



Administered by:  
Travel Insurance Specialists Ltd.

Emergency Travel Health & Accident Policy

Underwritten by:  
Co-operators Life Insurance Company

Travel Insurance Advisory

Please read this Policy carefully before you travel.

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as your coverage is subject to certain limitations and exclusions.

Exclusions apply to any accidental injury, sickness, medical condition and/or symptom that existed prior to and/or during your trip. Check to see how this applies in your policy and how it relates to your application date, policy effective date, departure date, and policy expiry date.

In the event of an emergency, your medical history will be reviewed when a claim is reported.

You must notify us at 416-340-7533 (collect) or 1-866-262-7271 within 24 hours of any claim or emergency medical or dental treatment. Failure to do so will result in a managed care penalty where you will be responsible for 50% of any eligible expenses incurred and our liability will be limited to a maximum of \$25,000CDN. You must call unless your emergency prevents you from doing so and in this case you must contact us as soon as medically possible or have someone call on your behalf. If you or someone on your behalf does not notify us prior to the arrangement of an Emergency Assistance Service, (as stated in the Schedule of Benefits Summary), no benefit is payable.

IMPORTANT:

Terms used in this policy that have been italicized have specific meanings and are defined in Section 6 - Definitions of this policy.

Please be sure to refer to them while reviewing this policy. Coverage under this policy is subject to certain terms, conditions, limitations, and exclusions. Please read this document carefully.

Failure to comply with the claims procedures set out in Section 7 of this policy will result in loss of rights to, or reduction in, benefits conferred under this policy.

SCHEDULE OF BENEFITS SUMMARY

Table with 2 columns: SINGLE TRIP AND ANNUAL MULTI-TRIP EMERGENCY MEDICAL BENEFITS and MAXIMUM LIMITS UP TO Canadian dollars. Rows include Emergency Medical Expenses (a-e) and Emergency Assistance Services (a-f).

NOTE: The maximum amount payable for all eligible benefits is \$50,000, \$100,000, \$250,000, \$1,000,000 or \$5,000,000, as chosen by you on the option worksheet and as shown on your policy receipt.

SECTION 1 – COVERAGE ELIGIBILITY REQUIREMENTS

This coverage must have been applied for prior to your leaving Canada.

You must meet the following eligibility requirements on the departure date of any trip to be eligible for coverage under this policy:

- 1. You must not have: a) ever been diagnosed with Congestive Heart Failure [CHF]; b) had your most recent coronary artery by-pass, angioplasty or stent before January 1, 1999; c) an aneurysm that has not been surgically repaired; or d) been advised by any physician not to travel on your trip.
2. In the past 24 months you must not have: a) received treatment or taken medication for a terminal illness; b) required dialysis; or c) been prescribed home oxygen.
3. In the past 12 months you must not have been hospitalized for 24 or more consecutive hours for: a) stroke [CVA] or mini-stroke [TIA] (transient ischemic attack); b) heart condition; c) blood clot(s); or d) lung condition.
4. In the past 12 months you must not have: a) been prescribed or taken a total of 5 or more medications for one or more of the following conditions: (i) stroke [CVA] or mini-stroke [TIA] (transient ischemic attack); (ii) heart condition; (iii) high blood pressure (hypertension); (iv) diabetes; (v) bowel condition; (vi) kidney (or renal) failure; (vii) liver disorder; or (viii) lung condition. b) had a coronary angioplasty or stent; or c) received treatment for metastatic cancer.

Note: Nitroglycerine in any form or insulin must be counted as a medication. Do not include medication for high cholesterol when answering Question 4 a).

If you cannot meet all of the above eligibility requirements on the departure date of any trip, you are not eligible for coverage under this policy.

## SECTION 2 – PLAN CHOICES

### SINGLE TRIP PLAN

The **Single Trip Plan** option covers *you* for *your* single *trip* outside of Canada. *You must be eligible for coverage, as per Section 1 - Coverage Eligibility Requirements, when you depart on your trip.*

Coverage is provided to eligible persons under the *age* of 95 and can be used to *top up* other plans. All terms, conditions, limitations and exclusions of this *policy* apply. Coverage begins on the *policy effective date* as specified by *you* on the *Application for insurance* and as shown on *your policy receipt* and terminates on the earlier of the *policy expiry date* as specified by *you* on the *Application for insurance* and as shown on *your policy receipt* or the date *you* return to Canada.

