To be eligible for coverage, on the effective date, you must:

1. be a Canadian resident covered by your government health insurance plan for the entire duration of your trip and
2. purchase coverage for the entire duration of your trip; and
3. be at least 15 days of age and less than 79 years of age; and
4. not be travelling against the advice of a physician; and
5. not be experiencing new or undiagnosed symptoms or know of any reason to seek medical attention; and

Coverage commences the day after the expiry date of the Multi-trip Travel Medical Annual Plan.

If you are between 60 and 79 years of age you must also:
7. be travelling for no more than 35 days; and
8. not have been diagnosed with congestive heart failure; and
9. not have used, or been prescribed, home oxygen during the 12 months prior to the effective date; and
10. not have been diagnosed unrepaired aneurysm of 4.5 centimetres or more; and
11. not require assistance with the activities of daily living (dressing, bathing, eating, using the toilet or getting in or out of a bed or chair).

Eligibility

In consideration of having paid the required premium in full this policy provides coverage up to $100,000/000/00 CAD per insured person, per trip for reasonable and customary costs incurred by you due to a covered emergency occurring while you are travelling outside your province or territory of residence.

1. Subject to all terms and conditions of the policy, the benefits are payable to the maximum of the sum insured for services that are medically necessary. Benefit limits are per insured person, per trip including any extension or Top Up of coverage.

3. This policy, the application and the confirmation of insurance constitute your contract of insurance.

Insuring Agreement

Coverage under the Single Trip Travel Medical Plan begins on the latest of:

a. the date and time you apply for and pay for this insurance; or
b. the date and time you depart your province or territory of residence; or

c. 12:00 a.m. (local time) on the effective date as shown on your confirmation of insurance.

Waiting Period

If you purchase your policy after you have departed your province or territory of residence, there is no coverage for any sickness that began or for which you experienced symptoms during the first 48 hours after the effective date even if related expenses are incurred after the 48-hour waiting period.

Expiry Date of Coverage

Coverage under the Single Trip Travel Medical Plan ends on the earlier of:

a. 11:59 p.m. (local time) on the expiry date shown on your confirmation of insurance; or
b. the date and time you return to your province or territory of residence.

You may return to your province or territory of residence for a temporary visit prior to your expiry date and your coverage will resume with no additional premium once you leave your province or territory of residence to resume your trip. The premium for the number of days of your temporary visit will not be refunded or reissued. Any medical condition which symptoms were present or incurred by you received medical treatment during a temporary visit is not covered.

For policies providing coverage for travel worldwide excluding the United States of America (USA), coverage is limited to travel outside the USA except for transit through, or stopovers in, the USA of up to 5 days.

For policies providing coverage for travel within Canada only, there is no coverage for any travel outside of Canada.

Extending Your Coverage

If you wish to extend your trip beyond the expiry date of the Single Trip Travel Medical Plan, you may purchase a new policy subject to the policy terms, conditions and premium schedule in effect at the time the new policy is requested. The cost of additional days of insurance will be calculated using your age on the effective date of the new policy provided that:

a. you remain eligible for insurance;

b. you have not experienced any changes in your health since your effective date or departure date; and

c. a claim has not been made under the initial policy for the specific trip.

d. the request for the new policy is received prior to the expiry date of your coverage; and

e. you remain covered under your government health insurance plan for the entire duration of your trip.

Coverage under this policy is for a trip of up to 365 days. The premium for the number of days of your trip will be based on the rate for the number of days of your trip, your age on the effective date, and if your trip extends longer than the maximum duration or beyond the expiry date shown on your confirmation of insurance.

Coverage commences the day after the expiry date of the Multi-trip Travel Medical Plan.

You must pay the required premium prior to the effective date of the Top Up.

Coverage can be topped up providing that:

1. Your additional coverage must be purchased for the entire number of remaining days of your trip.
2. Your additional coverage may be purchased after the departure date but must be before the expiry of prior coverage.

This Policy contains a clause which may limit the amount payable.

NOTE: Italicized words are defined terms whose definition appears in the definitions section of the policy.

