

NOTICE OF RIGHT TO EXAMINE THE POLICY:

You have ten (10) days from the day You receive Your policy, to inspect it and verify the accuracy of Your declaration and application. This policy contains some limitations and exclusions. Please read it carefully and contact Your Agent if needed before leaving. If You are not completely satisfied, return it by registered mail to the Insurer (Trois-Rivières Office) and any premium paid will be refunded, provided that You have not taken any trip during the examination period. Failure to return the policy will be considered as an acceptance of all of its terms, conditions and limitations.

NOTE: If Your medical condition changes prior to Your departure date, You must notify the Insurer and are not eligible for benefits under this policy if You submit a claim for that condition. The Insurer reserves the right to re-evaluate Your insurability before Your departure date.

IMPORTANT: For benefits to be payable under this policy, You must have signed Your application and required premium payment must be received prior to departure date and before any claim.

PLEASE NOTE: Words printed in a *different character* throughout this document are defined in the «Definitions» Section (III).

IMPORTANT NOTICE

- Travel insurance is designed to cover Treatment(s) due to a medical **Emergency** arising from sudden and unforeseeable circumstances. The insurance also covers the **Emergency** transportation costs to Your province of residence when needed (see section IV, 11B).
- The *Pre-existing Condition Exclusion* applies to medical conditions which are not *Stable and Controlled* and/or *Symptoms* that manifested themselves on or prior to Your departure date. Check to see how this affects Your insurability.
- In the event of an *Accident, Injury* or *Sickness*, Your previous medical history will be reviewed to determine Your eligibility to benefits.
- We highly recommend whenever possible that you call 1-888-820-6588 before leaving to receive medical services. In all cases, You must notify **EMERGENCY ASSISTANCE** prior to any *Treatment*. Failure to notify and obtain prior authorisation may limit Your benefits to 70% of eligible charges up to a maximum of CAN \$25,000. Please refer to the section IX General Provisions 10 & 11 for more details.
- Coordination of care must be from the onset and for the full duration of the *Treatment* involving the patient and/or family, treating *Physician* and emergency medical assistance.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL THE EMERGENCY ASSISTANCE IMMEDIATELY:
(Emergency Medical Assistance Company providing assistance 24 hours a day, 7 days a week)

From U.S. and Canada, call toll-free 1-888-820-6588 or collect 1-954-340-1912;
from anywhere else, call toll-free 1-888-910-0900 or collect 1-954-340-1408.

EMERGENCY MEDICAL ASSISTANCE:

- Co-ordinates *Your* medical *Treatment* and keeps *Your* family informed;
- Helps *You* locate a *Physician*, clinic or *Hospital*;
- Confirms *Your* insurance coverage to the *Hospital* and/or *Physician*;
- Guarantees or arranges payment to the *Hospital* or *Physician*, whenever possible;
- Arranges transportation of a family member to *Your* bedside, when indicated by circumstances;
- Arranges for *Your* repatriation to *Your* province of residence.

GENERAL ASSISTANCE:


- Assists *You* in contacting *Your* family, business partners or family *Physician*;
- Facilitates the delivery of urgent messages to family members;
- Helps *You* find legal counsel in the event of a serious *Accident*;
- Co-ordinates claim payment with *Your* provincial government health insurance plan.

I. INSURANCE AGREEMENT

After consideration of the application for insurance and in receipt of the required premium; subject to the eligibility and insurability terms and conditions of the policy, if *You* experience a medical *Emergency* while *You* are outside *Your* province of residence on an *Insured Trip*, the *Insurer* will reimburse all eligible covered expenses that relate directly to an *Emergency* and that exceed the benefits available to *You* under *Your* provincial government health insurance plan and/or any other insurance plan(s) in effect. By signing this application and paying the required premium, *You* mandate and authorize the *Insurer* and EMERGENCY ASSISTANCE to submit to *Your* provincial government health insurance plan, claims for covered medical and *Hospital* services that *You* have received.



Richard Gagnon
President and CEO



Marc Bourduas
Treasurer

TOUR+MED PLANS

SINGLE TRIP PLAN

The SINGLE TRIP PLAN is offered for any trip outside *Your* province of residence and is valid for the length of the single trip.

ANNUAL PLAN (Multi-trip)

The ANNUAL PLAN provides coverage for multiple trips outside *Your* province of residence of a duration of up to the maximal duration option chosen on the application during the policy year. Coverage under this plan begins on *Your Effective Date* and terminates on the first anniversary of *Your Effective Date*. Individual trips must be separated by a return to *Your* province of residence or to Canada. *You* are not required to provide advanced notice of the departure and return date of each trip; however, *You* will be required to provide proof of *Your* departure date and return when filing a claim (e.g. Airline ticket or customs /immigration stamp). The Annual Plan also provides coverage during the *Policy period* for unlimited travel within Canada but outside *Your* province or territory of residence.

