



Travel Health – Santé Voyage
TRAVEL INSURANCE POLICY

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Capitalized Words are defined within this policy.

IMPORTANT NOTICE FOR THE CLIENT:

Travel insurance is most successful when You have disclosed Your complete medical history, You understand Your medical history, You understand what investigation, medical treatment and stability mean, You are aware of the information in Your medical records, and You have honestly declared Your situation to the agent. You should be aware that a consultation with a specialist will affect Your period of stability even if You think it was just a routine examination.

- Our goal is that NO claim will be declined. We need Your help to reach that goal. There are two main reasons a claim may be denied: (1) The policy is void because of material misrepresentation; and (2) an exclusion applies.
- Please read Your policy carefully before You travel. If You are not completely satisfied with this policy, You may return it by registered mail to the Company within 10 days and any premium paid will be refunded.
- Travel insurance is designed to cover an Emergency event for up to two million dollars (\$2,000,000.00) less any applicable Deductible. There is no ongoing coverage after an Emergency event unless you obtain the express written approval of the Company. Your coverage is subject to certain limitations and exclusions.
- If You have a claim you must call the claims assistance company immediately and call them often to update and arrange treatment. If you are unable to do so, appoint a liaison to take control of your situation (all hospitals have patient advocates). Keep all bills and ask for the medical records (admitting and discharge) and advise the assistance company that you have done so. Give all the necessary addresses to the hospital and make it clear that they should deal direct with insurance. This may avoid bills and collection notices coming to your home. Call the assistance center every time you get a bill. Call for updates, but give yourself a timeline of 3-6 months depending on your claims. Lastly, your agent is not a claims adjudicator You must rely on the assistance company.
- **Records:** If You have a claim it is better to be pro-active than to ignore the details. By that we mean that it is better to present the medical records to the claims examiner in the proper light before the decision is made. Your assistance will help produce a positive decision. We need a copy of Your Canadian medical records and we need a copy of the medical records from Your treating facility. Your medical records will be compared to the answers that appear on your insurance purchase confirmation.
- Limitations and Exclusions will apply to medical conditions and/or symptoms that existed on or prior to Your Departure Date, unless You have selected to cover Your

pre-existing conditions and paid the corresponding additional premium. (Exclusion # 1). A Pre-existing Condition does not include a Minor Ailment. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment. (See the Definition). No coverage is provided when travel is booked with prior knowledge of an Unstable Condition, or after determination of a Terminal Prognosis.

- **Stability:** No coverage is provided under this policy for losses resulting from a Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months. For example if you had symptoms, investigation, treatment or a change in medication on December 6th You will be able to be covered on March 6th if coverage is not otherwise excluded. If Your medical condition changes during the period covered by a Multi Trip annual plan You must submit a new medical declaration and obtain a new written approval of coverage.
- **Diabetes:** If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of treatment for heart or stroke conditions will not be covered unless You have obtained an underwriting endorsement, which discloses Your medical history and You have paid the required additional premium.
- After a claim there is no ongoing coverage. There is no ongoing coverage after the first Emergency event unless you obtain the express written approval of the Company. You may seek assistance to return home where you are covered under Your Provincial Health Insurance Plan.
- **Refunds:** If You are eligible for a refund it will be made on a pro-rata basis and the premium shall not be less than the amount that You should have been charged for the time you were covered. The coverage will be terminated on the date you make the request for a refund. Termination shall not be dated before the date of your request.

I ELIGIBILITY FOR COVERAGE

You are eligible if You are a Canadian resident insured and eligible for benefits under a Canadian Government Health Insurance Plan, and You are in good health at the time You purchased this policy and You know of no reason why You would require medical services during Your Insured Trip. You will not be covered if you have received a Terminal Prognosis as a result of Your medical condition. If Your health changes or does not remain Stable and Controlled between the date You submitted Your application and the Effective Date of coverage, You will not be covered for the medical condition which changed if a claim occurs. You will be required to reapply for coverage if your medical condition changes and if so please contact Your sales agent.

II HOW THIS POLICY WORKS - INSURING AGREEMENT

In consideration of Your application for insurance and payment of the appropriate premium and subject to the terms and conditions of this policy, the Company will pay the benefits of this policy, up a maximum aggregate of two million dollars (\$2,000,000.) per Insured, in excess of any other insurance that is applicable; and

- The Company will pay the eligible expense incurred as the result of Your Pre-existing Conditions if You have completed a medical questionnaire, submitted it for underwriting approval, paid the necessary premium and received a written endorsement and guarantee of coverage.
- No Deductible will apply to your Emergency health insurance claim unless you have chosen a Deductible. A two hundred and fifty dollar (\$250) Deductible will apply to baggage insurance.
- This insurance provides payment for the Reasonable and Customary Costs for benefits described below Such costs must be in excess of those reimbursable by any other insurance contract or health plan (group or individual) under which the Insured Person is entitled to benefits.

