



Gold Emergency Medical Annual Plan

Travel Insurance & Global Assistance



PLEASE READ THIS POLICY CAREFULLY

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 or exclusions.

You must be a Canadian Resident and in Your Home Province when Your Policy is purchased prior to Your Departure Date for Your Trip.

This Policy provides complete descriptions of the benefits, terms, conditions, limitations and exclusions of Your insurance coverage.

This insurance is designed to cover certain medical expenses resulting from unanticipated Accidents. Your Policy may not provide coverage for Medical Conditions and/or symptoms that existed before 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 an Accident, Injury or Sickness, Your prior medical history may be reviewed when a claim is made.

If Your Policy provides travel assistance, You may be required to notify the designated assistance company prior to Treatment. Your Policy may limit benefits should You not contact the assistance company within a specified period.

This Policy contains a clause that may restrict Your right to designate a beneficiary. See Section VIII. Claim Procedures and Customer Service Inquires on page 25 of this Policy for detailed information with respect to this restriction. Further information can also be obtained from Travel Guard Canada.

Limitation of Action

Every action or proceeding against an Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), the *Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislations.

This Policy is the only contract under which benefits are paid. Please read Your Policy with care so You will understand the coverage.

WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. Your Policy may not provide coverage for Medical Conditions and/or symptoms that existed before 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.
2. You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred, or no reimbursement, unless Your Medical Condition prevents You from calling. You must call as soon as medically possible or have someone call on Your behalf.
3. Our medical department must approve all medical procedures (including, but not limited to, cardiac procedures and cardiac catheterization) in advance. A failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
4. If You choose not to receive Treatment or services from a Provider as directed by Us You may be responsible for 70% of any eligible expenses incurred.
5. The coverage provided by this Policy does not apply to risks and claims related to Cuba, as Cuba related risks and claims are not serviced and supported by Our United States affiliates (upon which We rely for service and support), unless such coverage would be permissible under all applicable sanctions.
6. The Insurer will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.
7. This Policy will not cover any loss, Injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, Sudan, North Korea or the Crimea region.
8. This Policy offers coverage only to individuals ordinarily resident in Canada and is null and void as to non-residents of Canada.

YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS POLICY IF:

1. A licensed Physician has diagnosed You with a Terminal Illness.
2. You have undergone a bone marrow transplant or an organ transplant (excluding corneal transplant) that requires the use of anti-rejection (immune suppression) drugs.
3. You require dialysis of any type for a kidney disease.
4. If You are under the age of 75 and in the last 12 months You have been prescribed or utilized home oxygen therapy at any time.

SCHEDULE OF BENEFITS

All Coverage is per person Maximum Limits - Up To

Emergency Medical Insurance

Emergency Medical Expense

Age 55+	\$10,000,000
Non-GHIP Emergency Medical Expense.....	\$10,000
Meals & Accommodations	\$1,750 (\$175/day)

Emergency Dental for Injury & Sickness

Accidental Blow to Face or Mouth.....	\$1,500
Other Cause.....	\$600

Beside Companion & Subsistence

Economy class airfare	Included
Subsistence Allowance	\$500
Companion Covered Under Policy.....	Included

Emergency Professional Services..\$300 (per professional)

Hospital Expenses.....\$750 (\$75/day)

Return of Dependent Children.....Included

Return of Vehicle.....\$2,000

Emergency Evacuation.....\$300,000

Return of Remains.....\$5,000

Subsistence Allowance	\$500
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Assistance Services

24 Hour Emergency Assistance.....Included

Personal Security Assistance.....Included

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IMPORTANT INFORMATION

Some words have very specific meanings that are set out in the Definitions Section. These words are capitalized in this Policy document when the Policy definition applies with the exception of titles.

Along with this Policy document, You should have received a Confirmation of Coverage that sets out details specific to the product You purchased. Our medical questionnaire (if applicable) will be sent to You for Your review to ensure You have answered the questions correctly.

All of these documents make up Your contract of insurance. If You did not receive all of these documents, if any information contained in these documents is incorrect, or if You have questions regarding Your coverage, it is Your responsibility to contact Us.

You should bring all of these documents with You when You travel.

I. DEFINITIONS

We attach very specific meanings to the following words when they appear in this Policy. We have capitalized these words when they are used as a defined term.

Accident/Accidental: A sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip that independently of any other cause, results in Injury (or damage, if the context relates to property loss or damage).

Accidental Death and Dismemberment (AD&D): Accidental death meaning bodily Injury caused by an accident which results in death if the Injury, accident and death occur while You are on a Trip. Accidental dismemberment meaning one (1) of (i) the actual severance of a limb above Your ankle or wrist joint; or (ii) the complete loss of eyesight in both eyes and/or hearing in both ears.

Change in Prescribed Medication: Means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed.

Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage You are currently taking provided it is not newly prescribed or stopped and there has been no change to Your Medical Condition; and
- a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

Common Carrier/Scheduled Carrier: Means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

Confirmation of Coverage: Your most recent computer printout, printed form, electronic copy, invoice, or Policy document that sets out the product You have purchased and any optional add-on coverage, if any, You have chosen.