II. ELIGIBILITY

You are eligible for coverage if You :

On departure date, are aged more than 3 months for the TOUR+MED INTERNATIONAL Plan (Single Trip), 3 months to 79 years for the TOUR+MED INTERNATIONAL Plan (Annual Plan), 3 months to 75 years for the TOUR+MED EXPRESS PLAN ; maintain permanent residence in Quebec, New-Brunswick or Ontario and are eligible for benefits under *Your* respective Provincial Government Health Insurance plan.

You are not eligible for any coverage under this policy under the TOUR+MED INTERNATIONAL PLAN if You suffer or have suffered from:

1. A Condition for which a *Physician* has recommended that *You* do not travel now or in the near future;
2. A *Terminal Illness*;
3. Kidney disease requiring dialysis and/or major organ transplant;
4. Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS);
5. Pancreatic, liver or any cancer with metastasis;
6. A pulmonary condition that has required "home oxygen" within twelve (12) months prior to the application date.

You are not eligible for any coverage under this policy under the Tour+Med Express Plan if you do not meet all the eligibility criteria outlined on the application.

III. DEFINITIONS

"Accident" - Unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

"Agent" - Any legal organization or person authorized by the *Insurer* to sell this insurance and accept premium payments.

"Change" - Means any of the following alteration or deterioration of *Your* health status: onset of new and/or more frequent *Symptoms*; *You* have sought consultation from a *Physician*; *You* have been hospitalized; *You* have undergone investigative tests for the purpose of establishing a diagnosis (other than routine); *Your Treatment* has been modified; *You* have been prescribed a new *Medication* or the dosage and/or the frequency of a *Medication* has increased or decreased (except for Insulin/Coumadin) and/or the *Medication* was stopped;

"Complementary Insurance" - Means the insurance subscribed with the *Insurer* before *Your* departure date to be in effect immediately after another insurance policy issued either from the *Insurer* or from another company. *You* are responsible for verifying that *Complementary Insurance* is permitted by the underwriter of the other travel policy. If it is subsequently determined that extension was not permitted, the *Insurer* will decline any liability and the *Complementary Insurance* premium will be refunded. *The Insurer* must be advised of any *Change* in health status as soon as there is a medical consultation while insured by the other travel insurance.

"Dependents" - Means *Your* sons and daughters aged between 3 months and 21 years at time of departure, who are unmarried and dependent on *You* for support.

“Effective Date of Coverage” - The latest between the date the application and premium are received by the *Insurer*, or 12:01 AM on the date indicated as the *Effective Date* on the application for insurance.

“Emergency” - An unexpected *Sickness* or *Injury* that requires immediate medical attention or *Treatment* to prevent a threat to the life or health of the insured or minimize such a threat. It ceases to be considered an *Emergency* when the condition is medically stable based on circumstantial facts and supported by the medical director of the emergency assistance company. In such cases the insured may return to his/her province of residence.

“Event” - Means *Accidents*, *Sicknesses* or occurrences which according to this insurance policy would generate a claim.

“Exclusion” - Medical care or any other service directly or indirectly related to a specific condition not subject to reimbursement.

“Expiration Date” - The earliest between midnight on the last date the policy is in effect or the date the insured returns to his(her) province of residence.

“Hospital” - Any facility duly licensed as a *Hospital* that regularly treats patients on an inpatient or outpatient basis.

“Hospitalization” - An emergency room admission or an inpatient admission, for at least 18 hours, in a *Hospital*

“Immediate Family” - Parents, grandparents, children, grandchildren, brothers, sisters of the insured and of his traveling companion if also insured with a travel plan with the *Insurer*.

“Injury” - A sudden bodily wound directly caused by an *Accident* during the *Policy Period* and unrelated to *Sickness* and/or any other cause.

“Insured Trip” - A trip outside of *Your* province of residence taken by the insured during the *Policy Period*.

“Insurer” - LS Mutual Life Insurance Company

“Limitation” - A physical or mental condition that prevents a person from carrying out an activity or a normal function.

“Medication” - A chemical or biological substance that changes or corrects the organic functions or course of a *Sickness*. The *Medication* must be prescribed by a licensed *Physician* and listed in *Your* medical records.

“Minor Ailment” - Any *Sickness* or *Injury* which does not require: 1) the use of *Medication* for a period of greater than 15 days, or 2) more than one follow-up visit to a *Physician*, or 3) *Hospitalization* or surgical intervention or referral to a specialist. To be considered as a *Minor ailment*, the *Sickness* or *Injury* must end at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition and a condition requiring on-going medical attention are not considered a *Minor Ailment*.

