.:Medi-Select Advantage®

Emergency Medical Travel Insurance

Policy

SNOWBIRD Medi-Quote Inc.™ TRAVEL INSURANCE EXPERTS

IN THE EVENT OF AN *EMERGENCY*: *You* must call Global Excel Management Inc. (hereinafter called *"Global Excel"*) immediately:

From Canada and U.S.,	From Mexico,	From Australia,	From the Dominican Republic,	From anywhere,
call TOLL FREE **1-800-715-8833**	call TOLL FREE **001-800-514-7798**	call TOLL FREE **1-800-002-554**	call TOLL FREE **1-888-751-4335**	call COLLECT **+ 1-819-566-8839**

Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted prior to receiving treatment or as soon as reasonably possible. Failure to do so may limit benefits (see Section V - Limitations and Restrictions).

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Section I .:Important Notice

- **Throughout this policy, words in italics have a specific meaning and are defined in Section XI - Definitions.**
- 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 may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that existed prior to *your* trip. Check to see how this applies in *your* policy and how it relates to *your* departure date, date of purchase or effective date.
- In the event of a *sickness* or *injury*, *your* prior medical history will be reviewed after a claim has been reported.
- *You* are required to contact *Global Excel* as soon as reasonably possible for approval of treatment. Failure to do so limits benefits (see Section V - Limitations and Restrictions).
- All amounts are in Canadian currency, unless indicated otherwise.
- If, while *you* are on a covered trip, *you* return to *your* province, territory of residence or Canada for any reason prior to *your* expected return date, *you* must contact *your* broker or sales agent to discuss how *your* coverage may be affected.

Section II .:Eligibility

1. *You* must meet the following conditions to be eligible for this insurance:
   a) *You* must be a Canadian resident and be covered by the government health insurance plan (GHIP) of *your* Canadian province or territory of residence for the entire duration of *your* trip;
   b) *You* must NOT be travelling against the advice of a *physician* or have been diagnosed with a *terminal illness* or *metastatic cancer;*
   c) *You* must NOT have a kidney disease requiring dialysis;
   d) *You* must NOT have been prescribed or used home oxygen during the 12 months prior to *your* departure date; and
   e) *You* must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus).
2. *You* must complete and submit the Application prior to the effective date of insurance. *You* are subject to the eligibility criteria as outlined on the Application and in this Policy.
3. If *your* health changes or does not remain *stable* between the date *you* complete and submit the Application and *your* effective date, *you* must review the medical questions on the Application with *your* broker or sales agent to re-assess *your* eligibility. **If *you* are no longer eligible for the insurance plan *you* purchased and *you* fail to contact *your* broker or sales agent, *your* claim will be denied, the Insurer will void *your* policy, and the premium paid will be refunded. This means no benefits will be covered and *you* will be responsible for all expenses relating to *your sickness* or *injury*, including repatriation costs.**

   However, if *you* are purchasing a Multi-Trip Annual Plan and *your* health changes or does not remain *stable* after the effective date, *your* eligibility will not be affected but coverage for *your* medical condition may be excluded (see Section VI - Exclusions paragraph A - Pre-Existing Medical Condition Exclusions).

Section III .:Insurance Agreement

A - Coverage Offered

This contract offers coverage to a maximum of $5 million CAD per *insured person*, per trip for *reasonable and customary costs* incurred by *you* (less any applicable deductible) in case of an *emergency* occurring while *you* are travelling outside *your* province or territory of residence for the benefits set out in Section IV - Benefits. The Insurer will pay such eligible expenses, subject to all terms and conditions indicated in the policy, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and *your* Canadian provincial or territorial government health insurance plan.

B - Plans Offered

1. SINGLE TRIP DAILY PLAN

a) Provides coverage for a single trip outside of *your* province or territory of residence or Canada.
b) May be purchased as a Top Up to commence on the day after the expiry of another insurance plan.
c) Optional extensions are available (see below).
d) This plan also offers:
   i. **Canada Plan**
      - Provides coverage for a single trip outside *your* province or territory of residence, but within Canada.
      - *You* must be travelling outside *your* province or territory of residence but within Canada for the **entire** duration of *your* trip. If, during *your* period of coverage *you* leave Canada or return to *your* province or territory of residence, *your* policy will terminate and *you* may be eligible for a refund (see Section III - Insurance Agreement - F - Refunds).
      - May NOT be purchased as a Top Up.
      - Optional extensions are available (see below).
   ii. **55 to 74 Vacation Plan**
      - Provides coverage for a single trip outside *your* province or territory of residence or Canada, for a maximum of 15 consecutive days.
      - *You* must be age 55 to 74 on the purchase date of the insurance.
      - May NOT be purchased as a Top Up.
      - Optional extensions are available (see below).
e) If *you* are travelling within Canada, coverage must be purchased prior to departure from *your* province or territory of residence.
f) If *you* are travelling outside of Canada, coverage must be purchased prior to departure from Canada.
g) Coverage must be purchased for the entire duration of *your* trip unless topping up another coverage.

