of 120 days;
3. have purchased Top-up coverage from Us for the full duration of Your Trip outside of Canada;
4. be covered under Your GHIP for the full duration of Your Trip;
5. be a Canadian resident at the time your Policy is purchased and remain a Canadian resident for the full duration of Your policy. Coverage is provided for trips of any length within Canada outside of Your Home Province.
6. be 60 years of age or older and have satisfied Our requirements based on the answers You have provided on Our medical questionnaire (annual Trip Duration plus Top-up).

Top-up of Coverage

If You selected the annual option and choose to extend Your Trip beyond Your Selected Trip Duration You must Top-up Your annual Policy with Us for coverage to be in force. We will issue a new Confirmation of Coverage document for that period of time.

If You selected the medically qualified annual option and choose to extend Your Trip beyond Your Selected Trip Duration You must complete Our medical questionnaire and Top-up Your annual Policy with Us prior to Your Departure Date for coverage to be in force during any portion of Your Trip. We will issue a Confirmation of Coverage for that period of time.

If You are topping-up a different insurer's annual plan with Us then You must purchase Top-up prior to Your Departure Date and You must choose a single trip plan. It is Your responsibility to ensure that Your annual plan from a different Insurer can be topped-up with Our single trip plan.

Call Us before Your Expiry Date:
Canada and Continental USA: 1-866-878-0191; or
International collect at 416-646-3723.

HOW DO I BECOME INSURED?

Coverage under this Policy will not come into effect until all of the following conditions have been satisfied:

1. Your name appears on the Confirmation of Coverage;
2. You have paid the required Premium on or before Your Start Date;

3. if applicable, You have truthfully and fully completed and submitted Our medical questionnaire and satisfied Our requirements based on the answers You have provided.

HOW DOES THE MEDICAL QUESTIONNAIRE AFFECT MY COVERAGE?

If You are 60 years of age or older at the time You purchase Your Policy You must complete Our medical questionnaire. Each question on Our medical questionnaire assigns a point value for each yes answer. Once Our medical questionnaire is completed the total point score will determine the medical exclusion that You qualify for and the Premium that You will pay. The completed medical questionnaire forms part of Your Policy and will be reviewed should a claim arise. If on Your medical questionnaire there is an incorrect answer the Policy is voidable and Premium will be refunded.

WHEN DOES MY INSURANCE START AND END?

For Single Trip Coverage:

This Policy comes into effect on Your Departure Date and ends the earliest of:

1. the day indicated as Your Return Date on Your Confirmation of Coverage;
2. the day You return to Your Home Province to end Your Trip.

For Annual Policy Coverage:

This Policy comes into effect on Your Start Date and ends on Your End Date.

1. Coverage is limited to an Insured person who is travelling for any number of Trips that do not exceed the Selected Trip Duration.
2. Benefit limits are per Insured per each Trip, unless otherwise indicated.
3. If Your Trip exceeds the number of days covered on Your annual Policy and You do not Top-up Your coverage with Us then You will not have coverage for any claim during any portion of Your Trip regardless of when the cause for claim arises.

UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND? Automatic Extension of Coverage

If You or Your Travel Companion are Hospitalized on Your scheduled Return Date Your coverage will automatically be extended at no additional Premium for the period of Hospitalization and up to 120 hours after discharge. If You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled Return Date.

Coverage will automatically be extended for up to 72 hours when there is a delay of a Common Carrier on which You are pre-booked as a passenger.

Optional Policy Extension

If You choose to extend Your Trip beyond Your scheduled Return Date and you have not made a claim nor is there a reason to claim, and You are covered under a single Trip option or You have purchased Top-up coverage, You may apply for a Policy extension subject to the following conditions:

1. the request for an extension must be made and approved by Us prior to Your original Return Date;
2. You must pay the required additional Premium before Your original Return Date; and
3. You must have been eligible for the insurance that You seek to extend at the time of Your original booking and at the time of the request for the extension.

CAN MY PREMIUM BE REFUNDED?

Refunds are available up to Your Departure Date as long as there is no risk to the Policy. Refunds will also be issued if a supplier cancels or alters service and all of Your non-refundable prepaid travel arrangements Insured by Us are refunded without penalty.

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

Annual policies are non-refundable 10 days after the Start Date as shown on Your Confirmation of Coverage.

