Southern Elements Emergency Travel Medical Coverage

Important Notice – Please Read Carefully Before You Travel

You have purchased a travel insurance policy – what's next? 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. ***Bolded and/or italicized terms are defined in your policy.***

- Travel insurance covers claims arising from sudden and unexpected situations (ie: accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all of the eligibility requirements outlined within the eligibility section of this policy
- This insurance contains limitations and/or exclusions (eg: ***medical conditions*** that are not ***stable***, pregnancy, child born on ***trip***, excessive use of alcohol, ***high risk activities***).
- This insurance may not cover claims related to ***pre-existing medical conditions***, whether disclosed or not at time of policy purchase.
- You must contact ***the assistance company*** before being admitted to hospital, and before any invasive procedures 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, your policy will be voidable.

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-800-661-3098, or visit www.mediquote.ca.

IN THE EVENT OF AN *EMERGENCY* WHEN TRAVELLING CONTACT *THE ASSISTANCE COMPANY* IMMEDIATELY

North America (US & Canada)
+1 (866) 689-1240

Worldwide Collect & Local:
(604) 304-2706

Mexico
+1 (800) 681-1835

Email
mediquoteclaims@tugo.com

If it is medically impossible for *you* to call prior to obtaining ***Emergency Treatment***, we ask you to have someone call on your behalf as soon as possible. Anyone (***family member***, friend, ***hospital*** or ***physician's*** office staff, etc.) may call *us* on *your* behalf. Otherwise, if you do not call the ***Assistance Company*** before being admitted or undergoing an invasive procedure, *your* maximum benefit payable may be reduced to 70% of your medical expenses covered under this insurance, in addition to any ***deductible***, to a maximum of $50,000.

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Eligibility

To be eligible for coverage you must be a ***Canadian resident***, and be covered by a Canadian Government Health Insurance Plan for the entire duration of your planned ***trip***(s):

- You have not been advised by a ***physician*** to avoid travelling due to your health;
- You must never have been diagnosed with **AIDS**, a ***terminal illness*** or had **dialysis** for a **kidney disorder**;
- Your ***trip***, or any part of your ***trip***, is not for the purpose of seeking ***treatment***, advice or diagnostic/investigative testing for any ***medical condition***;
- You must not have used **home oxygen** or an **oral steroids** (oral steroids refers to pills e.g. Prednisone, Prednisolone) for a ***lung or respiratory condition*** in the last year;
- You must not have been ***hospitalized*** for a ***lung or respiratory condition*** in the last 3 months;
- You must not reside in a nursing home or long-term care facility or require assistance with the ***activities of daily living***.
- You must never have been diagnosed with **Liver**, **Pancreatic**, **Stage 3**, **Stage 4** or **Metastatic Cancer**;;
- You must never have been diagnosed with **Congestive Heart Failure**, or take water pills for a ***Heart Disease or Condition***;
- You have not have had a **stroke** or a **blood clot** in the last 3 months;
- You have not have been ***hospitalized*** for an ***autoimmune disease/condition*** in the last 12 months;
- You must not have been diagnosed with **Alzheimer's** or **Dementia**;
- You must not be:
    - Waiting for test results for a **Neurological disorder**;
    - Undergoing or waiting for **chemotherapy**, **immunotherapy** and/or surgery for **Cancer**;
    - Waiting for Surgery for a ***Circulatory Condition*** or ***Heart Disease or Condition*** (including pacemaker/defibrillator insertion);
    - Waiting for Surgery for a **Gastrointestinal disorder**, or had a **Gastrointestinal Bleed** or **Gastrointestinal Surgery** in the last 3 months;
    - Diagnosed with or ***treated*** for a ***chronic Lung or Respiratory Condition*** and used **tobacco products** in the last 12 months.
- If you are currently travelling outside of your ***home province*** you must not have had
    - a change in your health since departing *your* ***home province*** (not including a ***minor ailment***);
    - know of any reason you may have to make an ***emergency*** medical claim;

- been denied coverage for travel insurance.

- You must not have had, or been recommended to have, an organ, stem cell or bone marrow **transplant** (do not count a skin graft, a cornea transplant or an ***autologous stem cell transplant***).

Southern Elements Emergency Travel Medical Coverage provides reimbursement up to a maximum of $2,000,000 CAD (less any deductible, and subject to benefit limitations and pre-approvals) for costs associated with medical and dental emergencies, and for transportation expenses needed to obtain adequate care if *you* are faced with an ***emergency*** while travelling outside of *your* ***home province*** or territory of residence provided:

a) *You* are covered under the provincial health plan of *your* province or territory of residence for the duration of *your* travels outside of *your* province or territory of residence;

b) *You* are not outside *your* ***home province*** or territory of residence for a period exceeding the amount allowed by *your* government health insurance plan or for a period of exceeding 212 days; and

c) The policy is inforce at the time of the ***emergency***.

It is *your* responsibility to ensure *you* have provincial coverage for the duration of *your* travels, as each province and territory has different regulations. Failure to do so may affect *your* coverage under this policy. Provided *you* meet conditions a), b) and c) listed above, if *you* have purchased a Single Trip Daily Plan, **Southern Elements Emergency Travel Medical** will cover for the duration of *your* policy.

If *you* have purchased a Multi-Trip Annual Plan this coverage is active for an unlimited number of ***trips*** within a 1 year period, beginning on the ***effective date*** with the option of a 5, 15, 35 or 60 day limit per ***trip***. ***Trips*** taken when covered by the Multi-Trip Annual plan must be separated by a return to your ***home province***. Please see *your* Confirmation of Coverage to confirm the per-trip day limit of the Multi-Trip Annual Plan *you* have purchased.