CONFIRMATION OF COVERAGE:

The specific details of Your plan are outlined on Your Confirmation Letter. An Insurance ID card will be attached together with a copy of the answers you provided on your application to the Medical questions. Your application, forms a part of this policy. You will be responsible for expenses that are not payable by the Company.

III INSURANCE COVERAGE - OPTIONS AVAILABLE

(A) EMERGENCY TRAVEL HEALTH INSURANCE FOR CANADIAN TRAVELLERS

You may apply for coverage for a single trip or You may apply for coverage under a multi trip annual plan.

(1) Sports coverage endorsements are available by automatic application, and

(2) Pre-existing Condition coverage is available if You applied for and paid the necessary premium through the automatic medical underwriting system.

• SINGLE TRIP COVERAGE

The single trip plan provides coverage between the Effective Date and Termination Date of Your policy which is displayed on Your Insurance Purchase Confirmation / Income Tax Receipt

• MULTI TRIP ANNUAL PLAN COVERAGE is available under 8 DAY, 16 DAY AND 32 DAY Annual Plans:

The multi trip annual plan provides coverage between the Effective Date and Termination Date of Your policy for any number of trips up to the allowable trip duration. Coverage for each trip under the Multi Trip Annual Plan begins on Your Departure Date (the date you leave Canada from any place in Canada) as long as coverage is in effect under the Multi Trip Annual Plan You purchased and ends on Your Return Date if the Return Date is earlier than the number of days set out in the multi trip annual plan option You purchase. You may apply for a multi trip annual plan for Your health insurance coverage with a duration of 8 days, 16 days or 32 days.

All Multi-Trip annual plans allow you to Depart from any Province in Canada and Return to any Province in Canada.

In the event of a claim, you will be required to provide proof of your departure date and your return date. Proof can include your plane ticket, train ticket, a stamped passport, and/or credit card or bank statement showing purchases in Canada just prior to your departure date.

• TOP-UP COVERAGE / EXTENDING YOUR COVERAGE

Top-up coverage: You may apply for an Extension of Your health insurance coverage providing You have not incurred a claim in the insured period prior to the Effective Date of the Top-up coverage You wish to purchase.

• OTHER OPTIONS AVAILABLE WITH HEALTH INSURANCE COVERAGE:

You may apply for all or some of the following coverage as a rider to Your health insurance policy. (See What is Covered below): (B) Trip Cancellation and Trip Interruption Insurance, or (C) Baggage Insurance, or (D) Flight Accident Insurance and (E) Accidental Death & Dismemberment Insurance.

IV WHAT IS COVERED UNDER:

(A) EMERGENCY TRAVEL HEALTH INSURANCE

1. EMERGENCY HOSPITAL/MEDICAL TREATMENT

Expenses that are Medically Necessary for Emergency hospital and medical Treatment are covered and all other related expenses resulting from an Injury (accident) or new Sickness or disease that first manifests itself during the Insured Trip are covered up to two million dollars (\$2,000,000). Expenses for the Emergency Treatment and care of Pre-existing medical conditions are covered if You have completed the medical questionnaire, paid the required premium, and received written confirmation of coverage from the Company.

2. PROFESSIONAL SERVICES

50% of the costs for the services of a chiropractor, chiropodist, osteopath and physiotherapist are covered up to five hundred dollars (\$500) when referred by a doctor following a covered injury.

3. DENTAL ACCIDENT

The Company will pay for expenses up to two thousand dollars (\$2,000) when Your sound natural teeth are damaged as the result of a direct accidental blow to the mouth. Relief of dental pain will be reimbursed up to a maximum of two thousand dollars (\$2,000) per insured trip.

4. OUT-OF-POCKET EXPENSES

Additional out-of-pocket expenses (i.e., telephone, television rental) are covered up to a maximum of one hundred dollars (\$100) when You are hospitalized for a covered Medical Emergency. Expenses must be supported by an original receipt.

5. EMERGENCY RETURN HOME BY REGULAR FLIGHT OR AIR AMBULANCE

In the event of a Medical Emergency, the Company will pay the costs up to three hundred thousand dollars (\$300,000) to transport You to the nearest appropriate medical facility or to a Canadian hospital for treatment when prior approval has been received by the Medical Director.

6. REPATRIATION

In the event of Your death from a covered injury or Sickness, the Company will return Your body to Canada. The Company will pay up to a maximum of five thousand dollars (\$5,000) for the cost of burial or cremation at the place of death excluding the cost of the coffin or urn.

7. TRANSPORTATION OF RELATIVE

The Company will pay up to a maximum of two thousand dollars (\$2,000) for the cost of transporting a relative to Your bedside if You are hospitalized for a covered critical Injury or Sickness while outside Canada. Your relative should consider purchasing their own insurance coverage.

