2019-2020 SEASON
Administered by:
Travel Insurance Specialists (TIS)

TravelHealth Medical Plan

Emergency Travel Health & Accident Policy

Underwritten by: Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway W PO Box 5900
Vancouver BC, V6B 5H6

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 terms, conditions, 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 1-855-883-6478 from the U.S.A., 01-800-288-9967 from Mexico or elsewhere call 416-467-4586 (collect) within 24 hours of any medical or dental *treatment.* Failure to do so will result in a managed care penalty where *you* will be responsible for 50% of any gross eligible expenses incurred and the maximum liability under this *policy* will be limited to $25,000. *You* must call unless *your* condition 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.* In the event of a disagreement or dispute over the definition of any word that is not defined in this *policy,* the Oxford Canadian Dictionary (second edition) definition will prevail. 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 *EMERGENCY* MEDICAL BENEFITS	MAXIMUM LIMITS UP TO
***Emergency* Medical Expenses**	**Canadian dollars**
(a) *Emergency* Medical Services including *hospital* and *physician* fees, diagnostic testing, removal of a cast or stitches (to a limit of $300), drugs and *medications,* medical supplies.	$2,000,000
(b) *Emergency* Ambulance Transportation	Eligible Expenses
(c) Private Nursing	$5,000
(d) *Emergency* Dental due to Accidental Blow to the Mouth	$2,000
(e) *Emergency* Relief of Dental Pain.	$300
***Emergency* Assistance Services**	**Canadian dollars**
(a) Vehicle Return	$2,500
(b) *Emergency* Return *Home.*	Eligible Expenses
(c) Expenses Related to *your* Death.	$5,000
(d) *Child* Return under *your* care.	Eligible Expenses
(e) Subsistence Allowance.	$1,500
(f) Bedside Companion Travel.	Eligible Expenses
(g) *Emergency* Paramedical/*Professional* Services.	$250 per practitioner
(h) Major Event Return Home.	$3,000
24 Hour *Emergency* Medical Assistance	

NOTE: The maximum amount payable for all eligible benefits is $2,000,000 per person per *claim.* All *claims* are subject to a US$350 *deductible* unless *you* have applied the appropriate premium adjustment or credit to change the *deductible* amount.

SECTION 1 – ELIGIBILITY REQUIREMENTS

You* must meet the Eligibility Requirements below any time *you* depart Canada on a Single Trip Plan or depart *your* province or territory of residence on an Annual Multi-Trip Plan, to be eligible for coverage under this *policy.

***You* are eligible for coverage if:**

1. In the past 6 months *you* have not:
   (i) been hospitalized for 24 or more consecutive hours for any of the following:
   - a Cerebral Vascular Accident (CVA, stroke) or Transient Ischemic Attack (TIA, mini-stroke);
   - a *heart condition*;
   - blood clot(s); or
   - a *lung condition*;

   (ii) received *treatment* for metastatic cancer;
   (iii) been diagnosed with **or** received *treatment* for **or** taken *medication* for a *terminal illness*;
   (iv) had or used home oxygen (including an oxygen concentrator) for a *lung condition*; or;
   (v) required dialysis.

2. *You* have not:
   (i) had *your* most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;
   (ii) had a coronary angioplasty or stent insertion in the past 6 months;
   (iii) had any aneurysm that has not been surgically repaired;
   (iv) in the past 5 years, received *treatment* for or taken *medication* for Congestive Heart Failure (CHF);
   (v) in the past 5 years, received *treatment* for or taken *medication* for Cardiomyopathy with a Grade IV ventricle or a ventricular ejection fraction of 20% or less;
   (vi) been advised by any *physician* that travelling on *your trip* would be medically unsafe or that *you* should not travel on *your trip;* or
   (vii) had a diagnosis of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease).

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.*

This coverage must be applied for prior to leaving *your* province or territory of residence.

If *you* are eligible for this insurance, as per Section 1 – Eligibility Requirements, *you* must choose the correct plan based on *your* answers to the Medical Requirements for Plan Categories as shown below. Start with Plan 5 and work downward.