You may purchase an additional number of days to extend a ***trip*** within the **coverage period** of *your* Multi-Trip Annual Plan provided *you* respect conditions a) and b) listed above. This plan may also be used to top up the coverage *you* may have with another insurance provider or to purchase an additional number of days to extend a Single Trip Daily Plan past its original expiry date provided *you* respect conditions a) and b) listed above.

Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by the ***company*** to be in Canadian currency unless otherwise stated. Throughout this policy, italicized words refer to a defined meaning found in the **Definitions** section of this policy wording on page 8.

Automatic Extensions to Coverage

This Policy will be automatically extended with no additional premium in the following circumstances:

1. Coverage will be automatically extended for seventy-two (72) hours in the event of a delay, due to circumstances beyond *your* control, of the ***conveyance*** in which *you* are riding or are scheduled to ride as a passenger. The ***delay of conveyance*** must occur prior to the coverage expiry date and the ***conveyance*** must be due to arrive prior to the coverage expiry date.
2. If *you* are ***hospitalized*** during the term of this Policy, for the period of ***hospital*** confinement plus seventy-two (72) hours following *your* release to allow *you* time to return ***home***. This extension is also extended to anyone travelling with you under their **Industrial Alliance Insurance and Financial Services Inc.** administered policy, when reasonable and necessary.

Insurance Agreement

In consideration of having paid the required premium in full for the coverage(s) chosen and having accurately completed in full the ***application*** which has been provided to *you* either by ***Medi-Quote Insurance Brokers*** or one of its ***designated representatives***, this policy wording booklet becomes *your* Policy of Insurance. The ***company*** hereby agrees to provide Insurance in accordance with the terms and conditions of the Policy as set forth herein. All the limits of Insurance under each benefit are per ***trip***.

If *your* payment, when by cheque or credit card, is declined due to insufficient funds *you* are responsible to restitute any fees to ***Medi-Quote Insurance Brokers*** in addition to the premium owed. ***Medi-Quote Insurance Brokers*** has the right to terminate *your* coverage in full if the payment owed, including any fee, is not remitted prior to *your* ***effective date***.

After Departure Coverage

If *you* purchase this coverage after departure from *your* ***home province*** (unless currently covered by a Southern Elements multi-trip annual plan where *your* maximum number of days allowed outside of Canada has not yet lapsed) a 48 hour waiting period will be imposed. The 48 hour waiting period applies from the ***effective date*** of the policy to any ***sickness*** that manifests, even if related expenses are incurred after the 48 hour waiting period.

Confirmation of Coverage

At the time the required premium is paid, *your* coverage will be validated when the ***company*** or the ***designated representative*** provides *you* with a completed, dated and numbered Confirmation of Coverage.

This *Policy* and *your* Confirmation of Coverage describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the Policy carefully to understand the conditions of all coverages for which *you* have paid a premium. Be sure to take this document and *your* Confirmation of Coverage with *you* on *your covered* ***trip***.

Important Notice: Should there be any change to *your* current ***medical condition*** or a change in medication prior to the ***departure date*** of *your* covered ***trip***, *you* are required to complete another **medical questionnaire** which may result in a change in the plan for which *you* qualify, as well as the premium payable by *you*. If *you* do not notify *us* accordingly, *you* may not qualify for coverage under the ***pre-existing medical conditions*** clause or, if *you* are no longer eligible for the plan or rate category *you* purchased:

- your coverage will be void for non-disclosure;
- your premium will be refunded;
- your claim will not be paid.

See Provision 1 under General Provisions and Conditions for more information.

If *you* have purchased a Multi-Trip Annual Plan and *your* health changes or does not remain ***stable*** after the ***effective date***, *your* eligibility for other trips taken during your Multi-Tip Annual Plan will not be affected, but coverage for that medical condition will be excluded in accordance with the ***pre-existing medical conditions*** exclusion. If *you* have purchased coverage to top-up another insurance provider's policy and *your* health changes or does not remain ***stable*** after *your* ***departure date,*** but prior to *your* ***effective date***, *your* eligibility will not be affected, but coverage for that medical condition will be excluded in accordance with **Exclusions 1 and 3**.

Period of Coverage - Multi Trip Annual

This Policy begins at 12:01 AM on the ***effective date*** as shown on *your* Confirmation of Coverage and remains in force for a period of one year from the ***effective date***. Coverage commences on the time and date of each departure from *your* ***home province***, which must be on or after the ***effective date*** as shown on the ***application***. The ***insured*** may travel as many times as they wish during the period of coverage provided that no one ***trip*** outside of Canada exceeds the maximum number of days as specified on *your* Confirmation of Coverage. Each ***trip*** must be separated by return to Canada before the Multi Trip Annual Plan can be used again, subject to the maximum duration limitation of each ***trip*** as specified on *your* Confirmation of Coverage, or at 12:00 midnight on the expiry date, whichever occurs first.

This policy offers unlimited travel within Canada (excluding your ***home province***/territory of residence) up to the number of days allowed by your GHIP coverage. Unlimited coverage terminates on each return to y*our* ***home province*** or at 12:00 midnight on the ***expiry date***, whichever occurs first.

You do not have to inform ***Medi-Quote Insurance Brokers*** of the ***departure date*** and return date of each ***trip***; however, *you* will be required to establish proof of *your* ***trip*** dates when a claim is made in the form of travel documentation (e.g. airline tickets, customs/immigration stamps, credit card statements etc.).

Period of Coverage - Single Trip

Coverage commences at 12:01 AM on the latest of the following:

1. The date you leave *your* ***home province***; or
2. The ***effective date*** as shown on the Confirmation of Coverage.