Period of Coverage

Plan	Age	Maximum Trip Duration
Single Trip Daily Plan	All Ages	Up to 182 days (212 for Ontario Residents)*
Canada Plan	All Ages	Up to 182 days (212 for Ontario Residents)*
55 to 74 Vacation Plan	55-74	Up to 15 days

* **Note:** Coverage beyond the Maximum Trip Duration (to a limit of 365 days) is permitted providing *you* have been granted an extension on *your* GHIP coverage.

Effective Date of Coverage

Coverage **begins** on the latest of the following:
a) The date *you* leave *your* province, territory of residence or Canada; or
b) Under the Canada Plan: the date *you* leave *your* province or territory of residence; or
c) *Your* effective date as indicated on *your* confirmation of insurance.

Termination of Insurance

Coverage **terminates** on the earliest of the following:
a) The date *you* return to *your* province or territory of residence or Canada; or
b) Under the Canada Plan: the date *you* either return to *your* province or territory of residence or the date *you* leave Canada; or
c) The expiry date indicated on *your* confirmation of insurance.

However, if *you* return to *your* province or territory of residence for an unexpected temporary visit prior to *your* expiry date, provided *you* have not incurred a claim, *your* coverage may resume with no additional premium once *you* leave *your* province or territory of residence to resume *your* trip. The premium for the number of days of *your* temporary return will not be refunded or reissued. If, during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a medical condition (other than a *minor ailment*), *your* policy will terminate and *you* may be eligible for a partial refund (see Section III - Insurance Agreement - F - Refunds).

Optional Extension or Top Up of Coverage

Optional Extensions: Extensions may be available for the Single Trip Daily Plan, including the Canada Plan and the 55 to 74 Vacation Plan (up to a total trip duration of 15 days for the 55 to 74 Vacation Plan).
a) *Your* additional coverage must be purchased for the entire number of remaining days of *your* trip.
b) *Your* additional coverage may be purchased after the departure date but before the expiry of prior coverage.
c) *You* must pay the required premium prior to the effective date of the extension.

Top Up: A Top Up is a Single Trip Daily Plan (see paragraph B - Plans Offered) that provides coverage for additional days of travel beyond the duration of another insurance plan, commencing the day after the expiry of that plan. The Single Trip Daily Plan can be used as a Top Up to the Multi-Trip Annual Plan, the 40-Day Supplemental Multi-Trip Annual Plan for PSHCP members, or another insurer's travel insurance plan.

IMPORTANT – When topping up another insurer's annual plan, it is *your* responsibility to ensure that *your* initial travel insurance contract allows a top up of its insurance coverage. There is an additional $25 non-refundable Top Up surcharge that is added to the premium.
a) *Your* additional coverage must be purchased for the entire number of remaining days of *your* trip.
b) Coverage may be purchased before or after the departure date.
c) *You* must pay the required premium prior to the effective date of the Top Up.
d) Proof of departure may be required.

Coverage can be extended or topped up providing that:
a) A claim has not been made under the initial policy for the specific trip. If a claim has been made, an extension or top up may be granted upon review of *your* file by the Insurer;
b) *You* have not experienced any changes in *your* health since the later of *your* effective date or departure date;
c) *You* remain eligible for insurance;
d) The request for extension or top up from destination is received by phone prior to the expiry date of *your* coverage; and
e) The total trip duration outside *your* province or territory of residence, including the extension, does not exceed the maximum period of coverage for which *you* are eligible. Please refer to the Period of Coverage above.

Note: The minimum premium is $25 per Extension or Top Up. The cost of additional days of insurance will be calculated based on the total trip duration, the age of the *insured* on the purchase date of the extension or top up and using the premium schedule in effect at the time the extension or top up is requested. The required premium will be charged to *your* credit card.