All refunds must be requested through Your issuing agent.

III. EMERGENCY MEDICAL COVERAGE

A. Benefits – Emergency Medical and Dental Coverage

If You incur expenses due to a covered risk, on or after Your Departure Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit.

Emergency Medical Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip. This includes one (1) Follow-up visit (not including ongoing Treatment), when the medical process in dealing with the Emergency requires such a Follow-up visit. The Follow-up visit must take place within 14 days of the initial Emergency. In the case of Hospital confinement any coverage related to the Hospital confinement terminates upon release from Hospital.

Benefit Limit for Covered Risk 1:
\$2,000,000 per Insured.

Benefits for Covered Risk 1:

1. Eligible Emergency Medical Expenses

If prescribed by a Physician and pre-authorized by Us in advance, We cover the cost:

- a. of care received from a Physician in or out of a Hospital;
- b. of a Hospital room;
- c. of rental or purchase (whichever is less) of a Hospital bed;
- d. of wheelchair, brace, crutch or other medical appliance;
- e. of tests that are needed to diagnose Your condition;
- f. of Prescription Medication;
- g. of the services of a licensed private duty nurse while You are Hospitalized; and
- h. of one (1) follow-up visit for Your Emergency that happened while on Your Trip which was covered under this Policy.

2. Ground Ambulance:

We cover:

- a. the cost of local ground ambulance service to a medical service Provider if medically required; or
- b. taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

3. Emergency Evacuation and Repatriation:

If We or Your treating Physician recommends Your return to Your Home Province because of Your Medical Condition or if We or Your treating doctor recommends Your return after Your Emergency Medical Treatment, and if approved in advance by Us, We cover, via the most cost-effective itinerary:

- a. Up to the cost of a one-way economy airfare to return You to Your Home Province; or
- b. the fare for additional airline seats to accommodate a stretcher to return You to Your Home Province; or
- c. the fare for an upgrade to business class when a stretcher is not required to return You to Your Home Province; or
- d. where medically necessary, medical air evacuation to a Hospital in Your Home Province, when the attending physician or the Medical Department recommends that You be so transported for the purpose of obtaining immediate medical treatment; and
- e. the cost of round-trip airfare via the most cost-effective itinerary for a qualified medical attendant to accompany You, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline.

4. Return of Your Vehicle:

If You are unable to drive Your Vehicle to Your original Departure Point due to an Emergency, We cover the reasonable costs to return Your Vehicle to Your residence. If You used a Rental Car during Your Trip, We will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial vehicles. Arrangements must be pre-authorized by Us in advance and original receipts must be submitted for all eligible expenses.

5. Bedside Companion Travel and Subsistence:

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to return to Your Home Province:

- a. the economy/charter class fare via the most cost-effective itinerary for the round-trip flight for someone to be with You;
- b. a Subsistence Allowance for such person's hotel and meals (original receipts must be submitted for all eligible expenses) up to \$400 per Insured;
- c. coverage for such person under this Policy, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

6. Return of Dependent Children Under Your Care:

If You are Hospitalized for more than 24 hours while on a Trip or if while on a Trip You must return to Your Home Province because of a Medical Condition validated by a Physician, We cover:

- a. the extra cost via the most cost-effective itinerary for Your Dependent Children to be transported to their Departure Point; and
- b. the return airfare of a qualified escort when the airline requires it.

The Dependent Children must have been travelling with You and under Your care during Your Trip and they must be covered under this Policy.

7. Return to Your Trip Destination:

Should Our medical department request You to return to Your Departure Point to receive immediate medical attention within Your period of coverage and provided Your attending Physician in Your Home Province then determines that You require no further medical attention for Your Medical Condition We cover the cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport You to Your scheduled Trip destination. Once You return to Your Trip destination, a Recurrence of the Medical Condition which necessitated Your return to Your Home Province or any related condition or complication will not be covered under this Policy.

Please note: This benefit must be pre-authorized by Us in advance and can only be used once during a scheduled Trip. When this benefit has been used Your Effective Date under this Policy then becomes the day You leave Your Departure Point to return to Your Trip destination.

8. Return of Remains:

If You die during Your Trip We cover reasonable expenses incurred for any one (1) of the following:

- a. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$3,000 per Insured for the preparation of Your remains and a transportation container; or
- b. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$2,000 per Insured for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or

- c. up to \$3,000 per Insured for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 per Insured for the burial of Your remains at the location where Your death occurred.