Contamination: The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

Departure Date: The date on which You are scheduled to leave Your Home Province on a Trip.

Departure Point: The city that You depart from Your Home Province on the first day of Your Trip.

Dependent Child and/or Dependent Children: Unmarried persons who are Your natural, adopted, step or foster children, dependent on You for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self support. You must be the legal guardian of any foster children and they must reside at Your same address.

Effective Date: The date You leave your Home Province on a Trip.

Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip (or for Trip cancellation, that occurs immediately prior to Your Trip), which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health. An emergency no longer exists

when Our medical department determines that You are able to continue Your Trip or return to Your Home Province.

Emergency Dental Treatment: Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

Emergency Medical Treatment: Medically necessary services or supplies provided during a Trip by a licensed Physician, Hospital or other licensed Provider, that are required to treat any Injury or Sickness or other sudden, acute and unexpected condition that arose during the Trip, and that cannot be reasonably delayed until You return to Your Home Province without endangering Your health.

End Date: For annual plans the day which is one (1) day before the anniversary of Your Start Date.

Expected Medical Treatment: Medical Consultation or Hospitalization that Your prior medical history indicates as being probable or certain to occur.

Expiry Date: For each Trip, the first to occur of:

- the date You return to Your Home Province;
- the date You leave Your Home Province on a Trip plus the number of days that is Your Selected Trip Duration, including Your date of departure;

unless there has been an Automatic Extension of Coverage or Top-up, in which case the Expiry Date is the first to occur of:

- the date You return to Your Home Province; or
- the end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section or the Top-up Section of this Policy.

Follow-up Treatment: Treatment that continues beyond the initial Emergency.

Follow-up Visit: The re-examination of You to monitor the effects of earlier medical Treatment related to the initial Emergency, except while Hospitalized. Follow-up visit does not include further diagnostic or investigative testing related to the initial Emergency.

Government Health Insurance Plan (GHIP): Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home Province: Your Canadian province or territory of residence.

Hospital: A medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent hospital, health spa, or a rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

Hospitalization or Hospitalized: The state of being admitted to a Hospital and receiving Emergency Medical Treatment on an inpatient basis.

Immediate Family Member: Any one (1) or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, son-in-law, daughter-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury: A bodily injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

Insured: The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

Insurer: AIG Insurance Company of Canada, 1120 Bremner Boulevard, Suite 2200 Toronto, ON M5J 0A8. This Policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

Medical Condition: Means an irregularity in a person's health which required or requires medical advice, consultation, investigation, Treatment, care, service or diagnosis by a Physician; includes complications of pregnancy within the first 31 weeks of pregnancy.

Medical Consultation: Any investigative medical service, including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

Medical Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip (or for trip cancellation, that occurs immediately prior to Your Trip), which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

Mental or Emotional Disorders: Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs. (Example: a mental or nervous health disorder like: anxiety, depression, neurosis, psychosis and others or any related physical complications).

Minor Ailment: Any Sickness or Injury which does not require: the use of medication for a period of greater than 15 days; more than one (1) 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.

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

Physician: A medical doctor, other than Yourself, Your Immediate Family Member, Your Travel Companion or their Immediate Family Member, who is licensed to administer medical Treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians: naturopath, herbalist, and homeopath.

Policy or Policies: This document, any riders or endorsements to this document, the application, any medical questionnaire if applicable, and the Confirmation of Coverage all of which form the entire contract.

Policy Purchase Date: The date You pay for specific insurance coverage which is listed on Your Confirmation of Coverage as the "plan start date".

Premium: The cost of Your insurance Policy plus any additional amounts required for any optional coverage You have purchased.

Prescription Medication: A drug, medicine or medication only obtainable by the prescription of a licensed Physician for Emergency Medical Treatment or dentist for Emergency Dental Treatment, and dispensed by a licensed pharmacist.

Provider: The Hospitals, clinics, Physicians, and other medical service providers, the use of which must be approved by Us at the time of the Medical Emergency.

Recurrence: The appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

Rental Car: An automobile rented by You from a commercial rental agency for Your personal use under a written rental agreement.

Return Date: The first to occur of:

- the date You return to Your Home Province; or
- the date shown on Your most recent Confirmation of Coverage as Your 'Return Date'.

If there has been an Automatic Extension of Coverage the return date is the first to occur of:

- the date You return to Your Home Province; or
- the end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section.

Selected Trip Duration: The Trip coverage period You have selected for Your annual coverage. Your selected Trip duration appears on Your Confirmation of Coverage

Sickness: An acute illness or unforeseen disease requiring Emergency Medical Treatment, Emergency Dental Treatment or Hospitalization due to the sudden onset of symptoms.

Spouse: The person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one (1) year, regardless of gender.