8. RETURN OF TRAVELLING COMPANION/ DEPENDENT CHILDREN

If You return home under the terms of Benefits 5 or 6, the Company will pay up to two thousand dollars (\$2,000) for the cost of returning Your travelling companion(s) and/or Dependent(s) who are travelling with You at the time of the Medical Emergency if they are insured with the same Travel Insurance Policy.

9. ESCORT OF INSURED CHILDREN

The Company will pay up to one thousand dollars (\$1,000) per insured trip to reimburse You for the cost of the services of a care giver (other than a relative) contracted by You to escort Your Insured children (under the age of 16) to their home in the event You are Hospitalized or must be Medically repatriated when such services are arranged by the Company and approved in advance.

10. RETURN TO YOUR ORIGINAL TRIP DESTINATION

The Company will pay up to two thousand dollars (\$2,000), when approved in advance by Our Medical Director, for a one-way economy airfare for You to be returned to Your scheduled Trip destination after You have returned to Your province or territory of residence for immediate Medical Treatment provided Your attending Physician determines that You require no further Treatment for Your Medical Emergency. Once You return to Your Trip destination, a Recurrence of the Sickness or Injury which caused the initial Medical Emergency, or any problems or complications related thereto, will not be covered under this policy.

11. MEALS & COMMERCIAL ACCOMMODATION

The Company will pay two hundred dollars (\$200) a day up to a maximum of fifteen hundred dollars (\$1,500) when the return portion of an Insured Trip is delayed beyond the scheduled date due to a Medical Emergency or death of Your extended family member or a travelling companion.

12. VEHICLE RETURN

The Company will pay up to two thousand dollars (\$2,000), when approved in advance by the Company, to reimburse You for reasonable commercial expenses for the return of Your private or rental Vehicle or mobile home in the event of Your medical incapacitation or Hospitalization; or to Return You to Your province or residence if Your private Vehicle is stolen or inoperative due to an Accident.

13. RETURN TO DESTINATION:

The insurer agrees to reimburse You up to a maximum of two thousand dollars (\$2,000) for the cost of one economy class round trip ticket by the most direct route to return You to Your province or territory of residence and back to Your destination to resume Your original trip if one of the following events occurs.

a) Your immediate return home to Canada is required because of the Hospitalization of a family member for a minimum period of 5 consecutive days

b) Your immediate return home to Canada is required because of the Death of a family member

c) Your immediate return home to Canada is required because of a disaster which renders Your principal residence in Canada uninhabitable

If you experience any change in your health during the emergency round trip, Your coverage is terminated and You must notify the Company prior to exiting Your province or territory of residence for confirmation of continued coverage.

14. TRIP BREAK OPTION

If You have requested and received prior approval from the Company or Your broker/agent, You may return to Your Province for unexpected special events or emergencies without terminating Your policy under this trip break option.

TOP-UP / EXTENDING YOUR STAY

Coverage will be extended at the option of the Company provided no event has occurred which would give rise to or result in a claim. The Top-up / extended coverage will be void and of no force or effect if an event has occurred that could give rise to a claim during the extension of coverage or a claim has occurred in the period immediately prior to the effective date of Your extension coverage. Minimum premium levels apply. This coverage cannot be purchased after Your Departure Date without the express written approval of the Company. Top-up/Extension coverage is effective on the date immediately following the Termination Date of Your existing emergency

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travel health insurance coverage provided You have paid the appropriate premium prior to the Termination Date of Your existing coverage.

(B) WHAT IS COVERED UNDER TRIP CANCELLATION AND INTERRUPTION INSURANCE

If You purchase this coverage, the following benefits are payable up to a total maximum of five thousand dollars (\$5,000) per Insured Person insofar as such expenses are for a trip Cancellation / Interruption covered risk and are unexpected and unforeseen. All maximums in this policy are per Insured Person, unless otherwise stated.

If Your trip is cancelled due to the occurrence of a Trip Cancellation Covered Risk, the Company will pay the non-refundable and unusable trip arrangements for which the Insured Person has already paid.

If Your trip is interrupted due to the occurrence of a Trip Interruption Covered Risk, the Company will pay:

1. The non-refundable and unusable trip arrangements for which the Insured Person has already paid (less the prepaid unused return transportation); and
 - (a) additional travel transportation expenses the Insured Person incurs via the most cost effective itinerary to return to his or her province or territory of residence, or
 - (b) the economy class transportation (or applicable change fee) via the most cost effective itinerary to the Insured Person's next destination.
2. One hundred and fifty dollars (\$150) subsistence allowance per Day per Insured Person, subject to limits of fifteen hundred dollars (\$1,500) per Insured Person and three thousand dollars (\$3,000) per Family, for commercial accommodation and meals, essential taxis and telephone calls. To file a claim, the Insured Person must supply original receipts from commercial organizations.