Plan 5 - If *you* answer YES to 2 or more of any of the conditions or statements 1. (i) to 1. (iv), 2. or 3. below, *you* qualify for Plan 5.

Plan 4 - If *you* answer YES to 1 of any of the conditions or statements 1. (i) to 1. (iv), 2. or 3. below, *you* qualify for Plan 4.

1. In the 5 years prior to *your departure date, you* have received *treatment* for, taken *medication* for or had a diagnosis of any of these conditions:

(i) *heart condition*;
(ii) Cerebral Vascular Accident (CVA, stroke);
(iii) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis); or
(iv) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck].

2. *You* have, in the past 3 months, been a resident in a long-term care facility or in an assisted living facility where *you* were helped with any of the activities of daily living (bathing, eating, using a toilet, taking *medication* or getting into or out of a chair or bed).

3. *You* have had *your* most recent coronary artery by-pass, coronary angioplasty or stent insertion over 15 years and up to 20 years prior to *your departure date.*

Plan 3 - If *you* answer YES to 1 of any of the conditions or statements 1. (i) to 1. (vii), 2., 3. or 4. below, *you* qualify for Plan 3.

Plan 4 - If *you* answer YES to 2 or more of any of the conditions or statements 1. (i) to 1. (vii), 2., 3. or 4. below, *you* qualify for Plan 4.

1. In the 12 months prior to *your departure date, you* have received *treatment* for, taken *medication* for or had a diagnosis of any of these conditions:

(i) leukemia, cancer requiring surgery (includes a positive biopsy), chemotherapy, radiation and/or laser therapy (excludes basal cell carcinoma, hormone replacement therapy (such as Tamoxifen), removal of skin lesions or squamous cell carcinoma);
(ii) Stage IV Kidney (renal) Failure;
(iii) a *liver condition;*
(iv) dementia (includes Alzheimer's disease);
(v) diabetes requiring insulin (or any other injectable *medication* required to control diabetes);
(vi) blood clot(s) (do not count the use of a blood thinner for up to 60 days for preventative purposes following hip or knee replacement surgery); or
(vii) Transient Ischemic Attack (TIA, mini-stroke).

2. In the 12 months prior to *your departure date*, *you* have been prescribed or taken Prednisone (includes equivalent steroid *medication*) in pill form for a *lung condition* for more than 21 consecutive days.

3. In the 12 months prior to *your departure date*, *you* have been prescribed or taken Lasix (Novo-semide/Furosemide) for any reason for more than 21 consecutive days.

4. In the 12 months prior to *your departure date*, *you* have received *treatment* for, taken *medication* for or had a diagnosis of Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis.

Plan 2 – If *you* answer YES to 1 of any of the conditions or statements in 1. (i) to (vi), 2. or 3. below, *you* qualify for Plan 2.

Plan 3 – If *you* answer YES to 2 or more of any of the conditions or statements in 1. (i) to (vi), 2. or 3. below, *you* qualify for Plan 3.

1. In the 12 months prior to *your departure date, you* have received *treatment* for, taken *medication* for or had a diagnosis of any of these conditions:

(i) diabetes requiring oral *medication*;
(ii) *bowel condition* or gastrointestinal bleed;
(iii) 2 or more episodes of a Urinary Tract Infection (UTI);
(iv) kidney stone(s) [unless the stone(s) are no longer present];
(v) gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis; or
(vi) *lung condition*.

2. In the 12 months prior to *your departure date you* have been prescribed or taken 3 or more *medications* that modify *your* blood pressure.

3. *Your* last *complete medical examination* was more than 24 months prior to *your departure date.*

Plan 1 – If *you* are eligible for this insurance, but do not qualify for Plan 2, Plan 3, Plan 4 or Plan 5, *you* qualify for Plan 1.

PLAN CHOICES

PLAN TYPES For all Plan types *you* must be eligible for coverage (as per Section 1 - Eligibility Requirements) any time *you* depart on *your trip*.

SINGLE TRIP PLAN

The Single Trip Plan: (i) covers *you* for *your* single trip outside of Canada; (ii) is provided to eligible persons under the *age* of 95; and, (iii) can be used to *top-up* other plans. *We* will reimburse *you* for reasonable and customary eligible expenses based on the terms, conditions, limitations and exclusions of this *policy.* 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. The Single Trip Plan contains the *pre-existing condition* period as stated on *your policy receipt*.