Stable and Controlled: Any Medical Condition (other than a Minor Ailment) for which there has been:

- no new Treatment, new medical management, or newly prescribed medication(s); and
- no change in Treatment, change in medical management, or Change in Prescribed Medication; and
- no new symptom or finding, more frequent symptom or finding or more severe symptoms or finding experienced; and
- no test results or test results showing deterioration; and
- no investigations or future investigations initiated or recommended for symptoms whether or not Your diagnosis has been determined; and
- no Hospitalization and no or referral to a specialist (made or recommended).

Start Date: The date shown on Your most recent Confirmation of Coverage as the "plan start date".

Subsistence Allowance: Expenses incurred as a result of Your Emergency, including accommodation, meals, and essential telephone calls.

Terminal Condition: A Medical Condition from which no recovery is expected and which carries a prognosis of death within 12 months of Your Effective Date.

Top-up: Coverage purchased from Us to extend Your insurance beyond Your Selected Trip Duration of nine (9), 16, 30, or 60 days.

Travel Companion: The person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of three (3) people) in respect of a Trip.

Treatment: A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescription Medication, investigative testing, and surgery.

Trip: Your travel for which coverage under this Policy has been purchased and is in effect. The Trip has defined Departure Dates and Return Dates specified when the Insured applies.

University Health Insurance Plan (UHIP): Provides insurance to pay the cost of the hospital and medical services that students or employees and their families at Ontario participating universities and affiliated colleges might need to maintain their health while in Canada.

Vehicle: A private passenger automobile, minivan, recreational vehicle, or camper truck, which You use during Your Trip exclusively as conveyance of passengers other than for hire. It can be either owned by You or rented by You from a rental agency.

We, Us, Our: Means AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200 Toronto, ON M5J 0A8. This Policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

You, Yourself, Your: The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

II. SPECIFIC DETAILS OF YOUR INSURANCE

AM I ELIGIBLE?

Gold Medical Annual Plan

To be eligible for this coverage You must:

1. be currently in Canada when Your Policy is purchased; Your insurance must be issued in Canada and purchased prior to Your Departure Date or Effective Date;
2. have the Departure Date not more than 120 days prior to Policy purchase date;
3. have purchased Top-up coverage from Us for the full duration of Your Trip outside of Canada;
4. be covered under Your GHIP or UHIP for the full duration of Your Policy;
5. be a Canadian resident at the time Your Policy is purchased and remain a Canadian resident for the full duration of Your Policy;
6. be less than 55 years of age at the time Your Policy is purchased; and

7. be travelling for a maximum of 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP or UHIP. (including annual Trip duration plus Top-up).

Coverage is provided for Trips of any length within Canada outside of Your Home Province.

Gold Medically Qualified Emergency Medical Annual Plan

To be eligible for this coverage You must:

1. be currently in Canada when Your Policy is purchased; Your insurance must be issued in Canada and purchased prior to Your Departure Date or Effective Date;
2. have the Departure Date not more than 120 days prior to Policy Purchase Date;
3. have purchased Top-up coverage from Us for the full duration of Your Trip outside of Canada;
4. be covered under Your GHIP for the full duration of Your Trip;
5. be a Canadian resident at the time Your Policy is purchased and remain a Canadian resident for the full duration of Your Policy. Coverage is provided for Trips of any length within Canada outside of Your Home Province.
6. be between the ages of 55-84 years of age or older and have satisfied Our requirements based on the answers You have provided on Our medical questionnaire and be travelling for a maximum of 183 days (annual Trip Duration plus Top-up).

Top-up of Coverage

If You choose to extend Your Trip beyond Your Selected Trip Duration You must Top-up Your annual Policy with Us for coverage to be in force. We will issue a new Confirmation of Coverage document for that period of time.

If You selected the medically qualified annual option and choose to extend Your Trip beyond Your Selected Trip Duration You must complete Our medical questionnaire and Top-up Your annual Policy with Us prior to Your Departure Date for coverage to be in force during any portion of Your Trip. We will issue a Confirmation of Coverage for that period of time.

Call Us 72 hours before Your Expiry Date:
Canada and Continental USA: 1-866-878-0191; or
International collect at 416-646-3723.

HOW DO I BECOME INSURED?

Coverage under this Policy will not come into effect until all of the following conditions have been satisfied:

1. Your name appears on the Confirmation of Coverage;
2. You have paid the required Premium on or before Your Start Date;
3. if applicable, You have truthfully and fully completed and submitted Our medical questionnaire and satisfied Our requirements based on the answers You have provided.

HOW DOES THE MEDICAL QUESTIONNAIRE AFFECT MY COVERAGE?

If You are between the ages of 55-84 years of age at the time You purchase Your Policy You must complete Our medical questionnaire. Each question on Our medical questionnaire assigns a point value for each yes answer. Once Our medical questionnaire is completed the total point score will determine the medical exclusion that You qualify for and the Premium that You will pay. The completed medical questionnaire forms part of Your Policy and will be reviewed should a claim arise. If on Your medical questionnaire there is an incorrect answer the Policy is voidable and Premium will be refunded.