“Physician” - An individual and who is qualified and legally licensed to prescribe *Medications*, to provide medical *Treatment* and to perform medical operations at the location where services are obtained. A *Physician* does not include a naturopath, herbalist or homeopath. Also, for any payable benefit under this policy requiring a confirmation, a prognosis or a diagnosis from a *Physician*, the *Physician* must not be a member of *Your* family.

“Policy Period” - Period between the *Effective Date of Coverage* and the *Expiration Date* of the policy.

“Pre-existing Condition” - A medical condition for which *You* have consulted a *Physician*, received or are receiving a *Treatment* or exhibited *Symptoms* prior to the departure date. *Treatment* does not include the unaltered use of prescribed *Medication* for a medical condition that is *Stable and Controlled*. This term also relates to a medically recognized complication or *Recurrence* of a medical condition.

“Recurrence” - The reappearance of *Symptoms* caused by or related to a medical condition which was previously diagnosed by a *Physician* or for which *Treatment* was previously received.

“Sickness” - An unforeseeable illness or disease that requires *Emergency* medical *Treatment* or care during the *Policy Period*.

“Stable and controlled” means any medical condition (other than a *Minor ailment*) for which all the following statements are true:

1. there has been no new diagnosis, *Treatment* or prescribed *Medication* (including prescribed as needed);
2. there has been no change in *Treatment* frequency or type, or change in *Medication*, including the amount of *Medication* to be taken, its dosage or the type of *Medication**;

Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral *Medication* to control diabetes in order to maintain an optimal control (as long as they are not newly prescribed or stopped) and a change from a brand name *Medication* to a generic brand *Medication* (provided that the dosage is not modified);

3. there have been no new *Symptoms*, more frequent *Symptoms* or more severe *Symptoms*;
4. there have been no test results showing deterioration;
5. there has been no *Hospitalization* or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.

“Symptom” - Pain, feeling, weakness, sensitivity reported by the patient or a pathologic disorder which is documented in his/her medical chart.

“Terminal Illness” - A medical condition for which there is cause for a *Physician* to estimate a life expectancy of twelve (12) months or less.

“Tour+Med Plans” - Include the plans Tour+Med International (single trip and annual) and Tour+Med Express (single trip and annual).

“Treatment” - Any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *Physician*, including but not limited to *Medications* (including prescribed as needed), investigative tests and surgery.

“Vehicle” - An automobile, motorcycle, recreational vehicle (RV), van or trailer owned or leased by the insured.

“You” and “Your” - Each person named on the application for insurance and who is covered under the policy.

IV. TRAVEL INSURANCE FOR EMERGENCY MEDICAL CARE EXPENSES

The following benefits are provided for each insured, for costs deemed reasonable and customary and in excess of amounts covered under the provincial government health insurance plans and/or any other plan covering the insured. The over-all amount of benefits payable after any other in force insurance is subject to a maximum of CAN \$2,000,000 per *Policy Period*.

1. HOSPITAL / MEDICAL EXPENSES

The cost of an *Hospitalization* in a semi-private room, up to the limit deemed reasonable and customary for the area of *Hospitalization*.

2. INCIDENTAL HOSPITAL EXPENSES

Reimbursement of expenses associated with a covered *Hospitalization* (telephone, television, parking etc.), subject to presentation of original receipts, up to a maximum of CAN \$100 per *Hospitalization*.

3. PHYSICIANS' FEES

Fees charged by *Physicians*, up to the limit deemed reasonable and customary for the area of *Treatment*.

4. MEDICAL APPLIANCES

Costs for the purchase of splints, casts, crutches, canes, slings, trusses, orthopaedic corsets or for the rental of walkers or wheel chairs, when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area of *Treatment*.

5. PRIVATE DUTY NURSING CARE

Fees for a registered nurse (other than a relative of the insured) for private care while convalescing at *Your* travel home, immediately following a covered *Emergency Hospitalization*, and when prescribed by the attending *Physician* and deemed medically necessary, up to a maximum of CAN \$3,000 per *Event* and per insured, subject to EMERGENCY ASSISTANCE's approval.

6. DIAGNOSTIC SERVICES

Costs for laboratory tests and X-rays required for the *Treatment* of an *Emergency* and when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area of *Treatment*.

7. PRESCRIPTION DRUGS FOR EMERGENCY TREATMENT

Cost of *Medication(s)* prescribed by a *Physician* for a NEW covered condition following a medical *Emergency*. All eligible prescriptions are subject to a non refundable US \$5.00 co-pay. 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 period is not covered.