RETIREE PLAN TOP UP COVERAGE

If *you* have Retiree Plan Coverage with a maximum limit of at least $500,000 for at least the first 30 days of *your trip*, *we* will top up that maximum limit to $2,000,000 under the terms and conditions of this *policy* for no extra charge if *you* have purchased, with *us,* at least 35 days of additional coverage for a Single Trip. The Retiree Plan Top Up Coverage will be subject to the terms and conditions of this *policy* and in addition: (i) this coverage is for the number of days of *your trip* that are covered by *your* Retiree Plan Coverage; (ii) the expiry date of this Retiree Plan Top Up Coverage is the day prior to the *policy effective date* of *your* Single Trip; (iii) this coverage is available up to and including *age* 94; and (iv) each *claim* is subject to a *deductible* equal to the greater of the maximum dollar limit of *your* Retiree Plan Coverage or $500,000.

ANNUAL MULTI-TRIP PLAN

The Annual Multi-Trip Plan 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*. The Annual Multi-Trip Plan provides coverage for an unlimited number of coverage days while *you* are traveling within Canada but outside *your* province or territory of residence.

The 8 day Annual Multi-Trip Plan offers coverage: (i) to a person who is under 90 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plans 1 and 2; (ii) to a person who is under 85 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plan 3; (iii) to a person who is under 80 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plan 4; (iv) to a person who is under 76 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plan 5. The 16 day Annual Multi-Trip Plan offers coverage: (i) to a person who is under 85 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plans 1, 2 and 3; (ii) to a person who is under 80 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plan 4; (iii) to a person who is under 76 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plan 5. The 32 day Annual Multi-Trip Plan offers coverage: (i) to a person who is under 85 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plans 1, 2 and 3; (ii) to a person who is under 76 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plans 4 and 5. The 62 day Annual Multi-Trip Plan offers coverage to a person who is under 76 years of *age* on the Annual Multi-Trip Plan *policy effective date*, for Plans 1, 2, 3 and 4. The 62 day Annual Multi-Trip Plan is not available for Plan 5. The Annual Multi-Trip Plan does not offer coverage if it is purchased to *top-up* another policy.

Out-of-Canada coverage applies to *trips* that do not exceed the number of consecutive days for any *trip,* as chosen by *you* on the *Application for Insurance* and as shown on *your policy receipt*. 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 at 1-888-830-6760 or 450-629-9004 (collect).**

In Canada coverage for an Annual Multi-Trip Plan begins on the date *you* depart *your* province or territory of residence for travel within Canada. Out-of-Canada coverage for an Annual Multi-Trip Plan begins on the date *you* depart Canada.

Coverage for an Annual Multi-Trip Plan terminates on whichever occurs first: (i) the date *you* return to *your* province or territory of residence, (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* Annual Multi-Trip *policy effective date.*

To reset the number of coverage days on your Annual Multi-Trip plan *you* must have proof of *your* return to Canada.

All terms, conditions, limitations and exclusions of this *policy* apply.

In the event of a *claim* under an 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 reasonable and customary 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 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 1-855-883-6478 from the U.S.A., 01-800-288-9967 from Mexico or elsewhere call 416-467-4586 (collect) within 24 hours of any medical or dental *treatment*. Failure to do so will result in a managed care penalty where *you* will be responsible for 50% of any gross eligible expenses incurred and the maximum liability under this *policy* will be limited to $25,000. *You* must call unless *your* condition 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 *your* province or territory of residence, 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. Each time *you* depart Canada *you* must remain eligible as per Section 1 – Eligibility Requirements.

The *emergency* medical attention *you* receive must 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, removal of stitches or a cast (to a maximum of $300 per *claim* provided the removal is done within 60 days of the date of *claim). Medications* for the *treatment* of *your emergency* only, not exceeding a 30-day supply. All of the above must be prescribed by a *physician* or a licensed dentist.