### ANNUAL MULTI-TRIP PLAN

The **Annual Multi-Trip Plan** option covers *you* for an unlimited number of *trips* outside of Canada for a specific number of consecutive days for any *trip*, as chosen by *you* on the *Application for insurance* and as shown on *your policy receipt*, during a 12 month period. *You must remain eligible for coverage, as per Section 1 - Coverage Eligibility Requirements any time you depart on your trip.*

The Annual Multi-Trip Plan does not offer coverage: (i) to anyone who is: 90 years of *age* or older on the *policy effective date*; 86 years of *age* or older on the *policy effective date* if selecting the 24, 32 or 39 day plan; 81 years of *age* or older on the *policy effective date* if selecting the 32 or 39 day plan; or 76 years of *age* or older on the *policy effective date* if selecting the 39 day plan; or (ii) if it is purchased to *top up* another *policy*. All terms, conditions, limitations and exclusions of this *policy* apply.

Coverage applies to individual *trips* that do not exceed the number of days permitted for the Annual Multi-Trip Plan *you* have chosen. If *you* wish to be out of Canada for more than the number of days permitted for the plan *you* have chosen,

*you* may purchase additional coverage for that period by calling **Travel Insurance Specialists Ltd. at 1-800-563-0314.**

Coverage for any *trip* begins on the day *you* depart on *your trip* and terminates on whichever occurs first: (i) the date *you* return to Canada, (ii) 11:59 pm on the last day of coverage permitted for the Annual Multi-Trip Plan *you* have chosen; (iii) 365 days after *your policy effective date* unless *you* have paid the required premium to purchase a new Annual Multi-Trip Plan and are eligible for coverage as per the eligibility requirements at that time.

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

In the event of a *claim* under any Annual Multi-Trip plan, *you* will be required to provide proof, acceptable to us, of *your departure date* from Canada.

### ANNUAL FEDERAL RETIREE TOP-UP PLAN

If *you* have chosen the Annual Federal Retiree Top-up plan, *you* will be subject to the terms and conditions of the Annual Multi-trip Plan with the exception of: (i) coverage is for the first 40 days of *your trip*; (ii) available up to and including *age* 94; and (iii) each *claim* is subject to a \$500,000CDN *deductible*.

### ALC GOLD UPGRADE

If *you* have chosen the ALC Gold Upgrade, *you* will increase the maximum *policy* limit to \$5,000,000CDN. In addition, *you* will increase the maximum limit for the following benefits listed under the Schedule of Benefits Summary on page 1: (i) *Emergency Medical Expenses* (b) *Emergency Paramedical/Professional Services* to \$500/practitioner and (e) *Emergency Relief of Dental Pain* to \$500; (ii) *Emergency Assistance Services* (b) *Vehicle Return* to \$2000.

## SECTION 3 – EMERGENCY EXPENSES

We will pay for eligible expenses up to the maximum coverage limit as chosen by *you* on *your option worksheet*, less any applicable *deductible* amount, and as stated on *your policy receipt*, for the actual expenses related to the *emergency* medical attention *you* need during *your period of coverage* due to an *emergency* when these expenses are not covered by *your Government health insurance plan (GHIP)* or any other coverages *you* may have available to *you*.

*You* are responsible for paying the *deductible* amount as chosen by *you* on *your option worksheet* and/or stated on *your policy receipt*, for the covered expenses of each *claim*. Original, itemized receipts or invoices are required for all *claims*.

***You must notify us at 416-340-7533 (collect) or 1-866-262-7271 within 24 hours of any claim or emergency medical or dental treatment. Failure to do so will result in a managed care penalty where you will be responsible for 50% of any eligible expenses incurred and our liability will be limited to a maximum of \$25,000CDN. You must call unless your emergency prevents you from doing so and in this case you must contact us as soon as medically possible or have someone call on your behalf. If you or someone on your behalf does not notify us prior to the arrangement of an Emergency Assistance Service (as stated in the Schedule of Benefits Summary), no benefit is payable.***

We, in consultation with *your physician(s)*, reserve the right to move *you* to a medical facility of *our* choice or return *you* to Canada prior to any *treatment* or following *treatment* or hospitalization for an *emergency*, if on medical evidence *you* are able to be moved without endangering *your* health. If *you* elect not to return to Canada following a recommendation to do so, then any expenses incurred by *you* following this recommendation, will not be covered under this *policy*. If *you* elect to return to Canada for further *treatment* and then after the *treatment* subsequently travel again, any expenses incurred relating to the condition for which *you* were *treated* would not be covered.

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

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

This coverage pays reasonable and customary charges for eligible expenses for:

#### Emergency Medical Expenses

- (a) **Emergency Medical Services** - Care received from a *physician* in or out of a *hospital*, the cost of a *hospital* room (to a maximum of semi-private rates),

the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose *your* condition, and *prescription drugs* that are prescribed for the *treatment* of *your emergency*. All of the above must be prescribed by a *physician* or licensed dentist.

