

DESTINATION: TRAVEL HEALTH PLANS

Emergency Travel Health & Accident Policy

Underwritten by: Royal & Sun Alliance Insurance Company of Canada
 Emergency Medical Assistance provided by: Global Excel Management Inc.
 Managed by: PlanDirect Insurance Services Inc.

Travel Insurance Advisory

Please read this *policy* carefully before you travel

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your policy* before you travel as *your* coverage is subject to certain limitations and exclusions.
- Exclusions apply to *accidental bodily injury, sickness, medical conditions* and/or symptoms that existed prior to and/or during *your trip*. Check to see how this applies in *your policy* and how it relates to *your* date of purchase, *departure date*, and effective date.
- In the event of an *emergency*, *your* medical history will be reviewed when a *claim* is reported.

You must notify us at 1-819-566-8839 (collect) or 1-800-715-8833 within 24 hours of any *emergency* medical treatment. Failure to do so will result in *your* being responsible for 20% of any eligible expenses incurred unless *your emergency* prevents *you* from calling. You must call as soon as medically possible or have someone call on *your* behalf. If *you* or someone on *your* behalf does not call us prior to the arrangement of an *Emergency Assistance Service* (as stated in the Schedule of Benefits), no benefit is payable.

IMPORTANT:

Terms used in this *policy* that have been italicized have specific meanings and are defined in the Definitions section of this *policy*. Please be sure to refer to them while reviewing this *policy*.

Failure to comply with the *claims* procedures set out in Part 6 of this *policy* will result in loss of rights to or reduction of, benefits conferred under this *policy*.

Coverage under this *policy* is subject to certain terms, conditions, limitations, and exclusions.

Please read this document carefully.

Schedule of Benefits Summary	
EMERGENCY MEDICAL EXPENSES	MAXIMUM BENEFIT IN CANADIAN \$
(a) <i>Emergency</i> Medical Expenses - Resident of Canada	\$2,000,000
(b) Medical Appliances	Eligible Expense
(c) Diagnostic Services	Eligible Expense
(d) Prescription Drugs	Eligible Expense
(e) <i>Emergency</i> Paramedical/ <i>Professional</i> Services	\$250/practitioner
(f) <i>Emergency</i> Ambulance Transportation	Eligible Expense
(g) <i>Emergency</i> Dental - (i) Due to blow to mouth	\$2,000
(ii) Relief of Dental Pain	\$250
EMERGENCY ASSISTANCE SERVICES	
(a) Return <i>Children</i> under <i>your</i> Care	Eligible Expense
(b) Expenses to Return <i>your</i> Vehicle	\$1,500
(c) <i>Emergency</i> Evacuation & Repatriation	Eligible Expense
(d) Subsistence Allowance	\$1,500
(e) Expenses related to <i>your</i> Death	Transport & up to \$3,000
(f) Bedside Companion Travel and Subsistence	Eligible Expense
24 Hour/7 Day EMERGENCY MEDICAL ASSISTANCE	Included

PART 1 – COVERAGE ELIGIBILITY REQUIREMENTS

APPLICATION

Your completed *application form*, including all eligibility and plan classification requirements outlined therein is material to the risk and forms part of this *policy*.

ELIGIBILITY

You must meet the following conditions to be eligible for this insurance:

- (i) you must be a Canadian resident and be covered by the *government health insurance plan (GHIP)* of your Canadian province or territory of residence for the entire duration of your *trip*.
- (ii) you are able to answer NO to the four eligibility requirements outlined in Part 1 – Eligibility Requirements on the *application form* AND you qualify for one of the plan classifications outlined in Part 3 of the *application form*.

If, on your *application date*, you are *age 50* through *59* and traveling for more than *60 days*, or *age 60* or over traveling for any period of time, you must complete the eligibility requirements on the *application form*.

If you answer YES to any of the eligibility requirements on the *application form*, you are not eligible to purchase this insurance.

If you answer NO to all of the eligibility requirements, select the plan classification for which you qualify on your *application form*.

POLICY TYPES

SINGLE TRIP PLAN

The **Single Trip Plan** option covers you for your single *trip* outside of your province/territory of residence. You must be eligible for coverage, as per **Part 1 – Eligibility Requirements on the *application form*, when you depart on your *trip***.

Coverage is provided to eligible persons and can be used to *top up* other plans. All terms, conditions, limitations and exclusions of this *policy* apply. Coverage begins on the *policy effective date* as specified by you on the *application form* and terminates on the earlier of the *policy expiry date* as specified by you on the *application form* or the date you return to your province/territory of residence.