Coverage terminates on the earliest of the following:

1. The date when *you* return to *your* ***home province***; or

2. At 12:00 midnight on the expiry date as shown on the Confirmation of Coverage.

You can temporarily return to *your* ***home province*** without terminating *your* coverage, see **Benefit 19. Suspend Coverage for Single Trip plans** for details.

Period of Coverage - Top-Up

If *you* have already departed on *your* ***trip*** on your Southern Elements Multi-Trip Annual Policy, *you* must contact *your* broker before the final covered day of *your* ***trip*** to arrange top-up coverage, provided no claim has been incurred, there is no gap in *your* coverage, *you* have not developed a new ***medical condition*** and any ***pre-existing medical condition*** has remained ***stable***.

When this Policy is purchased to top-up any other insurance plan, coverage commences the day following the expiry date of the insurance plan named in the Confirmation of Coverage under top-up coverage. Top-up coverage is only valid provided the policy being topped-up is valid and inforce.

It is *your* responsibility to ensure that any travel insurance plan *you* are topping-up is not invalidated by purchasing this policy. Please also note that an ***emergency*** that begins during *your* existing plan, prior to the ***effective date*** of this top-up policy, will not be a covered or claimable expense.

Coverage shall be void in the following cases:

1. If purchased for a ***trip*** not originating from *your* ***home province***;
2. If purchased after *you* have departed from *your* ***home province***/territory of residence without insurance, unless you have arranged an After Departure Upgrade from **a designated representative** of Medi-Quote Insurance Brokers for the remainder of your stay outside of your **home province/territory of residence**.

When topping up the Southern Elements Multi-Trip Annual plan, the ***effective dates*** of *your* top-up coverage must count from *your* departure and return to your ***home province***.

Period of Coverage – After Departure

If *you* have already departed on *your* ***trip*** and are outside of your ***home province***/territory of residence without travel medical insurance and qualify for an After Departure policy, coverage commences on your ***effective date*** as shown on your confirmation of coverage, subject to any **waiting period**. If the date your policy is issued is the same as your ***effective date***, coverage commences once your application has been approved, payment accepted and your policy issued, subject to any **waiting period**.

Coverage terminates on the earliest of the following:

1. The date when *you* return to *your* ***home province***; or

2. At 12:00 midnight on the expiry date as shown on the Confirmation of Coverage.

IMPORTANT NOTICE ABOUT PRE-EXISTING MEDICAL CONDITIONS

Your policy will exclude conditions which do not meet the *stability* requirements chosen by you at the time of application and indicated on the Confirmation of Coverage:

If *you* are topping up another travel insurance plan, please note that the ***pre-existing medical condition*** coverage from *your* existing plan does not supersede ***the pre-existing medical condition stability*** requirements above.

Benefits

Maximum limit – $2,000,000 per insured person, per *trip*.

If ***hospitalization*** or ***treatment*** due to a medical ***emergency*** is required by *you* while travelling outside *your* ***home province***, the ***company*** will pay *you* or the ***physician*** and ***hospital*** of *your* choice for all eligible medical related expenses up to the sum insured in the event of a covered claim as outlined in the benefits below to an overall maximum of $2,000,000. The ***company*** will pay such eligible expenses, subject to all terms and conditions indicated in the policy, only in excess of any other valid insurance policies, plans or contracts, including any private or provincial automobile insurance.

Benefit 1. Emergency Medical Expenses: The ***company*** agrees to pay *you* or the ***physician*** and ***hospital*** directly in respect of the expenses set out below for losses incurred in excess of the amount of the ***deductible*** as shown on the Confirmation of Coverage per covered claim.

Benefit 2. Ambulance Services: The services of a licensed ground ambulance from the scene of the ***accident*** or place of onset of the ***sickness*** to the nearest ***hospital***.

Benefit 3. Hospitalization and Treatment: ***Emergency hospital*** confinement (up to semi-private accommodation rate or in intensive or coronary care unit when ***medically necessary***) and/or ***emergency treatment*** by a ***physician*** for the ***reasonable and customary charges*** for reasonable and necessary ***hospital*** and medical expenses.

Benefit 4. Physician Fees: The services for ***treatment*** provided by a ***physician***.

Benefit 5. Diagnostic Services: Laboratory tests and X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial ***emergency.***

Benefit 6. Prescription Drugs: This Policy covers the cost of prescription drugs, limited to a supply of 30 days, if prescribed because of an ***emergency***. Medication available over the counter, vitamins, minerals and dietary supplements are not covered. Pharmacy-issued prescription receipts indicating the medication name, quantity, dosage, prescribing ***physician*** and cost are required. While *you* are confined to ***hospital,*** this policy will reimburse the total cost of prescribed drugs.

Benefit 7. Registered Private Duty Nurse (This benefit is payable only when pre-approved and arranged by the *assistance company*): Private duty nursing services, performed by a registered nurse (R.N.) other than a family member, when ordered in writing by the attending physician, to a maximum of $5,000.

Benefit 8. Professional Fees: This Policy covers expenses for ***treatment*** by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of $250 per profession, which is ***medically necessary*** as a result of a covered ***emergency*** and has been recommended as a referral by a ***physician***.

Benefit 9. Essential Medical Appliances: The cost of medical appliances including wheelchair, braces, crutches, walker, or hospital-type beds, if ordered by a ***physician***. *We* will pay the lesser of the rental or the purchase price.

Benefit 10. Follow-up Visit (This benefit is payable only when pre-approved by the *assistance company*): One ***follow-up*** visit following an ***Emergency hospital*** confinement (not including ongoing ***treatment***), when the medical process in dealing with the ***emergency*** requires such ***follow-up*** visit. The ***follow-up*** visit must take place within 14 days of the initial ***emergency***. In the case of ***hospital*** confinement, any coverage related to the ***hospital*** confinement terminates upon release from ***hospital***, other than this ***follow-up*** visit. When recommended ***treatment*** for a broken bone requires a splint and then a cast to be applied at intervals, a ***follow-up*** appointment to remove a cast is approved.