2. MULTI-TRIP ANNUAL PLAN

a) Provides coverage between the effective date and expiry date as indicated on *your* confirmation of insurance, for any number of trips outside Canada up to the allowable trip duration in the Period of Coverage table below.
b) Offers unlimited travel within Canada (excluding *your* province or territory of residence).
c) Trips must be separated by a return to *your* province, territory of residence or Canada.
d) *You* are not required to provide advance notice of the departure and return date of each trip; however, *you* will be required to provide evidence of *your* departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).
e) Top Up coverage is available by purchasing a Single Trip Daily Plan.

Note: A Multi-Trip Annual Plan cannot be used to top up another Multi-Trip Annual Plan unless *your* trip begins during the coverage period and extends beyond the expiry date as indicated on *your* confirmation of insurance. A new Multi-Trip Annual Plan can be purchased as long as the total trip duration does not exceed the maximum trip duration *you* selected.

Period of Coverage

Plan	Age	Trip Duration Options	Unlimited Travel in Canada Allowed
Multi-Trip Annual Plan	0-79	9, 16, 30 or 60 consecutive days	Yes
Multi-Trip Annual Plan	80+	9 or 16 consecutive days	Yes

Effective Date of Coverage
a) Coverage under the Multi-Trip Annual Plan **begins** on *your* effective date as indicated on *your* confirmation of insurance.
b) Coverage for each trip under the Multi-Trip Annual Plan **begins** on *your* departure date from *your* province or territory of residence or Canada, as long as coverage is in effect under the Multi-Trip Annual Plan.

Note: No coverage is in effect for a trip outside of Canada that commenced prior to the effective date of the Multi-Trip Annual Plan.

Termination of Insurance
a) Coverage under the Multi-Trip Annual Plan **terminates** on the day prior to the one-year anniversary of *your* effective date.
b) Coverage for each trip under the Multi-Trip Annual Plan **terminates** on the earliest of:
   i. The expiry date of *your* Multi-Trip Annual Plan as indicated on *your* confirmation of insurance;
   ii. The date *you* return to *your* province or territory of residence; or
   iii. The date *you* reach the maximum number of days outside of Canada allowed under the Multi-Trip Annual Plan option *you* selected, as indicated on *your* confirmation of insurance.

3. 40-DAY SUPPLEMENTAL MULTI-TRIP ANNUAL PLAN for Public Service Health Care Plan (PSHCP) members

This section applies to *you* if *you* are a member of the Public Service Health Care Plan and *you* purchased the 40-Day Supplemental Multi-Trip Annual Plan.
a) Provides coverage between the effective date and expiry date for any number of trips of up to 40 consecutive days for travel outside of *your* province or territory of residence.
b) Benefits provided under this policy are payable in excess of the overall benefit maximum provided by *your* PSHCP Plan (either $100,000 or $500,000), plus non-medical benefits not available under *your* PSHCP Plan.
c) *You* must be a member of the Public Service Health Care Plan.
d) Trips must be separated by a return to *your* province or territory of residence.
e) *You* may be eligible for Top Up coverage.
f) *You* are not required to provide advance notice of the departure and return date of each trip; however, *you* will be required to provide evidence of *your* departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).

Period of Coverage

Plan	Age	Maximum Trip Duration	Unlimited Travel in Canada Allowed
40-day Supplemental Multi-Trip Annual Plan	All Ages	40 consecutive days	No

Effective Date of Coverage
a) Coverage under the 40-Day Supplemental Multi-Trip Annual Plan **begins** on *your* effective date as indicated on *your* confirmation of insurance.
b) Coverage for each trip under the 40-Day Supplemental Multi-Trip Annual Plan **begins** on *your* departure date from *your* province or territory of residence, as long as coverage is in effect.

Section III .:Insurance Agreement (continued)

Exception: No coverage is in effect for a trip outside of *your* province or territory of residence that commenced prior to the effective date of the 40-Day Supplemental Multi-Trip Annual Plan.

Termination of Insurance

a) Coverage under the 40-Day Supplemental Multi-Trip Annual Plan **terminates** on the day prior to the one-year anniversary of *your* effective date.
b) Coverage for each trip under the 40-Day Supplemental Multi-Trip Annual Plan **terminates** on the earliest of:
   i. The expiry date of *your* 40-Day Supplemental Multi-Trip Annual Plan as indicated on *your* confirmation of insurance;
   ii. The date *you* return to *your* province or territory of residence;
   iii. The date *you* reach the 41st day outside of *your* province or territory of residence; or
   iv. The date *you* cease to be a PSHCP member.