ANNUAL MULTI-TRIP PLAN

The **Annual Multi-Trip Plan** option covers you for an unlimited number of *trips* outside of Canada up to the allowable *trip* duration, as chosen by you on the *application form*, during a 12 month period. If your health changes or does not remain stable after the *policy effective date*, your eligibility will not be affected but coverage for that *medical condition* will be classed as a *Pre-existing Medical Condition* and will be excluded from coverage.

The Annual Multi-Trip Plan cannot be purchased as a *top up* to another *policy*. All other terms, conditions, limitations and exclusions of this *policy* apply.

If you wish to be out of Canada for more than the number of days permitted for the plan you have chosen, you may purchase additional coverage for that period by calling your Broker or Destination: Travel Health Plans at 1-800-337-3532 or 416-499-6616.

Coverage for each *trip* begins on the day you leave Canada and terminates on whichever occurs first:

- (i) the date you return home,
- (ii) 11:59 pm on the last day of coverage permitted for the Annual Multi-Trip Plan duration you have chosen;
- (iii) 365 days after your *policy effective date* unless you have paid the required premium to renew your Annual Multi-Trip Plan and are eligible for coverage as per Part 1 – Eligibility Requirements of the *application form*.

In the event of a *claim* under any Annual Multi-Trip Plan, proof of date of departure from Canada must be supplied.

All *trips* made under any Annual Multi-Trip Plan must be separated by a 24 hour return to Canada.

The Annual Multi-Trip Plan also provides coverage for an unlimited number of days within Canada, excluding your province/territory of residence.

PART 2 – EMERGENCY EXPENSES

Coverage under this *policy* is subject to the terms, conditions, limitations and exclusions contained herein and will begin on the *policy effective date* specified on the *application form*. Coverage will terminate on the earlier of the *policy expiry date* specified on the *application form* or the date you return to your province/territory of residence.

We will pay for eligible expenses up to the maximum limit shown on the Schedule of Benefits, less any applicable *deductible* amounts, for the actual expenses related to the medical attention you need during your *trip* due to an *emergency*, when these expenses are not covered by your *Government health insurance plan (GHIP)* or any other insurance coverage you have in force. If applicable, you are responsible for paying the *deductible* amount shown on the

application form for the covered expenses of each *claim*. Original, itemized receipts or invoices are required for all *claims*.

You must notify us at 1-819-566-8839 (collect) or 1-800-715-8833 within 24 hours of any emergency medical treatment. Failure to do so limits benefits payable to:

- a) in the event of *hospitalization*, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

If you or someone on your behalf does not call us prior to the arrangement of an *emergency* assistance service (as stated in the schedule of benefits), no benefit is payable.

We, in consultation with your attending *physician*, reserve the right to move you to a medical facility of our choice or to return you to your province/territory of residence prior to any *treatment* or following *emergency treatment* or hospitalization for a *medical condition*, if on medical evidence you are able to be transported to your province/territory of residence without endangering your health. If you elect not to return to your province/territory of residence following our recommendation to do so, then any expenses incurred for continuing medical services or surgery with respect to such *emergency* will not be covered and all coverage and benefits for that *medical condition* under this *policy* will cease. If you elect to return to your province/territory of residence for further *treatment* and then after the *treatment* subsequently travel again, any further expenses incurred relating to the *medical condition* for which you returned will not be covered.

If you make a temporary return to Canada during your *period of coverage* and receive *treatment* during this return to Canada, then any *treatment* received during the remaining *period of coverage* under this *policy* relating to the condition treated during your temporary return *trip* to Canada will not be covered.

The *emergency* medical attention you receive must be outside of your province/territory of residence and be required as part of your *emergency treatment* and ordered by a *physician* (or a licensed dentist).

This coverage also pays for:

Emergency Medical Expenses

- (a) **Emergency Medical Services:** Care received from a *physician* in or out of a *hospital* as well as the cost of a *hospital* room (to a maximum of semi-private rates).
- (b) **Medical Appliances:** When approved in advance by us, the rental or purchase (whichever is less) of a wheelchair, brace, crutch or other medical appliance when prescribed by the attending *physician* and required due to a covered *emergency*.
- (c) **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by us.
- (d) **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. Limited to a 30-day supply per prescription, unless you are hospitalized. This benefit does not cover drugs, serums and injectables needed to control a *chronic condition* or a *medical condition* which you had before your *trip*. To file a claim you must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
- (e) **Emergency Paramedical/Professional Services:** Care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner, when referred by a *physician* and approved in advance by us.
- (f) **Emergency Ambulance Transportation:** Local ground ambulance service to a medical service provider in an *emergency*.
- (g) **Emergency Dental:** You are covered for the following dental expenses when required as *emergency treatment* and ordered or prescribed by a licensed dentist:
 - (i) if you need dental *treatment* to repair or replace your sound natural or permanently attached artificial teeth because of an accidental blow to your mouth, you are covered to a maximum of \$2,000. This *treatment* must be completed within 90 days after the accident;
 - (ii) if you need dental *treatment* for the relief of pain outside your province or territory of residence, we will pay up to \$250.