- (b) **Emergency Paramedical/Professional services** - (must be referred by a *physician*) Care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner.
- (c) **Emergency Ambulance transportation** - Local ground ambulance service to a medical service provider in an *emergency*.
- (d) **Emergency Dental due to accidental blow to the mouth** - if *you* need dental treatment to repair or replace *your* sound natural or permanently attached artificial teeth because of an accidental blow to the mouth during *your trip*, *you* are covered to a maximum of \$2,000. This treatment must be provided by a licensed dentist and be completed within 90 days after the accident.
- (e) **Emergency Relief of Dental Pain** - If *you* need *emergency* dental treatment during *your trip*, we will reimburse *you* for up to \$300 for expenses related to the relief of dental pain. This treatment must be provided by a licensed dentist and receipts must be provided.

#### Emergency Assistance Services

- (a) **Expenses to return children under your care** If *you* are admitted to the *hospital* for more than 24 hours or must return to Canada because of a *medical condition*, we will pay for the extra cost of the *child's* transportation to their original departure point via the most cost-effective itinerary and the return airfare of a qualified escort, if necessary, via the most cost-effective itinerary when the airline requires it. The *child* must have been under *your* care during *your trip* and be covered under *your policy*.
- (b) **Expenses to return your vehicle** If *you* are unable to drive *your* vehicle to *your* original departure point as a result of an *emergency*, we will cover the reasonable costs to return *your* vehicle to a maximum of \$1,500. In order for benefits to be provided, *you* must return *your* vehicle within 30 days of *your claim* occurrence date. If *you* used a *rental car* during *your trip*, we will cover its return to the rental agency but not for the rental cost. This benefit is available for *claim* only once per *period of coverage*. Valid receipts must be provided.
- (c) **Emergency Evacuation and Repatriation** - If *our* medical advisors, in consultation with the attending *physician*, request *your* return to Canada or transfer to another *hospital* for the continuance of *your*

emergency medical care, we will pay for one or more of the following via the most cost-effective itinerary, if arranged by us in advance:

- ◆ The extra cost of an economy class/charter fare;
- ◆ A stretcher fare on a commercial flight;
- ◆ The return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses if required by the airline;
- ◆ The cost of air ambulance; or
- ◆ A travel companion's extra fare to accompany you.

(d) **Subsistence Allowance:** If a medical emergency prevents you or your travel companion from returning to your original point of departure as originally planned or if your emergency medical treatment or that of your travel companion requires your transfer to a location that is different from your original destination, we will reimburse expenses for meals, hotel, phone calls and taxis, up to \$150 per day to a maximum of \$1,500. We will only pay for these expenses if you have actually paid for them and can submit the original receipts.

(e) **Expenses Related to your Death:** If you die during your trip from a risk covered under this policy, we will reimburse your estate for the

preparation and transportation costs to return your body home (using customary airline procedures), up to \$5,000. The cost of a casket, urn or headstone is not an eligible expense.

In addition, if someone is legally required to identify your body and must travel to the place of your death, we will pay the fare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. We will only pay for these expenses if that person has actually paid for them and can submit the original receipts. We will also cover this person for medical benefits listed in this policy for 72 hours. (all terms, conditions, limitations and exclusions will apply).

(f) **Bedside Companion Travel and Subsistence:** If you are travelling alone and are admitted to a hospital for 3 days or more, we will pay the economy class or charter fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$300 for that person's hotel and meals and cover him/her under this policy (all terms, conditions, limitations and exclusions will apply) until you are medically fit to return to Canada. We will only pay for these expenses if you have actually paid for them and can submit the original receipts. For an insured child, a bedside companion is available immediately upon hospital admission.

### SECTION 4 – EXCLUSIONS FOR EMERGENCY EXPENSES

This policy does not cover and no benefit is payable for any claim arising from or related to:

1. Any pre-existing medical condition for which you have sought or received medical treatment at any time during the pre-existing medical condition period as specified on your policy receipt and selected by you on your option worksheet;
2. Expenses incurred for medical care or services where travel was undertaken contrary to medical advice or after notice of a terminal illness has been given;
3. Expenses incurred for: (i) ongoing or follow up care, rehabilitative care or recurrence of a medical condition or related condition once the medical emergency is declared over by the attending physician, (ii) any treatment or service arranged or received after the medical emergency is declared over by the attending physician, unless approved by us in advance of such treatment or service, (iii) subsequent emergency treatment or hospitalization for a medical condition or related medical condition for which you received emergency treatment during your trip, (iv) lost or replacement medication; eyeglasses, contact lenses or hearing aids, (v) dental services (other than provided for in this policy), (vi) services which are not medically necessary, (vii) treatment of varicose veins, gout, arthritis, or cataracts;
4. Any medical condition whereby information given by you on the option worksheet was false, incorrect, incomplete, or misleading. In that case, we will void your coverage under this policy and refund your premium;
5. Transplants including but not limited to cornea transplant, organ transplant or bone marrow transplant, artificial joints, prosthetic devices or implants including any associated charges;
6. Cardiac procedures including but not limited to cardiac catheterization, coronary by-pass, coronary angioplasty or surgery, unless approval is specifically given by us prior to the procedure being performed;
7. Expenses incurred whereby this policy was purchased specifically to obtain hospital or medical treatment outside of Canada whether or not recommended by your attending physician;
8. Pregnancy; routine pre-natal care; abortion or childbirth; complications of your pregnancy or childbirth that happened anytime within the 9 weeks before the expected date of delivery or anytime after the expected date of delivery; expenses incurred by a person not named as an insured on your Application for insurance and not shown on your policy receipt; an emergency arising from or related to a congenital birth defect;
9. Medical expenses incurred as the result of: (i) not following a physician's recommended or prescribed therapy or treatment, (ii) a mental or emotional disorder or acute psychosis (including stress) that does not require admission to a hospital; (iii) your visit to a medical specialist which was not referred by a general practitioner;
10. Civil unrest, acts of foreign enemies, acts of war, terrorism or rebellion; whether declared or not;
11. Any medical procedure, hospitalization or ambulance service that was not previously authorized or arranged in advance by us;

12. Any emergency assistance service not previously authorized or arranged in advance by us;
13. Rock or mountain climbing; parasailing, zip lining, hang-gliding, parachuting, bungee jumping, or skydiving; participating in a motor sport or motor racing; your professional participation in an organized sport; or scuba diving unless you hold an open water diving certificate;
14. Committing or attempting to commit suicide or a criminal act; intentional self-inflicted injury; medication abuse; an alcohol related illness; your being impaired or adversely influenced by medication, alcohol or intoxicants;
15. Operating or learning to operate any aircraft, as pilot or crew;
16. Any unlawful acts committed by you, your immediate family or your travel companion, whether an insured or not;
17. Expenses incurred for: (i) medication commonly available without prescription, (ii) vaccinations, injections or medication received on a preventative basis or for the maintenance of a medical condition, (iii) contraceptives, fertility drugs, vitamin preparations, general physical examinations or routine medical tests;
18. Expenses incurred for the return of your vehicle if you: (a) pre-booked the return of your vehicle, or (b) had purchased round trip air fare;
19. Expenses incurred for: (i) air transportation, (ii) surgery, (iii) magnetic resonance imaging (MRI), computerized axial tomography (CAT), biopsy and other diagnostic tests; unless approval is specifically given by us prior to the service, surgery, test, or procedure being performed;
20. HIV or Acquired Immune Deficiency Syndrome (AIDS) or any possible consequences thereof;
21. Sexually Transmitted Diseases;
22. Any condition for which you were hospitalized on your policy effective date, if your policy effective date is after the date you depart Canada;
23. Expenses incurred during any employment or other duties for which you received wages;
24. Expenses incurred in Canada (unless specifically provided for in this policy);
25. Any interest, finance or late payment charge;
26. Elective or non-emergency medical or dental treatment;
27. Expenses incurred: (i) if you are not eligible for coverage under this policy, as per Section 1 - Coverage Eligibility Requirements; (ii) if your Score on the Option worksheet is incorrect based on your medical records or other information provided by your physician; (iii) if you were 95 years of age or older on the policy effective date; or, (iv) if the correct premium was not paid in full;
28. Expenses incurred if you are not a permanent resident of Canada or not covered under a Government health insurance plan (GHIP); or
29. Losses arising out of or resulting from radioactive, toxic, explosive, or other hazardous properties of nuclear materials or by products.

**Insuring Agreement**

Subject to *your* meeting the Eligibility Requirements, as stated in Section 1 - Coverage Eligibility Requirements, for this *policy* and in consideration for the full and correct premium received, we will insure *you* against eligible expenses incurred as the result of an *emergency* and pay these benefits, or other covered losses, in accordance with the terms, conditions, limitations and exclusions of this *policy*. The maximum *period of coverage* under this *policy* shall not exceed 12 consecutive months. Acceptance of the *Application for insurance* and coverage under this *policy* is at *our* option. If *your Application for insurance* is not accepted, *you* will receive a full refund of *your* premium paid.

**You must notify us at 416-340-7533 (collect) or 1-866-262-7271 within 24 hours of any claim or emergency medical or dental treatment. Failure to do so will result in a managed care penalty where you will be responsible for 50% of any eligible expenses incurred and our liability will be limited to a maximum of \$25,000CDN. You must call unless your emergency prevents you from doing so and in this case you must contact us as soon as medically possible or have someone call on your behalf. If you or someone on your behalf does not notify us prior to the arrangement of an Emergency Assistance Service, (as stated in the Schedule of Benefits Summary), no benefit is payable.**

*Your Application for insurance* must be signed and dated by *you* prior to *your* departure from Canada and submitted with the *option worksheet* and the full and correct premium paid prior to *your trip departure date*. No coverage will be provided to anyone not named on the *Application for insurance* and not shown on *your policy receipt*. Coverage begins at 12:01 AM on *your policy effective date* and terminates at 11:59 PM on *your policy expiry date*.