• Trip Cancellation / Interruption Covered Risks:

1. Medical Conditions and Death: the Insured Person's injury or Sickness, or a relative of the Insured Person's is hospitalized overnight or dies.
2. Travel Advisory: A defer travel recommendation is issued after the Insured Person:
 - a) with respect to Trip Cancellation: purchased a trip, b) with respect to Trip Interruption: departed on a trip, by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada advising Canadians not to travel to a country, region or city.
3. Employment Change: The Insured Person loses a permanent job because of layoff or dismissal without just cause (not applicable to self-employed persons or contract work); or the employer initiates a job transfer which necessitates relocation of the Insured Person's principal residence.
4. Natural Disaster at Home or at Destination: the Insured Person is unable to occupy his or her principal residence or the vacation lodging because of a natural disaster.
5. Legal Commitment: The Insured Person is called to jury duty, is subpoenaed as a witness, or is required to be a defendant in a lawsuit.
6. Quarantine: The Insured Person is quarantined during his or her trip.
7. Missed Connection: The Insured Person misses a connection because of the delay of a common carrier when the delay is caused by mechanical failure, weather, a traffic accident, an emergency, a schedule change or a volcanic eruption. The common carrier must be scheduled to arrive at least two hours prior to the next departure.
8. Named Hurricane: The Insured Person are travelling to or is at his or her destination and a Hurricane, as named and forecast by the World Meteorological Organization, is expected to cross directly in his or her path in the next 24 hours.
9. Pregnancy or Adoption: The Insured Person becomes pregnant after booking the trip and the departure date falls in the 9 weeks before or after the expected delivery date or the Insured Person legally adopts a child into his or her family and the date of adoption falls during the trip.

(C) WHAT IS COVERED UNDER BAGGAGE AND PERSONAL EFFECTS INSURANCE: COVERED RISKS

If You purchase this coverage, the Company will pay up to two thousand dollars (\$2,000) per insured person, after a Deductible of two hundred and fifty dollars (\$250), for the Reasonable and Customary Costs for the covered risks described below that are incurred by You due to the direct physical loss of, or damage to, the baggage and personal effect the Insured Person owns and use during his or her trip outside the province or territory of residence. Such expenses must be in excess of those

reimbursable by any other insurance contract or health plan (group or individual) under which the Insured Person is entitled to benefits.

• Baggage and Personal Effects Insurance covered risk

The following benefits are payable up to a maximum of two thousand dollars (\$2,000) per insured person per trip insofar as such losses are unexpected and unforeseen. A two hundred and fifty dollar (\$250) Deductible applies.

1. Loss of or Damage to Baggage and Personal Effects:

Reimbursement of losses up to maximum of five hundred dollars (\$500) for any one item or set of items (items which are purchased for use together and commonly used together). Reimbursements are made based on the depreciated value of the lost or damaged articles. Reimbursements for an entire set are only made if the entire set is lost or damaged; otherwise reimbursement is made specific to the affected article within the set.

2. Delay of Baggage and Personal Effects:

The Company covers up to four hundred dollars (\$400) towards the replacement of the necessary toiletries and clothing when the Insured Person's checked baggage is delayed by the common carrier for more than 12 hours while on route and before returning to the home province or territory of residence.

3. Replacement of Travel Documents:

The Company covers up to two hundred dollars (\$200) towards the replacement of one or more of the Insured Person driver's license, passport, birth certificate or travel visa in the event any of these is lost or stolen during a trip.

(D) WHAT IS COVERED UNDER FLIGHT ACCIDENT INSURANCE

If You purchase this coverage, the Company will pay up to three hundred thousand dollars (\$300,000) for a loss which occurs as the result of a flight accident when You are a passenger in a multi-engine, regularly scheduled flight, ticketed and arranged prior to departure according to the following schedule:

1. Three hundred thousand dollars (\$300,000) for:
 - a. Loss of life, or Entire Sight of Both Eyes, or both Hands, or both Feet;
 - b. Disappearance if Your body has not been found for 52 weeks;
 - c. Loss of one Foot and Entire Sight of One Eye.
2. One hundred and fifty thousand dollars (\$150,000) for:
 - a. Entire Sight of One Eye, or one Hand, or one Foot.

A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing for the loss of the entire sight of an eye:

(E) WHAT IS COVERED UNDER ACCIDENTAL DEATH & DISABILITY INSURANCE

If You purchase this coverage, the Company will pay up to one hundred thousand dollars (\$100,000) in the event of Your death or disability resulting from an accident (other than a Flight Accident) which occurs during your covered trip according to the following schedule:

1. One hundred thousand dollars (\$100,000) for:
 - a. Loss of life, or Entire Sight of Both Eyes, or both Hands, or both Feet;
 - b. Loss of one Foot and Entire Sight of One Eye.
2. Fifty thousand dollars (\$50,000) for:
 - a. Entire Sight of One Eye, or one Hand, or one Foot.