8. EMERGENCY DENTAL CARE

Fees for the services of a dental surgeon for the *Treatment* of an *Injury* caused by an accidental blow to the mouth causing damage to natural and healthy teeth or for the *Treatment* of a fracture or dislocation of the jaw. *Treatment* must begin and end during the *Policy Term*. The maximum benefit payable is CAN \$1,000 per *Accident*, per insured.

However, damage caused as a result of a deliberate introduction of food or an object into the mouth or the loss of a filling is not covered. Root canals, crown implants and any replacement or repair of artificial teeth are not covered, whether resulting from an *Accident* or not.

9. AMBULANCE SERVICES

The cost of local ambulance services to the nearest qualified medical facility in the case of an *Emergency* and for inter-Hospital transfers.

10. PARAMEDICAL FEES

Fifty percent (50%) of the cost of the services provided by a chiropractor, podiatrist or physiotherapist (including x-rays prescribed by these professionals), up to CAN \$300 per insured. Original invoices and proof of payment are required.

11. TRANSPORTATION EXPENSES

The following services must be pre-arranged and pre-approved by EMERGENCY ASSISTANCE:

A. EMERGENCY TRANSPORTATION TO THE INSURED'S BEDSIDE

Round trip economy airfare will be reimbursed for one (1) *Immediate Family* member via the most direct route from Canada to the *Hospital* where the insured has been a patient for no less than seven (7) consecutive days, provided the attending *Physician* gives written confirmation that the insured's condition is sufficiently serious to warrant the visit or, when necessary in the event of death, to identify the deceased prior to the release of the body.

B. EMERGENCY AIR TRANSPORTATION

In consultation with the attending *Physician*, or following an *Emergency* that requires that the insured be returned to his/her province of residence for immediate medical attention, the *Insurer* will reimburse the cost of transporting the insured and his/her travel companion (also insured under a TOUR+MED PLAN policy) to the insured's residence in Canada by means of air ambulance, one-way economy airfare on a commercial airline, or a stretcher on a commercial airline (with or without the services of a medical attendant), as determined on a per case basis depending on the circumstances.

C. RETURN OF DECEASED

The *Insurer* will reimburse the costs deemed reasonable and customary for the preparation and transportation of the remains of the deceased insured to his/her residence in Canada. The cost of cremation or burial at the place of death is covered, when deemed reasonable and customary by the *Insurer*. The cost of the coffin or urn and other funeral costs are not covered.

D. RETURN OF VEHICLE

The *Insurer* will reimburse for the return of the insured's privately-owned *Vehicle* to the insured's city of residence, or to the nearest appropriate rental agency in the case of a rental *Vehicle*, up to a maximum of CAN \$2,000. Original receipts are required. A written recommendation from the attending *Physician* attesting that the insured is incapable of returning by *Vehicle* or requires assistance to do so may be required by the *Insurer*. The cost of gasoline for a recreational *Vehicle* (RV) is not covered and must be paid by the insured.

12. DELAYED RETURN EXPENSES

Reimbursement of a maximum of CAN \$150 a day, up to a maximum of CAN \$1,000 per insured, for costs deemed necessary and reasonable for meals and accommodations when the return portion of an *Insured Trip* is delayed as the result of a medical *Emergency* or the death of the insured or a member of his/her *Immediate Family* during the *Policy Period*.

13. EMERGENCY ROUND TRIP

(Benefit non applicable for ANNUAL PLAN and a Tour+Med Plan (single trip) with stay less than 30 days).

This benefit will reimburse the unexpected and eligible cost of air transportation for the following emergencies:

- Death or *Hospitalization* for a minimum consecutive period of 7 days of a member of *Your Immediate Family*;
- Damages that cause *Your* principal residence to be uninhabitable;
- Unforeseen events that have seriously affected *Your* business.

Upon receipt of a claim form with supporting documentation, the *Insurer* will reimburse reasonable and customary expenses, when eligible, for a single round trip, by plane, via the most direct route in economical class to the insured's province of residence, up to a maximum of CAN \$1,500 per insured during the *Policy Period*.

You must contact the *Insurer* at 1-800-268-9633 in order to avoid interruption of your insurance coverage (Refer to Section XII).

You are not eligible to this benefit:

- If 6 months prior to *Your* departure, the member of *Your Immediate Family* has been hospitalized or has been in a nursing home intended for patients with limitations requiring ongoing medical assistance (like a residential and long-term care centre (CHSLD)) or has been diagnosed with a *Terminal illness*; or
- If, at the time of application, *You* were aware of circumstances which could cause *Your* return at an earlier date than anticipated at time of purchase.

14. ACCIDENTAL DEATH INSURANCE

The insured is hereby covered for the accidental loss of life in the amount of \$25,000 CAN. Death must result directly from an *Accident*, and independently from any other cause, sustained during an *Insured trip* and occur within 365 days following the date of the *Accident*.