If *you* require **medical assistance** during the first 40 days of *your* trip, call the PSHCP's assistance company directly. Please consult *your* PSHCP policy of insurance for emergency numbers. If *you* require **non-medical assistance** or assistance for benefits not covered by *your* PSHCP policy during the first 40 days of *your* trip (i.e. Trip Cancellation, Interruption, Delay or *Vehicle* Return benefit), call *Global Excel* at one of the emergency numbers found on *your* confirmation of insurance or wallet card.

C - Automatic Extension of Coverage

Your coverage will be extended automatically without additional premium for up to 5 days, upon notifying *Global Excel*, if *your* return to *your* province or territory of residence is delayed beyond the expiry date of this insurance due to the following reasons:

a) The delayed arrival or departure of a common carrier aboard which *you* are travelling causes *you* to miss *your* scheduled return to *your* province or territory of residence.
b) The *vehicle* in which *you* are travelling is involved in an *accident* or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* expiry date of this insurance.
c) *You* or *your travel companion*'s return is delayed beyond the expiry date of this insurance as a direct result of *sickness* or *injury* for which *you* or *your travel companion* are not deemed medically *stable* to return to *your* province or territory of residence in the opinion of *Global Excel*.
d) If driving, a delay due to inclement weather provided the return journey commences prior to the expiry date of this insurance.

Note: *Your* coverage will be automatically extended if *you* or *your travel companion* must remain *hospitalized* beyond the expiry date of this insurance for *medical treatment* of a *sickness* or *injury*, to a maximum of 365 days, until *you* or *your travel companion* are deemed medically stable to return to *your* province or territory of residence in the opinion of *Global Excel* plus 5 consecutive days thereafter.

D- Family Coverage

a) Available for applicants up to age 54.
b) Offers coverage for the *spouse* and *children* of the *insured person*.
c) In case of divorce, all *insured persons* named on the confirmation of insurance remain covered until the expiry date.
d) Under a Multi-Trip Annual Plan, all *insured persons* may travel independently of one another.

E - Payment of Premium

Coverage is valid upon payment of premium subject to the eligibility requirements. The premium must be paid before *your* effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, or if no proof of *your* payment exists.

F- Refunds

MULTI-TRIP ANNUAL PLAN
The premium paid is non-refundable after the effective date of coverage.
SINGLE TRIP DAILY PLAN

a) A full refund of the premium paid will be made provided that a written request is received by *your* broker or sales agent prior to the effective date of coverage.
b) For Top Ups, a full refund of the premium paid will be made provided that a written request is received by *your* broker or sales agent prior to the effective date.
c) The premium paid (less an administration fee of $25 per insurance policy) may be partially refunded in the event that *you* must return to *your* province, territory of residence or Canada prior to *your* scheduled return date, provided no claim has been incurred at any time during *your* policy and/or the return requires a termination of *your* policy.

Requests for refunds must be made in writing within 90 days of *your* policy's expiry date to *your* broker or sales agent. If *your* broker or sales agent receives satisfactory proof (e.g. airline ticket or customs/immigration stamps) of *your* actual return date to *your* province, territory of residence or Canada, *your* refund will be calculated from that date. Otherwise, calculation of such refunds will be based on the date of the postmark of *your* written request. Minimum refund is $10 per insurance policy; refunds of under $10 will not be made.

Section IV .:Benefits

In order to be considered eligible expenses, many benefits listed in this section require the prior approval of *Global Excel*.

1. **Hospital Accommodation:** Charges up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*).
2. ***Physician* Fees:** *Medical treatment* by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
4. **Paramedical Services:** Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of $300 per profession listed, when approved in advance by *Global Excel*.
5. **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. Limited to a 30-day supply per prescription, unless *you* are *hospitalized*. This benefit does not cover drugs, serums and injectables needed to stabilize a chronic condition or a medical condition which *you* had before *your* trip. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest *hospital* (also covers taxi fare in lieu of ground ambulance).
7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician* and required due to a covered *emergency*.
8. **Private Duty Nursing:** The professional services of a private registered nurse (other than an *immediate family member*) as the result of a covered *emergency*, when *medically necessary* and while *hospitalized*, to a maximum of $5,000 per *insured person*, when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel* (see Section V - Limitations and Restrictions, #3):
   a) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for *medical treatment*;
   b) Transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of residence for immediate medical attention;
   c) The fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
   d) Up to the cost of a one-way economy airfare to *your* province or territory of residence.
10. **Qualified Medical Attendant:** Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).
11. **Transportation to Bedside:** When approved in advance by *Global Excel*, a round-trip economy airfare from Canada and up to $150 per day to a maximum of $1,500 per policy for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice to:
    a) Be with *you* when *you* are travelling alone and have been *hospitalized* for at least seven consecutive days outside *your* province, territory of residence or Canada. *You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit. This benefit is provided immediately if *you* are 20 years of age or less; or
    b) Identify the deceased *insured* prior to the release of the body, where necessary.

    Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.
12. **Return of *Insured Travel Companion*:** When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return *your insured travel companion* to *your* province or territory of residence if *you* are returned under the Emergency Air Transportation or Preparation and Return of Remains benefit. For this benefit, *insured travel companion* means that *your travel companion* is insured under this insurance.
13. **Treatment of Dental Accidents:** *Emergency* dental treatment at trip destination to a maximum of $2,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or a dentist immediately following the *injury*. An *accident* report is required from the *physician* or dentist for claims purposes. This benefit excludes crowns and root canals.
14. **Emergency Relief of Dental Pain:** Up to $350 per *insured person* for *emergency* relief of dental pain at trip destination. This benefit excludes crowns and root canals.
15. **Out-of-Pocket Expenses:** When approved in advance by *Global Excel*, reasonable, necessary expenses incurred by *you* or an *insured travel companion* for commercial lodging and meals, commercial automobile rental, or taxi transportation and parking fees up to $150 per day to a maximum of $1,500 per policy, if a covered *emergency* causes *you* to miss *your* scheduled return or requires that *you* be relocated for treatment. To file a claim, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were unable to travel.
16. ***Vehicle* Return:** Up to $3,000 if neither *you*, nor someone travelling with *you*, is able to operate *your* owned or rented *vehicle* during *your* trip due to *sickness* or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for one person to return the *vehicle* when approved and arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. Original receipts are required.
17. **Preparation and Return of Remains:** In the event of *your* death, up to a maximum of $5,000 per policy towards the actual cost incurred for preparation of remains; homeward transportation of the deceased *insured person* to his province or territory of residence; or cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.
18. **Escort of *Children* (and Grandchildren):** When approved in advance by *Global Excel*:
    a) Organization, escort and payment up to the cost of a one-way economy airfare for the return of *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency; or
    b) Reimbursement of up to $1,000 for the services of a *caregiver* (other than an *immediate family member*) contracted by *you* for *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency, in the event an *insured* parent or legal guardian (on the trip) is medically repatriated or *hospitalized*.
19. **Pet Return:** The return to Canada of *your* accompanying cat or dog, in the event that *you* are *hospitalized* or repatriated during an *emergency*, to a maximum of $500.
20. **Remote Evacuation:** *Your emergency* evacuation from a mountainous area, the sea, or other such remote location to the nearest, most reasonably accessible medical facility or *hospital*, to a maximum of $5,000.
21. **Hospital Allowance:** When *you* are *hospitalized* due to *sickness* or *injury* during a covered trip outside *your* province or territory of residence, the Insurer will reimburse *you* for *your* telephone, parking and television charges up to $250 per policy.

The following benefit is only available under the 40-day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members:

Trip Cancellation, Interruption or Delay (Note: Does not apply to Top Ups)

When expenses are incurred as the result of a *sickness*, *injury* or death of the *insured person*, an *immediate family member*, a *travel companion*, a *travel companion*'s *immediate family member* or a business associate with whom *you* are travelling during the policy period, the Insurer will pay up to $4,000 per policy, per year for:

1. Trip Cancellation (when the cancellation occurs before departure.)
   The non-refundable portion of *your* deposit paid in advance and irrecoverable from any other source if *you* must cancel a covered trip.
2. Trip Interruption or Delay
   a) The non-refundable portion of *your* prepaid accommodation if *you* must interrupt a covered trip already commenced; and
   b) The cost to upgrade *your* return ticket to a one-way economy fare by regular scheduled transportation if *you* must interrupt a covered trip already commenced, or if the return portion of a covered trip is delayed beyond the scheduled return date.

Note: This benefit is valid only when the insurance policy is in effect at time of initial deposit or prior to any cancellation penalties being chargeable to *you*.

Conditions

At the time *you* purchase *your* travel arrangements:
You must not know of nor be aware of any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion*, a *travel companion*'s *immediate family member* or a business associate which may eventually prevent *you* from starting and/or completing *your* covered trip as booked.