Any change in *your* health status prior to the *departure date* of any *trip* which makes *you* no longer eligible for this *policy* or results in a change in *your* answers to the underwriting questions on the *Option worksheet* constitutes a material change to *your policy* and *you* must immediately notify Travel Insurance Specialists Ltd. at 1-800-563-0314. Failure to contact Travel Insurance Specialists Ltd. regarding a material change will result in any *claim* made being denied and coverage issued may be voided.

If in the event that: a) the full premium is not received; b) the cheque is not honoured; or, c) credit card charges are declined for any reason; *your policy* will be declared null and void within 10 days of written notice to pay.

*Your policy* will be declared null and void and any *claim* will be denied if: a) the *Application for insurance* is not signed and dated by *you*; b) *you* are ineligible for coverage in accordance with any section of this *policy*; c) false information is provided about *your claim*; or, d) *you* have misrepresented, failed to disclose, mislead, or provided false information regarding *your* health and/or lifestyle while answering the Underwriting Questions in Section III of the *option worksheet*.

Any *claim* will be denied if, at all times while *you* are covered under this *policy*, *you* do not act in a prudent manner so as to minimize costs to *us*.

In the event of the total amount of medical bills exceeding the maximum amount of insurance, we will pay all eligible expenses in the order in which the bills were received to the maximum of this *policy*.

In the event that the loss is the result of a motor vehicle incident causing *accidental injury*, no eligible expenses will be paid under this *policy* until benefits available through any motor vehicle insurance have been exhausted.

This *policy* is secondary to all other coverages that are available for payment of *your claim* expenses. If any benefits payable to *you* under this *policy* are in addition to similar benefits payable to *you* by any other insurer or insurance plan, total benefits paid to *you* by all insurers cannot exceed *your* actual total expenses. If *you* are covered under more than one of *our policies*, the total amount paid to *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for the benefit in any one of *our policies*. If other insurers, for which *you* have coverage, state they are secondary payors also, we will co-ordinate payment of benefits, up to 50% of eligible expenses which are available under this *policy*, with all insurers which provide *you* benefits similar to those provided under this *policy*, up to a maximum of the largest amount specified by each insurer. We have full rights of subrogation. In the event of a payment of a *claim* under this *policy*, we will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a *claim* under this *policy*. *You* will execute and deliver documents as necessary and co-operate fully with *us* so as to allow *us* to fully assert *our* rights. *You* will do nothing to prejudice

such rights. We will not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$100,000 or less.

**Limitation of Benefits** - If *you* have an *emergency* medical incident during *your trip*, *your emergency* will be deemed over once: (i) *your* condition has been controlled and *you* have been discharged from the *hospital*, or (ii) *your* condition is deemed controlled based on the medical evidence and *you* can return to *your* province or territory of residence. Once *your emergency* is over, any ongoing or follow up *treatment* or consultation, *recurrence* or complication of that *medical condition*, or related condition, will not be covered under this *policy*.

Notwithstanding any provisions contained herein, this *policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance in *your* province or territory of residence. This *policy* is governed by the laws and regulations of the province or territory in Canada in which *you* normally reside. Any eligible benefits under this *policy* cannot be assigned to a third party unless approved by *us*.

The *Application for insurance*, the *option worksheet*, the *policy receipt*, this *policy* and any riders or endorsements to the *policy* shall form the entire contract. Only we have the authority to change the contract or waive any of its terms, conditions or provisions. In the event that the information contained on the *policy receipt* is not the same as the information on the *Application for insurance*, the original *Application for insurance*, as completed and submitted by *you*, shall be deemed as the factual information.

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

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

If *you* have misstated *your age* or misrepresented *your* health or lifestyle information which results in: (i) *your* paying an insufficient premium, or (ii) not being eligible for the plan which *you* have chosen; then *your* coverage under this *policy* will be declared null and void, *your* premium will be refunded and no benefits will be paid for any *claim*.

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

The existence of a *pre-existing medical condition* for the purposes of determining *your* eligibility or the validity of a *claim* under any section of this *policy* will be established using the records and any other information provided by *your physicians* whether or not the contents of the records were made fully known to *you* before or after *you* incurred a *claim* under this *policy*. *You* must grant *us* access to any and all medical records in the event a *medical claim* has occurred. If *you* have provided any false or misleading information on the *option worksheet* regarding *your* health or lifestyle and after review of *your* medical records it is found that *you* were not eligible for this *policy*, *your* coverage under this *policy* will be declared null and void, *your* premium will be refunded and no benefits will be paid for any *claim*.