DURATION OF COVERAGE

SINGLE TRIP TRAVEL MEDICAL PLAN

The Single Trip Travel Medical Plan provides coverage for a single trip outside of your province or territory of residence.

Multi-Trip Travel Medical Plan

The Multi-Trip Travel Medical Annual Plan provides coverage for any number of trips outside of your province or territory of residence between the effective and expiry date up to the maximum duration that you have purchased as shown on your confirmation of insurance, as well as unlimited travel within Canada, but outside your province or territory of residence.

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.

If your health changes after the policy effective date, your eligibility will not be affected but coverage for that medical condition will be subject to the policy exclusions.

Effective Date of Coverage

Coverage under the Multi-Trip Travel Medical Annual Plan begins on the latest of:

a. the date and time you apply for and pay for this insurance; or
b. the date and time you depart from your province or territory of residence; or
c. 12:00 a.m. (local time) on the effective date as shown on your confirmation of insurance.

Expiry Date of Coverage

Coverage under the Multi-Trip Travel Medical Annual Plan ends at 11:59 p.m. (local time) on the expiry date shown on your confirmation of insurance.

Coverage for each trip ends on the earliest of:

a. 11:59 p.m. (local time) on the expiry date shown on your confirmation of insurance; or
b. the date and time you depart from your province or territory of residence; or
c. the date you reach the maximum duration outside of Canada.

No coverage is in effect for a trip outside of your province or territory of residence that commenced prior to the effective date or extends beyond the expiry date of the Multi-Trip Travel Medical Annual Plan. If a trip that began during the coverage period extends beyond the expiry date you may purchase a new Multi-Trip Travel Medical Annual Plan provided there is no lapse in coverage and the total trip duration does not exceed the maximum duration selected for the initial Multi-Trip Travel Medical Annual Plan.

You may purchase a Top Up for a trip that extends beyond the maximum duration provided there is no lapse in coverage.

Top Up Coverage

A Top Up is a Single Trip Travel Medical Plan that provides coverage for the additional cost of your trip if it extends beyond the amount covered under the Multi-Trip Travel Medical Annual Plan or if your trip extends longer than the maximum duration or beyond the expiry date shown on your confirmation of insurance.

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.

NOTE: Italicized words are defined terms whose definition appears in the definitions section of the policy.
a. you remain eligible for insurance; and
b. you have not experienced any changes in your health since the later of your effective date or date of departure; and
c. a claim has not been made under the initial policy for the specific trip. If a claim has been made a Top Up may be granted upon review of your file by the insurer; and

d. the request for Top Up is received prior to the expiry date of your coverage; and

eyou remain covered under your government health insurance plan for the entire duration of your trip.

11. Repatriation of Remains: In the event of your death as a result of a covered accident or unforeseen sickness:

a. up to a maximum of $5,000 toward the actual cost incurred for the preparation of remains and transportation to your permanent residence in Canada or

b. up to $5,000 for cremation and/or burial at the place of death.

The cost of the casket, urn or funeral is not covered.

12. Meals and Accommodation: When approved in advance by Intrepid 24/7: up to $50 per day to a maximum of $3,000 for your commercial accommodation, meals, essential telephone calls, internet fees, bus or taxi fares, or rental car in lieu, and child care costs for your dependent children (excluding childcare provided by an immediate family member), if, upon a physician’s advice:

a. you or your travel companion are hospitalized on the date you are scheduled to return to your permanent residence (other than an insured member of the insured person).

b. you or your travel companion are transferred to a different hospital in another city for emergency medical treatment.

The fact that an insured person is unable to travel must be certified by the attending physician and the benefits must be supported with original receipts from commercial organizations.

13. Hospital Allowance: Up to $50 per day to a maximum of $500 for incidental expenses billed by the hospital such as telephone, television or internet charges while you are hospitalized.

14. Return and Escort of Children: When approved and arranged in advance by Intrepid 24/7, up to $500 for the cost of returning an excess baggage to the departure point in the event that you are returned to Canada under the Emergency Transportation benefit or Repatriation of Remains. The insurer will also pay for an escort to accompany the dependent children.