V. EXCLUSIONS AND REDUCTIONS OF COVERAGE

Benefits are not payable under this policy if losses sustained or expenses incurred are the direct or indirect result of any of the following:

1. Any conditions or *Changes* in *Your* health (except *Minor Ailment*) that have not been *Stable and Controlled* for a period of three (3) months before departure for insured aged 3 months to 60 years and for a period of six (6) months before departure for insured aged 61 and over, unless specified otherwise in writing by the *Insurer*.

Exception 61 and over : High blood pressure = 3 months stability

Exception is not valid if *You* also suffer from cardiac, vascular, respiratory or neurological conditions.

2. Any medical services, procedures or Treatment not authorized by the EMERGENCY ASSISTANCE, not considered to be an *Emergency* as defined herein this policy and by the medical director of the EMERGENCY ASSISTANCE. This includes but is not limited to blood tests (i.e., Coumadin), exploratory investigative tests or exams, experimental drugs, vaccines or preventive medicines, elective *Treatments*, cosmetic surgeries, MRI, check-ups, ear cleaning, cardiac catheterization, angioplasty, colonoscopy, endoscopy, biopsy, cystoscopy, surgery and insertion, removal or adjustment of implants.

3. Any *Recurrence* of a condition investigated or *Symptoms* for which *Treatment* has been received during the *Insured Trip* (in such cases, the *Insurer* reserves the right to exclude the condition).
4. Any charge related to the *Treatment* of a *Sickness* or an *Injury* incurred in *Your* province of residence.
5. Any medical condition for which *Symptoms* were either ignored by the insured or for which the insured did not follow medical advice and/or recommended *Treatment*.
6. Any *Treatment* or test related to a condition under investigation, including any condition for which results were not within normal range before departure.
7. Any costs related to replacing, repairing or adjusting any prosthesis.
8. Ground transportation to and from a *Hospital* or a doctor's office or a clinic, except in the case of an *Emergency* as defined in this policy.
9. The purchase of any drug, prescribed or not, available over the counter.
10. Pregnancy and/or complications thereof, after the 26th week of pregnancy.
11. Any *Accident* while participating in professional or competitive sports, any race or speed contest, gliding, hang-gliding, mountaineering, spelunking, acrobatic skiing or snowboarding (including kitesurf), bungee jumping, parachuting or other aerial activities or underwater activities using a breathing apparatus, except snorkelling.
12. Any loss resulting from an aircraft *Accident*, except as a fare paying passenger on a commercial airliner or charter aircraft with a seating capacity of six (6) or more passengers.
13. Any *Treatment* or *Medication* related directly or indirectly to sexually transmitted disease, Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).
14. *Alcohol* or *Medication* abuse, drug and/or other toxic substance abuse and any alcohol induced and/or related illness and/or *Accident*. Alcohol abuse is defined as having a blood alcohol level in excess of eighty (80) milligrams per one hundred (100) millilitres of blood.
15. Any travel outside the province of residence to seek medical advice or *Treatment*, even if recommended by a *Physician*.
16. Suicide, attempted suicide or self-inflicted *Injury*, whether the insured is declared sane or insane.
17. Any *Injury* or *Sickness* arising from:
 - a) civil disorders;
 - b) war or acts of war (declared or undeclared);
 - c) intentional exposure to a peril;
 - d) acts of terrorism, political instability;
 - e) the participation or attempting to commit any criminal or illegal activity;
 - f) exposure to a health hazard while traveling in a place, region or territory not recommended following a formal advisory from the Canadian government*. This exclusion does not apply if the Insured person can demonstrate that the situation relative to the government advice has not contributed in anyway to the *Injury* or *Sickness*.

*It is your responsibility to verify the status of your destinations; the *Insurer* reserves the right to deny any coverage and/or claim.

