

Administered by:  
Travel Insurance Specialists Ltd.

TravelHealth Medical Plan

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	SINGLE TRIP AND ANNUAL MULTI-TRIP <i>EMERGENCY</i> MEDICAL BENEFITS	MAXIMUM LIMITS UP TO	UPGRADE BENEFIT
	<i>Emergency Medical Expenses</i>	Canadian dollars	Canadian dollars
	(a) <i>Emergency Medical Services</i> including <i>hospital</i> and <i>physician</i> fees, diagnostic testing, drugs and <i>medications</i> , medical supplies . . . . .	\$1,000,000	\$5,000,000
	(b) Private Nursing . . . . .	\$5,000	\$7,500
	(c) <i>Emergency Ambulance Transportation</i> . . . . .	Eligible Expenses	Eligible Expenses
	(d) <i>Emergency Dental</i> due to Accidental Blow to the Mouth . . . . .	Up to \$1,000	Up to \$1,500
	(e) <i>Emergency Relief of Dental Pain</i> . . . . .	Up to \$300	Up to \$450
	 <b><i>Emergency Assistance Services</i></b>	<b>Canadian dollars</b>	<b>Canadian dollars</b>
	(a) Expenses to return <i>your Vehicle</i> . . . . .	\$1,500	\$2,250
	(b) <i>Emergency Return Home</i> . . . . .	Eligible Expenses	Eligible Expenses
	(c) Expenses Related to <i>your Death</i> . . . . .	Up to \$5,000	Up to \$7,500
	24 Hour <i>Emergency Medical Assistance</i> . . . . .	UNLIMITED	UNLIMITED

**NOTE:** The maximum amount payable for all eligible benefits is \$1,000,000 or \$5,000,000 depending on the option chosen on the *Application for insurance* and as shown on *your policy receipt*. All *claims* are subject to a \$200US deductible unless you have applied the appropriate premium adjustment to change the deductible amount.

**SECTION 1 – COVERAGE ELIGIBILITY REQUIREMENTS**

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

You must meet the following eligibility requirements any time you depart Canada to be eligible for coverage under this *policy*.

You are not eligible for coverage if:

1. In the past 12 months you have:
  - (i) been hospitalized for 24 or more consecutive hours for any of the following:
    - a stroke [CVA] or mini-stroke [TIA] (transient ischemic attack);
    - a *heart condition*;
    - high blood pressure (hypertension);
    - blood clot(s); or
    - a *lung condition*;
  - (ii) received *treatment* for metastatic cancer;
  - (iii) been prescribed the use of home oxygen therapy;
  - (iv) received *treatment* for or taken *medication* for a *terminal illness*; or
  - (v) required dialysis.
2. You have:
  - (i) had *your* most recent coronary artery by-pass, angioplasty or stent before January 1, 1999; or
  - (ii) had a coronary angioplasty or stent in the past 12 months; or
  - (iii) an aneurysm that has not been surgically repaired; or
  - (iv) received *treatment* for or taken *medication* for Congestive Heart Failure [CHF] in the past 5 years; or
  - (v) been advised by any *physician* not to travel on *your trip*.
3. In the 12 months prior to *your departure date* you have 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*.

**Note:** Nitroglycerine in any form or insulin must be counted as a *medication*. Do **not** include *medication* for high cholesterol when answering Question 3.

If you cannot meet all of the above eligibility requirements any time you depart on *your trip(s)*, you are not eligible for coverage under this *policy*.

## SECTION 2 – MEDICAL REQUIREMENTS for PLAN CHOICE

If you are eligible for this insurance, as per Section 1 – Coverage Eligibility Requirements, you must choose the correct plan using TABLE 1, TABLE 2 and TABLE 3 according to the PLAN CHOICES below.

**TABLE 1**

- A.** In the past 5 years have you had *treatment* for, taken *medication* for or had a diagnosis of:
- (i) Stroke [CVA] or mini-stroke [TIA] (transient ischemic attack); or
  - (ii) *Heart condition*.
- B.** In the past 12 months have you had *treatment* for, taken *medication* for or had a diagnosis of:
- (i) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis) or Carotid Stenosis [blocked or clogged blood vessel(s) in the neck];
  - (ii) Blood clot(s);
  - (iii) Pancreatitis;
  - (iv) *Bowel condition*;
  - (v) Dementia including Alzheimer's disease; or
  - (vi) two (2) or more of the following conditions:
    - high blood pressure (hypertension);
    - diabetes requiring insulin;
    - cancer requiring surgery, chemotherapy, radiation and/or laser therapy (excluding removal of skin lesions);
    - liver disorder;
    - kidney (renal) failure; or
    - *Lung condition*.
- C.** In the past 12 months were you prescribed or have you taken:
- (i) nitroglycerine;
  - (ii) 2 or more *medications* for a *lung condition*; or
  - (iii) 3 or more *medications* for high blood pressure (hypertension).
- D.** In the past 12 months were you prescribed or have you taken Prednisone (or equivalent steroid *medication*) in pill form or Lasix (Novo-Semide/Furosemide) for more than 30 consecutive days.

