



EMERGENCY HOSPITAL & MEDICAL INSURANCE POLICY

IMPORTANT NOTICE

Please read *your* policy carefully before *you* travel.

To help *you* better understand *your* policy

Key terms in this policy are printed in *italics* and are defined in the 'Definitions' section on Pages 5-6.

What are *you* covered for?

To find out what *your* coverage is, please read the section titled 'Benefits'. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

Travel insurance does not cover everything. *Your* insurance has exclusions, conditions and limitations. *Pre-existing conditions* may be excluded. *You* should carefully read and understand *your* policy before *you* travel.

What if *you* have an emergency or claim?

You must notify WSA Assistance Inc./SelectCare Worldwide (toll free **1-888-760-2850** or worldwide collect **450-462-7687**) prior to seeking any medical *treatment*, service or care. If *you* fail to do so, without reasonable cause, it will result in the reduction of eligible benefit amounts payable by **20%**. *You* will be responsible for any expenses that are not payable by the *insurer*. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay; refer to *our* 'Claims Procedures' also explained in this policy.

What if *your* travel plans change?

You must contact *your* representative to make any changes to *your* insurance. Please refer to 'Extending Your Stay' and 'Top-Ups for Multi-trip Plans' on Page 7 for details.

Travel Assistance

We will use *our* best efforts to provide assistance for a medical emergency arising anywhere in the world. *Our* agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

Is *your* personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information *we* collect, use and disclose. *Your* personal information, including *your* medical history, will be collected, used and disclosed only for the purpose of providing *you* with the requested insurance services. For a copy of the *insurer's* privacy policy, please contact *us* or visit *our* website www.cooperatorstravelinsurance.ca.

Extended Absence from Canada

Each provincial and territorial government health insurance plan has limitations on how long *you* can be out of the country and still remain eligible for coverage. Check *your* health plan for details.

RIGHT TO EXAMINE POLICY

Please review this policy before *you* travel to ensure it meets *your* needs. *You* have **10** days after purchase to return this policy for a full refund, provided *your* coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to *our* 'Refunds Procedures' also explained in this policy.

ELIGIBILITY

1. MedGuard coverage is **NOT AVAILABLE** to any individual who:
 - a) has Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's disease);
 - b) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
 - c) has cystic fibrosis;
 - d) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
 - e) has been prescribed home oxygen in the last **24** months;
 - f) has had a major organ transplant (heart, kidney, liver, lung);
 - g) has received kidney dialysis within the last **12** months;
 - h) has had coronary by-pass surgery more than **12** years prior to the *effective date*;
 - i) has had more than one episode of pneumonia in the last **12** months;
 - j) has had an aneurysm that has not been surgically repaired; or
 - k) congestive heart failure.
2. MedGuard coverage is **NOT AVAILABLE** to any individual who in the past **6 months** has:
 - a) taken or been prescribed a total of 6 or more prescription medications (excluding aspirin) for one or more of the following: *Cardiovascular* condition, *Cerebrovascular* condition, *Diabetes*, *Respiratory* condition, High Blood Pressure;
 - b) received active *treatment* for Cancer (not including basal or squamous cell carcinoma of the skin, or breast cancer treated only with Tamoxifen, Femara, Arimidex);
 - c) received any new prescription medication or new medical *treatment* OR changes in your medication for:
 - i. a *Cardiovascular* or *Cerebrovascular* condition;
 - ii. a Combination of *Diabetes* treated with insulin and *Cardiovascular/Cerebrovascular* condition.

IMPORTANT NOTE:

If 2a) - 2c) applies to *you*, coverage may be available if *you* complete a detailed medical questionnaire and receive a written offer of coverage from the *insurer*.

3. To be eligible for coverage *you* must:

- a) be at least 15 days old and no more than 89 years of age for Single-trip plans;
- b) be at least 15 days old and no more than 80 years of age for Multi-trip plans;
- c) be a *Canadian resident*;

- d) be insured for benefits under a Canadian government health insurance plan (GHIP) during the entire *period of coverage* (benefits under this policy are limited to a maximum of **\$5,000** if *you* do not have valid GHIP at the time any claim is incurred);
- e) be in good health at the time *you* purchase *your* policy and know of no reason why *you* would attend any *medical consultation* during the *period of coverage*;
- f) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- g) not require assistance with *activities of daily living*.

IMPORTANT NOTE: Coverage for certain *medical condition(s)* is excluded under this policy (see page 4).