Benefit 11. Emergency Dental services: This Policy covers the dental expenses when required as ***emergency treatment*** and ordered by or received from a ***physician*** or licensed dentist. If *you* need dental ***treatment*** to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the ***medically necessary*** dental expenses *you* incur during *your* ***trip*** up to a maximum of $2,000 (excluding root canals and crowns). If *you* need ***emergency treatment*** to relieve dental pain, *you* are covered for the dental expenses *you* incur during *your* ***trip*** for such relief, up to a maximum of $350, and the complete cost of prescription drugs (limited to a supply of 30 days). All dental ***treatment*** must be completed no later than 90 days after the initial ***emergency treatment*** began.

Benefit 12. Emergency air transportation (This benefit is payable only when pre-approved and arranged by the *assistance company*):

a) Medical air evacuation to the nearest medical facility equipped to provide the required ***treatment***, or for return to Canada; or,
b) The cost of stretcher fare or one-way economy airfare on a commercial flight via the most direct route to return to *your* ***home province*** for immediate ***treatment*** as a result of an ***emergency*** providing ***treatment*** is sought within 48 hours of arrival to ***home province***, and if the attending ***physician*** providing ***treatment*** outside *your* ***home province*** recommends it in writing; and,
c) The cost of a return economy airfare on a commercial flight via the most direct route for a qualified medical attendant (other than a relative or ***family member***), to accompany *you* when the attendant is ***medically necessary*** or required by the airline.

Benefit 13. Return of insured *travelling companion* (This benefit is payable only when pre-approved by the *assistance company*): If *you* are returned to *your* ***home province*** under the emergency air transportation benefit or the repatriation of remains benefit, the ***company*** will cover expenses to change existing return ticket(s) to one-way economy class ticket(s), or if the existing ticket(s) cannot be changed or there is no existing ticket(s), the cost of one-way economy class ticket(s) to their ***home province***, for one ***travelling companion*** up to a maximum of $3,000.

Benefit 14. Transportation to Bedside (This benefit is payable only when pre-approved by the *assistance company*): If an attending ***physician*** considers it necessary, the ***company*** will reimburse one economy return airfare or ground transportation costs for a ***family member*** to be with *you* while *you* are in ***hospital*** due to a covered ***sickness*** or ***injury***, and up to a maximum of $150 per day for meals and commercial accommodation.

Benefit 15. Accommodation, Meals and Out-of-Pocket Expenses (This benefit is payable only when pre-approved by the *assistance company*): The ***company*** will reimburse *you*, up to $150 per day to a maximum of $1,500, to cover hotel expenses, meals and taxi fares, if *you* or *your* ***travelling companion*** are receiving ***treatment*** for a covered ***emergency***. This benefit requires that *you* are delayed beyond the date *you* were scheduled to return to *your* ***home province***, or when ***treatment*** for *your* ***emergency*** requires transfer to a location that is not *your* original destination. If the ***emergency treatment*** is received at *your* original destination, there is no coverage for any out-of-pocket expenses incurred before the originally scheduled return date.

Benefit 16. Hospital Allowance: Expenses of $50 per day to a maximum of $500 are allowed to cover incidental ***hospital*** charges, which are billed by the ***hospital***, such as TV rental and telephone charges.

Benefit 17. Vehicle Return (This benefit is payable only when pre-approved by the *assistance company*): If, as a result of a covered ***emergency***, the attending ***physician*** determines that *you* are unable to return *your* ***vehicle*** or *your* rented ***vehicle*** to its point of origin, and *your* ***travelling companion*** is unable to do so for *you*, this Policy covers the ***reasonable and customary charges*** up to the maximum benefit of $3,000 for a commercial agency or a friend or family member to return the ***vehicle*** to *your* residence in Canada or to the rental agency. If a friend or family member returns the vehicle to Canada, we will pay for a one-way economy airfare to the destination where the vehicle is located, and reasonable gas, meals and commercial accommodation for one person to drive the vehicle back to Canada.

Benefit 18. Repatriation of Remains: In the event of *your* death during a ***trip*** as a result of a covered ***emergency*** covered under the Policy benefits, the ***company*** will reimburse to a maximum of $5,000 for:

a) The ***reasonable and customary charges*** and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence in Canada; or
b) The burial or the cremation of *your* remains where *your* death occurred.
c) If someone is legally required to identify *your* remains, this policy covers the cost of a round-trip economy fare on a commercial flight via the most cost effective route for that person. Meals and accommodations for that person are covered up to a maximum of $150 per day, up to a maximum of 3 days.
The cost of a casket, urn or burial coffin is not covered by this benefit.

Benefit 19. Trip Break Coverage for Single *Trip* plans: This Policy covers a return to *your* ***home province*** of residence without terminating *your* coverage. There is no coverage under this plan in *your* ***home province*** or territory of residence. There will be no refund of premium for any of the days *you* spend in *your* ***home province*** or territory of residence. If *you* experience any change in *your* health during the suspension of coverage, *you* must notify ***Medi-Quote Insurance Brokers*** prior to leaving *your* ***home province*** or territory of residence for confirmation of continued coverage. **Benefit 20. Return of Accompanying Pet:** In the event *you* are ***hospitalized*** or repatriated due to a covered ***emergency***, the ***company*** will reimburse up to a maximum of $500 for the cost of returning *your* accompanying cat or dog to Canada.

Exclusions

The ***company*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Exclusion 1. Costs incurred due to or resulting from *your* ***pre-existing medical condition*** or related condition that was **not** ***stable*** at any time during *your* specified ***stability*** period (other than a ***minor ailment***) as indicated on your Confirmation of Coverage prior to the ***departure date*** of a covered ***trip***.