(b) *Emergency* Ambulance transportation - (i) local ground ambulance service to a medical service provider in an *emergency;* (ii) the cost of helicopter services to a maximum of $4,000 (must be arranged or authorized by *us* in advance).

(c) Private Nursing - 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.

(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. These services must be provided by a licensed dentist and be completed within 30 days after the accident and prior to *your* return to *your* province or territory of residence.

(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 for a consultation, xray and/or prescription related to the relief of dental pain. These services must be provided by a licensed dentist and receipts must be provided.

***Emergency* Assistance Services**

(a) Vehicle Return - If *you* are unable to drive *your* vehicle to *your* original departure point as the result of a medical *emergency* out of Canada that has been reported to *us* within 24 hours of receiving *treatment, we* will cover the reasonable costs to return *your* vehicle to a maximum of $2,500. In order for benefits to be provided, *you* must return *your* vehicle within 30 days of *your claim* occurrence date. For a driver's time to be paid for the return of the vehicle they must be employed by a professional vehicle return company and provide the company's invoice for services. 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 or authorized 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 jet or propeller powered 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.

(d) 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.*

(e) 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.

(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.

(g) 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.

(h) Major Event Return *Home* In order for *you* to receive up to $3,000 that this benefit provides, *you* must: (i) be aware that this benefit is only available while covered under a Travel Insurance Specialists (TIS) *policy;* (ii) be aware that there is a limit of one *claim* per *policy* term per insured. This benefit is not available if *you* are covered under the Retiree Plan Top Up Coverage under *your* (TIS) *policy*.

1. If *you* or *your travel companion*, have been hospitalized for at least 7 consecutive days outside of Canada and upon discharge from the *hospital* through medical evidence *you* are not able to drive back to Canada, *we* will reimburse *you* up to the maximum available under this benefit for eligible expenses for a one way economy airfare back to *your* province or territory of residence, if approved by *us* in advance. *You* must arrange this return *home* within 7 days of discharge from the *hospital.* If *your* vehicle return cost is more than the allowable amount in the Vehicle Return benefit, this benefit will reimburse *you* for any eligible reasonable excess costs *you* may incur, up to the maximum available under this benefit.

2. If one of the following incidents occur during *your period of coverage*, *we* will reimburse *you* for up to the maximum available under this benefit for eligible expenses for economy airfare, if approved by *us* in advance, related to *your* return *home* to *your* province or territory of residence and then back to *your* original destination:

- death of an *immediate family* member in Canada
- hospitalization of an *immediate family* member for at least 7 consecutive days in Canada
- disaster which has made *your* principal residence in Canada uninhabitable
- disaster which has made *your* land based residence at *your* destination outside of Canada, uninhabitable (including trailers and motorhomes)

You are not eligible for benefit 2. above if: (i) during the 6 month period prior to *your departure date*, *you* were aware of circumstances that may require *you* to return to Canada prior to *your* scheduled *return date*; (ii) during the 6 month period prior to *your departure date*, the *immediate family* member was hospitalized.

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 condition* which was not *stable* during the *pre-existing condition stability* period prior to any *departure date* from Canada, as stated on *your policy receipt*; (The 1 month *pre-existing condition stability* period option, if chosen by *you,* is only applicable to the *medical condition* for which *your* recent *medication* change applies. All other *medical conditions* are subject to the 3 or 12 month *pre-existing condition stability* period, as stated 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 (unless specifically provided for in this *policy*), or *recurrence* of a *medical condition* or related condition once *your* condition has been *treated* and *you* have been discharged from the medical facility where *you* received medical care, unless any further care is specifically approved by *us* in advance, (ii) any rehabilitative or convalescent care whether received during a hospitalization or after discharge at any facility, (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, bursitis, decubitus ulcer (pressure sore) or cataracts;

4. Any *medical condition* whereby information given by *you* or on *your* behalf 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 limbs, prosthetic devices (other than a knee or a hip that had been replaced more than 12 months prior to any *departure date*) or implants including any associated charges;