In the event that *you* are found to be ineligible for coverage or that a *claim* is found to be invalid or benefits are reduced in accordance with any *policy* provision, we have the right to collect from *you* any amount which we have paid on *your* behalf to medical providers or other parties.

*Our* liability under this *policy* is limited solely to the payment of eligible benefits, up to the maximum amount chosen by *you* on the *option worksheet* and stated on the *policy receipt*, less any applicable *deductible* amount *you* have chosen, for any loss or expense. We do not assume responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this *policy*.

Any legal proceedings with respect to *your claim* must be filed in *your* province or territory of residence within 1 year from the date of occurrence of the *claim*. If applicable law provides for a longer period, *you* must begin legal proceedings within the period provided by law.

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

**Extension of Coverage:** Any extension requested will be subject to our prior approval and, at our option, the completion of a *Statement of Good Health*. If you choose to extend your trip beyond the policy expiry date shown on your policy receipt for a reason not covered under this policy, you must contact **Travel Insurance Specialists Ltd. at 1-800-563-0314** at least ten (10) days prior to the policy expiry date shown on your policy receipt.

The conditions for extension are: (i) you pay the required additional premium, (ii) you understand that all terms, conditions, limitations and exclusions of the policy apply during your extension period, (iii) you remain eligible for coverage under all sections of this policy, (iv) a claim has not been reported, incurred or paid, (v) the recurrence of a medical condition or a related condition that has given cause for a claim during the original term of the policy will not be covered during any extension period.

**Notice of Right to Examine Policy:** You have 10 days to examine your policy after you receive it. If for any reason during those 10 days you are not satisfied with this

policy, return it with your written request for cancellation to:

**Travel Insurance Specialists Ltd.,  
Box 93060, 1111 Davis Drive, Newmarket, Ontario, L3Y 8K3**

Your full premium will be refunded provided you have not left on your trip. The policy will then be cancelled from the policy effective date and will be deemed to have never been in effect.

**Refunds:** Other than allowed under Notice of Right to Examine Policy, we will only consider other requests for a refund; (i) if you did not leave on your trip or if you returned early from your trip and no claim in excess of your deductible has been incurred or paid, or is pending; and (ii) before your period of coverage ends. No claim will be paid if you have received a full or partial refund of premium. Refunds are not available on Annual Multi-Trip Plans or the Annual Federal Retiree Top-up Plan.

You must send a written request with proof of your non-departure, or early return, to:  
**Travel Insurance Specialists Ltd.,  
Box 93060, 1111 Davis Drive, Newmarket, Ontario, L3Y 8K3**

Early return refunds will be calculated on a pro-rata basis based on the date you enter Canada. Proof must be provided as to your date of entry to Canada in the way of a customs date stamp, your return air fare ticket, or your signature on a credit card receipt from a Canadian business. If none of these are available, the postmark on your written request, if mailed, or the date of a faxed request or your telephone call is received by Travel Insurance Specialists Ltd. will be used to calculate any refund. All requests for a refund must be submitted within 30 days of your return to Canada. Under no condition will a refund be made after the policy effective date for an early return during a coverage extension period.

## SECTION 6 – DEFINITIONS

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

**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.

**Age or ages:** Means your attained age on the policy effective date.

**Application for insurance:** Means a document which is completed by you that confirms your personal information as well as the plan coverage chosen by you for which you have paid the full and correct premium. The Application for insurance forms part of this policy.

**Bowel Condition** includes: ulcerative colitis, Crohn's disease, diverticulitis, chronic constipation or Irritable Bowel Syndrome (IBS).

**Child or children:** Means an unmarried dependent son or daughter under the age of 21 or an unmarried, dependent son or daughter who is mentally or physically challenged.

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

**Complete Medical Examination:** Means that you have visited a licensed physician where your medical history was updated, any symptoms were diagnosed and any tests requested or proposed were completed.

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

**Deductible:** Means the amount of eligible expenses you are responsible to pay, prior to any payment made by us under this policy, as specified on your policy receipt and chosen by you on your option worksheet.

**Departure date:** Means the date on which you leave Canada.

**Emergency:** Means an unforeseen mental or emotional disorder that requires admission to a hospital, sickness or accidental injury which occurs during your trip and requires immediate treatment to prevent or alleviate existing danger to life or health. An emergency no longer exists when the medical evidence indicates that you are able to continue your trip or return to Canada.

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

**Heart condition** includes: (i) abnormal heart rhythm; (ii) pacemaker or defibrillator insertion; (iii) heart attack (myocardial infarction); (iv) coronary artery disease (including angina); (v) coronary angioplasty or stenting; (vi) coronary artery by-pass; (vii) valvular disease of the heart; (viii) cardiomyopathy; or (ix) pericarditis.