Emergency Assistance Services

- (a) **Expenses to return children under your care:** When approved in advance by us, we will pay:
- (i) up to the cost of a one-way economy airfare to transport *your children* or grandchildren to their original point of departure if *you* are admitted to the *hospital* for more than 24 hours or must be medically repatriated due to an *emergency*.
 - (ii) if necessary, the extra cost for a qualified caregiver to escort your *children* or grandchildren to their original point of departure.
- The *children* or grandchildren must have been under *your* care during *your* trip and be covered under *your* policy.
- (b) **Expenses to return your vehicle:** Up to \$1,500 for the return of the vehicle to *your* home in *your* province/territory of residence or the nearest appropriate rental agency, if neither *you*, nor someone traveling with *you*, are able to drive *your* vehicle to *your* original departure point as a result of an *emergency*. *Your* vehicle must be returned within 60 days of the *claim* occurrence date. Benefits will only be payable for one person to return the vehicle when it is approved and arranged in advance by us. This benefit does not cover wages lost by the person driving *your* vehicle and is available for *claim* only once per insured per *period of coverage*.
- (c) **Emergency Evacuation and Repatriation:** If we, in consultation with the attending *physician*, request *you* return to *your* province/territory of residence or *your* transfer to another *hospital* for the continuance of *your* *emergency* medical care we will pay for one or more of the following:
- (i) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for medical *treatment*;
 - (ii) Transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province/territory of residence for immediate medical attention;
 - (iii) The fare for additional airline seats to accommodate a stretcher on a commercial flight;
 - (iv) When required, the return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses;
 - (v) Up to the cost of a one-way economy airfare to return *your* travel companion to *your* province/territory of residence;
 - (vi) Up to \$5,000 for search and rescue should *you* be stranded in a mountainous area, the sea or other similar location.
- (d) **Subsistence Allowance:** If an *emergency* prevents *you* or *your* travel companion from returning to *your* province/territory of residence as originally planned or if *your* *emergency* medical *treatment* or that of *your* travel companion requires *you* transfer to a location that is different from *your* original destination, we will reimburse expenses for meals, hotel, phone calls and taxis, up to \$150 per day to a maximum of \$1,500. To file a *claim*, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were unable to travel.
- (e) **Expenses Related to your Death:** in the event of *your* death while on *your* trip from a covered risk listed in this *policy*, we will reimburse *your* estate for the transportation costs to return *your* body home (using customary airline procedures), plus:
- (i) Up to \$3,000 for the preparation of *your* body and the cost of the transportation container; or
 - (ii) Up to \$2,000 to cremate *your* body at the place of death; or
 - (iii) Up to \$3,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$2,000 for *your* burial at the place of death;
- (f) **Bedside Companion Travel and Subsistence:** When approved in advance by us, a round-trip economy airfare from Canada and up to \$300 for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice to:
- (i) be with *you* when *you* are travelling alone and have been hospitalized for at least 72 consecutive hours (For an insured *child*, a bedside companion is available immediately upon *hospital* admission) outside *your* province, territory of residence or Canada. *You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit; or
 - (ii) identify the deceased insured prior to the release of the body, where necessary.
- Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.
- (ii) if *you* qualify for the Ultra Preferred Plan; any *Pre-existing Medical Condition* (other than a *minor condition*) that was not *stable* at any time during the 12 months (90 days for high blood pressure) prior to the *departure date* of each of *your* trip(s); or,
- (iii) if *you* qualify for the Super Preferred Plan; any *Pre-existing Medical Condition* (other than a *minor condition*) that was not *stable* at any time during the 12 months (90 days for high blood pressure) prior to the *departure date* of each of *your* trip(s); or,
- (iv) if *you* qualify for the Elite Preferred Plan; any *Pre-existing Medical Condition* (other than a *minor condition*) that was not *stable* at any time during the 12 months (90 days for high blood pressure) prior to the *departure date* of each of *your* trip(s);
2. Expenses incurred for medical care or services where travel was undertaken contrary to medical advice or after notice of a *terminal illness* has been given;
3. Expenses incurred for:
- (i) ongoing or follow-up *treatment*, rehabilitative care, or the *recurrence* of a *medical condition* or related condition once the *emergency* is declared over by the attending *physician*;
 - (ii) lost or replacement medication;
 - (iii) eyeglasses or contact lenses;
 - (iv) dental services (other than provided for in this *policy*);
 - (v) services which are not deemed medically necessary;
 - (vi) any *treatment* received after the *emergency* is declared over by us, in consultation with the attending *physician*;
 - (vii) *treatment* of varicose veins, or cataracts;
4. Transplants including but not limited to cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges;
5. Expenses incurred whereby this *policy* was purchased specifically to obtain *treatment* outside *your* province/territory of residence whether or not recommended by *your* attending *physician*;
6. Pregnancy; routine pre-natal care; abortion or childbirth; complications of *your* pregnancy or childbirth that happens 9 weeks before or anytime after the expected date of delivery;
7. An *emergency* arising from or related to a congenital birth defect;
8. Medical expenses incurred as the result of:
- (i) noncompliance with any prescribed medical therapy or medical *treatment* or failure to carry out a *physician's* instructions;
 - (ii) a disorder, disease, condition or symptom that is emotional, psychological or mental in nature.;
 - (iii) *your* visit to a medical specialist which was not referred by a general practitioner;
9. *Your* participation in and/or voluntary exposure to any form of civil unrest; acts of foreign enemies; acts of war; *terrorism* or rebellion; whether declared or not;
10. Any *Emergency* Assistance Services, medical procedure, hospitalization or ambulance service that was not previously authorized or arranged in advance by us;
11. Rock or *mountain climbing*; hang-gliding, parachuting, bungee jumping, or skydiving; participation in a motor sport or motor racing; *your* professional participation in an organized sport; or scuba diving (unless *you* hold an underwater diving certificate);
12. Committing or attempting to commit suicide or intentional self-inflicted injuries; medication, drugs or toxic substance abuse; alcohol abuse or an accident while being impaired or adversely influenced by medication, alcohol or intoxicants; or an alcohol related illness;
13. Operating or learning to operate any aircraft, as pilot or crew;
14. Any unlawful acts committed by *you*, *your* immediate family or *your* travel companion, whether an insured or not;
15. Expenses incurred for:
- (i) medication commonly available without prescription;
 - (ii) vaccinations, injections or medication received on a preventative basis or for the maintenance of a *medical condition*;
 - (iii) contraceptives, fertility drugs, vitamin preparations, general physical examinations or routine medical tests;
16. Unless approved in advance by us:
- (i) the return of *your* vehicle if *you* pre-booked the return of *your* vehicle, or if *you* had purchased a round trip air fare ticket prior to *your* *emergency*;
 - (ii) air transportation;
 - (iii) surgery;
 - (iv) magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds, biopsies or any other diagnostic tests;
 - (v) Cardiac procedures including but not limited to cardiac catheterization, coronary angioplasty, coronary bypass and/or surgery;
17. HIV or Acquired Immune Deficiency Syndrome (AIDS) or any possible consequences thereof;