6. Cardiac procedures including but not limited to cardiac catheterization, coronary by-pass, coronary angioplasty or surgery, insertion of a Ventricular Assist Device (VAD) or the initiation of Extra Corporeal Membrane Oxygenation (ECMO), 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* pregnancy or childbirth; 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) cancer other than a first time diagnosis; (ii) not following a *physician*'s recommended or prescribed therapy or *treatment*; (iii) a mental or emotional disorder or acute psychosis (including stress and anxiety) that does not require admission to a *hospital*; (iv) *your* visit to a medical specialist which was not referred by a *physician;* (v) *your* visit to a dermatologist;

10. *Act of war*, invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, *terrorism,* rebellion, revolution, insurrection, civil commotion, assuming the proportions of or amounting to an uprising, military or usurped power;

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; driving or being a passenger on a motorcycle, motorized scooter or moped; *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, immunizations, 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. Human Immunodeficiency Virus (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 remuneration or benefits;

24. Expenses incurred in Canada for a Single Trip Plan and expenses incurred in *your* province or territory of residence for an Annual Multi-Trip Plan (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 – Eligibility Requirements;(ii) if you were under the *age* of one year or 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)* for out-of-Canada medical expenses; 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 – Eligibility Requirements, for this *policy* and in consideration for the full and correct premium received, *we* will insure *you* against reasonable and customary 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 1-855-883-6478 from the U.S.A., 01-800-288-9967 from Mexico or elsewhere call 416-467-4586 (collect) within 24 hours of any medical or dental *treatment*. Failure to do so will result in a managed care penalty where *you* will be responsible for 50% of any gross eligible expenses incurred and the maximum liability under this *policy* will be limited to $25,000. *You* must call unless *your* condition 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*.

Any change in *your* health status prior to the *departure date* of any *trip* which makes *you* no longer eligible (as per Section 1 - Eligibility Requirements) for this *policy,* which would result in a change in the plan for which *you* qualify or would change the *stability* status of a *pre-existing condition* (other than a *minor ailment*), constitutes a material change to *your policy* and *you* must immediately notify Travel Insurance Specialists at 1-888-830-6760 or 450-629-9004 (collect). Failure to contact Travel Insurance Specialists regarding a material change will result in any *claim* made being denied and coverage issued may be voided.

On any *departure date*, if: 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* coverage will be voided and any *claim* incurred will be denied.

Your policy coverage will be voided, 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 was provided to *us;* or, d) *you* have failed to disclose, misrepresented, mislead, or provided false information regarding *your* health and/or lifestyle.

Any *claim* will be denied if, at all times during the 6 month period prior to *your departure date* and 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 and benefits for the *medical condition* cease once: (i) *your* condition has been *treated* and *you* have been discharged from the medical facility where *you* received medical care, 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 deemed over, as described above, any ongoing or follow up *treatment or* consultation, rehabilitative care, *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. The rights to any eligible benefits under this *policy* cannot be assigned to a third party unless approved by *us*. The laws and regulations of any other country other than Canada will not be considered when a *claim* is reviewed for payment.

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*, *hospital*s 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 qualified for the plan which *you* have chosen; then *your* coverage under this *policy* will be voided, *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 *medical condition* for the purposes of determining *your* eligibility or when reviewing a *claim* under any section of this *policy* will be established using the records and any other information provided by *your physician(s)* 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 or *you* have failed to disclose information regarding *your* health or lifestyle and after review of *your* medical records it is found that *you* were not eligible for this *policy* or *you* have selected the incorrect plan, *your* coverage under this *policy* will be voided, *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.*

The payment to a medical provider by *us* for any eligible expense is at *our* option. In the event that *we* choose not to pay the medical facility directly, or they will not accept payment from *us* directly, *we* will reimburse *you* for any reasonable and customary eligible expenses that *you* have paid provided that *you* provide a valid original receipt for such services, including original itemized bills, invoices and receipts.

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 the *emergency* has been declared over or *you* are no longer receiving *emergency* medical *treatment.* In addition, coverage will automatically be extended for 72 hours when *your* common carrier on which *you* are pre-booked as a passenger is delayed due to extreme weather conditions or mechanical failure. *You* must notify *us* of the occurrence immediately 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* agreement to extend. 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 at 1-888-830-6760 or 450-629-9004 (collect)** 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) *you* are not aware of any medical problems or symptoms that may require *treatment* during the period of the extension; and (vi) 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, 101-3255 rue Marconi, Mascouche, QC J7K 3N6

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 force.