18. Any mental, psychiatric, psychological, psychotic or nervous disorder, including depression, anxiety and insomnia.
19. Care or services provided for the sole convenience of the patient.
20. Any *Treatment* that could reasonably be delayed until the insured's return to his/her province of residence even if the perception is that the accessibility and the quality of care may be less in the province of residence (see definition of *Emergency*).
21. Any eye *Treatment* for a new condition is limited to CAN \$500. If surgery or laser *Treatment* is a medical *Emergency*, the benefit shall be limited to fifty percent (50%) of the actual cost, up to a maximum of CAN \$2,000. Any care related to glaucoma and/or cataract surgery is not covered.
22. Any change or adjustment in prescribed *Medication* taken for an existing condition prior to the departure.
23. Any organ retrieval, donation and/or transplant.
24. A refusal by the insured (or his/her family), to be transferred to another *Hospital* or be repatriated to his/her province of residence. E.g., after completion of a medical assessment, consultation with the attending *Physician* and seeking of a second opinion if necessary, the insured's condition is deemed stable by the medical director of the EMERGENCY ASSISTANCE for transport on public or private carrier (whichever is considered most appropriate), but the insured refuses such transport; in such cases, the insured is no longer covered and the *Insurer* is absolved from any further liability.
25. Any condition or *Injury* sustained during the performance of a remunerated activity or occupational duty if *Your* remunerated activity or occupational duty requires *You* to spend more than 14 days outside *Your* province during the *Policy Period*.
26. Any benefits related to an *Injury* or *Sickness* sustained before the *Effective Date of Coverage* of the policy. This exclusion does not apply for benefits related to an *Injury* or *Sickness* sustained after the departure date of the insured, but before the *Effective Date of Coverage* of this policy, if the insured was covered with an Annual Plan from the *Insurer* for the initial part of the covered trip, unless the condition related to the *Injury* or *Sickness* has been excluded by the *Insurer*.

VI. DEDUCTIBLES

1. Traditional Deductible:

The full amount of the deductible applies, per *Event*, for all services including incidental expenses incurred. It can range from CAN \$250 to CAN \$100,000 with premium discounts. The Tour+Med Express plan includes a base CAN \$250 deductible, unless another option has been chosen on the application and that the required premium has been paid.

2. Hospital Deductible:

The full amount of the deductible applies per *Event* to each inpatient, outpatient and emergency room visit, including ambulance transportation by air or land. This deductible can only be imposed by the medical department of the *Insurer* with no premium discount.

3. Imposed Deductible or Coinsurance:

A Traditional or *Hospital* deductible that the *Insurer* reserves the right to impose. It can range from CAN \$1,000 to CAN \$100,000 and does not reduce the premium in any way. The insured agrees to assume all expenses up to and including this amount, before reimbursement of any benefits. The *Insurer* reserves the right to also impose a *Hospital* coinsurance. In the event of a claim, the insured pays the applicable deductible or coinsurance portion in Canadian currency to the *Insurer* which, in turn, pays the provider for the amount due if the insured's portion has been received. If deductible or coinsurance is not received in a timely manner the insurer will pay it's contractual part and any excess will be owed to the provider by the insured. In regards to the imposed coinsurance, all the benefits and provisions of this policy are prorated by the percentage of the imposed coinsurance, subject to the maximum limit of the coinsurance if applicable.

Please refer to the exclusion regarding *RECCURENCE*, Section V. Item 3.

Annual Plan: Deductible or coinsurance applicable per event and for each trip.

The insured is eligible for a partial reimbursement of his/her provincial government health benefits only when amounts claimed are less than the deductible.

VII. EXTENSION OF POLICY COVERAGEE

A. BY REQUEST

To extend the *Policy Period*, the insured must contact his/her *Agent* or the *Insurer* at 1-800-268-9633, Monday through Friday between 9:00 AM and 5:00 PM, at least five (5) days prior to the *Expiration Date* and potentially pay the additional premium. An additional premium based on the difference between the original premium and the total premium for the entire extended *Policy Period* is payable. Also, an additional premium is payable if the length of the trip exceeds the number of days allowable under *Your* government health insurance plan. Please contact the *Insurer* for more information. Coverage cannot be extended after the *Expiration Date*.

Any condition for which the insured was treated during the initial period of the policy will automatically be excluded from the first day of the extended period.

NOTE: *The Insurer* reserves the right to extend or deny coverage on a per case basis.

B. AUTOMATIC EXTENSION

The *Policy Period* will automatically be extended up to 72 hours at no extra charge for a delay considered to be beyond the insured's control (e.g., Accident, Vehicle breakdown). *The Insurer* will require written proof to substantiate the delay if medical care is necessary during the extension period.

If *You* are hospitalized beyond the *Expiration Date* due to a medical *Emergency*, *Your* coverage will remain in force for as long as *You* are hospitalized, and the 72 hour extension commences upon release from *Hospital*.