PART 3 – EXCLUSIONS FOR MEDICAL EXPENSES

This *policy* does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. (i) if *you* qualify for the Premier Plan; any *Pre-existing Medical Condition* (other than a *minor condition*) that was not *stable* at any time during the 90 days prior to the *departure date* of each of *your* trip(s); or,

18. Sexually Transmitted Diseases;
19. Any condition for which *you* are hospitalized on *your policy effective date*, if *your policy effective date* is after the date *you* depart Canada;
20. Engagement in manual labour for wages or profit including the operation of transport vehicles; performing employment duties on any aircraft or ship; performing duties in any regular armed forces service;
21. Expenses incurred in *your* province/territory of residence (unless specifically provided for in this *policy*);
22. Any interest, finance or late payment charge;
23. Elective or non-emergency medical or dental *treatment*;
24. Expenses incurred if *you* have provided false information or did not correctly complete the *medical questionnaire* and *you* were required to do so;
25. Expenses incurred for any form of cancer for which *you* were diagnosed or received *treatment* (excluding basal cell or skin lesions) within the 36 months prior to *your departure date* from *your* province/territory of residence;

PART 4 – GENERAL CONDITIONS

Insuring Agreement - Subject to *you* meeting the Eligibility Requirements, as stated in Part 1, and in consideration for the full and correct premium received, *we* will insure *you* against eligible expenses incurred as the result of an *emergency*, or pay benefits for other covered losses in accordance with the benefits under the heading "Schedule of Benefits." All benefits and payments are subject to the terms, conditions, limits and exclusions of this *policy*. The maximum *period of coverage* under this *policy* shall not exceed 12 consecutive months. Acceptance of the *application form* and coverage under this *policy* is at *our* option. If *your application form* is not accepted, *you* will receive a full refund of *your* premium paid.