If *you* are topping-up another travel insurance plan, please note that the ***pre-existing medical condition*** coverage from *your* existing plan does not supersede the ***pre-existing medical condition stability*** requirements.

Applicable to Multi Trip Annual: On any subsequent covered ***trip***, no coverage will apply unless ***pre-existing medical conditions*** have remained ***stable*** as per the criteria set out above on each subsequent ***departure date***.

Exclusion 2. This insurance does not provide coverage for:

- **a.** a ***heart disease or condition***, if any ***heart disease or condition*** has not been ***stable*** at any time during *your* ***stability*** period as specified on your Confirmation of Coverage document prior to *your* ***departure date***;
- b. a ***lung or respiratory condition***, if any ***lung or respiratory condition*** has not been ***stable*** or if *you* have been ***treated*** with home oxygen or taken oral steroids (e.g. prednisone) for any ***lung or respiratory condition*** at any time during *your* ***stability*** period as specified on your Confirmation of coverage document prior to *your* ***departure date***;
- c. any ***medical condition*** if any of *your* answers provided in *your* medical questionnaire are not complete and accurate.

Exclusion 3. Tests and investigation except when performed at the time of the initial ***emergency medical condition***.

Exclusion 4. ***Hospitalization*** without notifying our ***Assistance Company*** when medically possible. Proceeding with investigation, ***treatment*** or surgery while ***hospitalized*** without notifying our ***Assistance Company***. If the ***Assistance Company*** determines that *you* should transfer to another facility or return to *your* ***home province***/territory of residence for ***treatment***, and *you* choose not to, no further benefits will be paid for any further ***medical treatment*** and coverage will be limited for unrelated events.

Exclusion 5. Any subsequent claim of the same ***medical condition***, or related ***medical condition*** with respect to a ***sickness*** or ***injury*** which occurred during a covered ***trip***, unless meeting the criteria for **Benefit 10** Follow-up visit.

Exclusion 6. Expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by the ***Assistance Company***.

Exclusion 7. Conditions or any related conditions for which, prior to *your* ***departure date***, testing or investigative consultation took place, was scheduled to take place or was recommended for the purpose of establishing a diagnosis (not including **regular medical check-up** or routine monitoring for a ***stable*** and controlled condition), and for which results had not yet been received at the time of departure. This includes tests that were recommended or scheduled prior to departure, but had not yet taken place at the time of departure, or conditions for which *you* are still awaiting ***treatment*** or a diagnosis.

Exclusion 8. This Policy does not provide reimbursement for the continued ***treatment***, recurrence or complication of a ***medical condition*** or related condition, following ***emergency treatment*** during *your* ***trip***, if we determine that *your* ***emergency*** has ended. This also applies to the continued ***treatment***, recurrence or complication of a ***medical condition*** or related condition where *you* had been admitted to the ***hospital*** without notifying to our ***Assistance Company*** and *your* ***emergency*** has ended.

Exclusion 9. Loss of or damage to prescription glasses, contact lenses, implants, prosthetic devices or hearing aids.

Exclusion 10. ***Treatment*** or services that contravene any provisions of any provincial government health care plan of *your* ***home province***.

Exclusion 11. Any ***treatment*** which is a continuation of or subsequent to an ***emergency, sickness*** or ***accident***, unless *you* are declared by an attending ***physician*** medically unfit to return to *your* ***home province***.

Exclusion 12. Regular, routine or ongoing care of a ***chronic*** condition including check-ups and prescription refills.

Exclusion 13. Expenses incurred outside of the **Period of Coverage** as defined in this policy, unless explicitly authorized in advance by ***Medi-Quote Insurance Brokers***.

Exclusion 14. This insurance does not provide coverage for any expenses relating to AIDS, HIV or for sexually transmitted infections.

Exclusion 15. Expenses incurred as a result of the ***insured's*** failure to accept or non-compliance with a ***physician's*** advice, ***treatment*** or recommended ***treatment***, or prescribed medical therapy.

Exclusion 16. Suicide, attempted suicide, intentionally self-inflicted ***injury*** *(*unless directly attributable to an ***emotional or mental disorder*** leading to ***hospitalization****)*, or any unlawful acts committed by *you*, ***family members***, or ***travelling companion***(s), whether they are ***insured*** or not.

Exclusion 17. ***Treatment***, services or prescriptions required for ongoing care, provided in a psychiatric ***hospital***, chronic care facility of a ***hospital*** or convalescent or nursing home, health spa, or rehabilitation centre.

Exclusion 18. Any claim incurred after a ***physician*** has advised *you* not to travel, or after a diagnosis of a ***terminal condition***.

Exclusion 19. We will not pay a benefit with respect to non-emergency, experimental or ***elective (non-emergency) treatment*** or surgery (e.g. cosmetic surgery, chronic care, rehabilitation) including any expenses for directly or indirectly related complications.

Exclusion 20. A ***trip*** made for the purpose of obtaining a diagnosis, ***treatment***, surgery, ***investigation***, palliative care, or any alternative therapy, as well as any directly or indirectly-related complications.

Exclusion 21. Any ***medical condition*** or symptoms for which it is reasonable to believe or expect that ***treatment***(s) will be required during your ***trip***.

Exclusion 22. ***Injury*** or ***sickness*** while participating in ***professional sport*** *or* ***high risk activities***.

Exclusion 23. Psychotherapeutic ***treatment*** or rehabilitative ***treatment***, psychological, ***emotional or mental disorders*** unless ***hospitalized***.

Exclusion 24. Air ambulance or other medical evacuation by air unless pre-approved and arranged by the ***Assistance Company***.

