TRAVELSTAR® TRAVEL INSURANCE
Policy Wording

Effective October 5, 2022

IMPORTANT NOTICE
READ CAREFULLY BEFORE YOU TRAVEL

We want you to understand (and it is in your best interests to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel.

- Travel insurance covers claims arising from sudden and unforeseen circumstances (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all the eligibility requirements.
- This insurance contains limitations and exclusions for things such as: global travel warnings issued by the Canadian Government, medical conditions that are not stable, pregnancy, refused boarding or entry, excessive use of alcohol, or high risk activities.
- This insurance may not cover claims related to pre-existing medical conditions and symptoms, including those that you have told us about.
- Contact GMS Travel Assistance before seeking treatment or your benefits may be limited or denied.
- In the event of a claim, your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, this policy may be voidable.

It is your responsibility to understand your coverage. If you have any questions, call 1.800.667.3699, email info@gms.ca, or visit www.gms.ca/travel-insurance.

This policy contains words printed in italics indicating they are defined terms detailed in the Definition section.

This policy also contains a provision removing or restricting the right of the insured to designate a person to whom or for whose benefit insurance money is to be payable.

For medical emergencies, GMS Travel Assistance is available 24 hours a day, 7 days a week.

toll-free 1.800.459.6604

(within Canada & USA)

collect 905.762.5196

(from all other locations)

In the event of a *medical emergency* *GMS* provides travel assistance. Regardless of *your* plan's *deductible* level, failure to contact *GMS* at the time of an *emergency* may limit benefits to the lesser of 70% of *reasonable and customary expenses* or $50,000. Please refer to the Managing a Medical Emergency section of this policy for more information.

General Inquiries

toll-free 1.800.667.3699 or info@gms.ca

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EMERGENCY MEDICAL COVERAGE AT A GLANCE

- Up to $5,000,000 CAD in Emergency Medical Coverage.
- 24 essential benefits, including coverage for costs associated with *hospital accommodations,* ambulance, private duty nursing, and diagnostic services.
- Single-Trip Plan - coverage for 1 *trip* up to 365 days long.
- Multi-Trip Annual Plan - coverage for an unlimited number of *trips* throughout the *policy year*, with a choice of 15 or 30 day *trip* length maximum.
- *Your* choice of either a $0, $250, $1,000, or $5,000 *deductible*.
- Includes 24-hour worldwide assistance.

EMERGENCY MEDICAL COVERAGE

Emergency Medical Coverage may be purchased as a Single-Trip plan, or a Multi-Trip Annual plan that provides limited coverage for multiple *trips* taken throughout the year. The following benefits and exclusions are applicable to both plans. Refer to the Single-Trip or Multi-Trip Annual sections for details on eligibility, when coverage begins and ends, policy changes, and refunds as they apply to the plan *you* select. Please see the purchase confirmation sent to you for full details on what coverage you have purchased.

Benefits

In the event of a *medical emergency* that occurs outside of *your province/territory of residence*, unless otherwise stated, *GMS* will pay *reasonable and customary* expenses on *your* behalf, up to a maximum of $5,000,000 CAD as described in the plan type *you* have chosen. Where a listed benefit indicates a maximum limit, the limit is applied per *trip* regardless of the number of claims incurred.

1. **In-Hospital Care** – expenses for:
   a. ward or semi-private *hospital accommodations*;
   b. *hospital* services and supplies; and
   c. *medical treatment* while in-*hospital*.

   One (1) follow-up visit is covered if it is deemed *medically necessary* and directly related to the covered *medical emergency*. The follow-up visit must occur within 14 days of discharge. This benefit does not provide coverage for ongoing *medical treatment* necessary to treat any *medical condition* once the *medical emergency* has ended.
2. **Medical Services** – expenses for *medical treatment* from a *physician*.
3. **Diagnostic Services** – expenses for basic diagnostic tests. Pre-approval by *GMS* is required for advanced diagnostic testing, including but not limited to: magnetic resonance imaging (MRI), computerized axial tomography scans, sonograms, ultrasounds, and biopsies.
4. **Out-Patient Medical Treatment** – expenses for out-patient *medical treatment.*
5. **Prescription Drugs** – expenses for *prescription drugs* prescribed by an attending *physician* and supplied by a licensed pharmacist. Maximum supply of 30 days per prescription. Over-the-counter medication is not covered whether it has been prescribed or not.

   Prescription drugs that are lost, stolen or damaged during *your trip* are covered up to a maximum of $50 per prescription. *Physician*'s expenses related to replacement are not covered.
6. **Rental of Essential Medical Appliances** – expenses for the rental of essential medical appliances (wheelchair, crutches, canes etc.) when needed due to a *medical emergency* that occurred on *your trip*. The rental expense must not exceed the cost to purchase the appliances. Pre-approval by *GMS* is required.
7. **Emergency Dental Services** – expenses up to a maximum of $2,000, due to an *accidental* blow to the mouth that requires the repair or replacement of natural teeth or permanently attached artificial teeth. Expenses to a maximum of $250 are also covered for the treatment or the relief of dental pain for any dental emergency other than that caused by an *accidental* blow to the mouth.
8. **Private Duty Nursing** – expenses up to a maximum of $5,000 for private duty nursing services performed by a Registered Nurse (must be a non-*family member*) when ordered by the attending *physician* during in-*hospital* care or in lieu of in-*hospital* care. Pre-approval by *GMS* is required.
9. **Health Practitioners** – expenses up to a maximum of $300, per specialty, for the services of an osteopath, physiotherapist, chiropractor, chiropodist, or podiatrist.
10. **Road Ambulance** – expenses for the use of a licensed road ambulance in a *medical emergency* where *you* require immediate transport to the nearest *hospital* with adequate facilities.
11. **Air Ambulance** – expenses up to a maximum of $20,000 for the use of a helicopter air ambulance in a *medical emergency* involving life threatening circumstances where *you* require immediate transport to the nearest *hospital* with adequate facilities to treat *your medical emergency*. Pre-approval by *GMS* is required for transport between *hospitals*.
12. **Remote Evacuation** – expenses up to a maximum of $20,000 for *your* evacuation to the nearest, most accessible *hospital* from a location inaccessible by road in a *medical emergency* involving life threatening circumstances.
13. **Repatriation** – expenses to transport *you* by air ambulance (excluding helicopters) or regularly scheduled *common carrier* back to *your province/territory of residence* for further in-*hospital medical treatment*, with written recommendation from the attending *physician* confirming that *you* are fit to travel. Pre-approval by *GMS* is required.
14. **Special Attendant** – expenses for the round-*trip transportation* of a medical attendant to accompany *you* back to *your province/territory of residence* when ordered by the attending *physician*. The attendant must not be a friend, *family member*, associate or *travelling companion*. Pre-approval by *GMS* is required.
15. **Return of Family Member** – expenses up to a maximum of $1,000, for one-way air *transportation* to return 1 accompanying *family member* insured under *your* policy to *your province/territory of residence* when:
   a. *GMS* requires that *you* return to *your province/territory of residence* for further in-*hospital medical treatment*; or
   b. in the event of *your* death.

   Pre-approval by *GMS* is required.
16. **Return & Escort of a Dependant Child/Grandchild** – expenses for one-way *transportation* to return *your dependant* children, or grandchildren travelling with *you,* who are under the age of 18 to *your province/territory of residence* when *you* have been returned to *your province/territory of residence* for further in-*hospital medical treatment*. When necessary, round-*trip transportation* for an arranged escort will be provided for under this benefit. Pre-approval by *GMS* is required.
17. **Family/Friend to Bedside** – expenses up to a maximum of $3,000 for round-*trip* air *transportation* for a *family member* or a close friend to visit *you* if *you* are travelling without a *family member*, on night 3 and subsequent nights of in-*hospital* care as a result of a *medical emergency* when ordered by the attending *physician*. Pre-approval by *GMS* is required.

   Up to $150 per day to a maximum of $750 for the expenses incurred by the *family member* or close friend while *you* are hospitalized. Original receipts must be submitted to be eligible for reimbursement.
18. **In Event of Death** – expenses up to $2,000 for round-*trip* air *transportation* to provide for the return of a *family member* who is required to attend to identify *your* remains in the case of *your* death due to a *medical emergency*. *GMS* will also reimburse up to $300 combined for meals and *accommodations* incurred during travel. Pre-approval by *GMS* is required.
19. **Return of Remains** – expenses up to a maximum of $7,000, for the preparation and transport of *your* remains to *your province/territory of residence*, or expenses up to a maximum of $3,000 for *your* cremation or burial at the place of death, when *your* death was a result of a *medical emergency*. This benefit does not cover the cost of a headstone, burial casket, urn, or funeral service expenses. This benefit covers the standard shipping container and shipping costs, death certificate, and preparation of the deceased.
20. **Return of Vehicle** – expenses up to a maximum of $2,000, to return *your* vehicle to *your province/territory of residence*, or a vehicle rented by *you* to the nearest rental agency, when *you* or any *travelling companion*s are unable to do so because *you* have been returned to *your province/territory of residence* for further in-*hospital medical treatment*.

   Reasonable and customary expenses for this benefit include the vehicle being returned by a professional agency or the following incurred by an individual other than yourself returning the vehicle on *your* behalf: fuel, meals, overnight *accommodations* and one-way air *transportation*. Pre-approval by *GMS* is required.