Benefit Limit: \$5,000 per Insured.

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:

- d. the cost of a round-trip economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
- e. a Subsistence Allowance up to \$400 for commercial accommodations and meals for that person (original receipts must be submitted for all eligible expenses); and
- f. that person under the terms of this insurance during the period in which he or she is required to identify Your body, up to three (3) business days.

9. Meals and Accommodation:

If a Medical Emergency prevents You or Your Travel Companion from returning to Your Departure Point of Your Insured Trip or if Your Emergency Medical Treatment or that of Your Travel Companion requires Your transfer to a location that is different from Your original destination or You or Your Travel Companion are delayed beyond Your scheduled Return Date in order to obtain Emergency Medical Treatment, We cover a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$2,500 (original receipts must be submitted for all eligible expenses).

10. Emergency Professional Services:

We cover expenses resulting from an Emergency, for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath if ordered by a Physician, up to \$300 per profession per Insured.

11. Hospital Expenses:

We cover Your incidental Hospital expenses (telephone calls, television rental) while You are Hospitalized for at least 48 hours. We cover these expenses up to \$50 per day to a maximum of \$500 (10 days) per Insured.

12. Return of Travel Companion:

If You must return to Your Home Province because of a covered Medical Condition and if You are travelling with a Travel Companion, We cover the Travel Companion for the extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to return Your Travel Companion to his or her Departure Point.

13. Pet Coverage

If Your domestic dog(s) or cat(s) travel with You during Your Trip and You must return to Your Home Province or Departure Point because of a covered Medical Condition, We cover the cost of one-way transportation of Your domestic dog(s) or cat(s) to Your Departure Point up to a maximum of \$500 per Insured.

Please note: Arrangements must be pre-authorized by Us in advance.

Emergency Dental Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

Benefits for Covered Risk 1:

1. Emergency Dental Treatment:

We cover:

- a. expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow occurring on a Trip to Your face or mouth; OR
- b. expenses You incur during Your Trip, up to the benefit limit, for Emergency Dental Treatment required because of an Emergency due to a cause other than an Accidental blow to Your face or mouth; and
- c. expenses You incur for Prescription Medication as a result of such Emergency.

Benefit Limit for Covered Risk 2: For an Accidental blow to the face or mouth - \$1,000 per Insured; Emergency Dental Treatment other cause - \$300 per Insured.

B. Conditions – Emergency Medical and Dental Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable for Emergency Medical Treatment or Emergency Dental Treatment as set out in Section III, A:

1. You must not know of any reason why You will need to seek medical or dental attention before You leave on a Trip;
2. the portion of the expenses claimed are not covered by Your GHIP or any other related insurance or reimbursement plan;
3. You must contact Us before seeking medical attention;
4. Our medical department must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;
5. if You choose not to receive Treatment or services from the Provider, as directed by Us, You will be responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. You must return to Your Home Province or Departure Point prior to any Treatment or following Emergency Treatment or Hospitalization if, on medical evidence, You are able to return to Your Home Province or Departure Point without endangering Your health and if, in these circumstances, You elect not to return to Your Home Province or Departure Point, then any expenses incurred for continuing medical Treatment or surgery with respect to such Emergency will not be covered AND all coverage and benefits under this Policy will cease;

7. You must be covered by GHIP for the full duration of Your Trip. If travelling outside Your Home Province for more than 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP. If You do not have GHIP for the full duration of Your Trip, Your aggregate limit for all Emergency Medical Benefits will be \$20,000;
8. the Emergency medical attention You receive must be outside of Your Home Province and be required as a consequence of an Emergency and ordered by a Physician.

C. Limitations – Emergency Medical and Dental Coverage

Our liability under this Policy for expenses under this Emergency Medical and Dental Coverage is limited as follows.

1. If You have purchased the Medically Qualified Medical Plan:
 - a. You are responsible for the deductible limit in USD that You have chosen on Your Application; or
 - b. You have qualified for ME#3 (Rate 5), then You are responsible for a \$200 USD deductible.
2. A failure to contact Us before seeking medical attention will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
3. A failure to call and receive the approval of Our medical department before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.