Exclusion 25. Any ***trip*** where your reason for travelling is for a purpose other than leisure e.g. employment (including commercial driving), study, humanitarian or mission-work etc.

Exclusion 26. Any ***medical condition***, including symptoms of withdrawal, arising from, or in any way related to, *your* ***chronic*** use of alcohol, drugs or other intoxicants whether prior to or during *your* ***trip***.

Exclusion 27. Any ***medical condition*** arising during *your* ***trip*** from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when *you* have reached a blood alcohol level of 80 milligrams of alcohol per 100 milliliters of blood, or when records indicate *you* were intoxicated and no blood alcohol level is specified.

Exclusion 28. War (whether declared or undeclared), acts of war, civil war, kidnapping, hijacking, military duty, civil disorder, rebellion or unrest, terrorism or ***act of terrorism***, any event of contamination or the poisoning of people by nuclear, radioactive contamination, chemical, bacteriological and/or biological substances which causes ***illness, injury,*** disablement or death, or any action taken in controlling, preventing or suppressing any, or all of the above.

Exclusion 29. Any ***sickness***, ***injury*** or ***medical condition*** *you* suffer or contract, or any loss you incur in a specific country, region or city for which the Canadian Government has issued an official travel advisory to avoid all travel or avoid all non-essential travel regarding the country, region or city of *your* destination before *your* ***departure date***. If the travel advisory is solely for the purpose of COVID-19, then this exclusion is limited to any sickness, injury or medical condition related to COVID-19. If the travel advisory is issued after *your* ***departure date*** this exclusion does not apply to claims for an ***emergency*** or a ***medical condition*** related to the travel advisory, but *your* coverage under this policy in that specific country, region or city will be limited to a period of 10 days from the date the travel advisory was issued to allow *you* to safely evacuate the country, region or city.

To view the travel advisories, visit the Government of Canada Travel site.

Exclusion 30. Fertility ***treatments***, ***elective*** abortion, maternity benefits, *your* child born during *your* ***trip***, childbirth, high risk pregnancy, routine pre-natal or post-natal care. Pregnancy, delivery, or complications of either, arising 9 weeks before or after the expected date of delivery.

Exclusion 31. Unless otherwise stated in this Policy (see Provisions 2 and 3), expenses incurred if other insurance policies, plans or contracts, including any private or provincial automobile insurance, cover the loss. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. Additionally, any out-of-pocket expense benefits will only be reimbursed if *you* have paid for them.

Exclusion 32. We will not pay a benefit if *you* are not covered under the Government Health Insurance Plan (GHIP) of *your* ***home province*** or territory of residence for the entire duration of the ***trip***. It is *your* responsibility to check that *you* do have this coverage. There is no coverage under this policy if *you* do not have a valid GHIP.

Limitation of Benefits

Once *you* are deemed medically fit to return to *your* ***home province*** or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from ***hospital***, *your* ***emergency*** is considered to have ended, whereupon any further consultation, ***treatment***, ***recurrence*** or complication related to the medical ***emergency*** will no longer be eligible for coverage under this Policy.

Returning any ill or injured person to their province or territory of residence:

The company, through the ***Assistance Company***, in consultation with the attending ***physician***, reserves the right to return any ill or injured ***insured person*** to his or her ***home province*** or territory of residence. If an ill or injured person is able to return to his or her ***home province*** or territory of residence following the ***emergency*** medical ***treatment*** and/or diagnosis of a ***medical condition*** which requires continuing medical care, ***treatment*** or surgery, and elects to have the ***treatment*** or surgery performed outside his or her province or territory of residence, no benefits shall be payable with respect to such continuing ***treatment*** or surgery. The immediate availability or surgery upon returning the ***insured person*** to his or her ***home province*** or territory of residence is not the responsibility of the Company, the ***Assistance Company*** or the Administrator.

Deductible

This Policy will reimburse eligible medical expenses for losses incurred in excess of the amount of the ***deductible*** as shown on the Confirmation of Coverage, per ***insured***. This ***deductible*** applies to the portion of eligible expenses listed in the **Benefits** section for ***emergency treatment***, remaining after payment by *your* provincial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance.

Deductible options of $0, $250, $500, $1,000, $5,000, $10,000 are available to both the Single Trip Daily and the Multi-Trip Annual plans. ***Deductibles*** apply per ***trip***, and not per claim, and the deductible values listed above are expressed in Canadian currency.

General Provisions and Conditions

Provision 1. Qualification, Misrepresentation, Non-Disclosure and Fraud

You must be accurate and complete in your dealings with us at all times. This policy is issued on the basis of information in your ***application*** or provided in connection with *your* ***application*** (including your intended dates of travel and answers to the medical questionnaire, if required). When completing the ***application*** and answering the medical questions, your answers must be complete and accurate. In the event of a claim, we will review your medical history.

Eligibility for Coverage:

The eligibility requirements are basic conditions of coverage and material to the risk for which Insurance is sought. Consequently, the entire coverage under this Policy shall be void if *you* did not meet the eligibility requirements for the plan selected as set out in the ***application*** and medical questionnaire which means your claim will not be paid and your premium will be refunded.

Material Misrepresentation within Selected Plan:

Coverage under this Policy shall be voidable at the discretion of the insurer if, before or after any loss or claim, *you* or *your* representative conceal, misrepresent or fail to disclose any material fact or commit any fraud or false swearing pertaining to *you* or any claim. If any of your answers are found to be incomplete or inaccurate:

- your coverage will be void for non-disclosure;
- your premium will be refunded;
- your claim will not be paid.

Provision 2. Coordination of Benefits: The ***company*** will coordinate all benefits in accordance with the **Canadian Life and Health Insurance Association** guidelines. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing ***hospital***, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your* country of origin that are in excess of the amounts for which *you* are insured under such other coverage. This insurance is a second payor plan.