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* total *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.**

Early return refunds will be calculated on a pro-rata basis based on the date *you* enter Canada. Refunds are subject to a fee of $15 per person. 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 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.**

You must send a written request with proof of *your* non-departure or early return to**:**

Travel Insurance Specialists, 101-3255 rue Marconi, Mascouche, QC J7K 3N6

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, bowel obstruction, bowel surgery, *chronic* constipation or Irritable Bowel Syndrome (IBS).

child or children: means an unmarried dependent at least 1 year old and under *age* 21.

chronic: means a *medical condition* that continues, persists, is episodic or recurrent over an extended period of time. This condition is usually long lasting and does not easily or quickly resolve itself.

complete medical examination: means that *you* have visited a licensed *physician* or licensed medical practitioner where *your* medical history was updated, any symptoms were diagnosed, and any test(s) requested or proposed were completed and *you* are aware of the results of such test(s).

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 when *you* leave Canada for a Single Trip Plan or *your* province or territory of residence for an Annual Multi-Trip Plan.

emergency or emergencies: 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 no longer receiving emergent medical care and are able to be discharged from the medical facility.

Government Health Insurance Plan (GHIP): means the coverage that the provincial or territorial governments provide to residents of Canada for out-of-Canada medical expenses.

heart condition includes (i) abnormal heart rhythm (include arrhythmia, atrial fibrillation or irregular heartbeat); (ii) pacemaker or defibrillator insertion or replacement; (iii) heart attack (myocardial infarction); (iv) heart transplant; (v) coronary artery disease (including angina); (vi) coronary angioplasty or stent insertion; (vii) coronary artery by-pass; (viii) heart valve disease (include any regurgitation or stenosis (moderate or severe)); (ix) abnormal heart murmur; (x) pericarditis; or (xi) cardiomyopathy.

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.

liver condition: includes Hepatitis C or Cirrhosis

lung condition: includes Chronic Obstructive Pulmonary Disease (COPD), *chronic* bronchitis, emphysema, pulmonary fibrosis, asbestosis, sarcoidosis, lung surgery or *chronic* asthma. (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 prescribed drug (whether filled or not) or remedy used in the *treatment* of disease and the maintenance of health, including new prescriptions, any renewal(s) or refill, insulin, or nitroglycerine (in any form, with or without a prescription). It does not include other drugs and remedies obtained without a prescription, including aspirin (or equivalent), 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 hospitalization, surgery or more than one follow-up consultation to any medical provider beyond the initial assessment and includes the use of no more than 2 *medications* for a maximum of 30 days.

mountain climbing: means the ascent or decent 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 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*.

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, a *physician* has not received any test results indicating a deterioration of *your medical condition*, *you* have not been advised by a *physician* that *you* should have a surgical procedure, nor has there been any alteration in *treatment* prescribed or recommended by a *physician* or received within the *pre-existing condition* time period *you* qualify for or have chosen. The following are not considered alterations or changes in *medication*s: 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 *medication*s insulin or Coumadin, Warfarin, Pradaxa, Pradax or Dabigatran.

terminal illness: means a *medical condition* for which, prior to *your policy effective date*, a *physician* gave a prognosis of eventual death within 12 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* or other licensed medical practitioner*,* including but not limited to prescribed *medication*, investigative testing or hospitalization, surgery or recommended action that is related to the condition.

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 Industrial Alliance Insurance and Financial Services Inc. (IA) and their administrator Travel Insurance Specialists (TIS).

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

Call *us* for a *claim* form at **1-866-772-5577 from Canada or U.S.A, 01-800-288-9967 from Mexico or elsewhere 905-830-2919 (collect)**. For general information regarding *your policy,* call **Travel Insurance Specialists at 1-888-830-6760.**

In the event that *we* pay any medical expense on *your* behalf for which there is coverage through *your Government Health Insurance Plan (GHIP*), *we* have full rights to recover any amount due *you,* with respect to these expense(s) paid, from the *GHIP.*

In the event of a *claim* due to a hospitalization or *emergency* room *treatment* under this *policy*, if *your GHIP* does not provide any reimbursement for out-of-Canada medical expenses, *you* will be required to pay *us* US$260 as a *GHIP* Replacement Cost. This is in addition to any *deductible* amount *you* have on this *policy*.