   Expenses will only be reimbursed if *your* vehicle arrived at *your* destination during the coverage period of this policy.
21. **Return of Cat or Dog** – expenses up to a maximum of $300 to return *your* cat or dog to *your province/territory of residence*, when *you* have been returned to *your province/territory of residence* for further in-*hospital medical treatment*.
22. **Child Care** – expenses up to a maximum of $500 for licensed care of *dependant* children/grandchildren or mental or physically challenged persons who rely on *you* for assistance, if they are travelling with *you*, should *you* require in-*hospital* care. Pre-approval by *GMS* is required.
23. **Out-of-Pocket Expenses** – expenses up to a maximum of $1,000 incurred by a *travelling companion* insured under *your* policy in the event *you* are in *hospital* receiving care on *your return date*. This benefit includes coverage for up to $150/day for *accommodations*, which shall form part of the $1,000 limit. Pre-approval by *GMS* is required.
24. **Coverage Continuation** – when an unexpected event occurs requiring *you* to return early from *your trip*, coverage will continue at no additional premium when *you* resume *your trip* prior to *your return date*. This does not apply if *you* are returned to *your province/territory of residence* as a result of *your medical emergency*. There is no refund for unused periods of coverage. Costs to return to *your province/territory of residence* or to *your trip* destination are not recoverable. Any *medical treatment* or *medical consultation* received during the return to *your province/territory of residence* must be reported to *GMS* prior to resuming *your trip* and may impact *your* eligibility and/or may void *your* policy.

   GMS is not responsible for the availability, quality, results or effectiveness of any *medical treatment*, *transportation* or other service or *your* failure to obtain *medical treatment*.

Exclusions

1. **Pre-existing Medical Conditions** – No coverage or reimbursement for expenses resulting from *medical condition*s which have not been *stable* for 180 days immediately prior to *your departure date*, including:
   a. *medical condition*s for which *you* received *medical treatment* or *medical consultation*; and/or
   b. undiagnosed *medical condition*s related to symptoms for which *you* received *medical treatment* or *medical consultation*.

   You must be *stable* based on the definition of *stable* in this policy, regardless of the opinion of *your physician* or any other person who may provide an opinion on *your medical condition*s.
2. **Pre-existing Medical Conditions When Topping Up Other Insurer's Plans** – No coverage or reimbursement for expenses where this policy is being used as a top-up for another insurer's emergency medical insurance, unless the *medical conditions* have been *stable* for 180 days prior to the *effective date* of the top-up.
3. **Pre-existing Medical Conditions When Topping-Up a GMS Plan** – No coverage or reimbursement for expenses where this policy is being used as a top-up to existing *GMS* emergency medical coverage, unless *medical conditions* are *stable* as defined by the stability period as specified within the *GMS* policy this policy is topping-up.

4. **Recurrence of a Medical Condition** – No coverage or reimbursement for the continued *medical treatment* of a *medical condition* or related condition, following emergency *medical treatment* during *your trip*, if *GMS* determines that *your* emergency has ended.
5. **Non-Emergency Treatment** – No coverage or reimbursement for non-emergency, experimental or elective *medical treatment* (e.g. cosmetic surgery, chronic care, rehabilitation) including any expenses for related complications.
6. **Travel for Diagnosis or Treatment** – No coverage or reimbursement for any claim if the purpose of *your trip* is to obtain or receive a *diagnosis*, *medical treatment*, surgery, investigation, palliative care or therapy.
7. **Travel When Treatment Expected** – No coverage or reimbursement if it was reasonable, prior to *your departure date*, to expect *medical treatment* or *hospitali*zation during *your trip*, including any symptoms evident that it would be reasonable to expect *you* to investigate prior to *your departure date*.
8. **Delayable Treatment** – No coverage or reimbursement *for* expenses for *medical treatment* that can be reasonably delayed until *you* return to *your province/territory of residence*.
9. **Transplants** – No coverage or reimbursement *for* expenses for transplants, including but not limited to organ transplants, or bone marrow or stem cell transplants which may be required as part of *your medical treatment* provided at *your trip* destination.
10. **Refusal of Transfer** – If our medical advisors to *GMS Travel Assistance* determine that *you* should transfer to another facility for *emergency medical treatment* or return to *your province/territory of residence,* and *you* choose not to, benefits will not be paid for further *medical treatment* and the policy will be null and void.
11. **Refusal to Follow Medical Advice** – No coverage or reimbursement for expenses that result from *you* not following *medial treatment* as prescribed to *you*, including prescribed medication.
12. **Non-Adherence** – No coverage or reimbursement for expenses that result from *your* failure, prior to departure, to:
    a. adhere to *medical treatment*;
    b. obtain investigative or diagnostic tests recommended by a medical professional; and/or
    c. receive results from investigative or diagnostic tests.
13. **Acting Against Physician's Advice** – No coverage or reimbursement for expenses incurred after *your* physician advised you not to travel.
14. **Maintaining Valid Government Health Insurance -** No coverage or reimbursement for any expense that would have been covered under *your government health plan*, if *you* fail to maintain valid coverage within *your province/territory of residence* for the entire duration of *your trip*. It is *your* responsibility to check that *you* have this coverage.
15. **Pregnancy Related Matters -** No coverage or reimbursement for expenses related to routine pre-natal or post-natal care and pregnancy, delivery or complications of either the pregnancy or delivery, which occur 9 weeks before the expected date of delivery or anytime after.
16. **Child Born During Trip -** No coverage or reimbursement for expenses related to *your* child born during the *trip*.
17. **Cardiac Procedures and Devices -** No coverage or reimbursement for expenses for cardiac catheterization, angioplasty or cardiovascular surgery or insertion of an implantable cardioverter defibrillator (ICD) or pacemaker including all associated diagnostic expenses, unless necessary in a *medical emergency.* Pre-approval by *GMS* required.
18. **Risky Activities -** No coverage or reimbursement for expenses resulting from *your* participation in:
    a. professional sport;
    b. speed contests or racing of motorized land, water or air vehicle(s); or
    c. any extreme sport or activity involving a high level of risk, including but not limited to: scuba diving (except when *you* are NAUI, PADI, ACUC or SSI certified); bungee jumping; parachuting; mountaineering; skydiving; hang gliding; acrobatic or stunt flying; or participating in a rodeo or horse race as a jockey.
19. **Non-Common Carrier Air Travel** - No coverage or reimbursement for expenses resulting from air travel unless riding as a passenger on a *common carrier*.
20. **Common Carrier Air Travel -** No coverage or reimbursement for expenses resulting from air travel unless riding as a passenger on a *common carrier*.
21. **Work -** No coverage or reimbursement for expenses for work related *accidents.*
22. **Risky Work or Volunteer Activities -** No coverage or reimbursement for expenses resulting from *your* service in the armed forces, willful exposure to peril, work within a hazardous occupation, or mission and/or relief work.
23. **Result of Conflict -** No coverage or reimbursement for expenses resulting from *war*, *terrorism* or acts of foreign rebellion.
24. **Travel Advisory -** No coverage or reimbursement for expenses that occur where, before *your departure date*, an official travel advisory is issued by the Canadian Government stating "Avoid non-essential travel" or "Avoid all travel" for the country, region, city, or other destination (including cruise ships) that are part of *your travel arrangements*.
    To view travel advisories, visit the Government of Canada Travel site: https://travel.gc.ca/travelling/advisories.
25. **Criminal or Illegal Activity -** No coverage or reimbursement for expenses that result from or are related to *your* involvement in the commission, or attempted commission, of a criminal offence or illegal act.
26. **Drugs & Alcohol -** No coverage or reimbursement for:
    a. expenses for any *medical condition*, including symptoms of withdrawal arising from, or in anyway related to *your* use of alcohol, drugs, or other intoxicants (including cannabis) whether prior to or during *your trip*; and
    b. out-of-pocket expenses arising from or in any way related to alcohol, drugs, or other intoxicants (including cannabis).
27. **Misuse of Medication** - No coverage or reimbursement for expenses resulting from the misuse of a medication, whether prescribed or not.
28. **Motor Vehicle Accident -** No coverage or reimbursement for expenses resulting from a motor vehicle *accident*, unless not covered by any other policy.
29. **Failure to Obtain GMS Pre-Approval -** No coverage or reimbursement for expenses where pre-approval by *GMS* is required and not obtained.
30. **Unapproved Treatment -** No coverage or reimbursement for expenses for *medical treatment* or services that contravene or are prohibited by the provincial laws of *your province/territory of residence* or the federal laws of Canada.
31. **Pre-Existing Nuclear Issues -** No coverage or reimbursement for expenses resulting from any nuclear reaction, radiation or radioactive contamination or occurrence, where the risk of the exposure was present prior to *your* departure, however caused.
32. **Experimental Treatment -** No coverage or reimbursement for expenses for any *medical treatment* which is considered by *GMS* to be experimental. *GMS*' opinion is final and binding.

Managing a Medical Emergency

Regardless of *your* plan's *deductible*, in the event of a *medical emergency*:

1. *You* must contact *GMS Travel Assistance* where possible before *you* seek *medical treatment*. *GMS Travel Assistance* will:
    a. offer telephone interpretation services in many languages;
    b. monitor progress during *your medical consultation* and *medical treatment*; and
    c. coordinate all *medical treatment*, transport, and repatriation.
2. *You* must contact *GMS Travel Assistance* before obtaining emergency *medical treatment* so that we may:
    a. confirm coverage; and
    b. provide pre-approval of *medical treatment*.

If it is medically impossible for *you* to call prior to obtaining *emergency medical treatment*, we ask *you* to call within 24 hours or have someone call on *your* behalf. Otherwise, *your* maximum benefit payable will be reduced to 70% of *your* medical expenses covered under this insurance, to a maximum of $50,000.

Contacting *GMS Travel Assistance* with a *medical emergency* constitutes a claim regardless of whether payment is made by *GMS* for any related expenses.

Making a Claim

In the event of a claim, a completed claim form must be submitted to *GMS* within 90 days of the illness or injury with the following supporting documentation:

1. original itemized receipts, bills and invoices;
2. proof of payment, if payment was made, by *you* or any other benefit plan;
3. complete medical records including final *diagnosis* by the attending *physician*;
4. proof of travel showing the date *you* departed from and returned to *your province/territory of residence*;
5. *your* historical medical records, as requested;
6. any other relevant documentation that may be requested;
7. in the case of claims involving *your* death, an autopsy may be required, subject to any law of the applicable jurisdiction relating to autopsies.

Costs to obtain documents or reports to support *your* claim are not covered.

Application of Deductible

Reimbursement will be made to *you* up to the maximum *sum insured* for eligible expenses incurred per *trip* in excess of the *deductible* shown on *your* TravelStar confirmation for each plan type (Single-Trip and/or Multi-Trip Annual) chosen.

Authorization

You authorize *GMS* to receive reports about *your medical treatment* from any *physician*, service provider, person, *hospital* or institution. For more details see *GMS*' privacy policy at www.gms.ca.

Single-Trip Plan

The Single-*Trip* plan provides coverage for 1 *trip* with a specified *departure date* and *return date*. It offers *medical emergency* coverage to a maximum of $5,000,000 CAD per insured person, for *reasonable and customary* expenses incurred by *you*, in the event of a *medical emergency* that occurs outside of *your province/territory of residence*.

GMS will pay *reasonable and customary* expenses in excess of applicable *deductibles* and all other group, individual, private or *government health plan*s or contracts of insurance according to the terms and conditions of this policy.

ELIGIBILITY

You are NOT eligible for coverage if *you*:

1. are awaiting tests or *medical treatment* for a heart condition;
2. have a surgically untreated vascular aneurysm;
3. have been diagnosed with Congestive Heart Failure (CHF);
4. have an Implantable Cardioverter Defibrillator (ICD);
5. were diagnosed; received new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*, other than a dosage change of Coumadin or Warfarin) for, any of the following heart or vascular conditions in the last 12 months:
   a. heart transplant;
   b. atrial flutter;
   c. atrial/ventricular fibrillation;
   d. peripheral vascular disease;
   e. stroke/TIA; or
   f. blood clots;
6. have diabetes that is treated with insulin AND take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure);
7. use home oxygen or take an oral steroid to treat a lung condition;
8. are currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy;
9. were diagnosed; received a new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*) for, any of the following conditions in the last 12 months:
   a. liver failure;
   b. GI bleed;
   c. AIDS; or
   d. terminal illness;
10. have had any of the following procedures in the last 12 months:
    a. valve surgery or replacement;
    b. kidney dialysis;
    c. organ, stem cell or bone marrow transplant;
11. require assistance from another person(s) with *activities of daily living (ADL)* if *you* are 70 years of age or older;
12. are not a Canadian resident; and
13. have not purchased prior to departing on *your trip*, unless purchased as a top-up to an existing *GMS* policy.

If any of the *medical conditions* listed above do apply to *you*, contact *GMS* immediately as *you* are not covered.

Should any changes to *your* health occur after *you* applied for coverage, *GMS* must be notified and *your* application updated.

A change in health may:

1. affect *your* eligibility for coverage; or
2. increase *your* premium.

Changes to *your* health that do not affect eligibility will still constitute a change in stability and may limit *your* available coverage.

FAMILY COVERAGE

Coverage for *dependants* under 16 years of age travelling with paying adults is provided at no cost. Coverage will only be provided for *dependant*s under 16 if they are listed on *your* application.

COVERAGE BEGINS & ENDS

Once *GMS* has accepted *your* application and *your* payment has been received by *GMS*, *your* Single-*Trip* plan begins on the later of the day:

1. shown on *your* application as the *contracted departure date*;
2. *you* depart from *your province/territory of residence* to begin *your trip*; or
3. following the expiry of the policy being topped-up, when this policy is used as a top-up.

Coverage ends on the earliest of the day:

1. *you* return to *your province/territory of residence,* except where benefit 24. applies;
2. shown on *your* application as the *contracted return date*;
3. *you are returned to your province/territory of residence.*

Coverage also ends immediately if *you* fail to comply with *GMS*' option to return *you* to *your province/territory of residence* for further *medical treatment*.

COVERAGE EXTENSIONS

You may purchase additional days while outside of *your province/territory of residence* to extend *your* Single-Trip Plan if *you*:

1. notify *GMS* prior to the *expiry date* of *your* policy; and
2. have not incurred a claim or required *medical treatment* during *your trip*.

AUTOMATIC COVERAGE EXTENSIONS

Your Single-Trip Plan will automatically be extended up to 72 hours if the return to *your province/territory of residence* is delayed beyond the *expiry date* of the policy due to any of the following:

1. *You* are delayed due to *your* or *your travelling companion's medical emergency*. Written confirmation from the attending *physician* is required to verify that *you* or *your travelling companion* are medically unfit to travel. The 72 hour extension will begin once *you* have been deemed medically fit to travel or are discharged from the *hospital*. In-*hospital* care during the *medical emergency* continues to be covered by *your* policy until discharged from the *hospital*; and
2. A delay of a *common carrier you* are travelling on causes *you* to miss *your return date* to *your province/territory of residence*.
3. The vehicle *you* are travelling in:
   a. is involved in an *accident*;
   b. has a mechanical breakdown; or
   c. is delayed by a police-directed road closure.

POLICY CHANGES

Prior to *your departure date you* may contact *GMS* to change:

1. *your* travel dates (departure or *return date*);
2. change *your deductible* amount; or
3. add or remove an insured person.

TOP-UPS

You may choose a Single-Trip Plan to top-up a Multi-Trip Annual Plan or other limited travel insurance when additional days are needed to cover *your trip*. A top-up is a new *GMS* policy which is subject to the terms, conditions, exclusions and limitations of the TravelStar policy wording. Pre-existing *medical conditions* may not be covered as defined in the Exclusions section of this policy.

Coverage must:

1. begin the day following the *expiry date* of the policy it is topping-up, and
2. must be purchased for the full number of days not covered by the insurance policy being topped-up.

ELIGIBILITY WHEN TOPPING UP A NON-GMS INSURANCE POLICY

You are eligible for coverage if you:

1. apply for the top-up prior to *your contracted departure date*, and
2. *you* must meet the eligibility requirements of the TravelStar policy.

ELIGIBILITY WHEN TOPPING UP A GMS INSURANCE POLICY

You are eligible for coverage if *you*:

1. apply for coverage 2 business days prior to the expiry of *your* current *GMS* policy,
2. meet the eligibility requirements of the TravelStar policy,
3. not have incurred a claim, or
4. not have had required *medical treatment* during *your trip*.

REQUESTING A REFUND

1. Prior to *your effective date you* are eligible for a full refund.
2. After *your effective date*, a partial refund is available for unused days upon return to *your province/territory of residence* except if:
   a. the insured person requesting the refund has incurred a claim under the policy; or
   b. if a family rate was applied, any person covered under the plan has incurred a claim.

Written notice with supporting documentation is required within 30 days of *your* early return to *your province/territory of residence*.

Once *you* have received a refund, *you* will no longer be eligible for reimbursement of expenses for any *medical emergency*.

Multi-Trip Annual Plan

A Multi-Trip Annual plan provides annual coverage for unlimited short *trips* of either 15 or 30 days, based on the option selected. It offers coverage to a maximum of $5,000,000 CAD per insured person, per *policy year* for *reasonable and customary* expenses incurred by *you*, in the event of a *medical emergency* that occurs outside of *your province/territory of residence*.

GMS will pay *reasonable and customary* expenses in excess of all other group, individual, private or *government health plan*s or contracts of insurance according to the terms and conditions of this policy.

ELIGIBILITY

You are NOT eligible for coverage if *you*:

1. are awaiting tests or *medical treatment* for a heart condition;
2. have a surgically untreated vascular aneurysm;
3. have been diagnosed with Congestive Heart Failure (CHF);
4. have an Implantable Cardioverter Defibrillator (ICD);
5. were diagnosed; received new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*, other than a dosage change of Coumadin or Warfarin) for, any of the following heart or vascular conditions in the last 12 months:
   a. heart transplant;
   b. atrial flutter;
   c. atrial/ventricular fibrillation;
   d. peripheral vascular disease;
   e. stroke/TIA; or
   f. blood clots;
6. have diabetes that is treated with insulin AND take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure);
7. use home oxygen or take an oral steroid to treat a lung condition;
8. are currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy;
9. were diagnosed; received new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*) for, any of the following conditions in the last 12 months:
   a. liver failure;
   b. GI bleed;
   c. AIDS; or
   d. terminal illness;
10. have had any of the following procedures in the last 12 months:
    a. valve surgery or replacement;
    b. kidney dialysis;
    c. organ, stem cell or bone marrow transplant; require assistance from another person(s) with *activities of daily living* (*ADL*) if *you* are 70 years of age or older;
11. are not a Canadian resident;
12. have not purchased prior to departing on *your trip*; and
13. are 80 years of age or older at the time of application.

If any of the *medical conditions* listed above do apply to *you*, contact *GMS* immediately as *you* are not covered.

Should any changes to *your* health occur after *you* applied for coverage, *GMS* must be notified and *your* application updated.

A change in *your* health may:

1. affect *your* eligibility for coverage; or
2. increase *your* required premium.

Changes to *your* health that do not affect eligibility will still constitute a change in stability and may limit *your* available coverage.

COVERAGE BEGINS & ENDS

Your Multi-Trip Annual Plan begins on the *effective date* as chosen by *you* on *your* application.

Your Multi-Trip Annual Plan ends on the last day of the *policy year*. Multi-Trip Annual Plan coverage begins for each *trip* on *your departure date* from *your province/territory of residence* and ends for each *trip* on the earlier of the following day:

1. *you* return to *your province/territory of residence*;
2. *you* reach the maximum *trip* length allowable under the plan option chosen; or
3. *you* are returned to *your province/territory of residence*.

Coverage also ends immediately if *you* fail to comply with *GMS'* option to return *you* to *your province/territory of residence* for further *medical treatment*.

Coverage for a *trip you* have started prior to the expiry of this plan will be continued if *you* apply and are eligible for an equivalent Multi-Trip Annual Plan with *GMS,* which is in effect without a gap in coverage. Coverage is limited to an aggregated maximum of 15 or 30 days between the plans.

COVERAGE EXTENSIONS

Your Multi-Trip Annual Plan will automatically be extended up to 72 hours if the return to *your province/territory of residence* is delayed beyond the *expiry date* of the policy due to any of the following.

1. *You* are delayed due to *your* or *your travelling companion's medical emergency*. Written confirmation from the attending *physician* is required to verify that *you* or *your travelling companion* are medically unfit to travel. The 72 hour extension will begin once *you* have been deemed medically fit to travel or are discharged from the *hospital*. In-*hospital* care during the *medical emergency* continues to be covered by *your* policy until *your* discharge from *hospital*.
2. A delay of a *common carrier you* are travelling on causes *you* to miss *your return date* to *your province/territory of residence*.
3. The vehicle *you* are travelling in:
   a. is involved in an *accident*;
   b. has a mechanical breakdown; or
   c. is delayed by a police directed road closure.

POLICY CHANGES

Prior to *your effective date you* may contact *GMS* to:

1. change *your deductible* amount; or
2. add or remove an insured person.

REQUESTING A REFUND

1. Prior to *your effective date you* are entitled to a full refund.
2. After *your effective date*, the policy is non-refundable.

TRIP CANCELLATION COVERAGE AT A GLANCE

Trip Cancellation - protection from expenses when a *trip* is cancelled prior to departure; provides coverage for items like non-refundable airfare, pre-paid *travel arrangements* and cancellation penalties.

- Trip Interruption and Delay - protection from expenses when a *trip* is interrupted before or after departure; provides coverage for items like *transportation* to rejoin a tour group or the cost of out-of-pocket expenses during longer delays (such as meals, *accommodations*, telephone calls and taxi fares).

  Trip Delay Upgrade (optional) - increase coverage for *trip* **delays greater than 12 hours, up to $500 per day for necessities, up to $200 for entertainment and same class** *transportation***.**
- Baggage Loss, Damage and Delay - reimbursement for the cost to replace: one item or set of items; documentation such as a passport or driver's license; personal items if baggage is delayed for 12 hours or more; and currency lost due to theft or robbery.
- Single-Trip Plan - coverage for one *trip*, with a *sum insured* based on the value of the *trip*, up to $20,000 per person.
- Multi-Trip Annual Plan - coverage for an unlimited number of *trips* throughout the *policy year*; select an insurance amount of either $1,500, $2,500, or $5,000 per person, per *trip*. This plan is only available with the purchase of a Multi-Trip Annual Emergency Medical Plan.

TRIP CANCELLATION COVERAGE

Trip Cancellation Coverage can be purchased as a Single-Trip Plan, or a Multi-Trip Annual Plan. The Multi-Trip Plan offers specified coverage per *trip* for multiple *trips* taken throughout a *policy year*. A Multi-Trip Annual Plan is only available with the purchase of a Multi-Trip Annual Emergency Medical Plan.

The following benefits and exclusions are applicable to both plans. Refer to the Single-Trip or Multi-Trip Annual sections for details on eligibility, when coverage begins and ends, policy changes, and refunds as they apply to the plan *you* select. Please see the purchase confirmation sent to you for full details on what coverage you have purchased.

Coverage Maximum	
Trip Cancellation (prior to departure)	Single-Trip: Amount *you* choose based on *trip* value. Multi-Trip Annual: Option chosen ($1,500, $2,500 or $5,000)
Trip Interruption (after departure)	Aggregate maximum of $10,000 (for Single-Trip or Multi-Trip Annual)
Trip Delay (before or after departure)	
Baggage Loss, Damage and Delay	$500 per item to a maximum of $1,500 per *trip*

Benefits

In the event *your trip* is cancelled, interrupted or delayed due to the occurrence of an insured risk, *GMS* will pay expenses that are:

- non-refundable,
- non-transferable to another date,
- not eligible for a travel credit or voucher,
- non-recoverable from *your* credit card from travel benefits or purchase protection; and
- *reasonable and customary* on *your* behalf as outlined in this benefits section.

TRIP CANCELLATION (PRIOR TO DEPARTURE)

In the event *your trip* is cancelled, the following are payable per person, per *trip*:

1. the non-refundable portion of:
   a. pre-paid *transportation*;
   b. other *travel arrangements*; and
   c. any cancellation penalties; and
2. the difference between double occupancy (or applicable rate) and single occupancy rate when an insured risk prevents *your travelling companion* from travelling with *you*.

TRIP INTERRUPTION (AFTER DEPARTURE)

In the event *your trip* is interrupted after *your* departure, the following are payable per person, per *trip*:

1. the lesser of;
   a. one-way *transportation* to *your province/territory of residence*; and
   b. the fee charged by the *common carrier* to change *your contracted return date*;
2. unused, non-refundable *travel arrangements* (if any) when *you* must return to *your province/territory of residence* earlier than the *contracted return date*;
3. the additional cost of *transportation* to rejoin a tour, group or *trip* if *you* have not been returned to *your province/territory of residence* as a result of an insured risk; and
4. in the case of death, up to $3,000 for the preparation and *transportation* of *your* remains to *your province/territory of residence*, or for cremation or burial at the place of death.

TRIP DELAY (BEFORE OR AFTER DEPARTURE)

In the event *your trip* is delayed, the following are payable per person, per *trip*:

1. the extra expense of one-way *transportation* to the *contracted* destination; and
2. an out-of-pocket allowance of up to $150 per day to a maximum of $500 for *accommodations*, meals, essential telephone calls, Wi-Fi service fee, and taxi or ride sharing app fares in the event *you* are delayed beyond the *contracted return date*.

BAGGAGE LOSS, DAMAGE & DELAY

In the event *your* personal belongings are delayed or are lost or damaged as a result of theft, fire or *transportation hazards*, the following are payable per person, per *trip*:

1. the lesser of the repair cost or actual cash value of the item after depreciation based on age and condition, but not more than:
   a. the cost to replace with an item of similar quality and value;
   b. the reasonable proportion of the total value of a set when the item was part of a set; and
   c. $500 per item or set of items;
2. $100 to replace each of the following documents:
   a. passport;
   b. driver's license;
   c. birth certificate; and/or
   d. travel visa;
3. a maximum of $100 cash, if stolen from *you*, where the theft has been reported and documented by the local police authorities; and
4. $400 for essential clothing and personal care items when *your* checked baggage has been delayed for more than twelve (12) hours after *you* arrive at *your contracted* destination. This benefit only applies when *you* are at *your* travel destination. This doesn't apply to baggage delayed after *you* have returned to *your* original scheduled destination.

Insured Risks

Benefits are payable under Trip Cancellation coverage if *your trip* is cancelled, interrupted, or delayed due to any of the following.

1. **Emergency Medical Conditions** - Benefits are payable if:
   a. *you* or *your travelling companion* suffer a *medical emergency*;
   b. *your* or *your travelling companion's spouse*, *family member*, *key employee* or *caregiver* are hospitalized; or
   c. *your* host is hospitalized at *your* destination.

   In the event a *medical emergency* delays *your* return to *your province/territory of residence* *you* must return on the earliest of:
   i. the date *you* are deemed medically fit to travel by the attending *physician*; or
   ii. five (5) days following the end of *your* or *your travelling companion's medical emergency* or discharge from *hospital*.
2. **Pregnancy** - Benefits are payable if:
   a. *you* or *your travelling companion* suffer complications in the first thirty-one (31) weeks of a pregnancy;
   b. *your* or *your travelling companion's spouse* or *family member* suffers complications in the first thirty-one (31) weeks of a pregnancy; or
   c. *you* or *your travelling companion* are diagnosed as pregnant after the *booking date* of the *trip* when the *departure date* falls within nine (9) weeks of the expected delivery date.
3. **Death** - Benefits are payable if:
   a. *you* or *your travelling companion* dies;
   b. *your* or *your travelling companion's spouse*, *family member*, *key employee* or *caregiver* dies; or
   c. *your* host at *your* destination dies.

4. **Government Advisories and Visas** - Benefits are payable if:
   a. *you* or *your travelling companion* are not issued a travel visa, (other than an immigration or employment visa) for reasons beyond *your* or *your travelling companion*'s reasonable expectation or control; or
   b. *your trip* destination has a travel advisory issued after the later of the *booking date* of *your trip* or the purchase date of *your* policy, where the Canadian government has recommended that Canadians should not travel to the destination/country for a period of time that includes *your* travel dates.
5. **Employment and Occupation** - Benefits are payable if:
   a. *you* or *your travelling companion* experience an unexpected transfer, after the *booking date*, by the employer for whom *you* or *your travelling companion* work on the *booking date* which requires relocation of *your* or *your travelling companion*'s principal residence;
   b. *you* or *your travelling companion* experience involuntary loss of permanent employment not reasonably foreseeable at the time of booking *your trip*;
   c. a business meeting, trade show, convention or training course is cancelled beyond *your* or *your travelling companion*'s control, or *your* or *your travelling companion*'s employer's control if it:
      i. was scheduled before *your booking date*;
      ii. is the sole purpose for the *trip*;
      iii. pertains to current full-time occupation or profession; and
      iv. is held between or by companies with unrelated ownership; or
   d. *you* or *your travelling companion* are issued a summons to service in the case of reservist, active military, police and fire personnel.
6. **Delays, Schedule Changes and Missed Connections** - Benefits are payable if:
   a. *you* or *your travelling companion* experience an unexpected delay of a scheduled *trip* on a *common carrier*, due to weather conditions, for a period of at least 30% of *your trip*, when *you* choose not to continue with *your trip*;
   b. *you* or *your travelling companion* experience an unexpected delay of a scheduled *trip* on a *common carrier*, due to weather conditions, mechanical failure, a traffic *accident* or an emergency police-directed road closure, causing *you* to miss a portion of *your* non-refundable *travel arrangements* and *you* choose to continue with *your travel arrangements* as planned;
   c. *you* or *your travelling companion* miss a connection due to weather conditions, a schedule change or a mechanical failure of the *common carrier*, provided the *common carrier* was scheduled to arrive not less than two (2) hours prior to the scheduled connection time;
   d. *you* or *your travelling companion* are delayed on route to a scheduled departure point when *you* are a passenger in, or the driver of, a private automobile that experiences mechanical failure, severe weather conditions, a traffic *accident* or emergency police-directed road closure, provided the private automobile was scheduled to arrive not less than two (2) hours prior to the scheduled departure time;
   e. a cancellation of a concert, wedding, or other event occurs that is beyond *your* or *your travelling companion*'s control and is
      i. scheduled before *your booking date*; and
      ii. the sole purpose for *your trip*;
   f. *your* or *your travelling companion*'s scheduled *medical consultation* is cancelled prior to departure, beyond *your* or *your travelling companion*'s control if it is:
      i. scheduled before *your booking date*; and
      ii. the sole purpose for *your trip*;

      Coverage is limited to *you* and a maximum of two (2) *travelling companion*s insured under a *GMS* travel insurance policy; or
   g. *your* or *your travelling companion*'s cruise is cancelled prior to the departure of the cruise ship due to the mechanical failure, grounding, quarantine of the cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.
7. **Default of Travel Supplier** - Benefits are payable if *your* or *your travelling companion*'s travel services are undelivered due to the default of a *travel supplier* with whom *you* or someone on *your* behalf booked *your transportation* and/or *travel arrangements*. Payment is limited to an aggregated maximum of $200,000 for all *GMS policyholder*s who make a claim resulting from the same *travel supplier*s default. If it is estimated that claims will exceed the $200,000 limit in a calendar year, benefits will be payable on a prorated basis.
8. **Other Risks** - Benefits are payable if:
   a. *your* or *your travelling companion*'s principal residence or place of business is made uninhabitable or inoperable as a result of fire, flood, burglary, vandalism or natural disaster;
   b. *you* or *your travelling companion* are quarantined or hijacked;
   c. *you* or *your travelling companion* are required to appear for jury duty, as a defendant in a civil suit or are subpoenaed as a witness; or
   d. *you* or *your travelling companion* experience a loss directly or indirectly caused by *terrorism* that would otherwise be payable under one of the covered risks. Claims will be paid to an aggregate limit of $200,000 per calendar year for all *GMS policyholders* covered under Trip Cancellation Coverage. If it is estimated that claims will exceed the $200,000 limit in a calendar year, claims will be paid on a prorated basis after the end of the calendar year.

Additional Coverage

For an additional premium, *you* can enhance *your trip* delay coverage by adding the Trip Delay Upgrade.

You must purchase the upgrade at the same time as *your* Trip Cancellation Plan and coverage starts and ends on the same date as *your* Trip Cancellation coverage.

TRIP DELAY UPGRADE

Trip Delay Upgrade provides the following benefits in the event *your trip* is delayed twelve (12) hours or more, due to circumstances beyond *your* or *your travelling companion*'s control:

1. out-of-pocket expenses of up to $500 per day to a maximum of $1,500 for *accommodation* and meals, essential telephone calls, Wi-Fi service fee, and taxi or ride sharing app fares;
2. expenses incurred up to $200 for *you* to attend a ticketed event such as, but not limited to, a movie theatre, concert hall, sporting event or opera; and
3. the extra cost of same class *transportation* via the most cost effective route for the additional *transportation* to rejoin a tour, group or *trip* if *you* have not been returned to *your province/territory of residence* as a result of an insured risk.

EXCLUSIONS

1. **Pre-existing Medical Conditions** - No coverage or reimbursement for expenses resulting from *medical conditions* which have not been *stable*.
   a. Under a Single-Trip Plan, *medical conditions* must be *stable* one-hundred-and-eighty (180) days prior to the purchase date of each dollar amount of coverage. Each increase in the dollar amount of coverage is a new purchase and subject to the stability period of one-hundred-and-eighty (180) days.
   b. Under a Multi-Trip Annual Plan, *medical conditions* must be *stable* one-hundred-and-eighty (180) days prior to the later of the *booking date* of *your trip* or the purchase date of *your* plan.

   Medical condition(s) include those:
   a. for which *you* received *medical treatment* or *medical consultation* and/or;
   b. related to undiagnosed symptoms for which *you* received *medical treatment* or *medical consultation*.

   You must be *stable* based on the definition of *stable* in this policy regardless of the opinion of *your physician* or any other person who may provide an opinion on *your medical conditions*.
2. **Anticipated Events** - No coverage or reimbursement for expenses resulting from any situation, event, occurrence, circumstance or *medical condition* which *you* knew might be cause for cancellation, interruption or delay if:
   a. under a Single-Trip Plan, *you* were aware of, could predict, or ignored it on or before the purchase date of each dollar amount of coverage (Each increase in the dollar amount of coverage is a new purchase and subject to the stability period of one hundred and eighty (180) days); or
   b. under a Multi-Trip Annual Plan *you* were aware of, could predict, or ignored it on or before the later of the *booking date* of *your trip*, or the purchase date of *your* plan.
3. **Baggage Not Covered** - No coverage or reimbursement for losses resulting from:
   a. the theft of animals, sunglasses, prescription glasses or contact lenses, jewellery, hearing aids, event tickets, hand-held electronic devices (such as MP3 players, camera or camera equipment, laptops, tablets, smart phones, cellular phones, portable DVD players, iPods and hand-held gaming devices), or unaccompanied baggage;
   b. the theft of bicycles unless checked as baggage with a *common carrier* when theft occurred;
   c. the breakage of brittle or fragile articles which may be damaged as a result of a *transportation* hazard; and
   d. damage caused from wear and tear, deterioration, defect or mechanical breakdown.
4. **Acting Against Physician's Advice** - No coverage or reimbursement for expenses incurred after *your physician* advised *you* not to travel.
5. **Visiting Ailing Persons** - No coverage or reimbursement for expenses from a *trip* that was undertaken to visit or attend an ailing person, when the *medical condition* or ensuing death of that person is the cause of the claim.
6. **Travel for Diagnosis or Treatment** - No coverage or reimbursement for expenses resulting from a *trip* that was undertaken for *medical consultation* or *medical treatment* where a delay or interruption is caused by the *medical consultation* or *medical treatment*, except as provided for under Insured Risk 6.g.
7. **Pregnancy Related Matters** - No coverage or reimbursement for expenses related to cancellations from pregnancy, delivery or complications of either the pregnancy or delivery that occur nine (9) weeks before or after the expected delivery date.
8. **Risky Activities** - No coverage or reimbursement for expenses resulting from *your* participation in:
   a. professional sport;
   b. speed contests or racing of motorized land, water or air vehicle(s);
   c. any extreme sport or activity involving a high level of risk, including but not limited to: scuba diving (except when *you* are NAUI, PADI, ACUC or SSI certified); bungee jumping; parachuting; mountaineering; skydiving; hang gliding, acrobatic or stunt flying; or participating in a rodeo or horse race as a jockey.

9. **Non-Common Carrier Air Travel** - No coverage or reimbursement for expenses resulting from air travel unless riding as a passenger on a *common carrier*.
10. **Space Tourism** - No coverage or reimbursement for expenses resulting from space tourism for recreational, leisure or business purposes.
11. **Risky Work or Volunteer Activities** - No coverage or reimbursement for expenses resulting from *your* service in the armed forces, willful exposure to peril, work within a hazardous occupation or mission and/or relief work.
12. **Work** - No coverage or reimbursement for expenses for work related *accidents.*
13. **Result of Conflict** - No coverage or reimbursement for expenses resulting from *war*, *terrorism* or acts of foreign rebellion.
14. **Criminal or Illegal Activity** - No coverage or reimbursement for expenses that result from or are related to *your* involvement in the commission, or attempted commission, of a criminal offence or illegal act.
15. **Drugs & Alcohol** - No coverage or reimbursement for expenses for any *medical condition*, including symptoms of withdrawal arising from, or in any way related to, *your* use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
16. **Misuse of Medication** - No coverage or reimbursement for expenses resulting from the misuse of a medication, whether prescribed or not.
17. **Motor Vehicle Accident** - No coverage or reimbursement for expenses resulting from a motor vehicle *accident*, unless not covered by any other automobile insurance policy.
18. **Default of Travel Supplier** - No coverage or reimbursement for expenses incurred from the default of a *travel supplier* when, on the *booking date, you* knew or ought to have known the *travel supplier* was in receivership, insolvent or bankrupt.
19. **Refused Entry** - No coverage or reimbursement for expenses resulting from being refused entry at destination due to *your* failure or neglect to obtain required vaccinations; *your* failure to comply with *travel supplier* boarding requirements or destination entry requirements; *your* inability to present required travel documents except as provided for under Insured Risks; or *your* past criminal convictions.
20. **Travel Accommodation from Owners** - No coverage or reimbursement for *travel accommodations* rented privately from individuals who are related to *you*. *GMS* will not cover other private rental arrangements unless:
    a. *you* provide a written rental contract dated on or before non-refundable penalties went into effect;
    b. *you* provide copies of all payments, including the original deposit; and
    c. the property provider is available to verify cancellation penalty polices and verify partial or full refunds issued or pending.
21. **Travel Credit or Travel Voucher** - No coverage or reimbursement for expenses related to a travel credit or travel voucher issued or offered by a *travel supplier*. If the credit or voucher for a *trip* was refused by *you*, it can't be used as a reason to claim.
22. **Government Advisories** - No coverage or reimbursement for:
    a. any cancellation or interruption caused by or related to the threat or fear of any event or happening that does not prompt an official travel advisory to be issued by the Canadian Government stating "Avoid non-essential travel" or "Avoid all travel" for the country, region, city, or other destination (including cruise ships) that are part of *your travel arrangements*.
    b. any cancellation caused by any event or happening for which the Canadian Government issued a travel warning stating "Avoid non-essential travel" or "Avoid all travel" for the country, region, city, or other destination (including cruise ships) that has been removed more than 2 weeks before the scheduled *departure date*. The travel warning must be in place for the duration of *your* travel dates or still in place within 2 weeks of *your* originally scheduled *departure date*.
    c. any *trip* interruption event or happening or any *trip* delays if *you* choose to still travel on *your trip* when the Canadian Government prior to *your departure date* issued a travel warning stating "Avoid non-essential travel" or "Avoid all travel" for the country, region, city, or other destination (including cruise ships) that is still in place for *your trip* dates.
    d. any event or happening for which the Canadian Government has issued a global travel advisory of "Avoid non-essential travel" or "Avoid all travel".

MANAGING A TRIP CANCELLATION

In the event *you* are required to cancel *your* trip, *you* must notify *your travel supplier* on the day *you* become aware of the cause to cancel or the next business day. *You* must first submit *your* claim to *your travel supplier* and *your* credit card company as the policy is in excess of any refund(s) or voucher(s) for future travel that they may offer. Claim payment is limited to the amount that was non-refundable and non-transferable up to the sum insured.

MAKING A TRIP CANCELLATION, INTERRUPTION OR BAGGAGE CLAIM

You must submit *your* claim for reimbursement of expenses incurred as a result of the cancellation, delay or baggage loss within (12) twelve months after *your* loss occurred.

When submitting a claim, the following documentation is required.

1. A claim form outlining the details of the loss.
2. Cancellations due to injury or sickness require a medical confirmation from the attending *physician* for *you*, *your travelling companion*, *spouse*, *family member*, *key employee*, *caregiver* or host to support the cause of the cancellation. Where a *physician* statement or medical information is required, it must include:
    a. a complete *diagnosis*;
    b. the date the *medical condition* was known; and
    c. the medical necessity of cancelling, delaying or interrupting *your trip*.

Failure to provide a physician statement or medical information will result in your claim being denied.

3. Detailed invoices, original unused tickets and travel agent statement, a copy of the *travel supplier*'s refund policy, the Explanation of Benefits from *your* claim with *your* primary insurer (if applicable), or any other documentation to support *your* claim must be provided.
4. Where *accommodations* are provided by the owner of a private home *you* must provide to *GMS*:
    a. a written rental contract executed prior to the cause of loss and which outlines all cancellation/penalty policies;
    b. copies of all payments including the original deposit; and
    c. access to the property owner to verify cancellation/penalty policies and to verify partial or full refunds issued or pending.
5. Where a baggage loss has occurred, *you* must take all reasonable precautions to protect, save and recover *your* property. Where applicable, *you* must provide a police report; proof of travel dates; proof of ownership and value of all items claimed and a copy of property insurance policies.

When making a claim *you* may be required to provide certified documents. Costs incurred to obtain documents or reports to support *your* claim are not covered.

GMS will pay the *reasonable and customary* expenses in excess of any *deductible* and subject to all other terms and conditions of the policy. No payment for a claim will be made if *you* fail to provide adequate substantiation as outlined above.

Single-Trip Plan

ELIGIBILITY

You are NOT eligible for coverage if:

1. *you* are not a Canadian resident;
2. *you* did not purchase the plan prior to *your* departure;
3. *your trip* is to a country with an "Avoid non-essential travel" or "Avoid all travel" advisory from the Canadian government in effect at the time *you* purchased this plan;
4. *your trip* is valued at more than $20,000 per person; and
5. *you* do not meet the eligibility requirements for Single-Trip Emergency Medical Plan for trips valued at $12,000 or more, regardless of *your* age.

COVERAGE BEGINS & ENDS

Your Trip Cancellation coverage will begin on the day *you* purchase the plan from *GMS*. *Your* plan will end on the earlier of the day:

1. the occurrence of an insured risk causes the cancellation of *your trip* prior to the *contracted departure date*;
2. *you* return to *your province/territory of residence*; or
3. *your expiry date* as shown on *your* confirmation.

Coverage under the baggage loss, damage, and delay benefit begins when *you* leave *your province/territory of residence*.

Coverage under the baggage loss, damage and delay benefit ends on the earlier of the following:

1. the *expiry date* of *your* policy; or
2. the day *you* return to *your province/territory of residence*.

AUTOMATIC EXTENSIONS

If the return to *your province/territory of residence* is delayed beyond the *expiry date*, *your* policy will automatically extend five (5) days if *you* are deemed medically unfit to travel:

1. prior to *your return date*; and
2. *GMS* is advised in writing by the attending *physician*.

POLICY CHANGES

Prior to departing for *your trip you* may contact *GMS* to:

1. purchase an additional amount of insurance for *your trip*; and
2. change *your* departure or *return date*(s).

When increasing the amount of insurance for *your trip*, each increased amount is considered a new purchase and subject to the terms and conditions based on the date of purchase.

REQUESTING A REFUND

The policy is non-refundable except when the policy premium is in excess of $20 and:

1. a *travel supplier* cancels the *trip* and all penalties are waived; or
2. a *travel supplier* changes the travel dates and *you* are unable to travel on those dates and all penalties are waived.

Multi-Trip Annual Plan

ELIGIBILITY

You are NOT eligible for coverage if:

1. *you* are not a Canadian resident;
2. *you* did not purchase the plan prior to *your* departure; and
3. *you* did not purchase the plan with a *GMS* Multi-Trip Annual Emergency Medical Plan.

Trips taken are NOT covered if:

1. *your trip* is to a country with an "Avoid non-essential travel" or "Avoid all travel" advisory from the Canadian government in effect at the later of the booking date of *your* trip, or the purchase date of *your* policy.

COVERAGE BEGINS & ENDS

Your Trip Cancellation coverage begins on the *effective date* as shown on *your* confirmation.

Your Trip Cancellation coverage ends on the last day of the *policy year*.

Coverage begins for each *trip* on the later of the:

1. *booking date* of *your trip*; or
2. purchase *date* of *your* policy.

Coverage ends for each *trip* on the earlier of the:

1. cancellation of *your trip*;
2. day *you* return to *your province/territory of residence*; or
3. *expiry date* of *your policy* as shown on *your* confirmation.

Coverage for a *trip you* have started prior to the expiry of this plan will be continued if *you* apply and are eligible for an equivalent Multi-Trip Trip Cancellation Plan with *GMS* that is in effect without a gap in coverage. Coverage is limited to a maximum of the amount of coverage offered by the plan in effect at the time the *trip* was booked.

Coverage under the baggage loss, damage and delay benefit begins when *you* depart from *your province/territory of residence*.

Coverage under the baggage loss, damage and delay benefit ends on the earlier of the following:

1. the *expiry date* of *your* policy; or
2. the day *you* return to *your province/territory of residence*.

AUTOMATIC EXTENSIONS

If the return to *your province/territory of residence* is delayed beyond the *expiry date*, *your* policy will be automatically extended five (5) days if *you* are deemed medically unfit to travel:

1. prior to *your return date*; and
2. *GMS* is advised in writing by the attending *physician*.

POLICY CHANGES

You may contact *GMS* prior to departing on a *trip* to add or remove applicants. Additional premium may apply.

REQUESTING A REFUND

Prior to the *effective date you* are eligible for a full refund. After the *effective date* the policy is non-refundable.

GENERAL CONDITIONS

The following conditions apply to all insurance coverage and additional coverage purchased.

1. **Coverage Starts** - coverage is not effective until *GMS* approves the application, and the appropriate premium has been paid.
2. **Currency** - all amounts stated in this policy are in Canadian funds.
3. **Interest** - benefits payable shall not include interest charges.
4. **Laws Applied** - this policy shall be interpreted and construed in accordance with the laws of the Province of Saskatchewan and the federal laws of Canada applicable therein.
5. **Subrogation** - if *reasonable and customary* expenses are incurred due to the fault of a third party, *GMS* may take legal action against the person(s) at fault in *your* name to recover these expenses and *you* hereby agree that *GMS* may do so. *You* agree to fully cooperate with *GMS* in any action that might be taken.
6. **Excess Coverage to Other Insurance Plans, Credit Card Coverage, or Travel Supplier Vouchers and/or Future Travel Credits** - this policy is in excess of all other insurance coverage or amounts recoverable by any other party. If *GMS* pays *reasonable and customary* expenses to *you* and a third party makes payment for those same benefits, *you* are responsible for reimbursing *GMS* the amount previously paid by *GMS*.
7. **Excess Coverage to Government Health Plan** - this policy is in excess of what would normally be payable under *your government health plan*. There is no coverage for any benefits provided by a *government health plan* on the policy *effective date* regardless of whether such benefits continue to be provided by a *government health plan* at the time the claim is made.
8. **Coordination of Benefits** - in the event *you* have insurance from another source(s) or if any third party is responsible for benefits also under this policy, *GMS* will pay eligible expenses only in excess of those covered by that other insurer or other responsible party, including but not limited to, credit cards, *travel supplier(s)* refunds, voucher(s), private, provincial or territorial auto plans, any applicable benefits plans, contracts or any other insurance, whether collectible or not. *GMS* is a secondary payor. All other sources of recovery, indemnity payments or insurance must be exhausted before any payments will be made under any *GMS* policies. However, if that other insurer is also in 'excess only', the insurer will coordinate with respect to benefits provided under this policy, benefits shall be coordinated in accordance with the Canadian Life and Health Insurance Association guidelines, except:
   a. when retirement group health coverage exists with a lifetime limit of $50,000 or less; or
   b. where a claim is made under the baggage loss, damage and delay benefit of *GMS* Trip Cancellation Coverage.
9. **Maximum Payable When Coordinating Benefits** - if a covered person is entitled to similar benefits under any other individual or group coverage, the benefits payable under this coverage shall be coordinated so that the total payment from all coverage shall not exceed the amount for which the claim is made.
10. **Rights to Designate a Person** - *GMS* reserves the right to restrict or deny *your* right to designate persons to whom insurance money is payable.
11. **Right to Transfer** - *GMS*, in consultation with the attending *physician*, reserves the right to transfer *you* to another *hospital* or medical facility or to return *you* to *your province/territory of residence* if deemed *medically necessary*.
12. **Maximum Payable** - insurance is in effect only for coverage and *sum insured* as indicated on *your* application for which the premium has been paid. Benefits are payable in accordance with the benefits listed in this policy and limited to the *sum insured*.
13. **Service Providers** - *GMS* reserves the right to negotiate amounts payable on *your* behalf with any service provider who provides services covered by this insurance. Payments will be provided directly to the service provider. *You* may not claim or receive more than 100% of covered incurred expenses. Payment under this condition is subject to all other policy conditions and limitations.
14. **Payment Not a Guarantee** - payment of any amount by *GMS* on *your* behalf does not constitute a guarantee that *GMS* will cover *your* expenses if *GMS* determines *you* have no coverage under this policy. *You* must repay, on demand, any amount paid or authorized by *GMS* on *your* behalf if and when *GMS* determines that the amount was not payable under the terms and conditions of *your* policy.
15. **Right to Investigate** - *GMS* reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
16. **Misrepresentation** - any material misrepresentation, provision of incorrect information, or non-disclosure of information by *you* will result in non-payment of any claim and will void *your* coverage.
17. **Authorization** - by purchasing this policy *you* are:
   a. authorizing any *physician*, health care provider, other person, *hospital* or institution to release to *GMS* and/or its authorized agents, representatives, affiliates or assistance service provider (collectively "*GMS*") any information covering *your* medical history, symptoms, *medical treatment*, examination, *diagnosis* and/or services rendered to *you* and or *your dependants;*
   b. authorizing *GMS* to collect, store and use any information which is provided by *you* and any information obtained pursuant to clause a. and c.;
   c. authorizing *GMS* to obtain information from, or disclose information to any *government health plan*; the operator of any clinic or other health facility; a *physician* or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required (this information is intended for the purpose of administering the policy and communicating with *you*); and
   d. acknowledging, subject to legal or contractual restrictions, *you* may (upon reasonable written notice to *GMS*), choose to withdraw *your* consent to the collection, use and disclosure of such information. If *your* consent is withdrawn, *you* will restrict *GMS*' ability to administer *your* policy. Further, if *you* withdraw *your* consent, *GMS* may not be able to offer *you GMS* products and services and *you* will limit *GMS*' ability to pay *your* claim(s).
18. **Obligation to Cooperate** - *you* agree to fully cooperate with *GMS* to provide the documentation and authorization required by *GMS* to administer *your* policy, including the assessment of *your* claims. Failure to do so with respect to the assessment of *your* claims will result in the non-payment of claims, in accordance with the General Conditions.
19. **Right If Premium Is Owed** - *GMS* reserves the right to suspend claims reimbursement until such time as payment of premium in full is received. In the event of non-payment of premium, *GMS* reserves the right to terminate the policy, with notice.

20. **Policy Evaluation Period** - for Single-Trip plans greater than 190 days and all Multi-Trip Annual plans with emergency medical coverage, *you* have 10 days from the day *you* apply for *your* policy to return it to *GMS* for cancellation. The policy will be considered null and void and any premium paid up to the end of the 10-day examination period will be refunded, provided no claim has been incurred. If a claim has been paid, the amount of the claim must be immediately repaid to *GMS*, less the premium amount, before the policy will be deemed null and void. This period of examination expires 10 days after *you* apply for *your* policy and have received a copy of the policy. Failure to return the policy will be considered an acceptance of all of its terms, conditions and limitations. All other requests for termination are subject to the conditions provided for in the Statutory Conditions.
21. **Statutory Limitation** - every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the Insurance Act (BC, AB, MB, NS, PE – title of act may vary by jurisdiction), Limitations Act (SK, NF), Limitations Act, 2002 (ON) or other applicable legislation.
22. **Statutory Conditions** - despite any other provision of the policy, the policy is subject to the statutory conditions in the applicable insurance act respecting contracts of *accident* and sickness insurance of the Canadian province where the policy was issued.

STATUTORY CONDITIONS

Pursuant to the Insurance Act, the relevant statutory conditions which relate to individual health and travel insurance products have been provided below.

1. **The contract**

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

   (2) The insurer shall, on request, provide to the insured or to a claimant under the contract a copy of the application.

2. **Material facts**

   No statement made by the insured or a person insured at the time of application for the contract may 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 provided as evidence of insurability.

3. **Termination of insurance**

   (1) The contract may be terminated:

   (a) by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered; or

   (b) by the insured at any time on request.

   (2) If the contract is terminated by the insurer:

   (a) the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract; and

   (b) the refund must accompany the notice.

   (3) If the contract is terminated by the insured, the insurer must refund as soon as is practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.

   (4) The insurer may deliver notice of termination to the insured by personal delivery, regular post or registered mail. Where notice is delivered by:

   (i) personal delivery, 5 days' notice of termination shall be given which notice shall begin on the date of personal delivery;

   (ii) regular post, 10 days' notice of termination shall be given which notice shall begin on the day following the date of mailing of notice; or

   (iii) registered mail, 15 days' notice of termination shall be given which notice shall begin on the day following delivery of the registered letter to the insured's address.

4. **Notice and proof of claim**

   (1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:

   (a) give written notice of claim to the insurer not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability:

   (i) by delivery of the notice, or by sending it by registered mail, to the head office or chief office of the insurer in the province/territory; or

   (ii) by delivery of the notice to an authorized agent of the insurer in the province/territory;

   (b) within 90 days after the date a claim arises under the contract on account of an *accident*, sickness or disability, provide to the insurer such proof as is reasonably possible in the circumstances of:

   (i) the happening of the accident or the start of the sickness or disability;

   (ii) the loss caused by the accident, sickness or disability;

   (iii) the right of the claimant to receive payment;

   (iv) the claimant's age; and

   (v) if relevant, the beneficiary's age; and

   (c) if so required by the insurer, provide a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and, in the case of sickness or disability, its duration.

   (2) Failure to give notice of claim or provide proof of claim within the time required by this condition does not invalidate the claim if:

   (a) the notice or proof is given or provided as soon as is reasonably possible, and not later than the limitation period set out in The Limitations Act after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or provide the proof in the time required by this condition; or

   (b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or provided no later than the limitation period set out in The Limitations Act after the date a court makes the declaration.

5. **Insurer to provide forms for proof of claim**

   The insurer must provide forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident*, sickness or disability giving rise to the claim and of the extent of the loss.

6. **Rights of examination**

   As a condition precedent to recovery of insurance moneys under this contract:

   (a) the claimant must give the insurer an opportunity to examine the person insured when and as often as it reasonably requires while a claim is pending;

   (b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies; and

   (c) the insurer shall bear the costs of any examination or autopsy and shall provide copies of reports of any examination or autopsy to the insured or the insured's representative.

7. **When moneys payable other than for loss of time**

   All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

DEFINITIONS

These apply to all insurance coverage and additional coverage purchased.

accident/accidental: a happening due to external, sudden, fortuitous causes beyond *your* control.

accommodations: includes but is not limited to lodging in a hotel, motel, hostel or a private home offering lodging for commercial purposes (i.e. bed and breakfast or vacation rental by owner). It does not include non-commercial lodgings which include but are not limited to homes of friends or family, or tents or campers.

activities of daily living (ADL): activities such as personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off the toilet, etc); and bowel and/or bladder management that *you* require daily assistance with.

booking date: the first day on which *you contracted your trip* and issued payment in full or in part for the *trip*.

caregiver: a person *you* have entrusted with the care of *your dependant* on a permanent, full-time basis and whose services cannot be easily replaced.

common carrier: a conveyance (bus, taxi, train, boat, airplane or other vehicle), that is licensed, intended and used to transport paying passengers.

contracted: describes an agreement entered into where there is reference to a destination, a date and/or the time and place of arrival and/or departures for the *trip*.

deductible: the portion of eligible expenses *you* are responsible to pay out-of-pocket. *GMS* is only liable to pay sums in excess of this amount.

departure date: the day *you* leave *your province/territory of residence*.

dependant(s): any unmarried child of *your*s or *your spouse* (including step-child, adopted child or a child for whom *you* have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon *you* or *your spouse* for support and maintenance, and is:

a. under twenty-one (21) years of age; or
b. under twenty-five (25) years of age if the child is enrolled in at least three (3) classes per semester or sixty (60%) of a full course load in a full-time student educational facility; or
c. a developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received at time of application.

diagnosis: identification of *medical conditions*, illness or injury through investigation or analysis of the signs and symptoms.

effective date: means the date coverage starts as indicated in the section of this policy titled Coverage Starts and Ends for the specific plan purchased. For additional coverage or for coverage where it is not specified, the *effective date* is the date shown on *your* application.

expiry date: means the date coverage ends as indicated in the section of this policy titled Coverage Starts and Ends for the specific plan purchased. For additional coverage or for coverage where it is not specified, the *expiry date* is the date shown on *your* application.

family member: *your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or assistance service provider.

GMS Travel Assistance: the assistance service which has been appointed by *GMS* to perform all assistance services where indicated under this policy.

government health plan: any insurance provided by or under the administrative control of any government or governmental agency in accordance with any law (other than The Employment Insurance Act of Canada) or any insurance coverage regulated by any government.

hospital: an institution licensed as an accredited *hospital* that is staffed and operated for the care and *medical treatment* of in-patients and out-patients. *Medical treatment* must be supervised by *physician*s and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction *medical treatment* centre, convalescent, rest or nursing home, home for the aged or health spa.

key employee: an employee or business partner whose continued presence is critical to the ongoing affairs of the business during *your* absence.

medical condition(s): a disease, illness or injury including symptoms of undiagnosed conditions.

medical consultation: the act of meeting with a *physician* for the purpose of discussing and evaluating signs or symptoms in an effort to diagnose a *medical condition*, illness or injury; or for the purpose of evaluating *your* progress and *medical treatment* of a *medical condition*, illness or injury.

medical emergency: a sudden and unforeseen *medical condition* that requires immediate *medical treatment*. A *medical emergency* no longer exists when the evidence reviewed by *GMS Travel Assistance* indicates that no further *medical treatment* is required at destination or *you* are able to return to *your province/territory of residence* for further *medical treatment*.

medically necessary: a *medical treatment*, service or supply which is generally accepted by the medical profession as essential, effective and appropriate in the care and treatment of a *medical condition*, sickness or injury.

medical treatment: a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

physician: a person who is not *you* or a member of *your* immediate family or *your travelling companion*, who is a medical doctor licensed to prescribe and administer *medical treatment*. Medical services must be provided within scope and jurisdiction where the medical services are provided.

policyholder: a person in whose favour an insurance policy is issued.

policy year: three hundred sixty-five (365) days following the *effective date* of the policy.

prescription drug: a licensed medicine that is regulated by legislation to require a prescription before it can be obtained. The term is used to distinguish it from over-the-counter drugs which can be obtained without a prescription. When referring to a *prescription drug* for a specified condition it includes but is not limited to those prescribed for the direct *medical treatment* of the diagnosed condition, the *medical treatment* of the symptoms associated with the diagnosed condition and the prevention of symptoms associated with the diagnosed condition.

province/territory of residence: is the province or territory *you* have declared as *your* permanent residence and *you* reside in for the required number of days outlined by *your* provincial/territorial health care legislation and/or *government health plan* in order to maintain *your* health coverage.

reasonable and customary: charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

return date: the date *you* are *contracted* to return to *your province/territory of residence*.

spouse: a legal *spouse* by virtue of religious or civil marriage, or a person who has been residing with the *policyholder* continuously for a least one (1) year and who has been maintained and publicly represented by the *policyholder* as the *policyholder*'s *spouse*.

stable: a *medical condition* is considered *stable* and controlled, only when all of the following statements are true.

1. there has not been any new *medical treatment* prescribed or recommended, or change(s) to existing *medical treatment* or stopped *medical treatment*; and
2. there has not been any change to any existing prescribed drug (including an increase, decrease, or stopping to prescribed dosage), except:
   a. a dosage adjustment for anti-hypertensive or cholesterol lowering medication;
   b. a change from brand name medication to generic medication and vice versa of the same dosage;
   c. Coumadin/Warfarin prescribed as an anticoagulation therapy adjusted to ensure *your* INR is maintained within therapeutic range as directed by *your physician*(s) provided there has been no other change in *your* condition; and
   d. insulin or oral anti-diabetic medication where blood levels are tested on a regular basis and adjustments to the dosage are made to ensure *your* blood glucose level is maintained within therapeutic range as directed by *your physician*(s) provided there has been no other change in *your* condition; and
3. the *medical condition* has not become worse; and
4. there have not been any new, more frequent or more severe symptoms; and
5. there has been no hospitalization or referral to a specialist; and
6. there has been no tests, investigation or *medical treatment* recommended, but not yet complete, nor any outstanding test results.

sum insured: the maximum sum payable, which *you* selected at the time of purchase, or which applies automatically to, a given insurance coverage.

terrorism: an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of *war*, act of foreign enemies or rebellion.

transportation: means economy class transport on a *common carrier* whether by land, air or sea.

transportation hazards: *accidental* loss or damage caused by collision, upset, overturn, derailment, stranding or sinking of any *common carrier*.

travel arrangements: means any pre-arranged provisions made as part of a *trip* including but not limited to *accommodations*, food, car rentals, excursions or events.

travel supplier: a licensed, registered or otherwise legally authorized tour operator, travel wholesaler, ground transporter, airline, cruise line or provider of *accommodations* that has been *contracted* by *you* or on *your* behalf to provide travel services to *you*.

travelling companion: is a person who is listed on *your* application or a person with whom *you* have pre-paid *accommodations* or *transportation* for the same *trip* and who will accompany *you* throughout the *trip*, to a maximum of four (4) persons including yourself.

trip(s): the entire period of travel *contracted* by *you*, and for which a premium was paid.

war: armed conflict, whether or not *war* has been declared, between nations or factions within a nation.

you or **your:** any person who is eligible for coverage for any benefit under this policy.

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