COVERAGE BEGINS

Coverage begins on the *effective date*.

Effective date means the date and time coverage starts. Coverage starts on the **latest** of the date and time:

- a) the completed application and premium are accepted by the *insurer* or its representative; or
- b) indicated as the *effective date* in *your* confirmation of coverage letter; or
- c) *you* exit *your* province or territory of residence; or
- d) for Multi-trip Plans, each time *you* exit *your* province or territory of residence.

Except that, if *you* purchase *your* policy after *you* have exited *your* province or territory of residence, then coverage for losses resulting from **any sickness** does not begin until **5** days after *your* policy was purchased.

COVERAGE ENDS

Coverage ends on the *expiry date*.

Expiry date means the date and time coverage ends. Coverage ends on the **earliest** of the following:

- a) the date and time you return to your province or territory of residence (other than as described under the 'Trip-Break for Single-trip Plans'); or
- b) the date indicated as the expiry date in your confirmation of coverage letter; or
- c) for Multi-trip Plans:
 - i. each time you conclude a trip and return to your province or territory of residence; or
 - ii. the date when the number of days since you exited your province or territory of residence exceeds the number of days indicated in your confirmation of coverage letter.

INSURING AGREEMENT

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this policy, if *you* incur eligible expenses for *emergency hospital* and *emergency medical care* or services during the *period of coverage* as the result of a *medical condition* occurring during the *period of coverage*, the *insurer* will pay for the *reasonable and customary* costs for eligible expenses, up to the maximum aggregate stated in your confirmation of coverage in excess of any *deductible* and the amount allowed and/or paid for by any other insurance plan(s).

You will be responsible for any expenses that are not payable by the *insurer*.

The specific details of *your* policy are outlined in *your* confirmation of coverage letter which forms part of *your* policy.

You must notify WSA Assistance Inc./SelectCare Worldwide (toll free **1-888-760-2850** or worldwide collect **450-462-7687**) prior to seeking any *medical treatment*, service or care. If *you* fail to do so, without reasonable cause, it will result in the reduction of eligible benefit amounts payable by **20%**. *You* will be responsible for any expenses that are not payable by the *insurer*.

WSA Assistance Inc./SelectCare Worldwide reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to travel by WSA Assistance Inc./SelectCare Worldwide, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.

BENEFITS

Subject to the terms, conditions, limitations and exclusions of this policy, benefits are payable for the following costs:

1. **Emergency Hospital** – The *insurer* agrees to pay for private or semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for *your* *emergency* medical care during confinement as a resident in-patient.
2. **Emergency Transportation** – When medically necessary and if pre-approved by WSA Assistance Inc./SelectCare Worldwide, the *insurer* agrees to pay the cost to transport *you* by either one-way economy airfare, stretcher (including any necessary medical attendant), or air ambulance (if *you* are unable to travel via a commercial airline) to the nearest appropriate medical facility or to a Canadian *hospital*.
3. **Trip-Break for Single-trip Plans** – During the *period of coverage* *you* may return **once** to *your* province or territory of residence for up to **15** consecutive days without terminating this policy. There is no coverage in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence during the Trip-Break. If *you* experience any change in *your* health during the Trip-Break, *you* must notify WSA Assistance Inc./SelectCare Worldwide prior to exiting *your* province or territory of residence for confirmation of continued coverage.
4. **Emergency Round-Trip** – (Benefit is not applicable for the Multi-trip Plans or *trips* of less than 30 days) The benefit will reimburse the unexpected and eligible cost of air transportation for the following emergencies:
 - a) Death or hospitalization for a minimum period of 7 consecutive days of a *family member* after *you* leave home;
 - b) A natural disaster that causes *your* principal residence in Canada to be uninhabitable.

Upon receipt of a claim form with supporting documentation (including but not limited to doctor's notes from *your* *family member's* *physician(s)*), we will reimburse reasonable and customary expenses, when eligible, for a single round-trip, by plane, via the most cost effective route in economy class to *your* province or territory of residence, up to a maximum of \$2,000 per *insured* person during the *period of coverage*.

You are not eligible for this benefit:

- a) If within 90 days prior to *your* departure date, the *family member* has been hospitalized or has been in a nursing home or has been diagnosed with a *terminal illness*;
- b) If, at the time of purchase, *you* were aware of circumstances which could cause *your* return at an earlier date than anticipated at the time of purchase.