15. Return of Travel Companion: When approved in advance by Intrepid 24/7 up to single one-way economy airfare for a travel companion to return to Canada if the insured person is returned to Canada under the Emergency Transportation benefit or the Repatriation of Remains benefit.

16. Pet Return: When approved and arranged in advance by Intrepid 24/7, up to $500 for the cost of returning your excess baggage to the departure point in the event that you are returned to Canada under the Emergency Transportation benefit or the Repatriation of Remains benefit.

17. Vehicle Return: When approved and arranged in advance by Intrepid 24/7, up to $4,000 for the cost of returning your vehicle to your residence or to a commercial rental agency in the event that you are unable to return to the vehicle to its point of origin due to a covered emergency during your trip.

18. Excess Baggage Return: When approved and arranged in advance by Intrepid 24/7, up to $500 for the cost of returning your excess baggage to the departure point in the event that you are returned to Canada under the Emergency Transportation benefit.

19. Return to Original Trip Destination: When approved and arranged in advance by Intrepid 24/7, up to $1,000 for one-way economy airfare to return you and one travel companion to the original trip destination in the event that you are returned to Canada under the Emergency Transportation benefit, and the attending physician determines that the medical treatment received in Canada resulted in the emergency. The return must occur during the original trip period. A subsequent recurrence or complication of the condition that resulted in your being returned home is excluded under this policy.

20. Identity Fraud Recovery: Up to $5,000 for the following costs incurred within 90 days of the end of the transportation period as a result of identity fraud that occurred during the coverage period.

a. Costs for notarizing affidavits or similar documents for law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.

b. Costs for sending certified mail to law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.

c. Loan application fees for re-applying for loans due to the rejection of the original application because the lender received incorrect credit information.

d. Charges for long distance telephone calls or fax transmissions to businesses, law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.

e. Earnings lost by you as a result of time away from work to complete affidavits, meet with law enforcement agencies, credit agencies, merchants, or legal counsel, up to $50 per day, to a maximum of $2,000.

f. Reasonable legal counsel fees incurred, with prior notice to and approval by Intrepid 24/7, for the preparation of suit brought by businesses or financial institutions, removal of any criminal or civil judgments wrongly entered against you; and challenge to the information in your credit report.

Identity Fraud does not include expenses incurred due to any fraudulent, dishonest or criminal act by an insured person, or by any person acting with the consent of or on behalf of an insured person, as well as in any other circumstances.
EXCLUSIONS

This policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Any sickness, injury or medical condition (other than a minor ailment) that was not:
   i. a. in the 90 days prior to the effective date if you are less than 60 years of age traveling for more than 35 days or
   ii. in the 90 days prior to the effective date if you are between 60 and 74 years of age and
   iii. in the 90 days prior to the effective date if you are between 75 and 79 years of age.

2. Expenses related to a sickness or injury that would have caused an ordinary prudent person to seek medical treatment, advice, diagnosis or care during the 90 day period immediately prior to the effective date.

3. Expenses related to any sickness or injury for which you experienced signs or symptoms after the effective date but did not seek medical treatment and such signs or symptoms would have caused an ordinary prudent person to seek medical treatment, advice, diagnosis or care.

4. Any medical treatment that is not emergency medical treatment for the immediate relief of acute pain and suffering, including any elective or cosmetic surgery or treatment.

5. For policy extensions or Top Up any medical condition which first appeared, was diagnosed, or treated after the scheduled departure date and prior to the effective date of the insurance extension or Top Up.

6. Any costs incurred due to your travelling against the advice of a physician, or any loss resulting from your sickness or medical condition that was diagnosed by a physician as a terminal illness prior to the effective date.

7. Any medical treatment which can reasonably be delayed until you return to your province or territory of residence in Canada by the next available means of transportation: whether you intend to or not.

8. Any medical treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care.

9. Any medical treatment or investigative testing of any medical condition for which you received emergency medical treatment during your trip after the initial emergency has ended as determined by Intrepid 24/7's medical team.