VIII. COORDINATION OF BENEFITS WITH OTHER INSURANCE PLANS

1. This policy is designed to reimburse *Emergency* medical expenses in excess of any and all existing coverage held by the insured and will not substitute for any other coverage that would have been in effect and would have reimbursed expenses incurred if this travel insurance was not in effect. Examples of such insurance plans are homeowner's and tenant's insurance, multi-risk insurance, liability insurance, provincial extended health care insurance, automobile insurance (including government automobile insurance plans) or any employee group insurance plan. The *Insurer* will not exercise its right to subrogate/co-ordinate with policies that have a maximum lifetime benefit in/out-of-country of CAN \$50,000 or less.
2. In the event of payment of benefits under this policy, the insured gives the *Insurer* the right to exercise, by subrogation, all of his/her rights of recovery against any third party. The *Insurer* will be entitled to a full recovery for all payments made from the insured event, but not to exceed 100% of payments. In accepting this policy, the insured agrees to produce all documents required and to do what is necessary within his/her power to secure such rights to the *Insurer*. Lack of compliance and cooperation from the insured may result in denial of claim.
3. There will be no coverage or payment of benefits under this policy if the insured receives compensation from a third party for claims made under this policy. The insured may not claim or receive, from all the parties involved, more than 100% of the loss arising from an insured event.

IX. GENERAL PROVISIONS

1. Coverage will be null and void if a cheque is not honoured for any reason, or if credit card transactions are not accepted. If the premium paid is incorrect for the *Policy Period*, the *Insurer* will:
 - a) reduce the *Policy Period* in a written amendment by modifying the *Expiration Date*, until outstanding premium balance is received, providing there is no claim in process; or
 - b) refund any overpayment of premium.
2. The *Insurer* must be notified of any *Change* in the insured's health or dosage of any prescribed *Medication* before the departure date and/or the *Effective Date*.
3. The policy must be purchased and paid in full before the insured leaves the province of residence.
4. Premiums are subject to change without notice.
5. All benefits are payable in Canadian currency to the insured or estate, if the insured is deceased, unless assigned to a third party. We may elect to pay benefits in the currency of the country where the charges were incurred. In all cases, the exchange rate used for conversion is the exchange rate in effect at the date of issuance of a given check, unless a proof of the exchange rate in effect at the time of the payment of services is provided to the *Insurer*.
6. Unpaid benefits under this policy shall not bear interest.
7. The insured authorizes the *Insurer* to obtain his/her medical records and any other information the *Insurer* may deem necessary from any entity including *Physicians*, dentists and health organizations. Without this authorization, the *Insurer* reserves the right to deny a claim.
8. Notwithstanding the provisions contained herein, this policy is subject to the applicable statutory conditions contained in the insurance legislation of the insured's province of residence.
9. All policy provisions stated herein are per individual for the *Policy Period*.

10. In the event the insured becomes suddenly sick or is injured, and must consult a *Physician* or be hospitalized, the insured or his/her travel companion must contact EMERGENCY ASSISTANCE immediately*. From U.S. or Canada, call toll-free 1-888-820-6588 or collect 1-954-340-1912; from anywhere else, call toll-free 1-888-910-0900 or collect 1-954-340-1408.

Should You fail to immediately contact EMERGENCY ASSISTANCE, settlement of claim may be delayed or denied. The *Insurer* reserves the right to reduce the reimbursement for inpatient and/or outpatient services to 70% of eligible expenses, not to exceed the in-network reimbursement for equivalent services up to a maximum of CAN \$25,000.

Coordination of care involving the patient or family treating *Physician* and emergency assistance must be from the onset and for the full duration of the *Treatment* or otherwise be subject the above limitation.

The EMERGENCY ASSISTANCE and the *Insurer* reserve the right to disclose medical information to a third party, if necessary, in order to evaluate a claim or to recover costs.

* If exceptional circumstances prevent the insured from contacting EMERGENCY ASSISTANCE, the insured or his/her travel companion must contact EMERGENCY ASSISTANCE immediately after being attended into a *Hospital* or *Emergency* room and must provide proof of these exceptional circumstances to the *Insurer*.

Before obtaining the required medical services (*Hospital* or *Physician*) You must always obtain the authorization of EMERGENCY ASSISTANCE. From U.S. or Canada, call toll-free 1-888-820-6588 or collect 1-954-340-1912; from anywhere else, call toll-free 1-888-910-0900 or collect 1-954-340-1408.

11. You must notify EMERGENCY ASSISTANCE prior to any *Treatment*. Your policy contains limits to benefits should You not contact EMERGENCY ASSISTANCE.
- a) You must accept the referral provided by EMERGENCY ASSISTANCE. If You refuse to do so, the *Insurer* reserves the right to reduce the reimbursement up to 70% of eligible expenses, which must not exceed the in-network reimbursement for equivalent services up to a maximum of CAN \$25,000.
 - b) In the event of an *Accident*, *Injury* or *Sickness*, Your previous medical history will be reviewed in order to determinate Your eligibility for benefits.
12. In the event of an omission or a concealment of material facts when completing the application for insurance or before departure date, the *Insurer* reserves the right to cancel or reduce the insurance benefits prorated with paid premium.
13. Should it be determined that the insured was not eligible for coverage due to a *Pre-existing Condition* or to a policy *Exclusion*, the *Insurer* retains the right of recovery for all and any amount paid for in good faith to the benefit of the insured. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by the insured.
14. In the event of a dispute over the reimbursement of a claim, the insured must request that a committee reassess the claim before taking any legal action. This committee will take into consideration all pertinent information provided by the *Insured* and a decision will be rendered in writing within thirty (30) days based on the general provisions and guidelines of the policy. Requests to review a claim decision must be made in writing, no later than thirty (30) days after the expiration of the policy or the *Insured's* return to his/her province of residence.