Pre-Existing Medical Condition Exclusions

This benefit does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. **Any** *sickness*, *injury* or medical condition which was not *stable* at any time during the 90 days prior to the purchase date of *your* travel arrangements.
2. A heart condition, if **any** heart condition was not *stable* at any time during the 90 days prior to the purchase date of *your* travel arrangements.
3. A lung condition, if: a) **any** lung condition was not *stable*; or b) *you* have been treated with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition, at any time during the 90 days prior to the purchase date of *your* travel arrangements.

Note: The exclusions above also apply to the following persons who are age 60 or over: *you*, an *immediate family member*, a *travel companion*, a *travel companion*'s *immediate family member*, or a business associate.

Exclusions

This benefit does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. A trip undertaken for the purpose of visiting a sick or injured person when the covered trip is cancelled, interrupted or delayed due to such person's medical condition or death.
2. A return delayed more than 10 days beyond the scheduled date of return, unless *you*, an *immediate family member*, a *travel companion*, a *travel companion*'s *immediate family member*, or a business associate with whom *you* are travelling during the policy period were *hospitalized* for at least 48 consecutive hours within the 10-day period.

General Exclusions listed in Section VI, paragraph B, General Exclusions also apply to this benefit.

Section V .:Limitations and Restrictions

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment -** *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
2. **Failure to Notify *Global Excel* -** In the event of an *emergency* during a covered trip, *you* must call *Global Excel* immediately, prior to seeking treatment. If it is not reasonably possible for *you* to contact *Global Excel* prior to seeking treatment due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so limits benefits payable to:
   a) In the event of *hospitalization*, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of $25,000; and
   b) In the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

   You will be responsible for payment of any remaining charges.
3. **Transfer or Medical Repatriation -** During an *emergency* (whether prior to admission, during a *hospitalization* or after *your* release from the *hospital*), the Insurer reserves the right to:
   a) Transfer *you* to one of its preferred health care providers; and/or
   b) Return *you* to *your* province or territory of residence, for the *medical treatment* of *your sickness* or *injury* without danger to *your* life or health.

   Global Excel will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*. If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.

Section V .:Limitations and Restrictions (continued)

4. **Limitation of Benefits -** Once *you* are deemed medically stable to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.
5. **Availability and Quality of Care -** The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.
6. **Benefits Limited to Incurred Expenses -** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Section VI .:Exclusions

A - Pre-Existing Medical Condition Exclusions

	Pre-Existing Medical Condition Exclusions and Period	
	Exclusions	Pre-Existing Period
Age 54 or under	1, 2 and 3	180 days
Age 55 or over		
• Supreme	1, 2, and 3	90 days
• Elite	1, 2, and 3	90 days
• Preferred	1, 2, and 3	90 days
• Advantage	1, 2, and 3	365 days
• Standard	1, 2, and 3	365 days
• 55 to 74 Vacation Plan	1, 2, and 3	90 days
All Ages		
• Canada Plan	Not Applicable	Not Applicable
• 40-day Supplemental Multi-Trip Annual Plan for PSHCP members	1, 2, and 3	90 days

The following exclusions are applicable to any medical condition *you* have, including any medical condition *you* have disclosed on the Application (if applicable).

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any *sickness*, *injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
2. *Your* heart condition, if **any** heart condition was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
3. *Your* lung condition, if:
   a) **Any** lung condition was not *stable*; or
   b) *You* have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition,
   at any time during the applicable Pre-Existing Period prior to each departure date.

B - General Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
5. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
6. Radiotherapy or chemotherapy.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *you* are *hospitalized*.
8. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician*; or a *sickness*, *injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your* covered trip.
9. Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the 9 weeks before and/or after the expected delivery date.
10. *Sickness, injury* or medical condition which first appeared, was diagnosed or received treatment after the departure date and prior to the effective date of the Single Trip Daily Plan if purchased as a top up to another Insurer's travel insurance product.
11. Any medical condition for which *you* incur a claim after *your* departure date and prior to the effective date of the Top Up or Extension, if the Top Up or Extension was purchased after *your* departure date.
12. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
13. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
14. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
15. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
16. Noncompliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a *physician*'s instructions.
17. Treatment of a *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer).
18. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
19. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
20. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
21. Participation in:
    a) Any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
    b) Any competitive motorized sporting events, racing or motorized speed contests.
22. The purchase or replacement cost (prescribed or not), loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription.
23. Services provided by an optometrist or for cataract surgery.
24. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
25. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
26. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
27. *Sickness*, *injury* or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued an official travel warning, before *your* departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the Canadian Government issues an official travel warning after *your* departure date from Canada, *your* coverage for sickness, injury or medical condition is limited to a period of 10 days from the date the travel warning was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any sickness, injury or medical condition that is attributable to the reason for which the official travel warning was issued or complications arising from such sickness, injury or medical condition.
28. Crowns and root canals.
29. Self exposure to exceptional risk, hazardous pursuits or occupations or flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
30. A trip outside *your* province or territory of residence on a commercial *vehicle* for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.