11. Expenses incurred whereby this policy was purchased specifically to obtain medical treatment outside your province or territory of residence whether or not recommended by your attending physician.

12. Transplants, including, but not limited to corneas or organ transplants or bone-marrow transplants, artificial joints, prosthetic devices or implants, including any associated charges.

13. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in this policy, 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 or which are not required as a result of an emergency.

14. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and replacement thereof.

15. Expenses for any benefit or medical treatment that requires prior approval by Impremo 24/7 if such approval was not provided, except in extreme circumstances where such medical treatment is performed to save a life or to prevent a medical condition immediately upon admission to a hospital.

16. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless the insured is hospitalized.

17. Loss, death, illness or disability as a result of the loss of life, death, injury or evidence supports that you were affected by, or the medical condition causing the loss was in any way contributed to by the use of alcohol, prohibited drugs, or any other intoxicant.

18. Routine prenatal care or pregnancy or childbirth or complications thereof when they happen in the 9 weeks before or after the expected date of delivery, your child born during trip.

19. For children under 2 years of age any sickness or medical condition resulting from or related to a congenital defect.

20. Commencement or continuing to commit an illegal act or a criminal act by an insured person.

21. An insured person’s suicide, attempted suicide or self-inflicted injury, whether the insured person is sane or insane.

22. Rock or mountain climbing, hang gliding, parachuting, bungee jumping, or skydiving; participation in any activities that require a special medical examination before participation, when the insured person is recommended, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if the dive depth does not exceed 30 metres).

23. Death or injury sustained while operating or learning to operate any aircraft as pilot or crew.

24. Travel to, from or through any country, region or city for which, prior to your departure date, the Canadian Government or the department thereof has issued a warning to avoid travel or to avoid non-essential travel during the time of your trip if the loss is the result of the reason for which the warning was issued.

25. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution or military or police unlawful visit in any country.

26. Terrorism or any activity or decision of a government agency or any other entity to prevent, respond, or react to acts of terrorism or for the purpose of protecting or ensuring the security or safety for any loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

27. Contamination resulting from radioactive material or nuclear waste or the release of weapons of mass destruction (nuclear, chemical or biological).

28. Service in, or training for the armed forces, national or regional government or reserve corps of any country or international authority.

DEFINITIONS

Certain italicized terms used in this policy are defined in this section.

Accident means a sudden, unforeseen, unexpected and unintentional event exclusively attributable to an external cause resulting in bodily injury.

Deductible means the amount (if applicable), in Canadian dollars, which the insured must pay before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per insured person, per covered emergency.

Dependent Children means unmarried persons residing with you and dependent on you for support if they are your parent, grandparent or legal guardian, and on the effective date they are at least 15 days of age and:
   a. under 21 years of age; or
   b. under 26 years of age and full-time student; or
   c. have a mental or physical impairment.

Emergency means an unexpected and unforeseen sickness or injury occurring during the coverage period for which it was reasonable to believe danger to life or health existed or on a covered trip, and that such medical treatment cannot be delayed until you return to your province or territory of residence. Emergency medical treatment is provided by a physician. It is not covered if an emergency does not exist when you are medically fit to travel or you are discharged from the hospital and no further benefits are payable in relation to the medical condition which caused the emergency.

Geographical area means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Geographical area means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Hospital means an institution which is designated as a hospital by law, which is continuously staffed by one or more doctors at all times; which continuously provides nursing services by graduated registered nurses, which is primarily excluded from providing diagnostic services and medical and surgical treatment of sickness and/or injury; in the acute phase, or active treatment of a chronic condition; which has facilities for diagnostic major surgery and in-patient care. The term hospital does not include convalescent, nursing or rest or skilled nursing facilities whether separate from or part of a regular general hospital, or a facility operated mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment center or health spa.

Hospitalization or Hospitalized means a patient occupies a hospital bed for more than 24 hours for medical treatment and for whom admission was recommended by a physician when medically necessary.