D. Exclusions – Emergency Medical and Dental Coverage

These exclusions apply to the Emergency Medical and Dental Coverage set out in Section III, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

Based on Your age and, when applicable, the answers You provided on Our medical questionnaire there are four (4) possible exclusion identifiers which can apply to Your Policy depending on the product selected and whether You have purchased a single trip or annual option.

These four (4) identifiers are GE, ME#1, ME#2, or ME#3.

| | | |
|---|--------|------|
| Ages 0 - 59 | | ME#1 |
| Ages 60+ with Our Medical Questionnaire | Rate 1 | GE |
| | Rate 2 | ME#1 |
| | Rate 3 | ME#2 |
| | Rate 4 | ME#2 |
| | Rate 5 | ME#3 |

Pre-Existing Condition Exclusion for Identifier GE

If Your exclusion identifier is GE only the exclusions set out in the General Exclusions Section of this Policy apply to Your Emergency Medical and Dental Coverage.

Pre-Existing Condition Medical Exclusion Identifier ME#1

If Your exclusion identifier is ME#1 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

- ME#1. We do not cover any loss or expense related directly or indirectly to:
- a. Your Medical Condition or any related condition if in the 90-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled;
 - b. Your heart condition if in the 90-day period immediately preceding Your Departure Date:
 - i. You have had any heart condition that has not been Stable and Controlled, or
 - ii. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period;
 - c. Your lung condition if in the 90-day period immediately preceding Your Departure Date:
 - a. You have had any lung condition that has not been Stable and Controlled, or
 - b. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

Pre-Existing Condition Medical Exclusion Identifier ME#2

If Your exclusion identifier is ME#2 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

- ME#2. We do not cover any loss or expense related directly or indirectly to:
- a. Your Medical Condition or any related condition if in the 180-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled;
 - b. Your heart condition if in the 180-day period immediately preceding Your Departure Date:

- i. You have had any heart condition that has not been Stable and Controlled, or
- ii. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period.
- c. Your lung condition if in the 180-day period immediately preceding Your Departure Date:
 - i. You have had any lung condition that has not been Stable and Controlled, or
 - ii. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

Pre-Existing Condition Medical Exclusion Identifier ME#3

If Your exclusion identifier is ME#3 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

- ME#3. We do not cover any loss or expense related directly or indirectly to:
- a. any Medical Condition for which You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180-day period immediately preceding and including Your Departure Date and this exclusion applies whether or not the condition has been Stable and Controlled;
 - b. Your heart condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any heart condition; or
 - c. Your lung condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any lung condition.

Please note: You may have more than one (1) Departure Date during any one (1) annual Policy. The pre-existing condition medical exclusion applies, in each 90-day period (or 180-day period if exclusion identifier ME#2 or ME#3 is applicable) before each Trip.

IV. FEATURES AND SERVICES TO SERVE YOU BETTER

24/7 Worldwide Emergency Assistance and LiveTravel™

Canada and Continental USA: 1-866-878-0192 or International Collect at 416-646-3723

This service is available to You for the duration of Your Trip. Whether You need Emergency medical care or Emergency arrangements to return home, Our Emergency assistance coordinators, doctors and nurses can help You any time of day.

24/7 Concierge Service

Continental USA: 1-866-878-0191 or International Collect at 416-646-3723

This service is available to You for the duration of Your Trip. Our concierge service team can help You find and coordinate the extra things that make Your Trip enjoyable. Services include:

- Highlights on sights and attractions;
- Restaurant referrals and reservations: Worldwide dining referrals and reservations made on the Your behalf, based on availability;
- Tee-time reservations: Assistance with scheduling tee-off times and making course recommendations;
- Assistance getting tickets to cultural and sporting events, based on availability;
- Travel documents assistance, emergency cash transfer assistance, emergency message centre, and interpretation services;
- Assistance locating a bank machine;
- Driving directions over the phone;
- Pre-trip travel advice;
- Access to passport, visa, and vaccine requirements, travel safety and health advisories, embassy contacts, weather and currency information.
- E-mail or Phone Message Relay; and
- Emergency Cash Transfers.

V. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this Policy.