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

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

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

**Lung Condition** includes: Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, chronic asthma or emphysema. (This does not include seasonal allergies or a minor ailment.)

**Medical condition:** Means accidental injury or sickness. For the purposes of establishing stability prior to your departure date, all minor ailments are considered stable.

**Medication:** Means any physician-prescribed drug or remedy used in the treatment of disease and the maintenance of health, including prescriptions (whether filled or not), insulin, or nitroglycerine (in any form, with or without a prescription). It does not include other drugs and remedies available without a prescription, including aspirin, vitamins, minerals and hormone replacement (or therapy).

**Minor Ailment:** Means a non-chronic viral or bacterial infection (except for any condition requiring the use of Prednisone or equivalent steroid medication in pill form) which does not require any follow up consultation to any medical provider beyond one assessment and includes the use of only one medication for a maximum of 14 days.

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

**Option worksheet:** Means the section of the Application for insurance you have completed showing the coverage options you have chosen and the answers you have provided to the underwriting questions regarding your health and lifestyle.

**Period of coverage:** Means the period of time that coverage is provided between the policy effective date and policy expiry date, as stated on your Application for insurance and as shown on your policy receipt.

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

## SECTION 6 – DEFINITIONS ...continued

**Policy or policies:** Means this *policy* contract, the *Application for insurance*, the *option worksheet*, the *policy receipt* and any riders or endorsements to the *policy* shall form the entire contract. Only we have the authority to change the contract or waive any of its terms, conditions or provisions.

**Policy effective date:** Means the date *your* coverage begins, as stated on *your Application for insurance* and as shown on *your policy receipt*.

**Policy expiry date:** Means the date *your* coverage ends, a) as stated on *your Application for insurance* and as shown on *your policy receipt*; or b) the date that *you* are returned by us to Canada for any medical reason

**Policy receipt:** Means the document sent to *you* confirming the coverage *you* have selected on *your option worksheet*. The *policy receipt* forms part of the *policy*.

**Pre-existing Medical Condition:** Means a *medical condition* (other than a *minor ailment*) for which *treatment* has been taken or received, or which exhibited symptoms prior to any *departure date* and includes a medically recognized complication or *recurrence* of a *medical condition*.

**Prescription drugs:** Means drugs or medicine that can only be prescribed by a *physician* or licensed dentist and are dispensed by a licensed pharmacist.

**Professional:** Means a person who is engaged in a specific activity and receives remuneration.

**Recurrence:** Means the appearance of symptoms caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which *treatment* was previously received.

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

**Return date:** Means the date on which *you* return to Canada.

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

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

**Stable or stability:** Means the *medical condition* is not worsening and there has been no alteration in any *medication* (including a new prescription) for the condition or in its usage or in its dosage, nor has there been any alteration in *treatment*

prescribed or recommended by a *physician* or received within the period of time for the option *you* have selected in *your option worksheet* and as shown on *your policy receipt*. The following are not considered alterations or changes in *medications*: the change from a brand named *medication* to a generic brand *medication* provided the usage or dosage has not changed; the dosage changes of the regulatory *medications* insulin and Coumadin (Warfarin); the decrease or elimination of a *medication* by a *physician*, provided it had been changed more than 90 days prior to the *departure date* of any of *your trips* and has not had an effect on the *stability* of *your medical condition* during that period.

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

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

**Terrorism:** 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 governments(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.

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

**Travel companion:** Means someone who is a named applicant on the *Application for insurance* and shown on *your policy receipt*.

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

**Trip:** Means the period of time between the *departure date* from Canada and the earlier of the *return date* to Canada or *your policy expiry date*.

**We, us, our:** Means Co-operators Life Insurance Company.

**You, yourself, your:** Means the person(s) named as the applicant(s) on the *Application for insurance* and shown on *your policy receipt*.

## SECTION 7 – CLAIM PROCEDURES

**Claim Notification:** *You must notify us at 416-340-7533 (collect) or 1-866-262-7271 within 24 hours of any claim or emergency medical or dental treatment. Failure to do so will result in a managed care penalty where you will be responsible for 50% of any eligible expenses incurred and our liability will be limited to a maximum of \$25,000CDN. You must call unless your emergency prevents you from doing so and in this case you must contact us as soon as medically possible or have someone call on your behalf. If you or someone on your behalf does not notify us prior to the arrangement of an Emergency Assistance Service, (as stated in the Schedule of Benefits Summary), no benefit is payable.*

For general information regarding *your policy*, call Travel Insurance Specialists Ltd. at 1-800-563-0314.

Call us for a *claim* form at 1-866-772-5577 or at 1-905-830-2919.