Section VII .:International Assistance Services

Global Excel answers *your* questions 24 hours a day, 7 days a week.

Emergency Call Centre
No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please refer to *your* confirmation of insurance or wallet card for emergency numbers. We can also provide *you* with Canada Direct instructions and codes so that *you* deal only with Canadian telephone operators.

Doctor-On-Call™
Doctor-On-Call™ service for travellers to the United States provides *you* with access to a licensed US physician, including the possibility of receiving a home visit in case of *emergency*.

Referrals
Whenever possible, *Global Excel* will refer *you* to a medical provider (*hospital*, clinic or *physician*) that is closest to where *you* are staying. With a referral, it is less likely that *you* will have to pay for services out-of-pocket.

Benefit Information
Explanation of *your* policy is available to *you* and to the medical providers who are treating *you*.

Case Management
Our experienced and professional team, available 24 hours a day, will monitor the services given in the event of an *emergency*. If necessary, we will help *you* to return to Canada for the care *you* need.

Urgent Message Relay
In the event of an *emergency*, we will contact *your travel companion* to keep him/her apprised of *your* medical situation, and we will help *you* exchange important messages with *your* family.

Interpretation Service
We can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing
Whenever possible, we will instruct the *hospital* or clinic to bill the services directly to *Global Excel*.

Claims Information
We will answer any questions *you* have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

Section VIII .:Claims Procedures

You are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents:

a) *Your* policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial government health insurance plan number (including the expiry date or version code, where applicable).
b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of treatment, and the name of the medical facility and/or *physician*.
c) For prescription drugs, the original prescription drug receipts (not cash receipts) from the pharmacist, *physician*, or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
d) For a Multi-Trip Annual Plan, proof of the departure date and return date.
e) A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to *you* by *Global Excel* when notice of claim has been given, which *you* must complete and sign for the purpose of allowing the Insurer to recover payment from any other insurance contract or health plan (group, individual or government).
f) For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.
g) If the *Emergency* Air Transportation benefit is used, the unused portion of *your* air ticket.

Important: Please note that incomplete documentation will be returned to *you* for completion. Once *Global Excel* receives *your* claim, *you* may be required to provide additional information. Failure to submit required information will lead to a delay in processing *your* claim.

Payment of Benefits
All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured* unless another beneficiary is designated in writing to *Global Excel* or the Insurer. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.

Send all pertinent documents to:

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec
J1M 0C9

GlobalExcel®

If *you* are submitting a claim while in the U.S., please forward all required documents to:
Global Excel Management Inc.
P.O. Box 10
Beebe Plain, Vermont
05823 USA

Telephone: 1-800-336-9224 (toll free) or 819-566-8698 (collect) during business hours (ET).

Section IX .:General Provisions

1. **Subrogation -** If an *insured person* suffers a loss covered under this policy, the Insurer is granted the right from the *insured person* to take action to enforce all the rights, powers, privileges and remedies of the *insured person* upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured person*, regardless of fault, the Insurer is granted the right to make a demand for and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in the *insured person*'s name, and the *insured person* will attend at the place of loss to assist in the action. If the *insured person* institutes a demand or action for a covered loss he shall immediately notify the Insurer so that it may safeguard its rights.

   The *insured person* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.
2. **Other Insurance -** This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage.

   All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over $50,000, the Insurer will coordinate benefits only above this amount.
3. **Misrepresentation and Non-Disclosure -** The completed and signed Application (if applicable) is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract which renders *your* insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs. The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.
4. **Arbitration -** Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.
5. **Applicable Law -** This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.
6. **Safeguarding your Privacy -** The Insurer places great importance on the protection of *your* privacy. The Insurer collects *your* personal information when *you* apply for this insurance and in the event of a claim, to provide *you* with insurance services and to analyze *your* claim. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, the Insurer may collect *your* personal health information held by a third party. This information may be released to employees of *Global Excel* and the Insurer for claims analysis and to better serve *you*.

   In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For privacy information, please see www.rsagroup.ca, or call us at 1-800-716-4339.