A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing for the loss of the entire sight of an eye:

V LIMITATIONS & EXCLUSIONS

(A) WHAT IS NOT COVERED FOR: EMERGENCY TRAVEL HEALTH INSURANCE

No coverage shall be provided under this contract and no payment shall be made for any Loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of, any of the following excluded risks:

1. Any Pre-existing Condition:

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- a. unless You have correctly disclosed all of Your pre-existing conditions on Your application for insurance paid the necessary premium and received written confirmation of coverage from the Company;
 - b. that has NOT been Stable and Controlled in the three (3) months preceding the effective date of coverage for example, if a change occurred on December 6th You will not be covered by travel insurance until March 6th, or after;
 - c. If there is a change in Your pre-existing conditions after Your policy is issued but prior to the Departure Date. When there is such a change You must obtain a new written approval from the Company after the change. Note: If Your medical condition changes during the period covered by a Multi Trip annual plan You must obtain a new written **Endorsement and Guarantee of Coverage**;
2. Diabetes: if You have been previously diagnosed with diabetes, treatment for cardiovascular or cerebrovascular conditions is not covered (excluded) unless You have disclosed Your complete medical history, submitted it for underwriting approval and obtained an endorsement issued by the Company to cover Your specified pre-existing conditions;
 3. Sickness or Injury occurring while this policy is not in effect;
 4. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges or other sexually transmitted disease;
 5. Hospital or Medical Treatment, where this policy is specifically purchased to obtain such services, whether or not authorized by a Physician;
 6. A Sickness, injury or related condition during a Trip undertaken;
 - a. with the knowledge that You will require or seek treatment or surgery for that Sickness, injury or related condition, or
 - b. for the purpose of obtaining treatment or surgery.
 7. Non-Emergency Medical Treatment or investigation, check-ups, cosmetic surgery, chronic care, rehabilitation, Elective Treatment or any complications directly or indirectly related thereto, or treatment which can be reasonably delayed until You can return to Your province of residence by the next available means of transportation. The delay to receive treatment in Your province or territory of residence has no bearing on the application of this exclusion;
 8. Sickness or Injury when travel is booked or commenced contrary to medical advice, with prior knowledge of an Unstable Condition, or after determination of a Terminal Prognosis;
 9. Major medical or surgical procedures, including but not limited to cardiac surgery, which are not approved in advance by the Medical Director;
 10. Any Medical Treatment, investigation, or hospitalization which is a continuation of or subsequent to a Medical Emergency, unless You are declared medically unfit to return to Your province of residence by the Medical Director;
 11. Childbirth, miscarriage, deliberate termination of pregnancy or any complications incident to pregnancy occurring within eight weeks of the expected delivery date;
 12. Mental, nervous or emotional disorders, misuse of medication, abuse of drugs or intoxicants, any Sickness related to and/or induced by alcohol, medication, drug and/or toxic substance abuse, any accident related to and/or induced by an excessive consumption of alcohol (determined by a blood-alcohol level in excess of eighty (80) milligrams per one hundred (100) millilitres of blood) or treatment therefore;
 13. Suicide or attempt thereof, or self-inflicted Injury, whether sane or insane;
 14. Sickness or Injury arising from civil disorders, war or act of war, declared or not, or willful exposure to peril except in an attempt to save human life;
 15. Eye examinations, replacement of lost or damaged eyeglasses, contact lenses, hearing aids or prescriptions for same;
 16. Committing or attempting to commit any criminal or illegal activity;
 17. Air travel other than as a passenger in a commercial aircraft with a seating capacity of six people or more, licensed to carry passengers for hire;
 18. Participation in sanctioned competitive sports, professional sports or in any contest of motorized speed;
 19. Any Medical Treatment if You are not covered for such treatment by the government health insurance plan (GHIP) in Your province or territory of residence;
 20. For children under two (2) years of Age: Any Sickness or medical condition related to a birth defect;
 21. Treatment or surgery for a specific condition, or a related condition, which:
 - a. had caused Your Physician to advise You not to travel, or
 - b. You contracted in a country during Your Trip when, before Your Effective Date, a written formal notice was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city;
 22. Noncompliance with prescribed medical therapy or treatment;

23. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada:

- a. cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Company prior to being performed, except in extreme circumstances where such surgery is performed as a Medical Emergency immediately upon admission to Hospital;
- b. magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Company;

24. Services in connection with general health examinations, routine prenatal care, regular care of a chronic condition;

25. The continuing care and/or Medical Treatment of an acute Sickness or Injury after the initial Medical Emergency has ended (as determined by Our Medical Director) or a medical consultation where the Physician observes no Change in a previously noted condition, symptom or problem;