Provision 3. Subrogation: The ***company*** will not subrogate against any employment plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is **$100,000** or less. If *you* acquire any right of action against any person, firm or organization for loss covered hereunder, *you* shall, if requested by the ***company***, assign and transfer such claim or right of action to the ***company*** and will permit suit to be brought in *your* name under the direction and expense of the ***company***. This right of subrogation is in addition to all other rights of subrogation existing under common law, equity or statute. *You* shall do nothing after a loss to prejudice the ***company's*** rights of subrogation. In the event that *you* make any legal claim against a third party based on an event that led to the payment of a claim under this Policy, *you* will include the amount of that claim in *your* legal claim against the third party, and will account to the ***company*** for any recovery from the third party.

Provision 4. Any extension request when a claim has been made must be authorized prior to your current policy expiring by ***Medi-Quote Insurance Brokers***. If a claim has been made against the policy, no further claims can be made for the same ***medical condition*** following an approval of extension. Industrial Alliance Insurance and Financial Services Inc. retain the right to deny an extension to coverage if a change in health or ***treatment*** has occurred following your ***departure date***.

Provision 5. *You* shall be responsible for the verification of any ***hospital*** and medical expenses incurred and shall obtain itemized accounts of all ***hospital*** and medical services which have been provided.

Provision 6. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

Provision 7. In the event of *your* ***treatment*** or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any ***hospital***, ***physician*** or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide that information to the ***company*** or the ***assistance company*** and authorize the ***company*** and the ***assistance company*** to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.

Provision 8. If requested by the ***company*** or ***Medi-Quote Insurance Brokers*** or the ***assistance company***, *you* must furnish or consent to the release of *your* medical records for the relevant period prior to the effective date and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate *your* claim.

Provision 9. In the event of unresolved disputes respecting any claim or portion thereof, the following should be contacted: ***Medi-Quote Insurance Brokers***.

Provision 10. The availability, quality, results or effects of any ***treatment,*** assistance, ***hospitalization***, transportation or *your* failure to obtain any of the above, is not the responsibility of either the ***company*** or ***Medi-Quote Insurance Brokers*** or any company or agency providing services on their behalf.

Provision 11. The ***company*** reserves the right to accept or to decline any person as an ***insured***.

Provision 12. The ***assistance company*** has been appointed by the ***company*** to be the sole provider of all assistance and claims processing services.

Provision 13. In the case of duplicate benefits in this Policy, claims are payable for one benefit only.

Provision 14. The ***company*** and the ***assistance company*** shall comply with all applicable privacy legislation and regulations.

Provision 15. The ***company*** shall not be liable for any expense incurred after a period of 365 days has elapsed following the date on which the ***emergency*** first occurred or commenced during the period of coverage.

Provision 16. In the event of a claim, *you* may be required to establish the date of departure and initially planned date of return of the ***trip*** in order to comply with the terms of the Policy.

Provision 17. Currency: Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by the ***company*** to be in Canadian currency unless otherwise stated.

Provision 18. In the event the Canadian Government issues a travel advisory recommending all ***Canadian residents*** return home to Canada, your coverage under this policy will be active for 10 days after the travel advisory was put in place. The 10 days is to allow time for your safe return to Canada.

Provision 19. Due Diligence: *You* must act at all times so as to minimize the costs to the ***company***.

Provision 20. The law of the ***home province*** or territory of Canada in which *you* ordinarily reside will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding. Please note that this policy is not available to residents of the province of Quebec.

Extensions

Authorized Extensions to Period of Coverage

You can extend *your* period of coverage by calling ***Medi-Quote Insurance Brokers*** during general business hours. All extensions must be authorized by ***Medi-Quote Insurance Brokers***. Please refer to contact information.

You must meet the following conditions:

1. *You* have not submitted a claim and have no intent to submit a claim;
2. *You* have not seen a ***physician*** since *your* ***departure date*** or the ***effective date*** of the Policy;
3. *You* are in good health and expecting no change in health or ***treatment***;
4. *Your* period of coverage has not already expired;
5. Extensions are not available if total ***trip*** length exceeds 212 days from *your* ***departure date***, or 365 days on the 0 – 59 plan.

All extensions are subject to premium adjustments for additional days, including compensation for rate band changes.

Refunds

10-Day Full Refund Provision

You have ten (10) days from the ***application*** date to review this Policy to ensure it meets *your* Insurance needs. A refund is available provided no travel has taken place and/or no claim has been or will be submitted. To cancel *your* Policy, *you* must contact ***Medi-Quote Insurance Brokers*** during general business hours. The written request must be received no later than ten (10) days from the ***application*** date of the Policy. Other refunds may be available, please refer to the **Refunds** section further below.

For Early Return Refunds (when applicable), we do not require original copies of *your* proof of early return home. Clear, scanned images are acceptable.

Once a refund has been processed, no claims can be submitted against the refunded policy.

Early Return Refunds are subject to a $30 fee for each policy.

Please note that refunds will not be provided if you exercise the **trip break benefit (Benefit 19)** and/or return to your ***trip*** without notifying ***Medi-Quote Insurance Brokers*** to refund any unused days. Refunds are also not available for unused days when *you* depart later than the ***departure date*** listed on *your* Confirmation of Coverage.

Southern Elements Emergency Travel Medical Coverage

Applicable to Multi Trip Annual

1. Refunds are not available if a claim has been, will be, or is intended to be submitted.

2. When the request for refund is received in writing prior to the ***effective date*** of the Policy and no travel has taken place, a full refund is available.

