



Silver Visitors to Canada Plan

Travel Insurance & Global Assistance



PRIVACY PRINCIPLES

We abide by these Privacy Principles 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 are fundamental to the products and services We provide.

These Privacy Principles apply only to the product or service Our customers have obtained or the insurance Policy under which the Customer is seeking or receiving benefits. As a worldwide leader in the delivery of insurance products and services, the member companies of AIG Property Casualty Inc. offer numerous products and services to many types of consumers and clients in many different countries around the world. Therefore, differing AIG Property Casualty Inc. companies may adopt differing privacy practices to fit their own jurisdiction and business requirements. The Global Privacy Notice, located at www.aig.ca, may also be applicable to Our Customers as We conduct Our business.

For the purposes of these 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.

These Privacy Principles may be modified from time to time. An individual may obtain Our most up to date version located at www.aig.ca or 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

This Policy contains a provision removing or restricting the right of the Insured to designate persons to whom or for whose benefits insurance money is to be payable.

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. In the last 12 months, You have been prescribed or utilized home oxygen therapy at any time.

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

RESTRICTED BENEFITS

1. This Policy covers losses resulting from unforeseeable and Emergency circumstances only.
2. If You purchase this Policy after arriving in Canada, then there will be no coverage for Sickness or illness for a period of 48 hours from Your Start Date. Coverage for expenses incurred as a result of an Accident not subject to this limitation.
3. Pre-existing condition exclusions apply to Medical Conditions and/or symptoms that existed prior to travel and, in certain coverage, prior to the date You purchased Your coverage. There may be no coverage if You have a pre-existing condition.
4. 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.
5. 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.
6. 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.
7. Your Emergency Medical and Dental Coverage is subject to an aggregate limit of \$25,000 CAD, \$50,000 CAD, \$100,000 or \$150,000 CAD depending on the plan You choose.
8. There are limits, limitations and exclusions that apply to all Insured persons.
9. 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.
10. 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.
11. This Policy will not cover nationals from Iran, Syria, Sudan, North Korea or the Crimea region. Or 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.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS.....	4
I. DEFINITIONS	5
II. IMPORTANT INFORMATION	10
III. SPECIFIC DETAILS OF YOUR INSURANCE.....	10
IV. EMERGENCY MEDICAL COVERAGE.....	12
V. ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE	18
VI. FEATURES AND SERVICES TO SERVE YOU BETTER.....	19
VII. GENERAL CONDITIONS.....	19
VIII. MAXIMUM LIMITS OF LIABILITY.....	21
IX. GENERAL EXCLUSIONS.....	21
X. CLAIMS PROCEDURES AND CUSTOMER SERVICE INQUIRIES	23

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of Accident and Sickness insurance.

The following chart summarizes the benefits provided under Our Visitors to Canada Emergency Medical Plan. This chart is a summary only. You should refer to the actual benefit provisions of the Policy document as those are the provisions that apply when determining if a claim is covered.

<p>SCHEDULE OF BENEFITS (All coverage is per person, CAD\$) Maximum Benefit Limit – Up To</p>
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COVERAGE			
PLAN 1	PLAN 2	PLAN 3	PLAN 4
Deductible			
\$50	\$50	\$0	\$0
EMERGENCY MEDICAL AND DENTAL COVERAGE			
\$25,000*	\$50,000*	\$100,000*	\$150,000*
Ambulance Transportation			
\$5,000	\$5,000	\$5,000	\$5,000
Emergency Evacuation and Repatriation			
\$5,000	\$5,000	\$5,000	\$5,000
Return of Remains			
\$5,000	\$5,000	\$5,000	\$5,000
Emergency Professional Services			
\$250	\$250	\$250	\$250
Meals and Accommodation			
Not Covered	Not Covered	\$1,500	\$1,500
Bedside Companion Travel and Subsistence			
Not Covered	Not Covered	Air/\$300	Air/\$300
Emergency Dental			
Not Covered	Not Covered	\$250	\$250
ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE			
Not Covered	Not Covered	\$40,000	\$40,000
ASSISTANCE SERVICES: 24/7 Worldwide Emergency Assistance			
Included	Included	Included	Included

*The aggregate limit for Emergency Accident and Sickness benefits is \$25,000 for Plan 1; \$50,000 for Plan 2; \$100,000 for Plan 3; and \$150,000 for Plan 4.

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 means a sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip, that independently of any other cause, results in Injury.

Accidental Death and Dismemberment (AD&D) means 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).

Confirmation of Coverage means 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 means 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.

Country of Residence means the country in which You maintain a permanent residence prior to entry into Canada or the country which issued Your passport. For returning Canadians holding a Canadian passport without a permanent residence, Your country of residence is Canada.

Departure Point means the city/country You departed from before arriving in Canada.

Departure Date means the date on which You are scheduled to leave Your Country of Residence on a Trip.

Dependent Child and/or Dependent Children means unmarried persons who are Your natural, adopted or step children, dependent on You for support and care and who are travelling on the same itinerary as You are AND i) under 21 years of age; OR ii) full time

students under 26 years of age; OR iii) mentally or physically incapable of self-support.

Emergency means an unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a 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 Country of Residence.

Emergency Dental Treatment means 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 means 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 Departure Point without endangering Your health.

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

Expiry Date means the first to occur of:

- The date You return to Your Departure Point; OR
- The Return Date as shown on Your most recent Confirmation of Coverage; unless there has been an Automatic Extension of Coverage or an Optional Policy Extension in which case the Expiry Date is the first to occur of:
 - The date You return to Your Country of Residence; OR
 - The end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section of this Policy or the Optional Policy Extension Section of this Policy.

Follow-up Treatment means treatment that continues beyond the initial Emergency.

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

Hospital means 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, convalescent Hospital, health spa, rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

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

Immediate Family Member means 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, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

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

Insured means 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 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).

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 means 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 means 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 means 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 means 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.

Please Note: a chronic condition or any complication of a chronic condition is not considered a minor ailment.

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

Physician means 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 means this document, any riders or endorsements to this document, the Application, and the Confirmation of Coverage all of which form the entire contract.

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

Premium means the cost of Your Visitors To Canada Emergency Medical Plan.

Prescription/Prescribed Medication means 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 means the Hospitals, clinics, physicians, and other medical service providers, the use of which must be approved by Us at the time of the Emergency.

Recurrence means 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.

Return Date means either the date of Your scheduled return to Your Departure Point as indicated on Your most recent Confirmation of Coverage or the date of Your actual return to Your Departure Point.

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

Spouse means 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, and regardless of gender.

Stable and Controlled means 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 means the date shown on Your most recent Confirmation of Coverage as the "Start Date".

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

Terminal Illness means a Medical Condition from which no recovery is expected and which carries a prognosis of death within 12 months of Your Policy Purchase Date.

Travel Companion means 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 means 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 means 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.

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

II. IMPORTANT INFORMATION

This Policy covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear capitalized in this Policy document when the Policy definition applies.

Along with this Policy document, You should have received a document called a Confirmation of Coverage. The Confirmation of Coverage sets out details specific to the plan You purchased and it is part of Your contract of insurance as is this document. 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 at 1-866-878-0191.

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

III. SPECIFIC DETAILS OF YOUR INSURANCE AM I ELIGIBLE?

To be eligible to purchase Our Visitors To Canada Emergency Medical Plan and to be eligible for any coverage under this plan, You must be planning to be in Canada for over 50% of Your Trip away from Your Departure Point, Your Trip must begin and end in Canada, and:

1. be a visitor to Canada; OR
2. have a Canadian work visa or student visa; OR
3. be an immigrant to Canada; OR
4. be a Canadian not covered by GHIP; AND
5. be older than one (1) month and less than or equal to 84 years of age on Your Policy Purchase Date in order to be eligible for Plan 1 or Plan 2; OR
6. be older than one (1) month and less than or equal to 74 years of age on Your Policy Purchase Date in order to be eligible for Plan 3 or Plan 4.

Please Note: In order to be eligible for family rates for Plan 1, Plan 2, Plan 3 or Plan 4 all Insureds must be older than one (1) month and less than or equal to 59 years of age on Your Policy Purchase Date.

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. You have purchased Your insurance prior to or on the same day as Your Departure Date;
4. You have not purchased more than 365 days prior to Your Departure Date;

5. Plan 1 and Plan 2 You will be travelling for a maximum of 365 days if You are between the ages of one (1) month and less than or equal to 84 years of age on Your Policy Purchase Date;
6. Plan 3 and Plan #4 You will be travelling for 365 days or less if You are less than or equal to 74 years of age on Your Policy Purchase Date.

Please Note: If You purchase this Policy after arriving in Canada, then there will be no coverage for Sickness or illness for a period of 48 hours from Your Start Date.

WHEN DOES MY INSURANCE START AND END?

Unless otherwise stated in the provision pertaining to a specific benefit, Your insurance starts on the latest of:

1. if the Policy is purchased before You arrive in Canada: the date of Your arrival in Canada as shown on Your Confirmation of Coverage;
 2. if the Policy is purchased after You arrive in Canada: and/or after the Expiry date of an existing policy with another insurer, Your coverage starts 48 hours from Your Start Date. Any sickness which started within the first 48 hours is not covered, even if expenses are incurred after the 48-hours or immediately in the case of an Accidental bodily Injury. Your insurance ends on the earliest of:
 1. 11:59 pm on Your scheduled Return Date;
 2. 11:59 pm on Your Expiry Date; OR
 3. 11:59 pm on the date You return to Your Departure Point, unless there has been:
 - An extension of coverage under the Automatic Extension of Coverage provision of this Policy; OR
 - An Optional Policy Extension in accordance with the Optional Policy Extension provision of this Policy;
- In which case Your insurance ends on the earliest of:
1. The date You return to Your Departure Point; or
 2. The later of the expiry of the Automatic Extension of Coverage or any Optional Policy Extension, if applicable.

UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?

Automatic Extension of Coverage

If You 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

If You choose to extend Your Trip beyond Your scheduled Return Date and you have not made a claim nor is there reason to claim, You may apply for a Policy extension subject to the following conditions:

1. the request for an extension must be made 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 coverage only for emergency medical benefits what is the refund process?

Refunds are available up to Your Start Date or if You have a minimum of four(4) unused days of coverage. Refund requests must be substantiated with original receipts showing dates of travel.

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 refunds over the phone.

IV. EMERGENCY MEDICAL COVERAGE

This section sets out the Emergency medical benefits which are covered under Our Visitors To Canada Emergency Medical Plan.

A. Benefits –

Emergency Medical Coverage for Injury and Sickness

If You incur expenses due to a covered risk, on or after Your Start Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following benefits up to the specific benefit limits set out below.

You will be responsible to pay the deductible, if applicable, before We pay any benefit under this Emergency Medical Coverage. You will have to pay the amount of Your deductible directly to the Provider before We make any benefit payment under this coverage.

Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit. Emergency medical coverage is subject to the following aggregate limits by plan: Plan 1: \$25,000; Plan 2: \$50,000; Plan 3: \$100,000; Plan 4: \$150,000.

Covered Risks and Benefits for Plans 1-4: Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip.

1. Eligible Emergency Medical Expenses:

If prescribed by a Physician and pre-authorized by Us, 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; and
- g. The services of a licensed private duty nurse while You are Hospitalized.

Benefit Limit: Plan 1: \$25,000; Plan 2: \$50,000; Plan 3:\$100,000; Plan 4:\$150,000.

2. Expenses for ambulance transportation:

We cover:

- a. Reasonable and customary charges for local ambulance service provider if medically required; or
- b. taxi fare instead 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.

Benefit Limit: Plan 1: \$5,000 limit; Plan 2: \$5,000 limit; Plan 3: \$5,000 limit; Plan 4: \$5,000.

3. Emergency Evacuation and Repatriation:

If We or Your attending Physician recommends to Us in writing Your return to Your Departure Point because of Your Medical Condition or if our medical advisors determine that You are able to and recommend You return after Your Emergency Medical Treatment, and if approved in advance by Us, We cover, via the most cost effective itinerary, one (1) or more of:

- a. up to the cost of a one-way economy airfare to return You to Your Departure Point; or
- b. the fare for additional airline seats to accommodate a stretcher to return You to Your Departure Point; or
- c. the fare for an upgrade to business class when a stretcher is not required to return You to Your Departure Point; or
- d. where medically necessary, medical air evacuation to a Hospital at Your Departure Point, when the attending Physician or Our 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.

Benefit Limit: All Plans: \$5,000.

4. 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 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 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 for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 for the burial of Your remains at the location where Your death occurred.

Benefit Limit: As described above 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 return 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. We cover that person under the terms of this insurance during the period in which he/she is required to identify Your body, up to three (3) business days.

Benefit Limit: Plan 1: \$5,000 aggregate limit; Plan 2: \$5,000 aggregate limit; Plan 3: no aggregate benefit limit; Plan 4: no aggregate benefit limit

5. Emergency Professional Services:

We cover expenses resulting from an Emergency, for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, if ordered by a Physician, up to the benefit limit.

Benefit Limit: \$250 per profession per Insured.

Please note: Arrangements must be pre-authorized by Us in advance.

Additional Covered Risks 6 to 8 for Plan 3 and Plan 4 only: Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip.

6. Meals and Accommodation - Plan 3 and Plan 4 Only:

If a Medical Emergency prevents You or Your Travel Companion from returning to Your Departure Point 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 \$250, to a maximum of \$1,500 (original receipts must be submitted for all eligible expenses).

Benefit Limit: \$1,500 per Insured.

Please note: This benefit must be preauthorized by Us.

7. Bedside Companion Travel and Subsistence - Plan 3 and 4 Only:

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 Departure Point:

- a. the economy/charter class fare via the most cost-effective itinerary for the round-Trip flight only for someone to be with You;
- b. a Subsistence Allowance for such person's hotel and meals (original receipts must be submitted) up to the benefit limit;
- 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.

Benefit Limit: Subsistence Allowance – \$300 per Insured.

8. Emergency Dental Coverage - Plan 3 and 4 Only:

We cover expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment during Your Trip and We cover the expenses You incur for Prescription Medication as a result of such Emergency.

Benefit Limit: \$250 per Insured and the complete cost of Prescription Medications.

B. Conditions – Emergency Medical 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:

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 any other insurance or reimbursement plan;
3. You must contact Us before seeking medical attention;
4. Our medical department must approve in advance 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 may be responsible not only for the amount of Your deductible, if applicable, but also for 70% of any eligible expenses incurred;
6. You must return to Your Departure Point prior to any Treatment or following Emergency Treatment or Hospitalization if, on medical

evidence, You are able to return to Your Departure Point without endangering Your health and if, in these circumstances, You elect not to return to Your Departure Point, then any expenses incurred for continuing medical Treatment or surgery with respect to such Emergency will not be covered AND all coverage and benefits under this Policy will cease;

7. the Emergency medical attention You receive must be outside of Your Departure Point 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 Departure Point 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 Departure Point (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 Coverage

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

1. 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.
2. 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.
3. If You purchase this Policy after arriving in Canada then there will be no coverage for illness for a period of 48 hours from Your Start Date. Any Sickness which started within the first 48-hours is not

covered even if expenses are incurred after the 48-hours. Coverage for expenses incurred as a result of an Accident is not subject to this limitation.

D. Exclusions – Emergency Medical Coverage

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

There are two (2) possible exclusion identifiers which can apply to Your Policy depending on Your age when Your insurance starts. These two (2) identifiers are ME#1 and ME#2.

Age when Your insurance starts	Medical Exclusion
If You are under 50 years of age	ME#1
If You are 50 years of age or older	ME#2

Pre-Existing Condition Medical Exclusion for Identifier ME#1

If Your exclusion identifier is ME#1 Your Emergency Medical 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 for 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.

V. ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Accidental death and dismemberment coverage applies to You if You purchased Plan 3 and Plan 4. If You purchased any other plan You do not have accidental death and dismemberment coverage under this Policy.

A. Benefits – Accidental Death and Dismemberment Coverage

You are covered in the event of an Accident sustained during a Trip due to one (1) of the following covered risks for Accidental death or Accidental bodily Injury for the benefits set out below. The total benefits payable for one (1) or more Accidents will not exceed \$40,000.

Covered Risk 1:

Bodily Injury is sustained due to an Accident occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident You:

1. Die;
2. Suffer loss of sight in both eyes;
3. Have two (2) of Your limbs fully severed above Your wrist or ankle joints; or
4. Suffer complete and irrecoverable loss of speech or loss of hearing.

Benefits for Covered Risk 1: \$40,000

Please note: If Your body is not found within 12 months of the Accident, We will presume that You died as a result of Your injuries.

Covered Risk 2:

Bodily Injury is sustained due to an Accident occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident, You:

1. Suffer loss of sight in one (1) eye; or
2. Have one (1) of Your limbs fully severed above a wrist or ankle joint.

Benefits for Covered Risk 2: \$20,000

B. Conditions– Accidental Death and Dismemberment Coverage

All of the conditions set out in the General Conditions Section of this must be satisfied before a benefit is payable for Accidental Death and Dismemberment.

C. Exclusions – Accidental Death and Dismemberment

These exclusions apply to the Accidental Death and Dismemberment Coverage set out in Section V, A.

The additional exclusions set out in the General Exclusions Section of this Policy also apply.

We do not cover any claim related in whole or in part, directly or indirectly, to:

1. A disease, even if the proximate cause of its activation or reactivation is the Accidental bodily Injury;

VI. FEATURES AND SERVICE TO SERVE YOU BETTER

24/7 Worldwide Emergency Assistance 1-866-878-0192 or collect at 416-646-3723 Our emergency assistance coordinators, doctors and nurses can help You anywhere in the world, anytime of day.

VII. 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; or
 - b. You are ineligible for coverage in accordance with any section of this Policy.
2. Canadian Currency: All benefits, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency. 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.
3. 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.
4. 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.
5. 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.

6. We have full rights of subrogation.
7. 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 Ontario. The laws and regulations of Ontario 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.
8. The maximum period of coverage under this Policy shall not exceed 12 months. Benefits only apply outside Your home country. No coverage will be provided to or for anyone not named on the Confirmation of Coverage.
9. 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 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..
16. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind.
17. 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.
18. This Policy will not cover nationals from Iran, Syria, Sudan, North Korea or the Crimea region. Or 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.

VIII. 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.

IX. GENERAL EXCLUSIONS

The following exclusions apply to all benefits available under this Policy. In addition to any exclusions that applies 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 Treatment);"
3. optional Policy extensions: Sickness or Injury which first appeared, was diagnosed or received medical Treatment after Your Departure Date and prior to the date Your optional insurance extension begins;
4. any Treatment that is not Emergency Medical 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. the 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 advisors, or We, determine that You were medically able to return to Your Departure Point and You chose not to return;
8. the 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 advisors, or We, determine that You were medically able to return to Your Departure Point and You chose not to return;
9. any Medical Condition, if Our medical advisors recommend that You return to Your Departure Point following Your Emergency Treatment, and You choose not to travel;
 10. expenses incurred for Treatment or services that are prohibited under a government health insurance plan;
 11. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
 12. Treatment or surgery for a condition or related condition that had caused Your Physician to advise You not to travel;
 13. any medical expense incurred while travelling in the country of Your Departure Point;
 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 any time 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. Your chronic use or abuse (prior to or during Your Trip) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or Treatment;
 19. 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 Start Date; or where a Terminal Illness prognosis has been diagnosed by any Physician;
 20. 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;
 21. a Medical Condition for which future investigation or Treatment is planned before Your Start Date. This does not include routine monitoring;
 22. 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;
 23. Your participation, and any claim resulting from activities including, but not limited to, rock or Mountain Climbing; hang-gliding, parachuting, bungee jumping or skydiving; Ski Jumping, Ski Flying, Heli-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.

- motorized racing or motorized speed contests; Your participation as a professional athlete in a sporting event;
24. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any armed forces service;
 25. 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 Canadians not to travel to during the time of Your Trip;
 26. War (declared or not), acts of foreign enemies or rebellion;
 27. interest on a payment or reimbursement;
 28. 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;
 29. expenses arising from or related to a congenital defect if You are two (2) years of age or younger;
 30. the purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind;
 31. 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.;
 32. This Policy will not cover nationals from Iran, Syria, Sudan, North Korea or the Crimea region. Or 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.

X. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the premium for this insurance, You agree that:

1. We may verify Your health card number and other information required to process Your claim, with government and other authorities;
2. Physicians, Hospitals and other medical providers are authorized by You to provide to Us any and all information they have regarding You, while under observation or Treatment, including Your medical history, diagnoses and test results;
3. We may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing Your claim for benefits.
4. failure to complete the required claim form and authorization form in full will delay the processing of Your claim and could invalidate Your claim. We cannot process Your claim in full until all required documentation has been received by Our claims department.

If making a claim, You must notify Us as soon as possible in order for Us to provide You with a claim form specific to Your loss. Failure to do this could invalidate Your claim. You have 90 days from Your Return Date to file Your claim with Us. To report a claim or to request a claim form call 1-866-878-0191. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate Your claim. All claim information should be sent to Us at:

Travel Guard

Attn: Claims Department

120 Bremner Boulevard, Suite 2200, Toronto, ON M5J 0A8

To Claim For Emergency Medical Benefits: You must notify Us at 1-866-878-0192 or collect at 416-646-3723 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.

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.

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 legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

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.

Important Travel Tips

To help You prepare for Your long-awaited, much-deserved, vacation, here are some helpful hints.

- ✓ Take a carry-on with Your important travel documents, including Your Travel Guard Policy.
- ✓ Make sure Your family or close friend knows Your travel itinerary and insurance information.
- ✓ Remove the 24-hour Emergency Travel Assistance Card below and carry it with You at all times.
- ✓ Make a list of all identification, credit card numbers and corresponding customer service telephone numbers. Leave a copy at home.
- ✓ Make sure You have a passport – it's the best piece of identification to carry.
- ✓ Make sure Your passport is valid for six months beyond Your Trip.
- ✓ Put bag tags on Your luggage and inside each piece in case tags fall off.
- ✓ You may be required to fill out customs forms. Keep a pen handy.
- ✓ You may need extra cash to pay any airport improvements taxes, departure taxes, or service fees.

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.

Canada and Continental USA: 1-866-878-0192
International: 416-646-3723 (collect)