26. Medical care or surgery that is cosmetic in nature;

27. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa;

28. Air ambulance services unless approved in advance and arranged by the Company;

29. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof;

30. Expenses for which no charge would normally be made in the absence of insurance or expenses which exceed the reasonable and customary charges for the region where the services were provided;

31. The Company reserves the right to transfer You to an appropriate Hospital within its Global Health Network [®], provided You are medically fit to be transferred or to arrange transportation to return You to Canada following a Medical Emergency. If You decline to return to Canada when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered;

32. Failure to contact Emergency Assistance within the first 24 hours of hospitalization for a Medical Emergency will limit benefits under this policy to 70% of eligible expenses to a maximum of twenty five thousand dollars (\$25,000). For claims resulting from an eligible Medical Emergency other than hospitalization, an additional two hundred and fifty dollar (\$250) Deductible will be applied if You fail to Contact Emergency Assistance immediately. This Deductible amount will be waived in the event of critical Medical Emergency if You or Your travelling companion are unable to phone immediately;

33. This policy is not valid if purchased with an effective date more than 6 months after the date of purchase.

(B) WHAT IS NOT COVERED UNDER: TRIP CANCELLATION / INTERRUPTION INSURANCE

This insurance does not cover any loss or expense related in whole or in part, directly or indirectly, to any of the following:

1. This insurance does not cover any loss or expense related in whole or in part, directly or indirectly, to the Insured Person's Pre-Existing Condition if it has NOT been Stable and Controlled in the 180 Days preceding any of the trip purchased date. The Pre-existing Condition exclusion applies trip Cancellation / Interruption coverage.
2. Symptoms which would have caused an ordinary person to seek treatment or medication in the 180 Days before the departure date.
3. Alcohol related Sickness or the abuse of medication, drugs, alcohol or any other toxic substance prior to or during the Trip. Alcohol abuse is defined as having a blood alcohol level in excess of eighty (80) milligrams of alcohol per one hundred (100) millilitres of blood.
4. Any trip Cancellation / Interruption expenses if the Insured Person has knowledge at the time of departure of any reason why the trip might be cancelled, interrupted or delayed.
5. Travel for the purpose of visiting a person suffering from a medical condition and the medical condition (or ensuing death) of that person is the cause of cancellation, interruption or delay of the trip.
6. The financial default or bankruptcy of a travel supplier.
7. The Insured Person's choice not to continue his or her trip, if possible, after a trip Cancellation / Interruption.

**(C) WHAT IS NOT COVERED UNDER:
BAGGAGE AND PERSONAL EFFECTS INSURANCE**

This insurance does not cover any loss or expense related in whole or in part, directly or indirectly, to any of the following:

1. Animals, perishable items, bicycles, household items and furniture, artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses, prescription medication, tobacco products, money, credit cards, event tickets, securities, documents, items related to the Insured Person's occupation, mobile phones, computers, electronics devices and accessories, antiques or collectors' items, fragile articles, cameras, musical instruments, stereos and similar properties, items that are obtained illegally, or articles that are insured on a valued basis or are insured by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defects, mechanical breakdown, the Insured Person's imprudence or omission.
3. Unaccompanied baggage or personal property, baggage or personal property left in an unattended vehicle and which was not locked in the trunk, or baggage or personal property shipped under a freight contract.
4. Theft, loss or damage of baggage or personal effects where a written report has not been obtained from the police or local or conveyance authorities to substantiate the loss.
5. The first \$250.00 loss on a baggage claim. All baggage claims are subject to a \$250.00 Deductible.

VI GENERAL TERMS AND CONDITIONS

1. Co-ordination of benefits with other insurance plans: This policy is designed to pay in excess of the Government Health Insurance Plan of Your Province and/or any existing coverage held by You. Benefits payable under all policies or plans shall not exceed 100% of the eligible expenses incurred. The Company will not subrogate against retiree benefit plans that have fixed lifetime benefits of \$50,000 or less.
2. The required premium is due and payable at the time of application (Application Date). Premium will be calculated according to the schedule of premium rates in effect on the Application Date based on Your age on the Effective Date.
3. Policy Terms and Conditions are subject to change with each new policy purchase, without prior notice, to reflect actual experience.
4. This policy is void if You make any false or fraudulent statements in the application for insurance, the medical declaration, a claim for insurance benefits or if You are covered under insurance benefits from any other insurer for an accident or Sickness claim being made under this policy.
5. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, if no proof of Your payment exists or if You did not answer the qualifying medical questions truthfully, accurately or completely. The Company reserves the right to decline an application, or any request for extensions of coverage.
6. Benefit limits and premium payments made under this policy shall be in Canadian currency, the Deductible is in Canadian currency and no sum payable shall carry interest.
7. This policy shall be governed by the laws of Canada in all respects including matters of construction, validity and performance. All legal actions or proceedings must be brought in the Canadian Province in which You permanently reside.
8. Notwithstanding any other provision contained herein, this contract is subject to Statutory Conditions in the Insurance Act.