WHEN DOES MY INSURANCE START AND END?

This Policy comes into effect on Your Start Date and ends on Your End Date.

1. Coverage is limited to an Insured person who is travelling for any number of Trips that do not exceed the Selected Trip Duration.
2. Benefit limits are per Insured per each Trip, unless otherwise indicated.
3. If You do not Top-up Your coverage with Us then You will not have coverage for any claim during any portion of Your Trip regardless of when the cause for claim arises.

UNDER WHAT CIRCUMSTANCES CAN MY COVERAGE EXTEND?

Automatic Extension of Coverage

If You or Your Travel Companion are Hospitalized on Your scheduled Return Date Your coverage will automatically be extended at no additional Premium for the period of Hospitalization and up to 120 hours after discharge. If You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled Return Date.

Coverage will automatically be extended for up to 72 hours when there is a delay of a Common Carrier on which You are pre-booked as a passenger.

Optional Policy Extension for Top-Up Coverage

If You choose to extend Your Trip beyond Your scheduled Return Date and You have not made a claim nor is there a reason to claim, and You are covered under a single Trip option or You have purchased Top-up coverage, You may apply for a Policy extension subject to the following conditions:

1. the request for an extension must be made through and approved by Us prior to Your original Return Date;
2. You must pay the required additional Premium before Your original Return Date; and
3. You must have been eligible for the insurance that You seek to extend at the time of Your original booking and at the time of the request for the extension.

CAN MY PREMIUM BE REFUNDED?

If my Policy provides comprehensive coverage what is the refund process?

Refunds are available up to Your Departure Date as long as there is no risk to the Policy. Refunds will also be issued if a supplier cancels or alters service and all of Your non-refundable prepaid travel arrangements Insured by Us are refunded without penalty.

If my Policy provides coverage only for emergency medical benefits what is the refund process?

If outside above guidelines, a partial refund of premium is available if You have a minimum of four (4) unused days of coverage.

If there is a claim on my Policy what is the refund process?

No refund of Premium will be made in the event that a claim has been paid, incurred or reported under this Policy.

How do I request a refund?

1. If Your insurance was purchased through an agency or broker Your refund must be requested through Your issuing agent.
2. If Your insurance was purchased directly through Travel Guard Canada You must request Your refund in writing.
3. We cannot accept refund requests over the phone.

III. EMERGENCY MEDICAL COVERAGE

A. Benefits – Emergency Medical and Dental Coverage

If You incur expenses due to a covered risk, on or after Your Departure Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit.

Emergency Medical Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip. This includes one (1) Follow-up visit (not including ongoing Treatment), when the medical process in dealing with the Emergency requires such a Follow-up visit. The Follow-up visit must take place within 14 days of the initial Emergency. In the case of Hospital confinement any coverage related to the Hospital confinement terminates upon release from Hospital.

Benefit Limit for Covered Risk 1:

\$10,000,000.00 per Insured if You are 55 years of age or older; or unlimited per Insured if You are less than 55 years of age on Your Policy Purchase Date.

Benefits for Covered Risk 1:

1. Eligible Emergency Medical Expenses

If prescribed by a Physician and pre-authorized by Us in advance, We cover the cost:

- a. of care received from a Physician in or out of a Hospital;
- b. of a Hospital room;
- c. of rental or purchase (whichever is less) of a Hospital bed;
- d. of wheelchair, brace, crutch or other medical appliance;

- e. of tests that are needed to diagnose Your condition;
- f. of Prescription Medication;
- g. of the services of a licensed private duty nurse while You are Hospitalized; and
- h. of one (1) Follow-up visit for Your Emergency that happened while on Your Trip which was covered under this Policy.

2. Expenses for ambulance transportation:

We cover:

- a. Reasonable and customary charges for a local licensed ground ambulance service to transport You to the nearest qualified medical service Provider in an Emergency; or
- b. local taxi fare in lieu of ground ambulance transportation, where a ground ambulance is medically required but not available.
- c. When approved in advance by Our medical department, the cost of an air ambulance to transport You to the nearest qualified medical service Provider in an Emergency.

3. Emergency Evacuation and Repatriation:

If We or Your treating Physician recommends Your return to Your Home Province because of Your Medical Condition or if We or Your treating Physician recommends Your return after Your Emergency Medical Treatment, and if approved in advance by Us, We cover, via the most cost-effective itinerary:

- a. Up to the cost of a one-way economy airfare to return You to Your Home Province; or
- b. the fare for additional airline seats to accommodate a stretcher to return You to Your Home Province; or
- c. the fare for an upgrade to business class when a stretcher is not required to return You to Your Home Province; or
- d. where medically necessary, medical air evacuation to a Hospital in Your Home Province, when the attending Physician or the Medical Department recommends that You be so transported for the purpose of obtaining immediate medical Treatment; and
- e. the cost of round-trip airfare via the most cost-effective itinerary for a qualified medical attendant to accompany You, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline.

4. Return of Your Vehicle:

If You are unable to drive Your Vehicle to Your original Departure Point due to an Emergency, We cover the reasonable costs to return Your Vehicle to Your residence. If You used a Rental Car during Your Trip, We will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial vehicles. Arrangements must be pre-authorized by Us in advance and original receipts must be submitted for all eligible expenses.

5. Bedside Companion Travel and Subsistence:

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to return to Your Home Province:

- a. the economy/charter class fare via the most cost-effective itinerary for the round-trip flight for someone to be with You;
- b. a Subsistence Allowance for such person's hotel and meals (original receipts must be submitted for all eligible expenses) up to \$500 per Insured;
- c. coverage for such person under this Policy, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

6. Return of Dependent Children Under Your Care:

If You are Hospitalized for more than 24 hours while on a Trip or if while on a Trip You must return to Your Home Province because of a Medical Condition validated by a Physician, We cover:

- a. the extra cost via the most cost-effective itinerary for Your Dependent Children to be transported to their Departure Point; and
 - b. the return airfare of a qualified escort when the airline requires it.
- The Dependent Children must have been travelling with You and under Your care during Your Trip and they must be covered under this Policy.

7. Return of Remains:

If You die during Your Trip We cover reasonable expenses incurred for any one (1) of the following:

- a. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$3,000 per Insured for the preparation of Your remains and a transportation container; or
- b. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$2,000 per Insured for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or
- c. up to \$3,000 per Insured for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 per Insured for the burial of Your remains at the location where Your death occurred.

Benefit Limit: \$5,000 per Insured.

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:

- d. the cost of a round-trip economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
- e. a Subsistence Allowance up to \$500 for commercial accommodations and meals for that person (original receipts must be submitted for all eligible expenses); and
- f. that person under the terms of this insurance during the period in which he or she is required to identify Your body, up to three (3) business days.

8. Meals and Accommodation:

If a Medical Emergency prevents You or Your Travel Companion from returning to Your Departure Point of Your Insured Trip 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 or You or Your Travel Companion are delayed beyond Your scheduled Return Date in order to obtain Emergency Medical Treatment, We cover a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$175, to a maximum of \$1,750 (original receipts must be submitted for all eligible expenses).

9. Emergency Professional Services:

We cover expenses resulting from an Emergency, for services from a licensed physiotherapist, chiropractor, chiropractor, podiatrist or osteopath if ordered by a Physician, up to \$300 per profession per Insured.

10. Hospital Expenses:

We cover Your incidental Hospital expenses (telephone calls, television rental) while You are Hospitalized for at least 48 hours. We cover these expenses up to \$75 per day to a maximum of \$750 (10 days) per Insured.

11. Return of Travel Companion:

If You must return to Your Home Province because of a covered Medical Condition and if You are travelling with a Travel Companion, We cover the Travel Companion for the extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to return Your Travel Companion to his or her Departure Point.

Emergency Dental Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

1. Emergency Dental Coverage for Injury and Sickness:

Covered Risk 1: Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

Benefits for Covered Risk 1:

1. Emergency Dental Treatment:

We cover:

- a. expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow occurring on a Trip to Your face or mouth; and expenses for continuing care after You

return to Your Home Province and completed within 180 days of Your return, up to the benefit limit; or

- b. expenses You incur during Your Trip, up to the benefit limit, for Emergency Dental Treatment required because of an Emergency due to a cause other than an Accidental blow to Your face or mouth; and
- c. expenses You incur for Prescription Medication as a result of such Emergency.

Benefit Limit for Covered Risk 1: Continuing care for an Accidental blow to the face or mouth - \$1,500 per Insured; Emergency Dental Treatment other cause (no continuing care) - \$600 per Insured.

B. Conditions – Emergency Medical and Dental Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable for Emergency Medical Treatment or Emergency Dental Treatment as set out in Section III, A:

- 1. You must not know of any reason why You will need to seek medical or dental attention before You leave on a Trip;
- 2. the portion of the expenses claimed are not covered by Your GHIP, UHIP or any other related insurance or reimbursement plan;
- 3. You must contact Us before seeking medical attention;
- 4. Our medical department must approve and arrange all surgery or invasive procedures (including, but not limited to, heart catheterization), prior to You undergoing such procedure(s). It is Your responsibility to inform Your attending Physician to call Us for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical Emergency;
- 5. if You choose not to receive Treatment or services from the Provider, as directed by Us, You will be responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred;
- 6. You must be covered by GHIP or UHIP for the full duration of Your Trip. If travelling outside Your Home Province for more than 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP or UHIP. If You do not have GHIP or UHIP for the full duration of Your Trip, Your aggregate limit for all Emergency Medical Benefits will be \$40,000;
- 7. the Emergency medical attention You receive must be outside of Your Home Province and be required as a consequence of an Emergency and ordered by a Physician;
- 8. In the event of an Injury or Sickness that occurs while on Your Trip Your prior medical history will be reviewed as part of the claim process;
- 9. During an Emergency (whether prior to admission or during a covered Hospitalization), We reserve the right to:
 - a. move You to one of Our preferred health care Providers; and/or
 - b. return You to Your Home Province for medical Treatment of Your Sickness or Injury. If You choose to decline the transfer

or return when declared medically able by our Our medical department, We will be released from any liability for expenses incurred for such Sickness or Injury after the proposed date of transfer or return;

- 10. Once You are deemed medically able to return to Your Home Province (with or without a medical escort) either in the opinion of the Medical Department or by virtue of discharge from Hospital, Your Medical Emergency is considered to have ended, where upon any further consultation, Treatment, Recurrence or complication related to the Medical Emergency will no longer be eligible for coverage under this Policy.

C. Limitations – Emergency Medical and Dental Coverage

Our liability under this Policy for expenses under this Emergency Medical and Dental Coverage is limited as follows.

- 1. If You have purchased the Medically Qualified Medical Plan:
 - a. You are responsible for the deductible limit in USD that You have chosen on Your application; or
 - b. You have qualified for ME#3 (Rate 5), then You are responsible for a \$200 USD deductible.
- 2. A failure to contact Us before seeking medical attention will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
- 3. A failure to call and receive the approval of Our medical department before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.

D. Exclusions – Emergency Medical and Dental Coverage

These exclusions apply to the Emergency Medical and Dental Coverage set out in Section III, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

Ages 55-84 require completion of Medical Questionnaire the answers You provided on Our medical questionnaire there are four (4) possible exclusion identifiers which can apply to Your Policy.

These four (4) identifiers are GE, ME#1, ME#2, or ME#3.		
Ages 55-84 require completion of Medical Questionnaire	Rate 1	GE
	Rate 2	ME# 1
	Rate 3	ME# 2
	Rate 4	ME# 3

Pre-Existing Condition Exclusion for Identifier GE

If Your exclusion identifier is GE only the exclusions set out in the General Exclusions Section of this Policy apply to Your Emergency Medical and Dental Coverage; and We do not cover any loss or expense related directly or indirectly to Your Medical Condition or any related condition if in the 90-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled.

Pre-Existing Condition Medical Exclusion Identifier ME#1

If Your exclusion identifier is ME#1 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

ME#1. We do not cover any loss or expense related directly or indirectly to:

1. Your Medical Condition or any related condition if in the 90-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled; or
2. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period for a heart condition; or
3. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone for a lung condition.

Pre-Existing Condition Medical Exclusion Identifier ME#2

If Your exclusion identifier is ME#2 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

ME#2. We do not cover any loss or expense related directly or indirectly to:

1. Your Medical Condition or any related condition if in the 180-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled; or
2. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period for a heart condition; or
3. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone for a lung condition.

Pre-Existing Condition Medical Exclusion Identifier ME#3

If Your exclusion identifier is ME#3 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

ME#3. We do not cover any loss or expense related directly or indirectly to:

1. any Medical Condition for which You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180-day period immediately preceding and including Your Departure Date and this exclusion applies whether or not the condition has been Stable and Controlled;

2. Your heart condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any heart condition; or
3. Your lung condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any lung condition.

Please note: You may have more than one (1) Departure Date during any one (1) annual Policy. The pre-existing condition medical exclusion applies, in each 90-day period (or 180-day period if exclusion identifier ME#2 or ME#3 is applicable) before each Trip.

IV. FEATURES AND SERVICES TO SERVE YOU BETTER

These services are available to You for the duration of Your Trip. Whether You need Emergency medical care or Emergency arrangements to return home, Our Emergency assistance coordinators, doctors and nurses can help You any time of day.

All Assistance Services listed below are not insurance benefits and are not provided by Us. Travel Guard provides assistance through coordination, negotiation, and consultation using an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the responsibility of the traveler.

Canada and Continental USA: 1-866-878-0192 or
International Collect at 416-646-3723

Worldwide Travel Assistance

- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Arrangements for long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase assistance
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance

- Worldwide public holiday information Our LiveTravel™ service team can help You with emergency travel problems that can arise during a Trip.

Personal Security Assistance

- Arrange emergency and security evacuations
- Deployment of consultants to extract client to safety
- 24/7 access to security and safety advisories, global risk analysis and consultation specialist
- Immediate security intelligence of events occurring throughout the world
- Collaborate with law enforcement to assist with apprehension and prosecution of victim assailants

V. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this Policy.

1. Your coverage will be declared null and void if, for any reason:
 - a. the required Premium is not received by Us;
 - b. You are ineligible for coverage in accordance with any section of this Policy; or
 - c. You have incompletely or falsely provided information when purchasing your Policy or on Our medical questionnaire.
2. If Your health status changes (including a Change in Prescribed Medication or Treatment) prior to departure for any Trip, You must notify Us immediately. At Our sole discretion, We may opt to waive the exclusion that precludes Your unstable Medical Condition from coverage. This would allow You to continue with Your Trip and retain coverage for Your Medical Condition.
3. Canadian Currency: The benefit, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency, except any deductible which is expressed in US dollars. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. 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:
 - a. on the last date of service; or
 - b. on the date the claim was incurred if a cheque is issued directly to Physicians, Hospitals or other medical Providers.
4. If You are covered under more than one (1) of Our Policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit under any one (1) of Our Policies with the exception of the Flight Accident benefit which has a maximum payable of \$100,000 if You are covered under more than one (1) of Our Policies providing that benefit.
5. The coverage outlined in this Policy is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under

- this Policy, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Policy.
6. In the event of a payment of a claim under this Policy, We 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.
 7. We have full rights of subrogation; however, We do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country medical benefits is \$50,000 or less.
 8. Notwithstanding any provision of this Policy, this Policy is subject to the statutory conditions of the Insurance Act applicable to contracts of Accident and Sickness insurance and the laws and regulations in Your Home Province. The laws and regulations of the province or territory in Canada in which You normally reside govern this Policy and any provision in this Policy which is in conflict with any such statute is hereby amended to conform to such statute.
 9. Confirmation of Coverage: 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.
 10. Your Policy will be declared null and void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
 11. During the claims process, We may require You to have a medical examination by one (1) or more Physicians chosen by Us and at Our expense.
 12. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
 13. You must, at all times while You are covered under this Policy, act in a prudent manner so as to minimize costs to Us.
 14. Any reference to age in this document is specific to Your age on the date You apply for insurance.
 15. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind.
 16. The coverage provided by this Policy does not apply to risks and claims related to Cuba, as Cuba related risks and claims are not serviced and supported by Our United States affiliates (upon which We rely for service and support), unless such coverage would be permissible under all applicable sanctions.

17. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind.
18. The Insurer will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.
19. This Policy will not cover any loss, Injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, Sudan, North Korea or the Crimea region.

VI. MAXIMUM LIMITS OF LIABILITY

General Liability: Our liability under this Policy is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

VII. GENERAL EXCLUSIONS

The following exclusions apply to each benefit available under this Policy. In addition to any exclusion that apply to specific benefits outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. expenses resulting from any Sickness, Injury or state of health prior to Your Policy Purchase Date that would cause Expected Medical Treatment or Hospitalization during Your Trip;
2. reimbursement for expenses once the Emergency ends and in the opinion of the attending Physician or dentist, You are able to travel to Your Home Province for any further Treatment relating to the Sickness or Accident that led to the Emergency other than for a Follow-up Visit as listed under the benefits for Emergency Medical and Dental Coverage;
3. optional Policy extensions or Top-ups: Sickness or Injury which first appeared, was diagnosed or received medical Treatment after Your Departure Date and prior to the Effective Date of the optional insurance extension or Top-up;
4. any Treatment that is not Emergency Treatment. For example (and not inclusive of):
 - a. expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a Medical Condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
 - b. transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
 - c. expenses incurred for acupuncture or naturopathic or holistic Treatment;

5. ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
6. expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;
7. any Medical Condition if on Our medical questionnaire there is an incorrect answer. In this case the Policy is voidable and Premium refundable;
8. more than one (1) Follow-up Treatment, Recurrence or complication of a Medical Condition or related condition, following Emergency Treatment of that condition during Your Trip if the medical department determines that You were medically able to return to Your Home Province and You chose not to return;
9. more than one (1) Follow-up Treatment of any heart or lung condition, following Emergency Treatment for a related or unrelated heart or lung condition during Your Trip if the medical department determines that You were medically able to return to Your Home Province and You chose not to return;
10. any Medical Condition, if Our medical department recommends that You return to Your Home Province following Your Emergency Treatment, and You choose not to travel;
11. expenses incurred for Treatment or services that are prohibited under Your GHIP/UHIP;
12. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
13. any medical expense incurred while travelling in Your Home Province;
14. routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
15. Your Mental or Emotional Disorders;
16. Your committing or attempting to commit suicide or intentionally self-inflicted Injury (whether sane or insane);
17. any alcohol related Sickness, death, or Injury or the abuse of medication, drugs, alcohol or any other toxic substance during the Trip; Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood;
18. a Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 90 days prior to Your Departure Date; or where a Terminal Condition prognosis has been diagnosed by any Physician;
19. a Medical Condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that Medical Condition or a related condition;

20. a Medical Condition for which future investigation or Treatment is planned before Your Departure Date. This does not include routine monitoring;
21. the commission of or Your direct or indirect attempt to commit a criminal act or Injury occurring while You are committing or attempting to commit a criminal act;
22. Your participation in, and any claim resulting from activities including: rock or Mountain Climbing; hang-gliding; parachuting, bungee jumping or skydiving; Ski Jumping, Ski Flying, Helli-Skiing, Ski Acrobatics, Ski Stunting, Freestyle Skiing, Ski Racing, Ski Bob Racing, or On-Piste and Off-Piste Skiing in areas designated unsafe by resort management; Your participation as a professional athlete in a sporting event; and/or Your participation in a motorized race or motorized speed contest;
23. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
24. expenses incurred if You travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised travellers not to travel to during the time of Your Trip. This exclusion applies if the advisory is issued prior to Your Departure Date;
25. war (declared or not), acts of foreign enemies or rebellion;
26. interest on a payment or reimbursement;
27. expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
28. any Medical Condition, if prior to Your Departure Date, such Medical Condition renders You ineligible or causes You to qualify for a different rate. You must be and remain eligible and rate qualified under this Policy when You purchase and continuously until You take a Trip for coverage to come into and be in effect when You take a Trip.

VIII. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

Payment of Claims - To Whom Paid:

Benefits are payable to the Insured who applied for coverage and paid any required plan cost.

Any benefits payable due to that Insured's death will be paid to the survivors of the first surviving class of those that follow:

1. the beneficiary named by that Insured and on file with Us;
2. to his/her Spouse, if living. If no living Spouse, then;
3. to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$3,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

Benefits for Emergency Medical Expense/Emergency Evacuation and Repatriation of Remains services may be payable directly to the Provider of the services. However, the Provider:

1. must comply with the statutory provision for direct payment; and
2. must not have been paid from any other sources.

Travel Guard Canada
c/o Global Excel Management
73 Queen, Sherbrooke, Qc J1M 0C9

To Claim For Emergency Medical and Dental Benefits:

You must notify Us at the below numbers prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Our assistance coordinators will provide guidance. We will make every effort, although We cannot guarantee, to pay Providers directly. You must provide Us with original receipts for incurred expenses including those for Subsistence Allowance expenses.

Call:

Canada and Continental USA: 1-888-566-8028 OR
International Collect at 1-819-566-8028

Statutory Conditions

THE CONTRACT

The application, this Policy, any document attached to this Policy when issued and any amendment to the contract agreed on in writing after this Policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

MATERIAL FACTS

No statement made by the Insured or a person insured at the time of application for the contract may be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

NOTICE AND PROOF OF CLAIM

1. The Insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - a) give written notice of claim to the insurer;
 - i. by delivery of the notice, or by sending it by registered mail to the head office or chief agency of the insurer in the province, or
 - ii. by delivery of the notice to an authorized agent of the insurer in the province not later than 30 days after the date a claim arises under the contract on account of an Accident, Sickness or disability,
 - b) within 90 days after the date a claim arises under the contract on account of an Accident, Sickness or disability, furnish to the

insurer such proof as is reasonably possible in the circumstances of:

- i. the happening of the accident or the start of the sickness or disability;
 - ii. the loss caused by the Accident, Sickness or disability,
 - iii. the right of the claimant to receive payment;
 - iv. the claimant's age, and
 - v. if relevant, the beneficiary's age, and
- c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the Accident, Sickness or disability for which claim is made under the contract and in the case of sickness or disability, its duration.
2. Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the Accident or the date a claim arises under the contract on account of Sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if 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, sickness or disability giving rise to the claim and of the extent of the loss.

RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under the contract:

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

WHEN MONEY PAYABLE OTHER THAN FOR LOSS OF TIME All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

10 DAY RIGHT TO EXAMINE

Please take the time to read Your Policy and Your completed medical questionnaire (if applicable) prior to Your Departure Date. If You have any questions or You are unsure about Your coverage You must contact Us at 1-866-878-0191 prior to Your Departure Date.

You have the right to cancel this Policy within 10 days from the date You purchased Your insurance. For refunds after 10 days, please refer to the Can My Premium Be Refunded? section at the beginning of this document.

Beneficiary Designation and Change

The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with Us. If no beneficiary has been designated, payment will be made to the Insured's estate. An Insured over the age of majority and legally competent may change his/her beneficiary designation at any time unless the beneficiary designation is irrevocable, without the consent of the designated beneficiary(ies), by providing Us a written request for change. What the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurer on account of any payment made by it prior to receipt of the request.

PRIVACY PRINCIPLES

We abide by the Privacy Principles of the AIG Insurance Company of Canada and want You, Our policyholders, Insureds and claimants (referred to as "Customers" or "You"), to be aware of how and why We handle personal information. We work hard to respect and maintain Your privacy. However, the very nature of Our business is such that the collection, use and disclosure of personal information is fundamental to the products and services We provide.

For the purposes of the Privacy Principles, personal information means information that identifies an individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which We may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. By applying for or purchasing AIG's products and services, You are providing Your consent to Our collection, use, and disclosure of Your personal information for insurance purposes and carrying on business, as set out in the Privacy Principles.

You may obtain a copy of the Privacy Principles on Our website at www.aig.ca or request a copy by contacting Us at:

The Privacy Officer
c/o AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8
1-800-387-4481

24-HOUR EMERGENCY ASSISTANCE

You must notify Us prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred.

Call Global Excel Management:
Canada and Continental USA: 1-888-566-8028 OR
International Collect at 1-819-566-8028