**Claim Documentation:** Once *your emergency* is over, *you* must submit all *claims* to us within 90 days from the date of loss. Failure to furnish proof of *claim* within 90

days does not invalidate *your claim* if proof is furnished as soon as reasonably possible and in no event later than 1 year from the date of loss. If applicable law provides for a longer period, *you* must submit *your claim* within the longer period provided for by law. For *your claim* to be valid, *you* must provide all of the documents we require to support *your claim*. Failure to complete the required *claim* and authorization forms in full will delay the assessment of *your claim*.

**Claim Procedure:** Where the medical service provider agrees to bill us directly for any eligible expenses, we will obtain the documentation necessary to process the *claim*. *You* will be required to pay *your deductible* (if any) directly to the provider at the time the *claim* is incurred for each event of *sickness* or *accidental injury*. Where the service provider refuses to accept payment directly from us or *you* have paid the expenses *yourself*, *you* must provide the documentation necessary to process the *claim*, including original itemized bills, invoices and receipts. In the event of a *claim* under any Annual Multi-Trip Plan or the Annual Federal Retiree Top-up Plan, proof of *date of departure* from Canada must be supplied. For questions regarding a *claim* made on *your policy* call 1-866-772-5577 or 1-905-830-2919.

## SECTION 8 – CLAIM APPEAL PROCEDURES

In the event of a dispute over the reimbursement of a *claim*, *you* may request that a committee reassess the *claim*. This committee will take into consideration all pertinent information provided by *you* and a decision will be rendered in writing based on the terms, conditions, limitations and exclusions of the *policy*. Requests to review a *claims* decision must be made in writing no later than 30 days after the date *you* receive *our* decision in writing. Send *your* request in writing for *claim* review

including the reason for *your* request and any new information supporting *your* request to:

Claim Review Committee  
c/o Box 93149, 1111 Davis Drive, Newmarket, Ontario, L3Y 8K3

## SECTION 9 – PRIVACY POLICY

We respect *your* privacy and are committed to protecting it. We may use agents, brokers and service providers to collect, use, store and/or process personal information and personal health information on *our* behalf, and such information may be transferred to these entities to assess underwriting risk and *claims* experience, underwrite and administer this insurance, investigate and settle *claims*

and detect and prevent fraud for any insurance *policy* issued to *you*. Personal information and personal health information may be collected, used, disclosed, transferred, stored or processed outside Canada and may therefore be subject to legal requirements in such foreign countries. Full details of *our* privacy policy may be accessed at [www.cooperatorstravelinsurance.ca/privacyCooperators.php](http://www.cooperatorstravelinsurance.ca/privacyCooperators.php)

# A La Carte Travel Insurance

Administered by Travel Insurance Specialists Ltd.

## Wallet Cards

### EMERGENCY MEDICAL ASSISTANCE

Should you require medical assistance while on your trip, call the telephone number listed on the Emergency Medical Assistance card and we will help you locate a nearby medical centre. We will also contact the hospital or clinic to arrange for direct payment of your bill, if applicable. **You must contact us within 24 hours of any claim or emergency medical or dental treatment. Penalties will apply if we are not contacted within this period of time.**

**Please note:** In the event of a claim under any Annual Multi-Trip plan or the Annual Federal Retiree Top-up Plan, you will be required to provide proof of your departure date from Canada.

Please fill in your information on the wallet cards below for each applicant. Cut out the cards and keep them with you at all times when travelling.



Applicant  
**1**

### A La Carte Travel Insurance

INSURED: \_\_\_\_\_

POLICY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

**TO REPORT A CLAIM 24/7 CALL.....1-866-262-7271**  
(Outside Canada and the U.S.A. call collect).....416-340-7533  
**For policy extensions or changes call.....1-800-563-0314**  
(Outside Canada and the U.S.A. call collect).....905-830-2928

#### 24 Hour Emergency Medical Assistance Procedures

You must notify us within 24 hours of any claim or emergency medical or dental treatment by calling us at **1-866-262-7271** or **1-416-340-7533** (collect). Failure to do so will result in a managed care penalty where you will be responsible for 50% of any eligible expenses incurred and our liability will be limited to a maximum of \$25,000CDN. You must call unless your emergency prevents you from doing so and in this case you must contact us as soon as medically possible or have someone call on your behalf.

**CLAIMS:** For information on your claim or to request a claim form please call: **1-866-772-5577** or **905-830-2919** (collect).

**Underwritten by: Co-operators Life Insurance Company**



Applicant  
**2**

### A La Carte Travel Insurance

INSURED: \_\_\_\_\_

POLICY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

**TO REPORT A CLAIM 24/7 CALL.....1-866-262-7271**  
(Outside Canada and the U.S.A. call collect).....416-340-7533  
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**Underwritten by: Co-operators Life Insurance Company**