VII DEFINITIONS

"Company" means CHARTIS Insurance Company of Canada.
"Deductible" means the amount in Canadian dollars, which the insured person must pay before any remaining covered expenses, are reimbursed under this policy. The Deductible applies once per Insured person per trip.
"Departure Date" means the earlier of the date You (a) board Your ticketed transportation or (b) leave Canada on an Insured Trip, unless You requested Your coverage to begin when You leave Your Province.
"Dependent(s)" means any unmarried children residing at home, who are at least 15 days of age but under age 19 and who are living with and dependent upon You for their sole means of support.
"Effective Date" means the date, indicated on Your Confirmation Letter, provided the Company or its Representative has received the appropriate premium. If coverage is purchased after Your Departure Date, Emergency Sickness-related benefits shall become effective 48 hours after the date and time the required premium is received by the Company.

"Entire Sight of One (1) Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye.

"Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than twenty (20) degrees in both eyes.

"Elective Treatment" means Medical Treatment, surgery or any other procedure scheduled by Your Physician to occur at a later date.

"Emergency" means an unexpected or unforeseeable Sickness or Injury which requires immediate non-discretionary medical attention, treatment or care for the immediate relief of acute symptom, which upon the advice of a physician cannot be delayed until You return to Your province or territory of residence.

"GHIP" means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

"Hand" or "Foot" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint.

"Hospital" means a facility equipped to perform surgery, on a Medical Emergency in-patient and out-patient basis, but in no event shall this include a nursing home, rest home, convalescent home, rehabilitation centre, or home for the aged, a place for the treatment of alcohol or drug addiction.

"Insured" means a person(s) named on the application form for which insurance coverage is in effect under this policy.

"Insured Trip" means a trip on which You are travelling outside Your Province and for which coverage is in effect. Coverage on a trip begins on Your Departure Date and ends on the earlier of the date (i) You return to Your Province, or (ii) the number of days of coverage You purchased expires.

"Medical Director" means the medical doctor acting for the Company.

"Medical Emergency" means an unexpected or unforeseeable Sickness or Injury not related to a Pre-existing Condition (unless a rider has been issued to cover specified pre-existing conditions) which requires immediate medical attention, treatment or care during Your Insured Trip.

"Medically Necessary" in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting Your condition or quality of medical care;
- d. cannot be delayed until Your return to Your province or territory of residence; and
- e. is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

"Medical Treatment" means medical advice, consultation, care, service, diagnosis or prescription, given on an Emergency basis, rendered by a Physician for Your Sickness or Injury.

"Minor Ailment" means any Sickness or injury which does not require the use of medication for a period greater than 15 days, more than one follow up visit to a physician, hospitalization, surgical intervention, or referral to a specialist, which ends at least thirty (30) days prior to Your Departure Date. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment if it is a Pre-existing Condition.

"Period of Stability" means that, during the period selected in Your application, there has been : NO increase in symptoms or development of new symptoms; NO reduction, increase or stoppage in medication dosage or its frequency; NO new medications prescribed; You have NOT been hospitalized or required medical consultation (other than a routine examination); AND NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery, during the period selected on Your application form,

"Physician" means a person, other than a relative, who is legally qualified and licensed to practice medicine or perform surgery. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

"Pre-existing Condition" means a medical or physical condition, symptom, illness or disease, whether diagnosed or not, for which Treatment has been received or taken, or which exhibited symptoms, at any time preceding Your Departure Date and includes a medically recognized complication or Recurrence of a medical condition but does not include a Minor Ailment.

The Pre-existing Condition exclusions will apply to a loss or expenses resulting from a medical conditions and/or symptoms that existed on or prior to Your Departure Date, unless You have selected underwriting to cover Your pre-existing conditions and

paid the corresponding additional premium. Check to see how this applies in Your policy and how it relates to Your Departure Date, date of purchase and Effective Date. In the event of an accident, Injury or Sickness, Your prior medical history will be reviewed when a claim is reported. You must notify Emergency Assistance prior to any medical treatment. Your policy may limit benefits should You not contact Emergency Assistance within a specific time period. If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of treatment for heart or stroke conditions will not be covered unless You have obtained an underwriting endorsement, guarantee of coverage which discloses Your medical history and You have paid the additional premium.

"Province" means Your province or territory of usual residence at the time of application.

"Reasonable and Customary" means the costs customarily charged for covered benefits, which are not in excess of the standard fee in the geographical area where the charges are incurred for comparable Medical Treatment, services or supplies for a similar Sickness or Injury.

"Recurrence" means the appearance of symptoms caused by or related to a medical condition which was previously diagnosed by a Physician or for which Treatment was previously received.