There is no coverage while *you* are in *your* province or territory of residence. If *you* experience any change in *your* health during the 'Emergency Round-Trip', *you* must notify WSA Assistance Inc./SelectCare Worldwide prior to exiting *your* province or territory of residence for confirmation of continued coverage.

5. **Emergency Medical** – The *insurer* agrees to pay for *emergency* medical, surgical or anaesthetic services when performed and authorized by a *physician*. If pre-approved by WSA Assistance Inc./SelectCare Worldwide, follow-up visits directly related to the *emergency* are covered.
6. **Emergency Extended Health Benefits** – The *insurer* agrees to pay for the following services, supplies or *treatment*:
 - a) Prescription drugs, not exceeding a **one-month** supply, to a maximum of **\$500** per *insured person* unless hospitalized as an in-patient. All eligible prescriptions purchased with a MedGuard pay-direct drug card are subject to a non refundable US\$5.00 *deductible*. Payment of the prescription will only be valid for the initial 30 days after the onset of an *emergency*. The cost of prescription renewals beyond this point is not covered.
 - b) Diagnostic and laboratory services;
 - c) Local licensed ambulance services;
 - d) Wheelchair rental, crutches, braces and other necessary medical appliances*;
 - e) Private duty services of a Registered Nurse, other than a relative, up to **\$10,000***; and
 - f) When prescribed by a *physician*, up to **\$500** each for the services of a physiotherapist* and a chiropractor*.

* Must be pre-approved by WSA Assistance Inc./SelectCare Worldwide.
7. **Accidental Dental** – The *insurer* agrees to reimburse up to **\$3,000** for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* direct blow to the mouth. To be eligible for reimbursement, *treatment* relating to any dental claim must begin within **48** hours of the *accident*. Charges for such dental services must be incurred within the *period of coverage* but no later than **90** days after the *accident* and prior to *your* return to *your* province or territory of residence.
8. **Dental Emergencies** – The *insurer* agrees to reimburse up to **\$500** for the immediate relief of acute dental pain caused by means other than a direct blow to the mouth. Dental conditions for which *you* have previously received *treatment* or advice are not covered. *Treatment* relating to any dental claim must begin within **48** hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to *your* return to *your* province or territory of residence.
9. **Transportation of Family or Friend** – When approved by WSA Assistance Inc./SelectCare Worldwide, the *insurer* agrees to reimburse up to **\$2,500** for **one** round-trip economy class transportation by the most direct route, and up to **\$200** per day to a maximum of **\$1,600** for reasonable costs incurred after arrival by a *family member* or a close friend if:
 - a) You are hospitalized for a minimum of 5 consecutive days due to a covered medical condition and the attending physician advises in writing the necessary attendance by such a person.
 - b) The local authorities legally require the attendance of such a person to identify your remains in the event of death due to a covered medical condition.
10. **Return of Travelling Companion** – When *you* are transported to Canada under the 'Emergency Transportation' benefit, the *insurer* agrees to pay the extra cost to change existing return ticket(s) to

one-way economy class ticket(s), or if the existing ticket(s) cannot be changed or there is no existing ticket(s), the cost of one-way economy class ticket(s) to the province or territory of residence for:

- a) *your travelling companion(s)* who are under age **18**, or are physically or mentally handicapped and rely on *you* for assistance; and
- b) **one** other insured *travelling companion*.

Must be pre-approved by WSA Assistance Inc./SelectCare Worldwide and not covered by any other insurance policy held by the *travelling companion(s)*.

11. **Return of Vehicle** – The *insurer* agrees to pay up to **\$5,000** to return the *vehicle* used for the journey, to *your* home or to the rental agency, if *you* are unable to return to Canada with that *vehicle*, due to a covered *medical condition*.
12. **Return of Deceased** – In the event of death due to a covered *medical condition*, the *insurer* agrees to pay up to:
 - a) **\$5,000** for the costs incurred to prepare and return *your* remains in a standard transportation container, to *your* permanent residence in Canada; or
 - b) **\$2,500** for cremation or burial at the place of death.

The cost of a coffin or urn is not covered.