Send requests for claim revision to:

**CLAIMS REVIEW COMMITTEE
LS Mutual**

3050 St. Jean Blvd.
Trois-Rivières, Québec G9B 2M9
Fax: 819 377-6069

15. Any legal proceedings taken against the *Insurer* for recovery under the policy must be commenced within one (1) year of the date on which the claim was submitted to the *Insurer*.
16. All legal matters are subject to the laws of the province in which the policy was issued.
17. Applicants are entitled to one (1) change-of-date free of administrative charges prior to departure. Any subsequent changes will be subject to a CAN \$15.00 charge per applicant.
18. A non-refundable fee 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.

X. HOW TO FILE A CLAIM

It may be required that *You* pay providers directly. Coordination of care through the Emergency Assistance will expedite reimbursement.

Required documentation must be received no later than 90 days after *Your* trip return to your province of residence.

- a) All original itemized bills.
- b) A properly completed and signed reimbursement claim (under *Your* Provincial Government Health Insurance Plan).
- c) A properly completed and signed claim form provided by the *Insurer*.
- d) Signed application returned to the *Insurer* if not already available.

Cash register coupons (stubs) will not be accepted for reimbursement.

XI. PREMIUM REFUNDS

Requests for premium refunds will only be considered in the case of non-departure or early return, subject to the following conditions:

Early return:

- a) No claim is either paid or pending;
- b) The use of Air evacuation benefits in a policy will result in a non-refundable status;
- c) The *Insurer* must receive the request for refund and supporting documentation (exhibiting the insured's name, the date and the location of the transaction) within 20 days of return to his/her province of residence

The premium refund will be calculated from the date on the supporting documentation or postmark date of the request and is subject to a CAN \$15.00 administrative fee per policy and per applicant. No refund will be made if the amount of the refund is under CAN \$10.00.

Cancellation (non-departure):

Premium refunds before departure date are subject to a CAN \$25.00 administrative fee per applicant except for non-departures due to the health of the insured or his/her travel companion or the death of a member of his/her *Immediate Family*. Supporting documents are required. No refund will be made if the amount of the refund is under CAN \$10.00.

ANNUAL PLAN

Premiums paid can only be refunded prior to the *Effective Date* of the policy.

XII. RETURN TO YOUR PROVINCE OF RESIDENCE

If the insured is covered by a per trip plan (excluding the annual plan) and returns to his/her province of residence, **the policy is automatically terminated (unless the Insurer has issued an amendment)**. He/she must advise his/her *Agent* or the *Insurer* at 1-800-268-9633 during normal business hours in order to terminate insurance coverage and receive a premium refund, if any is owed. To receive a refund, the insured must contact the *Insurer* within 20 days of his/her return to his/her province of residence and provide supporting documents (Refer to Section XI).

NOTICE : Notice to the *Insurer* may be sent to the following address:

LS Mutual

3050 St. Jean Blvd.

Trois-Rivières (Québec) G9B 2M9

Conditions in *Your* host country (e.g., political unrest, technological capabilities, etc.) may limit accessibility to, or the quality of, the Assistance Services described herein. Therefore, neither the *Insurer* nor EMERGENCY ASSISTANCE nor any other *Insurer* or Re-Insurer is responsible for the availability, scope, quality or outcome of any medical *Treatment*, for any transportation *You* received or for *Your* inability to obtain medical *Treatment*.



TOUR+MED™ **travel insurance**

In order to obtain medical services, you must call **EMERGENCY ASSISTANCE** for authorization

U.S. AND CANADA

(toll-free)

1-888-820-6588

(collect)

1-954-340-1912

ANYWHERE ELSE

(toll-free)

1-888-910-0900

(collect)

1-954-340-1408



3050, boul. St-Jean

Trois-Rivières (Québec) G9B 2M9

Telephone : 1-819-377-6006

Telephone : 1-800-268-9633

Fax : 1-819-377-6069

Kinnell Travel & Health Plans Inc.

64 Cedar Point Drive, Unit 1410, Barrie, ON L4N 5R7

Toll Free: 1 800.238.8284

Tel: 705 737.4203

Fax: 705 721.5880

Email: info@kinnelltravel.com • www.kinnelltravel.com