Identity Fraud means the act of someone knowingly transferring or using, without lawful authority, your means of identity which constitutes a violation of federal law or a crime or offence under any applicable law.

In-effect means the amount (if applicable), in Canadian dollars, which the insured must pay before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per insured person, per covered emergency.

In-flight means a journey undertaken by you or a person under your control.

Insurance Licensed Person means any person eligible named in the application and confirmation of insurance for whom the required premium has been paid.

Insurer means Berkley Canada (a Berkshire company) which provides this insurance.

In-patient means a patient who occupies a hospital bed for more than 24 hours for medical treatment and for whom admission was recommended by a physician when medically necessary.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment includes: hospitalization, sub-acute care, convalescent care, convalescent nursing care, investigative testing, rehabilitation, home health care, investigative testing, and such care, investigative testing, rehabilitation or ongoing care.

Medically Necessary means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness and/or injury.

Minor Ailment means any sickness or injury which does not require:
   a. the use of medication for a period of greater than 15 days; or
   b. more than one follow-up visit to a physician, hospitalization, surgical intervention, or
   c. referred to a specialist; and
   d. which ends at least 30 consecutive days prior to the departure date of each trip.

a. no hospitalization; and
b. no new diagnosis, treatment or prescription medication; and
   c. no change* in treatment or medication; and
   d. no more frequent or more severe symptoms; and
   e. no new test results showing deterioration; and
   f. no referral to a specialist (made or recommended) and you are not awaiting surgery or the result of any investigations performed by any medical professional.

*Change includes any new treatment or medication, stopped treatment or medication, increase or decrease in treatment or medication but does not include transition between generic and brand-name versions of drugs with the same active ingredient and dosage or the routine adjustment of dosage within prescribed parameters when you are taking insulin or oral diabetes medication, or asthma medication.

Terminal Illness means the insured person has a condition that is cause for the physician to estimate that the insured person will live for a period of less than 12 months.

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Terrorism means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any groups(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Trip means a journey undertaken by you when you depart your province or territory of residence and ends when you return to your province or territory of residence.

Vehicle means a private passenger automobile, pick-up truck, minivan, campervan or motorhome which is owned or operated by you from a commercial rental agency for your use during your trip.

You, Your, Yourself means the insured person.
Likelihood of Benefits

Once the insured person is deemed medically stable to return to his/her province or territory of residence or Canada, or continue on his/her trip, or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whether any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under this policy.

LIMITATION OF ACTIONS

Any action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or any other applicable legislation.

LIMITATION OF BENEFITS

Once the insured person is deemed medically stable to return to his/her province or territory of residence or Canada, or continue on his/her trip, or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whether any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under this policy.

MISREPRESENTATION AND NON-DISCLOSURE

The entire coverage under this policy shall be voidable if the insurer determines, whether before or after loss, the insured person has concealed, misrepresented or failed to disclose any material fact or other information concerning this policy or his/her therein, or if the insured person refuses to disclose information or to permit the use of such information, pertaining to any of the insured person's business, affairs or physical condition, irrespective of whether such information or refusal is relevant to the ultimate determination of the claim. In the event of a misrepresentation or non-disclosure, the insurer will not be bound by its contract, and the insured person shall be solely responsible for all expenses relating to his/her claim, and will pay all usual and customary medical and hospitalization costs.

MISSTATEMENT OF AGE

If your age has been misstated to the insurer, the coverage and/or premium may be adjusted in accordance with the correct age as of the date you applied for coverage to become effective. Any premium adjustment is payable upon receipt of a premium notice.

OTHER INSURANCE

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or dental care, or other coverages, or any other insurance in force concurrently hereafter, amounts payable hereunder shall be in addition to any amounts payable under the above contracts.