Your spouse, *your* blood relations if travelling with *you* or *your* substitute decision maker are appointed to act on *your* behalf in the event that, because of an *emergency*, *you* are unable to make the necessary decisions with respect to *your* health status.

Your medical questionnaire, if applicable, must be signed and dated by *you* prior to *your departure date* from *your* province/territory of residence and submitted with the full and correct premium paid prior to *your trip departure date*. No coverage will be provided to anyone not named on the *application form*. Coverage begins at 12:01 AM on *your policy effective date* and terminates at 11:59 PM on *your policy expiry date*.

Your policy coverage will be declared null and void if:

- a) the full and correct premium is not received;
- b) the cheque is not honoured;
- c) credit card charges are declined for any reason;
- d) the *medical questionnaire*, if applicable, is not signed and dated by *you*;
- e) *you* are ineligible for coverage in accordance with any section of this *policy*.

Any *claim* submitted by *you* will be denied if *you* have misstated *your age* or misrepresented *your* health and/or lifestyle information which results in:

- (i) *your* not completing a *medical questionnaire* when required to do so; or
- (ii) *your* not paying sufficient premium; or
- (iii) *your* not being eligible for the plan which *you* have selected;

No statement made by *you* or any agent prior to or at the time of *your* application will be considered valid unless such statement has been documented and submitted in writing and accepted by *us* at that time.

Our liability under this *policy* is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, less any applicable *deductible* amounts, for any loss or expense. *We* do not assume responsibility for the availability, quality, results or outcome of any *treatment* or service covered under the terms of this *policy*.

You must, at all times while *you* are covered under this *policy*, act in a prudent manner so as to minimize costs to *us*.

Any provision of this *policy* which is in conflict with any federal, provincial or territorial law of *your* province/territory of residence is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect.

All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified. To facilitate direct payment to providers, *we* may elect to pay the *claim* in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada; (i) on the last date of service; or (ii) where cheques are issued directly to *physicians*, *hospitals* or other medical providers, on the date of issuance.

Subrogation - If *you* suffer a loss covered under this *policy*, *you* must grant *us* the right to take action to enforce all of *your* rights, powers, privileges and remedies upon making payment or accepting the *claim* to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, *you* must grant *us* the right to make a demand for, and recover those benefits. If *we* institute an action, *we* may do so at *our* own expense, in *your* name, and *you* will attend at the place of

loss to assist in the action. If *you* institute a demand or action for a covered loss *you* must immediately notify *us* so that *we* may safeguard *our* rights. *You* shall take no action after a loss that will impair *our* rights set forth in this paragraph and shall do such things as are necessary to secure *our* rights.

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 therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will *we* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over \$50,000, *we* will coordinate benefits only above this amount.

Misrepresentation and Non-Disclosure - The completed and signed *application form* (if applicable) is essential to *our* appraisal of the risk and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract which renders *your* insurance void. Consequently and following a loss, no *claim* shall be payable by *us* and *you* shall be solely responsible for all expenses relating to *your claim*, including repatriation costs. The entire coverage under this *policy* shall be void if *we* determine, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this *policy* or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.

Arbitration - Notwithstanding any clause in the present *policy*, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a *claim*. The arbitration proceedings shall be governed by arbitration laws in force in *your* Canadian province or territory of residence. The parties agree that any action will be referred to arbitration.

Applicable Law - This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of *your* Canadian province or territory of residence.

Safeguarding your Privacy - *We* place great importance on the protection of *your* privacy. *We* collect *your* personal information when *you* apply for this insurance and in the event of a *claim*, in order to provide *you* with insurance services and to analyze *your claim*. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a *claim*, *we* may collect *your* personal health information held by a third party. This information may be released to *our* employees for *claims* analysis and to better serve *you*.

In no case will *we* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For privacy information, please see www.royalsunalliance.ca, or call *us* at 1-800-716-4339.

EXTENSIONS

Automatic Extension of Coverage: If *you*, *your travel companion* or *immediate family* member traveling with *you* is hospitalized on *your policy expiry date*, *your* coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge. In addition, coverage will automatically be extended for 72 hours when there is a delay of a common carrier on which *you* are pre-booked as a passenger, extreme weather conditions, or mechanical failure of *your* vehicle. *You* must provide documented proof of the cause for the delay that is satisfactory to *us*.

Optional Extension of Coverage: Any extension granted will be subject to the terms, conditions, limitations and exclusions of the *policy*, subject to *our* prior approval and, at *our* option, the completion of a *Statement of good health*. The recurrence of a *medical condition(s)* or related condition(s), that were present during the original term of the *policy* will not be covered under this *policy* during any extension period. If *you* choose to extend *your trip* beyond the *policy expiry date* shown on the *application form* for any reason, *you* must contact *your* Broker or Destination: Travel Health Plans at 1-800-337-3532 or 416-499-6616 prior to the *policy expiry date* shown on the *application form* and pay the required additional premium (subject to our minimum premium).

REFUNDS

Refunds: *We* will only consider requests for a refund if *you* did not leave on *your trip* or if *you* returned early from *your trip* and:

- (a) no *claim* has been incurred or paid, or is pending; and
- (b) *you* send a written request with proof of *your* non-departure or early return, to Destination: Travel Health Plans, 211 Consumers Rd. Suite 200, Willowdale, Ontario M2J 4G8 before *your* coverage period ends.

No *claim* will be paid if *you* have received a refund of premium for unused days.

Refunds will be calculated on a pro-rated basis from the date postmarked on your written request if mailed, or on the date such faxed request is received by Destination: Travel Health Plans and are subject to a \$25.00 cancellation fee and a minimum refund of \$10.00.

Under no condition will a refund be made after the *policy effective date* of an Annual Multi-Trip Plan or for an early return during a coverage extension period.

PART 5 - DEFINITIONS

Accidental bodily injury: An injury sustained which is caused by external and purely accidental means, directly and independently of all other causes.

Age or ages: *your age* on the date of application.

Application form: Means a document which is completed and accepted by *you* that confirms *your* personal information as well as the plan coverage chosen by *you* for which *you* have paid the full and correct premium. *You* will receive a letter of confirmation after *your application form* has been accepted. The *application form* and letter of confirmation forms part of this *policy*.

Child or children: an unmarried *child* of the insured or his *spouse* who is, at the date of purchase, dependent on *you* for support and is:

- under 21 years of age;
- a full-time student who is under 26 years of age;
- of any age with a permanent physical impairment or mental deficiency.

Chronic: Means a *medical condition* that continues or persists over an extended period of time. A *chronic* condition is usually long lasting and does not easily or quickly go away.

Claim or claims: Means any incident where *you* have suffered a loss with or without *our* knowledge, to which charges that are covered under this *policy* apply.

Deductible: The amount of eligible expenses *you* are responsible to pay prior to any payment made by *us* under this *policy*, as chosen by *you* on *your application form*.

Departure date: The date *you* leave *your province/territory* of residence.

Emergency: Means an unforeseen *sickness* or *accidental bodily injury* which occurs during *your trip* and requires immediate *treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when the medical evidence indicates that *you* are able to continue *your trip* or return to *your province/territory* of residence.

Government health insurance plan (GHIP): The coverage that the provincial or territorial governments provide to residents of Canada.

Home: *Your province* or territory of residence or the place from which *you* leave on the first day of coverage and to which *you* are scheduled to return on the last day of coverage.

Hospital: A facility that is licensed as a *hospital*, where in-patients receive medical care, that has a Registered Nurse on permanent duty and that includes a laboratory and operating room. A clinic; an extended or palliative care facility; a rehabilitation establishment; an addiction centre; a convalescence, rest, or nursing-home; home for the aged; or health spa is not a *hospital*, unless referred by *us*.

Immediate family: Refers to *your spouse*, natural, step, or adopted *children*, persons for whom *you* are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Medical condition: *Accidental bodily injury* or *sickness* (other than a *minor condition*). For the purposes of establishing *stability* prior to *your departure date*.

Medical questionnaire: Means the *medical questionnaire*, which forms part of *your application form*, *you* must complete in order to establish whether *you* are medically eligible for coverage under this *policy*. The *medical questionnaire* forms part of this *policy*.

Minor condition: Means an ailment which does not require any follow up consultation to any medical provider beyond one single assessment and includes the use of *prescription medication* for a maximum period of ten days, and which has not reoccurred in the six month period following the initial manifestation.

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

Period of coverage: Means the period of time coverage is provided between the *policy effective date* and *policy expiry date*, as stated on *your application form*.

Physician: A medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be another person other than *yourself* or a member of *your immediate family*.

Policy or policies: Means this *policy* contract, the *application form*, letter of confirmation, the *medical questionnaire* (if applicable) and any riders or endorsements to the *policy* shall form the entire contract. Only *we* have the authority to change the contract or waive any of its terms, conditions or provisions.

Policy effective date: Means the date *your coverage* begins, as stated on *your application form*.

Policy expiry date: Means the date *your coverage* ends, a) as stated on *your application form*; or b) the date that *you* return to *your province/territory* of residence.

Pre-existing Medical Condition: Means a *medical condition* for which *treatment* has been taken or received or which exhibited symptoms prior to *your policy effective date* and includes a medically recognized complication or recurrence of a *medical condition*.

Prescription Medication: Means medication only obtainable through the written prescription of a *physician* or licensed dentist and only includes those medications ordinarily obtainable by these means in *your province/territory* of residence.

Professional: A person who is engaged in a specific activity as his/her main paid occupation.

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.

Rental car / rental vehicle: A private passenger automobile, minivan, mobile-home, SUV, camper truck, or trailer-home used during *your trip* exclusively for transporting of passengers other than for hire.

Return date: The date on which *you* return to *your province/territory* of residence.

Sickness: Means an illness, pain and suffering or disease requiring medical *treatment* or hospitalization.

Spouse: Someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the *policy effective date*.

Stable or stability: Means that the *medical condition* is not worsening and there has been no alteration in any medication for the condition or in its usage or in its dosage, nor any alteration in *treatment* prescribed or recommended by a *physician*. The following are not considered alterations or changes in medications: the change from a brand named medication to a generic brand medication provided that the usage or dosage has not changed; a new medication prescribed solely as a result of a drug manufacturer's discontinuance of the original medication taken; the dosage changes of the regulatory medications insulin and coumadin; the dosage changes of thyroid and/or hormone medications; the decrease or elimination of a medication dosage by a *physician*, provided that it has changed more than 90 days prior to *your policy effective date* and has not had any effect on the *stability* of *your medical condition* for the 90 days prior to *your policy effective date*.

Statement of good health: Means a document that *you* complete to describe *your current state* of health in order to be approved by *us* for the coverage extension of *your policy*.

Terminal illness: Means a *medical condition* for which, prior to *your policy effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

Terrorism: 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 group(s), organization(s) or governments(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Top up: A procedure whereby a *policy* is purchased to extend *your coverage* period and would become effective directly following the expiry of another *policy*.

Travel companion: Someone who shares travel arrangements with *you* up to a maximum of three companions.

Treatment, treat or treated: Means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to prescribed medication, investigative testing and surgery. Does not include a *minor condition*.

Trip(s): The period of time between the *departure date* from *your province/territory* of residence and the earlier of *your return date* to *your province/territory* of residence or *your expiry date*.

We, us or our: Refer to Global Excel Management Inc. 73 Queen Street, Sherbrooke, Quebec, J1M 0C9 or its assigned agents.

You, yourself or your: Refer to the person named as an applicant on the *application form*.

PART 6 – CLAIM PROCEDURES

Claim Notification: In the event of an *emergency* during a covered *trip*, *you* must call *us* immediately, prior to seeking *treatment*. If it is not reasonably possible for *you* to contact *us* prior to seeking *treatment*, due to the nature of *your emergency*, *you* must have someone else call on *your behalf* or *you* must call as soon as medically possible. Failure to do so limits benefits payable to:

- in the event of *hospitalization*, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and
- in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

If you or someone on your behalf does not call us prior to the arrangement of an *Emergency Assistance Service* (as stated in the Schedule of Benefits), no benefit is payable.

Claim Documentation: You are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents:

- a) Your *policy* number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial government health insurance plan number (including the expiry date or version code, where applicable).
- b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of *treatment*, and the name of the medical facility and/or *physician*.
- c) For prescription drugs, the original prescription drug receipts (not cash receipts) from the pharmacist, *physician*, or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
- d) For a Multi-Trip Annual Plan, proof of the *departure date* and *return date*.
- e) A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to you by us when notice of *claim* has been given, which you must complete and sign for the purpose of allowing us to recover payment from any other insurance contract or health plan (group, individual or government).
- f) For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.

Important: Please note that incomplete documentation will be returned to you for completion. Once we receive your *claim*, you may be required to provide additional information. Failure to submit required information will lead to a delay in processing your *claim*.