1. Your coverage will be declared null and void if, for any reason:
 - a. the required Premium is not received by Us;
 - b. You are ineligible for coverage in accordance with any section of this Policy; or
 - c. You have incompletely or falsely provided information when purchasing your Policy or on Our medical questionnaire.
2. Canadian Currency: The benefit, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency, except any deductible which is expressed in US dollars. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, We may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
 - a. on the last date of service; or
 - b. on the date the claim was incurred if a cheque is issued directly to Physicians, Hospitals or other medical Providers.
3. If You are covered under more than one (1) of Our policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit under any one (1) of Our Policies.
4. The coverage outlined in this Policy is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this Policy, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided

through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Policy.

5. In the event of a payment of a claim under this Policy, We have the right to proceed, in Your name, but at Our expense, against third parties who may be responsible for giving rise to a claim under this Policy. You will execute and deliver documents as necessary and cooperate fully with Us so as to allow Us to fully assert Our rights. You will do nothing to prejudice such rights.
6. We have full rights of subrogation; however, We do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country medical benefits is \$50,000 or less.
7. Notwithstanding any provision of this Policy, this Policy is subject to the statutory conditions of the Insurance Act applicable to contracts of Accident and Sickness insurance and the laws and regulations in Your Home Province. The laws and regulations of the province or territory in Canada in which You normally reside govern this Policy and any provision in this Policy which is in conflict with any such statute is hereby amended to conform to such statute.
8. Confirmation of Coverage: In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, We have the right to collect from You any amount which We have paid on Your behalf to medical providers or other parties.
9. Your Policy will be declared null and void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
10. During the claims process, We may require You to have a medical examination by one (1) or more physicians chosen by Us and at Our expense.
11. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
12. You must, at all times while You are covered under this Policy, act in a prudent manner so as to minimize costs to Us.
13. If Your health status changes (including a Change in Prescribed Medication or Treatment) prior to departure for any Trip, You must notify Us immediately. At Our sole discretion, We may opt to waive the exclusion that precludes Your unstable Medical Condition from coverage. This would allow You to continue with Your Trip and retain coverage for Your Medical Condition.
14. Any reference to age in this document is specific to Your age on the date You apply for insurance.
15. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

VI. MAXIMUM LIMITS OF LIABILITY

General Liability: Our liability under this Policy is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

VII. GENERAL EXCLUSIONS

The following exclusions apply to each benefit available under this Policy. In addition to any exclusion that apply to specific benefits outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. expenses resulting from any Sickness, Injury or state of health prior to Your Policy purchase date that would cause Expected Medical Treatment or Hospitalization during Your Trip;
2. reimbursement for expenses once the Emergency ends and in the opinion of the attending Physician or dentist, You are able to travel to Your Home Province for any further Treatment relating to the Sickness or Accident that led to the Emergency other than for a follow-up visit as listed under the benefits for Emergency Medical Treatment;
3. optional Policy extensions or Top-ups: Sickness or Injury which first appeared, was diagnosed or received medical Treatment after your Departure Date and prior to the Effective Date of the optional insurance extension or Top-up;
4. any Treatment that is not Emergency Treatment. For example (and not inclusive of):
 - a. expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a Medical Condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
 - b. transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
 - c. expenses incurred for acupuncture or naturopathic or holistic Treatment;
5. ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
6. expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;
7. any Medical Condition if on Our medical questionnaire there is an incorrect answer. In this case the Policy is voidable and Premium refundable;
8. more than one (1) Follow-up Treatment, Recurrence or complication of a Medical Condition or related condition, following Emergency Treatment of that condition during Your Trip if the medical department determines that You were medically able to return to Your Home Province and You chose not to return;