13. **Pet Return** – Up to **\$500** will be reimbursed for the cost of returning *your* accompanying dog or cat to Canada, if *you* are returned to Canada under the 'Emergency Transportation' benefit or hospitalized due to a covered *sickness* or *injury*.
14. **Return to Original Trip Destination** – If *you* are returned to *your* province or territory of residence in Canada under the 'Emergency Transportation' benefit, and the attending *physician* in Canada determines that the *treatment* received in Canada resolved the *emergency*, the *insurer* agrees to pay up to a maximum of **\$2,000**, when pre-approved by WSA Assistance Inc./SelectCare Worldwide, for a one-way economy class ticket to return *you* and **one** insured *travelling companion* to the original *trip* destination. The return must occur within the *period of coverage* originally provided by this policy.

A subsequent recurrence or complication of the *medical condition* that resulted in *you* being returned home is excluded under this policy unless *you* receive pre-approval from WSA Assistance Inc./SelectCare Worldwide.

15. **Act(s) of Terrorism** – When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:
 - a) As a result of any one or a series of *acts of terrorism* occurring within a **72-HOUR** period, the *aggregate limit* payable shall be limited to **\$2.5** million for all eligible insurance policies issued by the *insurer*, including this policy.
 - b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to **\$5** million for all eligible policies issued and administered by the *insurer*, including this policy.

The amount payable for each eligible claim under **a)** and **b)** above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

LIMITATIONS & EXCLUSIONS

This policy does not provide benefits for losses or expenses incurred as a result of, in connection with or in any way associated with:

1. Any *pre-existing condition* that was not *stable* for the *specified stability period* immediately preceding the *effective date*.

IMPORTANT NOTE:

Pre-existing condition means (other than a *minor ailment*):

- a) a *medical condition* for which *you* exhibited signs or symptoms before the *effective date* even if the signs or symptoms did not result in the diagnosis of a *medical condition* by a licensed *medical practitioner*, or
- b) a *medical condition* for which you had a *medical consultation* before the *effective date* even if the *medical condition* was not diagnosed during, or as a result of, the *medical consultation*.

Specified stability period means the length of time that a *medical condition* must be *stable* immediately before the *effective date* as set forth below (other than a *minor ailment*):

- a) **30 days** if the *medical condition* is high blood pressure or high cholesterol;
- b) **90 days** if the *medical condition* is Type II Diabetes not treated by insulin;
- c) **180 days** for any other *pre-existing condition*.

Stable means (other than a *minor ailment*)

- a) *you* did not demonstrate any new signs or symptoms of a *pre-existing condition*, more frequent signs or symptoms of a *pre-existing condition*, or more severe signs or symptoms of a *pre-existing condition* in the *specified stability period*;
- b) *you* did not require, or were not referred for, any *medical consultation* for the *pre-existing condition* in the *specified stability period*; and
- c) *you* did not change the type, brand, frequency or dosage of medication for a *pre-existing condition* in the *specified stability period*.
The following will not be considered changes of medication:
 - i. Routine adjustments to the frequency or dosage of Coumadin, Warfarin, or insulin, which had been prescribed and was being administered prior to the *specified stability period*.
 - ii. Changing from a brand name medication to a generic medication.
 - iii. Stopping the use of Plavix after 12 months of use.

2. Any type of cancer (other than: basal or squamous cell carcinoma of the skin, or breast cancer treated only with Tamoxifen, Femara and/or Arimidex) that was active, untreated or for which *you* received *treatment* in the **6 months** immediately preceding the *effective date*.
3. A *medical condition* or the signs or symptoms of a *medical condition* (whether diagnosed or not), which prior to the *effective date* of coverage would lead a reasonable person to conclude that he or she might require hospitalization or *medical treatment*, *medical services* or *medical care* during the *period of coverage*.
4. Any emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted injury.
5. *Act(s) of war*, kidnapping, *act(s) of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities, participation in

a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by *you*, a *family member* or *travelling companion*.

6. Any *medical condition* when a *trip* is undertaken for the purpose of securing *medical treatment* or advice.
7. Any *medical condition* or death, if evidence supports that *you* were affected by, or the *medical condition* was in any way contributed to by: the use of alcohol, prohibited drugs, or any other intoxicant either before or during the *period of coverage*; the non-compliance with prescribed *treatment* or *medical therapy* either before or during the *period of coverage*; or the misuse of medication either before or during the *period of coverage*.
8. Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.
9. Any *medical condition* that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy or travelling against the advice of a *physician*.
10. Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *medical condition*, unless approved in advance by WSA Assistance Inc./SelectCare Worldwide.
11. Any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by WSA Assistance Inc./SelectCare Worldwide.
12. A recurrence or complication of the *medical condition* for which *you* were returned home under the 'Emergency Transportation' benefit, if *you* elect to resume *your trip* after being returned to Canada.
13. Any rehabilitation or convalescent care.
14. *Injury* resulting from training for or participating in speed contests usually and customarily in excess of **60 kilometres per hour**, professional or competitive sport activities, *high-risk activities* or organized motor sport contests.
15. Any *medical condition* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
16. Dental or cosmetic surgery.
17. Naturopathic, holistic or acupuncture *treatment*.
18. Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
19. Any *nuclear* occurrence however caused.
20. Any event occurring on a *trip* while at a destination where, prior to *your* departure to that destination, a statement is made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs and International Trade advising that Canadians should avoid travel to that destination during the *period of coverage*.
21. Routine or elective *treatment* for pregnancy within the first 32 weeks of the pregnancy.
22. Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.

In addition to the preceding, the following Limitations & Exclusions apply to the 'Emergency Round-Trip' benefit:

23. Any *medical condition* of a family member that exhibited symptoms or required any *medical consultation*, investigation or hospitalization within the **90** days immediately preceding the *effective date*.
24. Any event that occurred prior to departure, for which it is reasonable to expect that *you* would have to return early from *your trip*.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Act(s) of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether *de facto* or *de jure*) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act(s) of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Canadian resident means *you* are a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which *you* will return after *your trip*.

Cardiovascular means myocardial infarction, arrhythmia, atrial fibrillation, heart murmur, chest pain or angina, arteriosclerosis, congestive heart failure, by-pass or any other kind of cardiac surgery, angioplasty or stent, use of pacemaker or defibrillator, or any other condition relating to the heart or cardiovascular system or peripheral vascular disease.

Cerebrovascular means cerebrovascular accident (CVA), stroke, aneurysm, transient ischemic attack (TIA), or mini-stroke.

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 go away.

Deductible means the amount *you* must pay toward eligible costs before any benefits are payable by *the insurer*. It is retroactive to the *effective date* and applies once during the *period of coverage* except that each prescription drug, purchased with a MedGuard pay-direct card, is subject to a deductible. *Your deductible* is specified in *your* confirmation of coverage letter.

Effective date means the date and time coverage starts. Coverage starts on the **latest** of the date and time:

- the completed application and premium are accepted by the *insurer* or its representative; or
- indicated as the *effective date* in *your* confirmation of coverage letter; or
- you* exit *your* province or territory of residence; or
- for Multi-trip Plans, each time *you* exit *your* province or territory of residence.

Except that, if *you* purchase *your* policy after *you* have exited *your* province or territory of residence, then coverage for losses resulting from **any sickness** does not begin until **5** days after *your* policy was purchased.

Emergency means a sudden, unforeseen *medical condition* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed.

Expiry date means the date and time coverage ends. Coverage ends on the **earliest** of the following:

- the date and time *you* return to *your* province or territory of residence (other than as described under the 'Trip-Break for Single-trip Plans'); or
- the date indicated as the *expiry date* in *your* confirmation of coverage letter; or
- for Multi-trip Plans,
 - each time *you* conclude a *trip* and return to *your* province or territory of residence; or
 - the date when the number of days since *you* exited *your* province or territory of residence exceeds the number of days indicated in *your* confirmation of coverage letter.

Family member means *your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, and ward, natural or adopted child.

High-risk activity(ies) means bungee jumping, gliding, hang-gliding, paragliding, parasailing, heliskiing, ski jumping, parachuting, skydiving, sky-surfing, white water rafting, scuba-diving, street luge, skeleton activity, mountain or rock climbing with or without ropes, participation in any rodeo activity or any other activity that, a reasonable person would perceive, involves an element of danger or the chance of loss or *injury*.

Hospital means a facility incorporated or licensed as a *hospital* by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means sudden bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insured person means a person named in the confirmation of coverage letter, who has been accepted by the *insurer* or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company.

Licensed medical practitioner means a person other than *you*, who is licensed, certified or registered, by the appropriate regulatory authority, to provide medical care or services in the jurisdiction where the care or services are provided and is not related to *you* by blood or marriage.

Medical condition(s) means any *injury* or *sickness*.

Medical consultation means any medical services obtained from a *licensed medical practitioner* for a *medical condition*, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and during which a diagnosis of the *medical condition* need not have been definitively made. This does not include routine annual medical check-ups where no medical signs or symptoms existed or were found during the check-up.

Minor ailment means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 days, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive days prior to the *departure date*. However, a *chronic* condition or any complication of a *chronic* condition is not considered a *minor ailment*.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid. As selected and paid for at the time of application, the maximum *period of coverage per trip* under the Single-trip Plan is **212** days (for selected provinces) and under the Multi-trip Plan is **8, 16, 24, 32 or 48** days per *trip*.

Physician means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

Pre-existing condition means (other than a *minor ailment*):

- a) a *medical condition* for which *you* exhibited signs or symptoms before the *effective date* even if the signs or symptoms did not result in the diagnosis of a *medical condition* by a *licensed medical practitioner*, or
- b) a *medical condition* for which *you* had a *medical consultation* before the *effective date* even if the *medical condition* was not diagnosed during, or as a result of, the *medical consultation*.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *medical condition*.

Respiratory means *chronic* obstructive pulmonary disease (COPD), bronchial asthma, *chronic* bronchitis, emphysema, or any other respiratory condition requiring the use of corticosteroids

Sickness means any illness or disease.

Specified stability period means the length of time that a *medical condition* must be *stable* immediately before the *effective date* as set forth below (other than a *minor ailment*):

- a) **30 days** if the *medical condition* is high blood pressure or high cholesterol;
- b) **90 days** if the *medical condition* is Type II Diabetes not treated by insulin;
- c) **180 days** for any other *pre-existing condition*.

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least **12** consecutive months.

Stable means (other than a *minor ailment*):

- a) *you* did not demonstrate any new signs or symptoms of a *pre-existing condition*, more frequent signs or symptoms of a *pre-existing condition*, or more severe signs or symptoms of a *pre-existing condition* in the *specified stability period*;

- b) *you* did not require, or were not referred for, any *medical consultation* for the *pre-existing condition* in the *specified stability period*; and
- c) *you* did not change the type, brand, frequency or dosage of medication for a *pre-existing condition* in the *specified stability period*.

The following will not be considered changes of medication:

- i. Routine adjustments to the frequency or dosage of Coumadin, Warfarin, or insulin, which had been prescribed and was being administered prior to the *specified stability period*.
- ii. Changing from a brand name medication to a generic medication.
- iii. Stopping the use of Plavix after 12 months of use.

Terminal applies to a *medical condition* for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Travelling companion means a person who is accompanying *you* on *your trip*, and who has prepaid shared accommodation or transportation with *you*. (Maximum of **5** persons including *you*.)

Treatment 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.

Trip means the period of travel contracted by *you* for which coverage is in effect.

Vehicle means a private passenger automobile, station wagon, pick-up truck or mini-van that is manufactured and designed to transport a maximum of **7** passengers; and is used exclusively for the transportation of passengers; and is either owned or rented by *you*.

Vehicle also means a *Motor-home* or a *Camper Unit* that is either owned or rented by *you* where:

- **Motor-home** means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- **Camper Unit** means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

We, us and our means Co-operators Life Insurance Company and WSA Assistance Inc./SelectCare Worldwide.

You or Your means an *insured person*.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment into which *you* have entered.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the period of coverage, the conveyance in which you are riding or are scheduled to ride as a passenger, scheduled to arrive at destination during the period of coverage is delayed due to circumstances beyond your control.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that you are medically unfit to travel due to a covered sickness or injury on or before the coverage expiry date.
3. If you are hospitalized at the end of the period of coverage, as a result of a covered injury or sickness, this coverage will be extended to you and one insured travelling companion remaining with you when reasonable and necessary, during the period of hospital confinement, plus 72 hours after release to travel home.

Coverage for *your travelling companion* will only be extended under their respective Co-operators Life Insurance Company policy.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each eligible *insured person* during one *period of coverage*. Benefits are only payable under one policy, for each *insured person* during the *period of coverage*. If more than one Co-operators Life Insurance Company policy is in effect at the same time, benefits will only be paid under this policy. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer* at the time of application, and indicated in *your* confirmation of coverage letter. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* Estate.

Claim Submission

A non refundable deductible of US\$5.00 for each covered prescription is applicable by presenting *your* card and *your* prescription to a participating pharmacy. Submission of a claim form is not necessary. *You* or the claimant, if other than *you*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided;
2. Any payment made by a provincial or territorial hospital/ medical plan;
3. Any payment made by any other insurance plan or contract;

Providing substantiating medical documentation from *your* province, territory or country of residence, at the request of WSA Assistance Inc./SelectCare Worldwide.

4. Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage letter, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract.

Each policy or term of coverage is considered a separate contract.

The *insurer* reserves the right to decline any application for coverage.

No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *insurer*.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to *you*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

You may not claim or receive in total, more than **100%** of the eligible loss.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to **\$100,000**, the *insurer* will not coordinate benefits with that plan.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of WSA Assistance Inc./SelectCare Worldwide, benefits may be paid in the currency of the country where the loss occurred.

General Terms

Policy terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which *you* normally reside.

Language

The parties request that the policy and all related documentation be drawn in English.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, *you* are in good health and know of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the *insurer*, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the *effective date*.

Rights of Examination

The claimant shall provide the *Insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death the *Insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, the *Insurer* shall be subrogated to all *your* rights including without limitation, the right to proceed in *your* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. *You* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. *You* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

Extending Your Stay

If *you* decide to apply for additional coverage **after** *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) make *your* application prior to the *expiry date* of *your* policy; and
- b) have not incurred any claims during *your period of coverage*; and
- c) are in good health; and
- d) have no reason to seek *medical consultation* during the new term of coverage.

Each policy or term of coverage is considered a separate contract.

The *insurer* reserves the right to decline any request for new terms of coverage.

Top-Ups for Multi-trip Plans

When a planned *trip* will exceed the number of days available on *your* Multi-trip Plan, *you* may apply for Top-Up coverage.

Coverage under a Top-Up is:

- a) only available if *you* apply for *your* Top-Up **prior** to leaving *your* province or territory of residence; and
- b) provided under the same terms and conditions as *your* Multi-trip Plan; and
- c) considered one continuous *period of coverage* with *your* Multi-trip Plan.

The *insurer* reserves the right to decline any request for Top-Up coverage.

PREMIUM REFUNDS

Premium refunds must be obtained from *your* representative.

1. Refunds are not payable for:
 - a) Multi-trip Plans (except when cancelled during the **10** day examination period); or
 - b) any days *you* spend in *your* province or territory of residence during the Trip-Break described on page 4; or
 - c) any policy for which *you* have incurred a loss whether a claim has been made or not.
2. Pro-rata refunds are payable when:
 - a) the entire *trip* is cancelled prior to the *effective date*; or
 - b) *you* return to *your* province or territory of residence **15** days or more prior to the *expiry date*; and
 - c) no losses have been incurred whether a claim has been made or not.

Exercising the option to return to *your* province or territory of residence under the 'Trip-Break' benefit is not considered a loss under **1. c)** and **2. c)** above.

CLAIMS PROCEDURES

Important Notes

1. Any costs incurred for documentation or required reports are *your* responsibility.
2. If the claim form is not fully completed and submitted with all required documentation *your* claim may be delayed.
3. All claims forms are available by calling WSA Assistance Inc./SelectCare Worldwide.
4. After initial review, WSA Assistance Inc./SelectCare Worldwide may request additional documents to support any claim.

Notice of Claim:

Claims must be reported within **30** days of occurrence.

Proof of Claim:

Written proof of claim must be submitted within **90** days of occurrence.

When submitting *your* claim, please include:

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. Completed appropriate provincial government health insurance plan forms; see claim form for details.

SEND YOUR CLAIMS TO:

SelectCare Worldwide

Claims Department

1200 University Avenue
Toronto, ON
Canada M5G 2K8

Collect worldwide: **450-462-7687**

Toll free Canada/U.S.A.: **1-888-760-2850**

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.



Administered by:

SecuriGlobe
6400 Auteuil Avenue
Suite 100
Brossard, Quebec
Canada J4Z 3P5

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan
Canada S4P 1C4

EMERGENCY PROCEDURES

In the event of a medical *emergency*, you must notify WSA Assistance Inc./SelectCare Worldwide (toll free **1-888-760-2850** or worldwide collect **450-462-7687**) prior to seeking any medical *treatment*, service or care. If you fail to do so, without reasonable cause, it will result in the reduction of eligible benefit amounts payable by **20%**.

You will be responsible for any expenses that are not payable by the insurer.

We are here to help. Our service is available **24** hours a day, **7** days a week. WSA Assistance Inc./SelectCare Worldwide also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your trip.

**WSA ASSISTANCE INC./
SELECTCARE WORLDWIDE**

Toll free Canada/U.S.A.: 1-888-760-2850

If unable to contact us through the toll free
number call collect: **450-462-7687**