Section X .:Statutory Conditions

1. **The Contract -** The Application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.
2. **Waiver -** The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.
3. **Copy of Application -** The Insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the Application.
4. **Material Facts -** No statement made by *you* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the Application or any other written statements or answers furnished as evidence of insurability.
5. **Notice and Proof of Claim -** *You* or a beneficiary entitled to make a claim, or the agent of any of *you*, shall:
   a) Give written notice of claim to *Global Excel* by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the contract on account of an *accident* or *sickness*;
   b) Within 90 days from the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to *Global Excel* such proof of claim as is reasonably possible in the circumstances of the happening of the *accident* or the commencement of the *sickness*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and
   c) If so required by *Global Excel* or the Insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim may be made under the contract.
6. **Failure to Give Notice or Proof -** Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.
7. **Insurer to Furnish Forms for Proof of Claim -** The Insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.
8. **Rights of Examination -** As a condition precedent to recovery of insurance money under this contract:
   a) The claimant shall afford to the Insurer and *Global Excel* an opportunity to examine the *insured person* when and so often as it reasonably requires while the claim hereunder is pending; and
   b) In the case of death of the *insured*, the Insurer and *Global Excel* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.
9. **When Money Payable -** All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.
10. **Limitation of Actions -** An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence.

    The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

Section XI .:Definitions

Throughout this policy, defined words are written in italics.

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Caregiver means a person *you* have entrusted with the care of *your children* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means an unmarried child of the *insured* or his *spouse* who is, at the date of purchase, dependent on *you* for support and is:
a) Under 21 years of age;
b) A full-time student who is under 26 years of age;
c) Of any age with a permanent physical impairment or a permanent mental deficiency.

Deductible means the amount in US dollars which the *insured person* must pay before any remaining covered expenses are reimbursed under this policy. The deductible applies once, per *insured person*, per trip.

Emergency means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a trip and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

Global Excel means the company appointed by the Insurer to provide medical assistance and claims services.

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

Hospitalized or Hospitalization means an *insured* who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law.

Injury means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a covered trip and requiring immediate *emergency* treatment that is covered by this policy.

Insured, Insured Person, You, Your and Yourself refers to any eligible person who is named on the confirmation of insurance.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

Medically Necessary, in reference to a given service or supply, means such service or supply:
a) Is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
b) Is not experimental or investigative in nature;
c) Cannot be omitted without adversely affecting *your* condition or quality of medical care;
d) Cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Metastatic Cancer means a cancer that has spread from its original site to one or more other area(s) of the body.

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

Physician means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

Reasonable and Customary Costs means costs that are incurred for approved, eligible medical services or supplies that do not exceed the average reimbursement the provider receives for all services rendered to its patients, up to a maximum of one and a half times the rate that would be applicable if the costs were payable by US Medicare.

Regular Check-Up means any standard or customary medical examination unrelated to any specific medical condition and which is carried out for the purpose of screening, health monitoring or preventive care and may include routine medical tests and investigations.

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

Spouse means the person to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.

Stable means any medical condition (other than a *minor ailment*) for which all the following statements are true:
a) There has been no new diagnosis, treatment or prescribed medication;
b) There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
c) There have been no new symptoms, more frequent symptoms or more severe symptoms;
d) There have been no test results showing deterioration;
e) There has been no *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

Terminal Illness means that *you* have a medical condition that is cause for a *physician* to estimate that *you* have less than 6 months to live or for which palliative care has been received.

Travel Companion means a person who is accompanying *you* and is sharing travel arrangements with *you* from *your* point of departure on the covered trip, including accommodation and transportation, and who has paid such accommodation or transportation in advance of departure.

Treated means that *you* have been *hospitalized*, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication, or have undergone a medical or surgical procedure. Note that aspirin/entrophen is not considered treatment.

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip. This definition does not apply to exclusion 30 (see Section VI - Exclusions).

Section XII .:Identification of Insurer

Underwritten by:

Administered by:

The Medi-Select Advantage® Emergency Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc. and is offered through Snowbird Medi-Quote.

™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.
® The **etfs** logo and Medi-Select Advantage are registered trademarks of Expert Travel Financial Security (E.T.F.S.) Inc.
® The Global Excel logo is a registered trademark of Global Excel Management Inc.
™ Doctor-On-Call is a trademark of Expert Travel Financial Security (E.T.F.S.) Inc.

The *insured* is requested to read this Policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.

THIS POLICY CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE.