

Southern Bound

Emergency Medical Travel Insurance



IN THE EVENT OF AN EMERGENCY: You must call Zurich Travel Assist Management Inc. (hereinafter called "Zurich Travel Assist") immediately: Toll free Canada/USA: 844-602-6862 or call collect: 416-646-5610 (International operator assistance is required; please confirm how to call collect to Canada from your destination before leaving.)

Do not assume that someone will contact Zurich Travel Assist on your behalf. It remains your responsibility to ensure that Zurich Travel Assist has been contacted prior to receiving treatment or as soon as reasonably possible. Failure to do so limits benefits payable to you:

- In the event of hospitalization, 80% of eligible expenses, based on reasonable and customary costs, to a maximum of \$25,000; and
- In the event of an outpatient medical consultation, a maximum of one visit per sickness or injury.

You will be responsible for payment of any remaining charges.

RIGHT TO EXAMINE POLICY – You have the right to cancel this policy within 10 days of receipt of the policy and receive a full refund. Upon such request, this policy will be considered to never have been in effect and the insurer will have no liability under this insurance. You must notify your broker or sales agent immediately if you wish to cancel your coverage and written confirmation must be received within 10 days of receipt of the policy.

Section I – Important Notice

- Throughout this policy, words in italics have a specific meaning and are defined in Section XI -

Definitions.

- Please read this policy carefully before you travel.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed prior to your trip. Refer to your policy to determine how these exclusions may affect your coverage and how they relate to your departure date, date of purchase or effective date.
- In the event of a sickness or injury, your prior medical history will be reviewed after a claim has been reported.
- You are required to contact Zurich Travel Assist as soon as reasonably possible for approval of treatment. Failure to do so limits benefits (see Section V - Limitations and Restrictions).

- All amounts are in Canadian currency, unless indicated otherwise.

- If, while you are on a covered trip, you return to your province, territory of residence or Canada for any reason prior to your expected return date, you must contact your broker or sales agent to discuss how your coverage may be affected.
- If there is a change in your departure date or effective date as indicated on your confirmation of insurance, you must contact your broker or sales agent before your departure date. Evidence of your departure date will be required at the time of claim and failure to contact your broker or sales agent may result in your policy being void.
- This policy contains clauses which may limit the amounts payable.
- This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Section II – Eligibility

- You must meet the following conditions to be eligible for this insurance:
 - You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip;
 - You must NOT be travelling against the advice of a physician or have been diagnosed with a terminal illness or metastatic cancer;
 - You must NOT have a kidney disease requiring dialysis;
 - You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application; and
 - You must be at least 15 days old and not older than 85 years old on the date coverage begins
- You must complete and submit the Application prior to the effective date of insurance. You are subject to the eligibility criteria as outlined on the Application and in this Policy.

- If your health changes or does not remain stable between the date you apply for insurance and your effective date, you must review the medical questions on the Application with your broker or sales agent. If you are no longer eligible or no longer qualify for the insurance plan you purchased and you fail to contact your broker or sales agent, your claim will be denied, the Insurer will void your policy, and the premium paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses relating to your sickness or injury, including repatriation costs. If you are purchasing a Multi-Trip Annual Plan and your health changes or does not remain stable after the effective date, your medical condition may not be covered (see Section VI - Exclusions, paragraph A - Pre-Existing Medical Condition Exclusions).

PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL.

Section III – Insurance Agreement

A - Coverage Offered

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

B - Plans Offered

1. SINGLE TRIP DAILY PLAN

- Provides coverage for a single trip outside of your province or territory of residence or Canada.
- Top Ups or Extensions are available (see Top Ups or Extensions below).
- This plan also offers:
 - Canada Plan**
 - Provides coverage for a single trip outside your province or territory of residence, but within Canada.
 - You must be travelling outside your province or territory of residence but within Canada for the entire duration of your trip. If, during your period of coverage you leave Canada or return to your province or territory of residence, your policy will terminate and you may be eligible for a refund (see Section III - Insurance Agreement, F - Refunds).
 - Top Ups or Extensions are available (see Top Ups or Extensions below).
- If you are travelling within Canada, coverage must be purchased prior to departure from your province or territory of residence.
- If you are travelling outside of Canada, coverage must be purchased prior to departure from Canada.
- Coverage must be purchased for the entire duration of your trip.

Period of Coverage

Plan	Age	Maximum Trip Duration
Single Trip Daily Plan	All Ages	Up to 182 days (or any number of days allowed in your province or territory of residence)*
Canada Plan		

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

Effective Date of Coverage

Coverage begins on the latest of the following:

- The date you leave your province, territory of residence or Canada; or
- Under the Canada Plan: the date you leave your province or territory of residence; or
- Your effective date as indicated on your confirmation of insurance.

Termination of Insurance

Coverage terminates on the earliest of the following:

- The date you return to your province or territory of residence or Canada; or
- Under the Canada Plan: the date you either return to your province or territory of residence or the date you leave Canada; or
- The expiry date indicated on your confirmation of insurance.

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

Top Ups or Extensions

Top Ups or Extensions are additional number of days of coverage beyond the duration of your current travel insurance plan. Each policy or term of coverage is considered a separate contract. Top Ups to

another insurer's travel insurance are available with a Single Trip Daily Plan. **IMPORTANT** – When topping up another insurer's plan, it is your responsibility to ensure that your initial travel insurance contract allows a top up of its insurance coverage.

When purchasing a Top Up or Extension:

- Your additional coverage must be purchased for the entire number of remaining days of your trip and start the day after expiry of your existing coverage.
- The total trip duration outside your province or territory of residence, including the Top Up or Extension, cannot exceed the maximum period of coverage for which you are eligible. Please refer to Period of Coverage above.
- For Top Ups or Extensions, your additional coverage must be purchased prior to departure from Canada, unless topping up a travel insurance policy underwritten by Zurich.

Note: The minimum premium per Top Up or Extension is \$25. The cost of additional days of insurance will be calculated based on the total trip duration, the age of the eldest insured on the purchase date of the Top Up or Extension, and the premium schedule in effect at that time.

Coverage can be topped up or extended provided that:

- A claim has not been made under your existing policy for the specific trip and you have not experienced any changes in your health since the later of your effective date or departure date. If, however, a claim has been made, a top up or extension may be granted upon review of your file by the Insurer; and
- You remain eligible for insurance; and
- Your existing coverage has not already expired; and
- You contact your broker or sales agent during business hours, and pay the required premium before the expiry date of your existing coverage. Proof of departure may be required.

2. MULTI-TRIP ANNUAL PLAN

- Provides coverage between the effective date and expiry date as indicated on your confirmation of insurance, for any number of trips outside Canada up to the allowable trip duration option you selected in the Period of Coverage table below. All Multi-Trip Annual Plans provide unlimited travel within Canada (excluding your province or territory of residence) up to the number of days allowed by your GHIP coverage.
- Trips must be separated by a return to your province, territory of residence or Canada.
- You are not required to provide advance notice of the departure and return date of each trip; however, you will be required to provide evidence of your departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).
- Top Ups or Extensions are available (see 1. Single Trip Daily Plan, Top Ups or Extensions).

Note: When a planned trip extends beyond the maximum number of days allowed under the trip duration option of your Multi-Trip Annual Plan or if your Multi-Trip Annual Plan policy expires during your trip, you may purchase a Top Up for the additional number of days required for your trip. A Multi-Trip Annual Plan cannot be used to top up another Multi-Trip Annual Plan.

Period of Coverage

Plan	Age	Maximum Trip Duration Outside Canada	Unlimited Travel in Canada Allowed
Multi-Trip Annual Plan	0-79	4, 9, 16 or 30 consecutive days	Yes
Multi-Trip Annual Plan	80+	4, 9 or 16 consecutive days	Yes

Effective Date of Coverage

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

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

Termination of Insurance

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

Section III – Insurance Agreement (continued)

C - Automatic Extension of Coverage

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

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

Note: If you or your travel companion must remain hospitalized beyond the date coverage terminates for your trip for medical treatment, coverage will remain in force for as long as you remain confined to a hospital, plus up to an additional 5 days after discharge from the hospital. Coverage may never be extended more than 365 days from the date you departed on your trip.

D - Family Coverage

- Available for applicants up to age 59.
- Offers coverage for the insured person, as well as your spouse and children.
- In case of separation or divorce, all insureds remain covered until the expiry date.
- Under a Multi-Trip Annual Plan, all insureds may travel independently of one another.

E - Payment of Premium

Coverage is conditional on the payment of your premium and does not take effect until your initial premium is paid. The premium must be paid before your effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, or if no proof of your payment exists.

Section IV - Benefits

In order to be considered eligible expenses, many benefits listed in this section require the prior approval of Zurich Travel Assist.

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

Section V – Limitations and Restrictions

- Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment** – Zurich Travel Assist must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the insured undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending physician to call Zurich Travel Assist for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
- Failure to Notify Zurich Travel Assist** – In the event of an emergency during a covered trip, you must call Zurich Travel Assist immediately, prior to seeking treatment. If it is not reasonably possible for you to contact Zurich Travel Assist prior to seeking treatment due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:
 - In the event of hospitalization, 80% of eligible expenses, based on reasonable and customary costs, to a maximum of \$25,000; and
 - In the event of an outpatient medical consultation, a maximum of one visit per sickness or injury. You will be responsible for payment of any remaining charges.
- Transfer or Medical Repatriation** – During an emergency (whether prior to admission, during a hospitalization or after your release from the hospital), the Insurer reserves the right to:
 - Transfer you to one of its preferred health care providers; and/or
 - Return you to your province or territory of residence, for the medical treatment of your sickness or injury without danger to your life or health.

F - Refunds

For Single Trip Daily Plans, Top Ups and Extensions, a refund of the premium paid may be requested under the following circumstances:

- If your entire trip is cancelled before your effective date: For a full refund, you may request a refund by notifying your broker or sales agent in writing before your effective date as shown on your confirmation of insurance, otherwise if notification is made after your effective date, your refund will be calculated based on the remaining days of coverage from the date of notification. Proof of non-departure is required.
- If, after your departure, you return to your province or territory of residence or Canada before your scheduled return date: For a partial refund, you may request a refund of premium (less \$25 administration fee) for the remaining days of coverage, provided no claim has been reported or initiated. Your refund will be calculated based on the remaining number of days of coverage. Refunds of under \$10 will not be made. Your request must be made in writing to your broker or sales agent with satisfactory proof (e.g. airline ticket or customs/immigration stamps) of your return date to your province, territory of residence or Canada, within 90 days of your return.

For Multi-Trip Annual Plans a full refund of premium is available by notifying your broker or sales agent in writing before your effective date as shown on your confirmation of insurance. The premium is non-refundable as of the effective date as shown on your confirmation of insurance.

- Return of Insured Travel Companion:** When approved in advance by Zurich Travel Assist, the cost of a one-way economy airfare to return your insured travel companion to your province or territory of residence if you are returned under the Emergency Air Transportation or Preparation and Return of Remains benefit. For this benefit, insured travel companion means that your travel companion is insured under a travel insurance policy underwritten by Zurich.
- Treatment of Dental Accidents:** Emergency dental treatment at trip destination to a maximum of \$2,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided you consult a physician or a dentist immediately following the injury. An accident report is required from the physician or dentist for claims purposes. This benefit excludes crowns and root canals.
- Emergency Relief of Dental Pain:** Up to \$500 per insured for emergency relief of dental pain at trip destination. This benefit excludes crowns and root canals.
- Out-of-Pocket Expenses:** When approved in advance by Zurich Travel Assist, reasonable, necessary expenses incurred by you or an insured travel companion for commercial lodging and meals, commercial automobile rental, or taxi transportation and parking fees up to \$150 per day to a maximum of \$1,500 per policy, if a covered emergency causes you to miss your scheduled return or requires that you be relocated for treatment. To file a claim, you must supply original receipts from commercial organizations and a certificate from the attending physician to the effect that you were unable to travel.
- Vehicle Return:** Up to \$3,000 if neither you, nor someone travelling with you, is able to operate your owned or rented vehicle during your trip due to sickness or injury. Arrangements and payment will be made for the return of the vehicle to your home in your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for one person to return the vehicle when approved and arranged in advance by Zurich Travel Assist. This benefit does not cover wages lost by the person driving your vehicle. Original receipts are required.
- Return of Your Luggage** – When approved in advance by Zurich Travel Assist, the return of your luggage to your province or territory of residence, in the event that you are returned to your province or territory of residence under the Emergency Air Transportation or Preparation and Return of Remains benefit, to a maximum of \$500.
- Preparation and Return of Remains:** In the event of your death, up to a maximum of \$5,000 per policy towards the actual cost incurred for preparation of remains; homeward transportation of the deceased insured to his or her province or territory of residence; or cremation and/or burial at the place of death of the insured. The cost of the casket or urn is not covered by this benefit.
- Escort of Children (and Grandchildren):** When approved in advance by Zurich Travel Assist:
 - Organization, escort and payment up to the cost of a one-way economy airfare for the return of your insured children or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental disability; or
 - Reimbursement of up to \$1,000 for the services of a caregiver (other than an immediate family member) contracted by you for your insured children or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental disability, in the event an insured parent or legal guardian (on the trip) is medically repatriated or hospitalized.For this benefit, insured children or grandchildren mean that your children or grandchildren are insured under a travel insurance policy underwritten by Zurich.
- Pet Return:** The return to Canada of your accompanying cat or dog, in the event that you are hospitalized or repatriated during an emergency, to a maximum of \$500.
- Remote Evacuation:** Your emergency evacuation from a mountainous area, the sea, or other such remote location to the nearest, most reasonably accessible medical facility or hospital, to a maximum of \$5,000.
- Hospital Allowance:** When you are hospitalized for at least 48 consecutive hours due to sickness or injury during a covered trip outside your province or territory of residence, the Insurer will reimburse you for your telephone, parking and television charges up to \$50 per day, to a maximum of \$500 per policy.

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

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

Section VI – Exclusions

A - Pre-Existing Medical Condition Exclusions

	Pre-Existing Medical Condition Exclusions and Stability Period	
	Exclusions	Stability Period
Age 59 or under	1, 2 and 3	90 days
Age 60 or over		
Rate 1	1, 2 and 3	90 days
Rate 2	1, 2 and 3	90 days
Rate 3	1, 2 and 3	180 days
Rate 4	1, 2 and 3	365 days
Rate 5	1, 2 and 3	365 days
All Ages		
• Canada Plan	Not Applicable	Not Applicable

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

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

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

B - General Exclusions

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

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Medication, drugs or toxic substance abuse or overdose; alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
5. Suicide (including any attempt thereat) or self-inflicted *injury*.
6. Radiotherapy or chemotherapy.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *you* are *hospitalized*.
8. A trip taken for the purpose of seeking treatment, consultation or investigation for a medical condition for which, before *your* departure date, *you* knew or it was reasonable to expect *you* would need to seek treatment, consultation or investigation for that medical condition.
9. Routine pre-natal care.
10. High risk pregnancy. A high risk pregnancy means a pregnancy where any medical condition or risk factor puts the mother, the developing fetus, or both, at a higher than normal risk of developing medical complications during or after the pregnancy and birth.
11. Any *child* born during *your* trip.
12. Pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
13. *Sickness, injury* or medical condition which first appeared, was diagnosed or received treatment after the departure date and prior to the effective date of a Top Up if purchased as a top up to another Insurer's travel insurance product.

Section VII – International Assistance Services

Zurich Travel Assist answers *your* questions 24 hours a day, 7 days a week.

Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please refer to *your* confirmation of insurance or wallet card for emergency numbers.

Referrals

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

Benefit Information

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

Case Management

Zurich Travel Assist's experienced and professional team, available 24 hours a day, will monitor the services given in the event of an *emergency*. If necessary, *Zurich Travel Assist* will help *you* to return to Canada for the care *you* need.

Section VIII – Claims Procedures

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

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

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

Section IX – General Provisions

1. **Subrogation** – If *you* suffer a loss covered under this policy, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss *you* shall immediately notify the Insurer so that the Insurer may safeguard its rights. *You* shall take no action after a loss that will impair the rights of the Insurer-3.

14. Any medical condition for which *you* incur a claim after *your* departure date and prior to the effective date of the Top Up or Extension, if the Top Up or Extension was purchased after *your* departure date.
15. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
16. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Zurich Travel Assist* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
17. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Zurich Travel Assist*.
18. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
19. Noncompliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a *physician's* instructions.
20. Treatment of a *sickness or injury* after the initial medical *emergency* has ended (as determined by the Insurer).
21. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Zurich Travel Assist*.
22. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
23. Participation:
 - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation);
 - b) in any motorized race or motorized speed contest;
 - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
24. The purchase or replacement cost (prescribed or not), loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription.
25. Services provided by an optometrist or for cataract surgery.
26. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
27. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Zurich Travel Assist*.
28. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
29. Any *sickness, injury* or medical condition *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a travel advisory or formal notice, before *your* departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the travel advisory or formal notice is issued after *your* departure date, *your* coverage under this policy in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.
30. Crowns and root canals.
31. Self exposure to exceptional risk, hazardous pursuits or occupations or flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
32. A trip outside *your* province or territory of residence on a commercial vehicle for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.

Urgent Message Relay

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

Interpretation Service

Zurich Travel Assist can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing

Whenever possible, *Zurich Travel Assist* will instruct the *hospital* or clinic to bill the services directly to *Zurich Travel Assist*.

Claims Information

Zurich Travel Assist will answer any questions *you* have about the eligibility of *your* claim, *Zurich Travel Assist's* standard verification procedures and the way that *your* policy benefits are administered.

Payment of Benefits

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

Send all pertinent documents to:

Zurich Travel Assist
901 King Street West, Suite 300 Toronto, ON M5V 3H5
Toll free Canada/U.S.A.: 844-602-6863
Collect worldwide: 416-646-5611

2. **Other Insurance** – This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your* Canadian province or territory of residence that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.

Section IX – General Provisions (Continued)

- Misrepresentation and Non-disclosure** – The completed and signed Application and Medical Questionnaire is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders *your* insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs. The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured* under this contract of insurance.
- Applicable Law** – This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.
- Limitation Periods** – 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
- Sanctions** – Zurich shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach Sanctions imposed under the laws of Canada.

Section X – 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.
- Waiver** – The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.
- Copy of Application** – The insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.
- Material Facts** – No statement made by the *insured* or a person *insured* at the time of application for this contract shall be used in defence 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**
 - The *insured* or a person *insured*, or a beneficiary entitled to make a claim, or the agent of any of them, shall
 - give written notice of claim to the insurer:
 - 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
 - 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* or *sickness*;
 - within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of
 - the happening of the *accident* or the commencement of the *sickness*,
 - the loss caused by the *accident* or *sickness*,
 - the right of the claimant to receive payment,
 - the claimant's age, and
 - if relevant, the beneficiary's age, and
 - if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim is made under the contract and, in the case of *sickness*, its duration.

Failure to Give Notice and Proof

- Failure to give notice of claim or furnish proof of claim within the time required by this statutory condition does not invalidate the claim if
 - the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the *accident* or the date a claim arises under the contract on account of *sickness*, 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
 - 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.

Section XI - Definitions

Throughout this policy, defined words are written in *italics*.

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

Child(ren) means an unmarried child of the *insured person* or his or her *spouse* who is, at the date of purchase, at least 15 days old, dependent on the *insured person* or his or her *spouse* for support and:

- Is under 21 years of age; or
- Is a full time student who is under 26 years of age; or
- Has a permanent physical impairment or a permanent mental disability.

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

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

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

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

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

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

Insured Person means the person who is named as the insured person on the confirmation of insurance for which the appropriate premium has been paid.

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

Medically Necessary, in reference to a given service or supply, means such service or supply:

- Is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- Is not experimental or investigative in nature;
- Cannot be omitted without adversely affecting *your* condition or quality of medical care;
- Cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Metastatic Cancer means a cancer that has spread from its original site to one or more other area(s) of the body (excluding basal cell or squamous cell skin cancer & breast cancer treated only with hormone therapy).

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

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

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

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

Spouse means the person to whom the *insured person* is legally married or with whom the *insured person* has been residing for at least the last 12 months.

Stable

means any medical condition (other than a minor ailment) for which all the following statements are true:

- There has been no new diagnosis, treatment or prescribed medication.
- There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
- There have been no new symptoms, more frequent symptoms or more severe symptoms.
- There have been no test results showing deterioration.
- There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.

The following are considered to be stable:

- The routine adjustment of Coumadin, Warfarin, Insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped during your applicable Stability Period as determined from the Qualification Table in Section G). If you have multi-trip coverage, the Stability Period applies prior to the date each separate trip begins.
- Change from a brand name medication to a generic brand medication (provided that the dosage is not modified and provided the medication was not newly prescribed during your applicable Stability Period as determined from the Qualification Table in Section G.). If you have multi-trip coverage, the Stability Period applies prior to the date each separate trip begins.; and
- a *minor ailment*.

Terminal Illness means that you have a medical condition that is cause for a physician to estimate that you have less than 12 months to live or for which palliative care has been received.

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

Treated means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific medical condition or surgery.

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip. This definition does not apply to exclusion 32 (see Section VI - Exclusions).

You, Your, Yourself and Insured means the *insured person* and, when the appropriate premium has been paid for family coverage as indicated on the confirmation of insurance, his or her eligible *spouse* and/or *children*.

Zurich Travel Assist means the company appointed by the Insurer to provide medical assistance and claims services.

Zurich, we, us, our means Zurich Insurance Company Ltd. (Canadian Branch).

Section XII – Identification of Insurer

Southern Bound Emergency Medical Travel Insurance is underwritten by Zurich Insurance Company Ltd (Canadian Branch). "Zurich Travel Assist" and the Zurich Travel Assist logo are registered trademarks of Zurich Travel Assist Management Inc.

Right to complain

If there is any occasion when the policy (or related service) does not meet your expectations, please contact us so that we can address your concerns quickly. Zurich has a complaint handling program that reflects its commitment to providing a simple, professional and timely complaint handling procedure.

You may obtain a copy of Zurich's complaint handling program from our website:

<https://www.zurichcanada.com/en-ca/about-zurich/complaint>

Important Notice About Your Personal Information –

Zurich Insurance Company Ltd (Canadian Branch) is committed to protecting the privacy of the information we receive about you in the course of providing the insurance you have chosen. While our employees need to have access to that information, we have taken measures to protect your privacy. We ensure that other professionals, with whom we work in giving you the services you need under your insurance, have done so as well. To find out more about how we protect your privacy, please read our Notice on Privacy and Confidentiality.

Notice on Privacy and Confidentiality

The specific and detailed information requested on your application and medical questionnaire is required to process the application. This information can include personal information, including, but not limited to, name, address, date of birth, and medical information. To protect the confidentiality of this

information, Zurich will establish a file from which this information will be used to process the application, offer and administer services, and process claims. Access to this file will be restricted to those Zurich employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to:

Privacy Officer

Zurich Insurance Company Ltd (Canadian Branch)

100 King Street West Suite 5500

P.O. Box 290

Toronto ON M5X 1C9



Chief Executive Officer and Chief Agent in Canada

This is the end of the insurance policy.