Payment of Benefits: All payments are payable to you or on your behalf. In case of your death, benefits are payable to your estate unless another beneficiary is designated in writing to us. Any *claims* paid to you will be payable in Canadian funds. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the *claim* payment is made to you. No sum payable shall bear interest. Once we receive your *claim*, you may be required to provide additional information. Any information not provided may lead to a delay in processing your *claim*.

Send all pertinent documents to:
Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9

PART 7 – LIMITATIONS AND RESTRICTIONS

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment – We must approve in advance any surgery, invasive procedure, diagnostic testing or *treatment* (including, but not limited to, cardiac catheterization), prior to you undergoing such surgery, procedure, testing or *treatment*. It remains your responsibility to inform your attending *physician* to call us for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

Failure to Notify Global Excel - In the event of an *emergency* during a covered trip, you must call us immediately, prior to seeking *treatment*. If it is not reasonably possible for you to contact us prior to seeking *treatment*, due to the nature of your *emergency*, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:

- a) in the event of *hospitalization*, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

If you or someone on your behalf does not call us prior to the arrangement of an *Emergency Assistance Service* (as stated in the Schedule of Benefits), no benefit is payable.

Transfer or Medical Repatriation - During an *emergency* (whether prior to admission, during a *hospitalization* or after your release from the *hospital*), we reserve the right to:

- a) transfer you to one of our preferred health care providers; and/or
- b) return you to your province or territory of residence, for the *medical treatment* of your *sickness* or *injury* without danger to your life or health. If you choose to decline the transfer or return when declared medically *stable* by us, we will be released from any liability for expenses incurred for such *sickness* or *injury*

after the proposed date of transfer or return. We will make every provision for your *medical condition* when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the *hospital*.

Limitation of Benefits - Once you are deemed medically *stable* to return to your province or territory of residence (with or without a medical escort) either in our opinion or by virtue of discharge from *hospital*, your *emergency* is considered to have ended, whereupon any further consultation, *treatment*, *recurrence* or complication related to the medical *emergency* will no longer be eligible for coverage under this *policy*.

Availability and Quality of Care – We are not responsible for the availability, quality or results of any *medical treatment* or transportation, or your failure to obtain *medical treatment* or *hospitalization*.

Benefits Limited to Incurred Expenses - The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

PART 8 – STATUTORY CONDITIONS

The Contract - The *application form*, this *policy*, any document attached to this *policy* when issued, and any amendment to the contract agreed upon in writing by us after the *policy* is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver - We shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by us.

Copy of Application - We shall, upon request, furnish to you or to a claimant under the contract a copy of the *application form*.

Material Facts - No statement made by you at the time of application for this contract shall be used in defence of a *claim* under or to avoid this contract unless it is contained in the *application form* or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim - You or a beneficiary entitled to make a *claim*, or the agent of any of you, shall:

- a) give written notice of *claim* to us by delivery thereof or by sending it by registered mail to us not later than 30 days from the date the *claim* arises under the contract on account of an *accident* or *sickness*;
- b) within 90 days from the date a *claim* arises under the contract on account of an *accident* or *sickness*, furnish to us such proof of *claim* as is reasonably possible in the circumstances of:
 - (i) the happening of the *accident* or the commencement of the *sickness*, and the loss occasioned thereby;
 - (ii) the right of the claimant to receive payment;
 - (iii) his or her age, and the age of the beneficiary if relevant; and
- c) if so required, furnish a certificate that is satisfactory to us, as to the cause or nature of the *accident* or *sickness* for which *claim* may be made under the contract.

Failure to Give Notice or Proof - Failure to give notice of *claim* or furnish proof of *claim* within the time prescribed by this statutory condition does not invalidate the *claim* if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a *claim* arises under the contract on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim - We shall furnish forms for proof of *claim* within 15 days after receiving notice of *claim*, but where you have not received the forms within that time you may submit your proof of *claim* in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the *claim* and of the extent of the loss.

Rights of Examination - As a condition precedent to recovery of insurance money under this contract:

- a) you shall afford to us an opportunity to examine you when and so often as it reasonably requires while the *claim* hereunder is pending; and
- b) in the case of your death, we may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable - All money payable under this contract shall be paid by us within 60 days after we have received proof of *claim*.

Limitation of Actions - An action, arbitration or similar proceeding against us for the recovery of a *claim* under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid *claim*. If this limitation is shorter than the limitation prescribed by the laws of the province or territory in which this *policy* was issued, an action, arbitration or similar proceeding against us shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence. The limitation periods stated in this section apply to all plans and benefits of this *policy* and to all endorsements thereof.