Claim **Documentation:** Once *your emergency* is over, *you* must submit all *claims* to *us* at the address shown in Section 8 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:** The payment to a medical provider by *us* for any eligible expense is at *our* option. In the event that *we* choose not to pay the medical facility directly, or they will not accept payment from *us* directly, *we* will reimburse *you* for any reasonable and customary eligible expenses that *you* have paid provided that *you* provide a valid original receipt for such services, including original itemized bills, invoices and receipts. *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*. **In the event of a *claim* under any Annual Multi-Trip Plan or the Retiree Plan Top Up Coverage, proof of *your departure date* must be supplied.** For questions regarding a *claim* made on *your policy* call **1-866-772-5577 from Canada or U.S.A., 01-800-288-9967 from Mexico or elsewhere 905-830-2919 (collect)**.

SECTION 8 – APPEAL PROCEDURES

In the event of a concern with the sales process or an issue about a *claim, you* may request that the circumstances be reviewed. Any new information provided will be taken into consideration and a decision will be given in writing outlining *our* findings based on the terms, conditions, limitations and exclusions of the *policy.* Requests to review *your* particular circumstances must be made in writing no later than 30 days after the date *you* receive *our* decision. Send *your* request for review including the reason for *your* concern and any new information supporting it to:

For sales concerns or *claims* issues email: ombudsman@tis.ca

Address to write about an appeal or to send your claims to:

Ardent Assistance
25 Millard Avenue West (2nd Floor)
Newmarket, Ontario, L3Y 7R5

TRAVELHEALTH MEDICAL PLAN POLICY

RIDER (OPTIONAL)

Subject to *your* meeting the Eligibility Requirements and the Medical Requirements for Plan Categories, as stated in the *Application for Insurance* and in consideration of the full and correct premium being paid in full for this rider if purchased, *we* agree to include the following benefits in the **TRAVELHEALTH MEDICAL PLAN 2019-2020** *policy* SECTION 3 - *EMERGENCY* EXPENSES. The wording as stated below is included in *your policy*, to reflect the additional ADD-ON BUNDLE benefits purchased.

ADDITIONAL BENEFITS INCLUDED IN THE *POLICY* ARE AS FOLLOWS:

SECTION 3 - *EMERGENCY* EXPENSES

MEDICAL FOLLOW-UP VISIT: *You* will be reimbursed for eligible expenses up to the maximum benefit of $500 towards one medical follow-up visit (includes prescriptions). To qualify for this benefit: a) *you* must have had a medical *emergency* and been seen by a *physician*; b) *your* medical *emergency* must have ended; c) *your* Medical Follow-Up Visit must be within 14 days of the end of the medical *emergency*; and d) *your* illness or symptoms for the same *medical condition* persist.
Note: The follow-up visit would be subject to any balance on the original *deductible* amount on *your claim(s).*

PROTECT *YOUR* NO-CLAIM DEDUCTIBLE REDUCTION: In the event that *you* experience a *claim* within *your period of coverage*, under this *policy* rider, the *claim* will not be counted when purchasing *your* insurance from Travel Insurance Specialists for next season. The value of *your* NO-CLAIM DEDUCTIBLE REDUCTION benefit will remain the same.

THE FOLLOWING BENEFITS WILL HAVE THEIR DOLLAR LIMIT INCREASED BY 15%:

(i) Removal of a Cast or Stitches after an *Emergency,*
(ii) Subsistence Allowance,
(iii) *Emergency* Paramedical/Professional Services, and
(iv) Vehicle Return, (including **2** drivers' one way flights).

This rider shall be effective from the *policy effective date* and will expire on the *policy expiry date* as stated in the *policy* of insurance and noted on the *policy receipt* to which this endorsement is attached.

All other terms, conditions, limitations and exclusions of the *policy* shall remain unchanged.