SUBROGATION

If an insured person suffers a loss covered under this policy, the insurer shall be entitled to a first lien and right to make demand for, and recover, those benefits. If the insurer institutes an action it may do so at its own expense, in the name of the insured person, and the insured person will attend at the place of loss to assist in the action, in addition to providing the insurer all information, cooperation and assistance as the insurer may reasonably require. If the insured person institutes a demand or action for a covered loss, the insured person shall immediately notify the insurer so that the insurer may safeguard its rights. The insured person shall take no action after a loss that will impair the rights of the insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

STATUTORY CONDITIONS

Notwithstanding any other provision herein contained, this contract is subject to the following conditions in the Insurance Act respecting contracts of accident insurance.

THE CONTRACT

The application, this policy, any document attached to this policy when issued and any amendment to the contract, or any other document furnished by the insurer under this policy, after policy is issued, is conclusive evidence of the entire contract and no agent has authority to change the contract or waive any of its provisions.

WAIVER

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is expressly and in writing signed by the insurer.

COPY OF APPLICATION

The insurer must, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

MATERIAL FACTS

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

NOTICE AND NOTICE OF CLAIM

The insurer or any person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a. give written notice of claim to the insurer;
   i. by delivery thereof, or by sending it registered mail to the head office or chief agency of the insurer in the province, or
   ii. by delivery thereof to an authorized agent of the insurer in the province, if the claimant is not a citizen of the province.

b. within 90 days after the date a claim arises under the contract, to notify the insurer of the amount of the loss, and the nature and extent of the loss.

Within 90 days after the date a claim arises under the contract, to notify the insurer of the amount of the loss, and the nature and extent of the loss.

Note: Requests for refunds must be made in writing within 60 days of your policy's expiry date to your broker or sales agent. If your broker or sales agent receives satisfactory proof (e.g. airline行程证, hotel bills, etc.) showing that you have not departed on your trip and no claim has been made, you will receive a full refund of the premium paid if a written request is received by your broker or the insurer within 60 days of the policy's expiry date. Note: This insurance may not be joined with any other insurance plan. The remainder of the coverage period.

The required premium is due and payable at the time of application and will be determined according to the rate schedule then in effect. Premium rates, policy terms and conditions are based on your age as of the effective date. If the premium paid is insufficient for the coverage selected, the insured person, insurer and agent will collect and understand any difference. Coverages 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 or if proof of your payment exists.

PROTECTING YOUR PRIVACY

The insurer places great importance on the protection of your privacy. Your personal information will be used to process your claim, or to notify you of any overpayment of benefit, irrespective of the cause of such overpayment.

PREMIUM PAYMENT

Nothing in this policy will prevent the insurer from recovering from the person or organization to which such payment has been made any overpayment of benefit, irrespective of the cause of such overpayment.

OVERPAYMENT OF BENEFITS

The insurer reserves the right, as reasonably required and at its expense, to transfer you to any hospital, medical or dental facility, or to a provider or agency of the contractor for purposes or related to your treatment, or in other ways to prevent or mitigate the loss of your business or to avoid the contract unless it is contained in the application or any amendment to the contract, and any other reason contended for by the insurer in the province, or territory of residence or Canada during or after an emergency. If you refuse to be transported or transferred when declared medically fit to travel by Intrepid 24/7 Medical Team, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage for the sickness or injury ceases upon your refusal. No provision of the contract will be considered to have been fulfilled for any claim or loss incurred from the moment you refuse an additional or supplementary medical treatment, or if the claim arises after the date of the policy is voided.

LIMITATION OF ACTIONS

The insurer will not be liable for any loss or damage sustained on account of an accident unless it is covered by this policy. If an accident occurs at sea, the payment exists.

DEFINITIONS

The required premium is due and payable at the time of application and will be determined according to the statement of account then in effect. Premium rates, policy terms and conditions are based on your age as of the effective date. If the premium paid is insufficient for the coverage selected, the insured person, insurer and agent will collect and understand any difference. Coverages 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 or if proof of your payment exists.

PROTECTING YOUR PRIVACY

The insurer places great importance on the protection of your privacy. Your personal information will be used to process your claim, or to notify you of any overpayment of benefit, irrespective of the cause of such overpayment.