**TABLE 2**

- A.** In the past 24 months have you had *treatment* for, taken *medication* for or had a diagnosis of:
- (i) Gastro-intestinal bleed;
  - (ii) Bowel obstruction or bowel surgery;
  - (iii) Cancer requiring surgery, chemotherapy, radiation and/or laser therapy (excluding removal of skin lesions);
  - (iv) *Liver disorder*; or
  - (v) Kidney (renal) failure.

**TABLE 3**

- A.** In the past 12 months have you had *treatment* for, taken *medication* for or had a diagnosis of:
- (i) High blood pressure (hypertension);
  - (ii) Diabetes requiring *medication* (includes insulin);
  - (iii) *Lung condition*;
  - (iv) Pneumonia;
  - (v) Urinary tract infection (UTI) or urinary retention;
  - (vi) Gallstone(s) or kidney stone(s);
  - (vii) Blood transfusion for anemia;
  - (viii) Anxiety requiring *medication*; or
  - (ix) Syncope or fainting.
- B.** Was your last *complete medical examination* more than 18 months ago?

### PLAN CHOICES

**PLAN 1** – You must answer **NO** to all of the questions in **TABLE 1**, **TABLE 2** and **TABLE 3** to qualify for Plan 1 which covers *emergency treatment* for *pre-existing medical conditions* that were *stable* in the 3 months prior to any *departure date*.

**PLAN 2** – You must answer **NO** to all of the questions in **TABLE 1** and **TABLE 2** and **YES** to any of the questions in **TABLE 3** to qualify for Plan 2 which covers *emergency treatment* for *pre-existing medical conditions* that were *stable* in the 3 months prior to any *departure date*.

**PLAN 3** – You must answer **NO** to all of the questions in **TABLE 1** and **YES** to the question in **TABLE 2** to qualify for Plan 3 which covers *emergency treatment* for *pre-existing medical conditions* that were *stable* in the 6 months prior to any *departure date*.

**PLAN 4** – You must answer **YES** to any of the questions in **TABLE 1** and **NO** to the question in **TABLE 2** to qualify for Plan 4 which covers *emergency treatment* for *pre-existing medical conditions* that were *stable* in the 6 months prior to any *departure date*, except those requiring hospitalization in the 12 months prior to any *departure date*.

**PLAN 5** – You must be eligible for this insurance, as per Section 1 – Coverage Eligibility Requirements, to qualify for Plan 5 which covers *emergency treatment* for *pre-existing medical conditions* that were *stable* in the 6 months prior to any *departure date*, except those requiring hospitalization in the 12 months prior to any *departure date*.

#### For all plans:

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 to your answer(s) to ADJUSTMENTS 6a) to 6e) on your *Application for insurance* or results in a change in the plan for which you qualify, 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.

### PLAN TYPES

#### 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, whichever is earlier.

#### 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 offers coverage: (i) to a person who is under 81 years of *age* on the *policy effective date*, for Plan 3, 4 and 5; (ii) to a person who is under 90 years of *age* on the *policy effective date*, for Plan 1 and 2. It does not offer coverage 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 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. 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.

## SECTION 2 – MEDICAL REQUIREMENTS for PLAN CHOICE . . . cont'd

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.

## SECTION 3 – EMERGENCY EXPENSES

We will pay for eligible expenses up to the maximum coverage limit as stated on the Schedule of Benefits Summary, less any applicable *deductible* amount, 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 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 *emergency 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

### 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*.

### UPGRADED BENEFITS

If you have chosen the maximum limit Upgrade, as stated on the *Application for Insurance* 6. ADJUSTMENTS 6(a), you will increase your maximum *policy* limit to \$5,000,000CDN. In addition, you will increase the maximum limit for the benefits as shown in the Schedule of Benefits Summary on page 1 under UPGRADE BENEFIT.

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) **Private Nursing services** - Care received, from a private registered nurse in a *hospital*, as the result of an *emergency* and when ordered by a *physician* and approved by us in advance.
- (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 \$1,000. 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 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.
- (b) **Emergency Return Home** - 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.
- (c) **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.

## 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* which was not *stable* at any time during the *pre-existing medical condition* period for the plan you have selected and as specified on your *policy receipt*;
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 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 Canada whether or not recommended by your attending *physician*;
8. Pregnancy; routine pre-natal care; abortion or childbirth; complications of your

## SECTION 4 – EXCLUSIONS FOR EMERGENCY EXPENSES . . . cont'd

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 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 *you* were 95 years of age or older on the *policy effective date*; (iii) if the correct premium was not paid in full; (iv) if *you* did not qualify for the plan *you* had chosen;
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.

## SECTION 5 – GENERAL CONDITIONS and LIMITATIONS

### 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 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*.

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.

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 the 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 *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 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 on the Schedule of Benefits Summary, 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*.

## 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).

**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.

**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

**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 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 on *your* Single Trip Plan; (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 the Annual Multi-Trip Plan 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.

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, sons/daughters-in-law, step-sisters/brothers, 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.

## SECTION 6 – DEFINITIONS . . . cont'd

**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.

**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*.

**Policy or policies:** Means this *policy* contract, the *Application for insurance*, 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 Application for insurance*. 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 specified for the plan chosen in this *policy*. 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, treat or treated:** Means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to prescribed *medication*, investigative testing and surgery.

**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 the *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)