9. more than one (1) Follow-up Treatment of any heart or lung condition, following Emergency Treatment for a related or unrelated heart or lung condition during Your Trip if the medical department determines that You were medically able to return to Your Home Province and You chose not to return;
10. any Medical Condition, if Our medical department recommends that You return to Your Home Province following Your Emergency Treatment, and You choose not to travel;
11. expenses incurred for Treatment or services that are prohibited under Your GHIP;
12. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
13. any medical expense incurred while travelling in Your Home Province;
14. routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
15. Your Mental or Emotional Disorders;
16. Your committing or attempting to commit suicide or intentionally self-inflicted Injury (whether sane or insane);
17. any alcohol related Sickness, death, or Injury or the abuse of medication, drugs, alcohol or any other toxic substance during the Trip; Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood;
18. a Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 90 days prior to Your Departure Date; or where a terminal condition prognosis has been diagnosed by any Physician;
19. a Medical Condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that Medical Condition or a related condition;
20. a Medical Condition for which future investigation or Treatment is planned before Your Departure Date. This does not include routine monitoring;
21. the commission of or Your direct or indirect attempt to commit a criminal act or Injury occurring while You are committing or attempting to commit a criminal act;
22. Your participation in rock or Mountain Climbing; participation in a motorized race or motorized speed contest; Your participation as a professional athlete in a sporting event;
23. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
24. expenses incurred if You travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised travellers not to travel to during the time of Your Trip. This exclusion applies if the advisory is issued prior to Your Departure Date;
25. war (declared or not), acts of foreign enemies or rebellion;

26. interest on a payment or reimbursement;
27. expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
28. any Medical Condition, if prior to Your Departure Date, such Medical Condition renders You ineligible or causes You to qualify for a different rate. You must be and remain eligible and rate qualified under this Policy when You purchase and continuously until You take a Trip for coverage to come into and be in effect when You take a Trip.

VIII. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the Premium for this insurance, You agree that:

1. We may verify Your GHIP and other information required to process Your claim, with government and other authorities;
2. physicians, Hospitals and other medical providers are authorized by You 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;
3. We may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing Your claim for benefits; and
4. failure to complete the required claim form and authorization form in full will delay the processing of Your claim and could invalidate Your claim. We cannot process Your claim in full until all required documentation has been received by Our claims department.

All claim information should be sent to:
 Travel Guard Canada
 Attn: Claims Department
 145 Wellington Street West, Toronto, ON M5J 1H8

To Claim For Emergency Medical and Dental Benefits:

You must notify Us at 1-866-878-0192 or collect at 416-646-3723 prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Our assistance co-ordinators will provide guidance. We will make every effort, although We cannot guarantee, to pay providers directly. You must provide Us with original receipts for incurred expenses including those for Subsistence Allowance expenses.

Statutory Conditions

THE CONTRACT The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

MATERIAL FACTS No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

NOTICE AND PROOF OF CLAIM

1. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - a) give written notice of claim to the insurer;
 - i. by delivery of the notice, or by sending it by registered mail to the head office or chief agency of the insurer in the province, or
 - ii. by delivery of the notice to an authorized agent of the insurer in the province not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability,
 - b) within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of
 - i. the happening of the accident or the start of the sickness or disability;
 - ii. the loss caused by the accident, sickness or disability,
 - iii. the right of the claimant to receive payment;
 - iv. the claimant's age, and
 - v. if relevant, the beneficiary's age, and
 - c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and in the case of sickness or disability, its duration.
2. Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the

forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

RIGHTS OF EXAMINATION As a condition precedent to recovery of insurance money under the contract:

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

WHEN MONEY PAYABLE OTHER THAN FOR LOSS OF TIME All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received

Important Travel Tips

To help you prepare for your long-awaited, much-deserved, vacation, here are some helpful hints.

- ✓ Take a carry-on with your important travel documents, including your Travel Guard Policy.
- ✓ Make sure your family or close friend knows your travel itinerary and insurance information.
- ✓ Remove the 24-hour Emergency Travel Assistance Card below and carry it with you at all times.
- ✓ Make a list of all identification, credit card numbers and corresponding customer service telephone numbers. Leave a copy at home.
- ✓ Make sure you have a passport – it's the best piece of identification to carry.
- ✓ Make sure your passport is valid for six months beyond your trip.
- ✓ Put bag tags on your luggage and inside each piece in case tags fall off.
- ✓ You may be required to fill out customs forms. Keep a pen handy.
- ✓ You may need extra cash to pay any airport improvements taxes, departure taxes, or service fees.

24-HOUR EMERGENCY ASSISTANCE

You must notify Us prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred.

Canada and Continental USA: 1-866-878-0192
International: 1-646-3723 (collect)

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Sales & Claims Enquiries

1-877-328-2530 (Canada & Continental USA)

24 Hour Emergency Assistance

1-866-878-0192 (Canada & Continental USA)

416-646-3723 (International - Call Collect)

ICover

ICover Insurance Agency Canada Ltd (BC0987181)