PREMIUM PAYMENT

Nothing in this policy will prevent the insurer from recovering from the person or organization to which such payment has been made any overpayment of benefit, irrespective of the cause of such overpayment.

OVERPAYMENT OF BENEFITS

The insurer reserves the right, as reasonably required and at its expense, to transfer you to any hospital, medical or dental facility, or to a provider or agency of the contract for purposes or related to your treatment, or in other ways to prevent or mitigate the loss of your business or to avoid the contract unless it is contained in the application or any amendment to the contract, and any other reason contended for by the insurer in the province, or territory of residence or Canada during or after an emergency. If you refuse to be transported or transferred when declared medically fit to travel by Intrepid 24/7 Medical Team, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage for the sickness or injury ceases upon your refusal. No provision of the contract will be considered to have been fulfilled for any claim or loss incurred from the moment you refuse an additional or supplementary medical treatment, or if the claim arises after the date of the policy is voided.
CLAIMS

CLAIMS PROCEDURES

Claims must be submitted within 30 days of the first medical expense. The insured person is responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, the insured person must:

a. complete and submit a claim form for each new sickness or injury;

b. submit all original itemized bills from the medical provider(s) stating the patient’s name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or physician;

c. provide original prescription drug receipts (not cash receipts) from the pharmacist, physician or hospital showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;

d. provide proof of the departure date(s) and return date(s);

e. provide written proof of claim within 90 days of the date of receipt of services covered under this policy;

f. provide additional information pertinent to the insured person’s claim, as may be required by Intrepid 24/7 after receipt of the claim;

g. sign and return the authorization form, provided by Intrepid 24/7, allowing the insurer to recover payment from the Canadian provincial or territorial government health insurance plan. The insurer will coordinate and pay the insured person’s claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial government health insurance plan on the insured person’s behalf; and

h. return the unused portion of the insured person’s air ticket to Intrepid 24/7, if the Emergency Transportation benefit is used.

All pertinent documents should be sent to Intrepid 24/7.

IDENTIFICATION OF INSURER

Underwritten by:
Berkley Canada (a Berkley Company)
145 King Street West
Suite 1000
Toronto, Ontario M5H 1L8

Claims Administered by:
Intrepid 24/7
460 Richmond Street West
Suite 100
Toronto, Ontario M5V 1Y1

P: 416.730.8488 • 1.800.360.3234 F: 416.730.1878 • www.ingleinternational.com

+1 (800) 203 8508 toll-free from the USA and Canada +1 (416) 646 3107 collect where available

email: intrepid@intrepid247.com

INTERNATIONAL ASSISTANCE SERVICE

Emergency Call Centre — No matter where you travel, professional assistance personnel are ready to take your call. Intrepid 24/7 can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

Referrals — Intrepid 24/7 can refer you to the preferred medical providers (hospitals, clinics and physicians) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services out of pocket.

Benefit Information — Explanation of this policy is available to you and to the medical providers who are treating the insured person.

Medical Consultants — Intrepid 24/7’s team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious emergency. If necessary, Intrepid 24/7 will help you return to your province or territory of residence or Canada for the care required.

Urgent Message Relay — In the event of a medical emergency, Intrepid 24/7 will contact your travel companion to keep him or her advised of your medical situation and will help you exchange important messages with your family.

Interpretation Service — Intrepid 24/7 can connect you to a foreign language interpreter when required for emergency services in foreign countries.

Direct Billing — Whenever possible, Intrepid 24/7 will instruct the hospital or clinic to bill Intrepid 24/7 directly.

Claims Information — Intrepid 24/7 will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under this policy are administered.

As a condition precedent to recovery of insurance money under the contract, 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.

CLAIMS PROCEDURES

Claims must be submitted within 30 days of the first medical expense. The insured person is responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, the insured person must:

1. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 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

2. in the case of death of the insured person, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year from the date a court makes the declaration.

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

The insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the insurance company’s failure to furnish notice of claim is the cause or results in the insurer’s refusal to pay any part of the claim, the claimant’s action to recover insurance money under the contract must be brought within 60 days after it has received proof of claim.