"Representative" means the agent or other location where the Company has made acceptance of payment arrangements.

"Return Date" means the date on which You return to Canada.

"Sickness" means the onset of Sickness or disease requiring medical treatment, care or advice while You are travelling anywhere in the world outside of Your province or territory of residence while Your coverage under this Policy is in force, which causes a Loss covered by this Policy while You are outside Your province or territory of residence after the Effective Date and before the Expiry Date.

"Stable and Controlled" means that within three months immediately preceding Your Departure Date Your condition is not worsening and there has been:

- a. NO increase in symptoms or development of new symptoms;
- b. NO reduction, increase or stoppage in medication dosage or its frequency;
- c. NO new medications prescribed;
- d. You have NOT been hospitalized or required medical consultation (other than a routine examination); AND
- e. NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery.

"Terminal Prognosis" means a clinical assessment performed by a licensed Physician who determines that an existing medical condition, Sickness or Injury is expected to result in the Insured's premature death within the twelve (12) month period following any Departure Date.

"Termination Date" means the date any coverage ends, being the earlier of the date (i) You request a termination of coverage or (ii) the number of days of coverage You purchased expires.

"Treatment" when used in this Pre-existing Conditions Exclusion, means a medical, therapeutic or diagnostic procedure, prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing, hospitalization and surgery.

"Trip" means travel outside Your province or territory of residence which commences after Your departure date and which terminates before Your return date.

"Unstable Condition" means a Sickness or Injury which would cause an ordinarily prudent person to expect the need for Medical Treatment or investigation following departure.

"Vehicle" under the Return of Vehicle benefit, means any one of a private or rental automobile or mobile home but does not include any trailers, motorcycles or towed Vehicle.

"You" or "Your" means each Insured Person.

VIII REFUNDS

Requests for a pro-rata premium refund will be considered, in the case of non-departure or in the case of early return if the policy is signed by You and returned to the Company and if no claim has been paid or is pending on Your behalf. The new premium shall not be less than the amount that You should have been charged for the time you were covered. A refund will be calculated from the date of receipt of written notification, subject to an administration fee of \$25 per application and a minimum refund amount of \$10 per policy. Termination shall not be dated before the date your request is received. No refund will be paid for Multi Trip Annual Plans, Trip Cancellation and Interruption, Baggage, Flight Accident or Accidental Death & Disability Insurance after the commencement of coverage.

IX EMERGENCY PROCEDURE

Call Emergency Assistance immediately at 1-866-222-0079 toll free in Canada and United States or from anywhere else in the world, ask the operator to place a collect call to Canada at 0-416-642-2908.

If You require medical services or within 24 hours of hospitalization, You must call Emergency Assistance. Failure to notify Emergency Assistance as directed will delay the processing and payment of Your claim and may limit the Company's liability (See What is Not Covered - Limitations and Exclusions # 34).

X CLAIM PROCEDURE

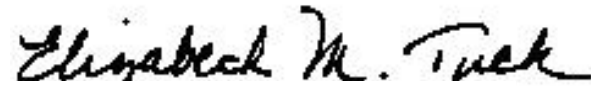
For general inquires, please call Your Representative. When submitting a claim, please include a brief explanation of the medical situation, e.g., how, where and when the loss, Sickness or Injury took place. Claims must be reported within 30 days of occurrence and written proof of claim is required within 90 days of occurrence. Claims cannot be considered unless the claim form is fully completed and signed by the claimant and submitted along with all required documentation including original receipts. All documentation must be supplied free of expense to the Company.

Mail or Deliver Claims to:
TRAVEL HEALTH CLAIMS DEPARTMENT, World Travel Protection Canada Inc.
400 University Avenue, 15th Floor, Toronto, ON, M5G 1S7
Claim Inquiries: 0-416-642-2908 or 1-866-222-0079

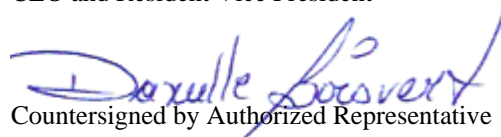
This Policy is Administered by MRM Special Risks Inc. Neither the Representative nor the Company is responsible for the availability, quantity, quality or results of any medical treatment received by You or Your failure to obtain medical assistance. By my purchase, I authorize any medical facility, insurance company, organization or person that has any records or knowledge of My health and/or that of My family members, to give to the Company, MRM Special Risks Inc. or their authorized representatives, any information regarding My health, medical history treatment and claim. I specifically authorize coordination of benefits with all other insurance programs that provide health insurance benefits for me. I further authorize the Company to subrogate and claim over against any party that may be liable for benefits or expenses that the Company has paid on my behalf. A copy of facsimile of this authorization shall be deemed as valid as the original.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY OF CANADA


President


Secretary


CEO and Resident Vice President


Countersigned by Authorized Representative