3. When the request for refund is received AFTER the ***effective date*** of the Policy and provided no travel has taken place:

a) A satisfactory proof of non-departure is sent to ***Medi-Quote Insurance Brokers***; and

b) A refund is available when the request for refund is within ten (10) days of the ***application*** date but no later than thirty (30) days after the ***effective date*** and prior to the ***expiry date*** of the Policy.

c) Refunds must be requested in writing including proof of non-departure by uploading *your* proof of early return to our Client Portal at www.mymediquote.ca.

Applicable to Single Trip, Top Up and After Departure

1. Refunds are not available if a claim has been, will be, or is intended to be submitted.

2. When the request for refund is received in writing prior to the ***effective date*** of the Policy and no travel has taken place, a full refund is available.

3. When the request for refund is received AFTER the ***effective date*** of the Policy and provided no travel has taken place:

a) A satisfactory proof of non-departure is sent to ***Medi-Quote Insurance Brokers***; and

b) A refund is available when the request for refund is within ten (10) days of the ***application*** date;

c) A refund is available when the request for refund is received more than 10 days after the ***application*** date but no later than thirty (30) days after the ***effective date*** and prior to the ***expiry date*** of the Policy. Premiums of less than $10 will not be refunded.

d) Refunds must be requested in writing including proof of non-departure by uploading *your* proof of early return to our Client Portal at www.mymediquote.ca.

Statutory Conditions

The Contract

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

Waiver

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application

The insurer must, upon request, furnish to ***insured*** or to a claimant under the contract a copy of the ***application***.

Material Facts

No statement made by the ***insured*** or a person insured at the time of ***application*** for 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 furnished as evidence of insurability.

Notice and Proof of Claim

Notice of a claim must be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than thirty (30) days from the date a claim arises under this policy. *You* must also within ninety (90) days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the ***company***, furnish a certificate from a ***physician*** detailing the cause or nature of the ***sickness*** or ***injury*** for which the claim has been instituted.

Failure to give Notice or Proof

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

1. a) give written notice of claim to the insurer:

1. by delivery of the notice, or by sending it registered mail, to the head office or chief agency of the insurer in the province, or
2. by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an ***accident*** or ***sickness***;

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

1. the happening of the ***accident*** or the start of the ***sickness***,
2. the loss caused by the ***accident*** or ***sickness***,
3. the right of the claimant to receive payment,
4. the claimant's age, and
5. if relevant, the beneficiary's age; and

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

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

a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the ***accident*** or the date a claim arises under the contract on account of ***sickness***, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or

b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The insurer must furnish forms for proof of claim within fifteen (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 detailing the cause or nature of the ***accident***, ***sickness*** or disability giving rise to the claim and of the extent of the loss, including any relevant supporting documentation such as original receipts, invoices, boarding passes, customs/immigration stamps or itemized bills.

Rights of Examination

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

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

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

When Money Payable

All money payable under this contract shall be paid by the insurer within sixty (60) days after it has received proof of claim.

Limitation Periods

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario). For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Applicable to Saskatchewan residents

Notwithstanding any other provisions herein contained, this contract is subject to statutory conditions in Saskatchewan Insurance Act respecting contracts of ***accident*** insurance.

Southern Elements Emergency Travel Medical Coverage

Claims Procedures and Payment of Benefits

Applicable to All Claims

Claims 1. *You* must call ***The Assistance Company*** before being admitted to ***hospital*** and before any invasive procedures. If it is medically impossible for *you* to call we ask you to call or have someone call on your behalf as soon as possible. As an alternative, someone else (***family member***, friend, ***hospital*** or ***physician's*** office staff, etc.) may call *us* on *your* behalf. Otherwise, if you do not call the ***Assistance Company***, *your* maximum benefit payable may be reduced to 70% of your medical expenses covered under this insurance, in addition to any ***deductible***, to a maximum of $50,000.
The numbers to call are as follows, 24 hours a day, 7 days a week:

North America (US & Canada)
+1 (866) 689-1240

Worldwide Collect & Local
+1 (604) 304-2706

Mexico
+1 (800) 681-1835

Case submission and assistance questions
mediquoteclaims@tugo.com

Claims 2. Any notices of claim or correspondence concerning a claim should be promptly sent to:

Claims at TuGo
Suite #1200, 6081 No. 3 Road
Richmond, BC V6Y 2B2

Claims 3. Any cost incurred by the ***assistance company*** in obtaining further documentation required to confirm eligibility of *your* claim is also the responsibility of the claimant.

Claims 4. Claim forms will be provided to the claimant for completion and must be returned to ***the assistance company***. It is the responsibility of the claimant to complete and/or produce any documentation required by ***the assistance company*** to enable them to process and confirm the eligibility of the claim.

Claims 5. To receive benefits, any requested supporting documentation must be submitted along with *your* notice of claim. If any supporting documentation is not supplied with *your* claim form, *your* claim may be delayed.

Claims 6. To qualify for reimbursement, original, itemized receipts must be provided as support for all eligible expenses. If original itemized receipts are not provided, the expense will not be reimbursed.

Claims 7. All required documentation must be received within one year from the date of occurrence. Failure to do so will result in the denial of the claim.

Claims 8. ***The assistance company*** will submit a claim for medical expenses to *your* provincial government health care plan offices PROVIDED THAT the claim form, as well as the appropriate provincial assignment form are completed in full and forwarded together with itemized receipts from the medical care provider(s) along with medical certificate(s) from attending ***physician***(s) within the time frame provided. The claim must be submitted to *your* provincial government health care plan offices within ninety (90) days from the date of service. If *you* fail to meet this time line, *you* will be responsible for the provincial government health care plan portion.

Claims 9. Claims will not be considered unless the claim form is completed in full and signed by the claimant (or legally authorized representative). If requested by the ***assistance company*** a Certificate of Canadian ***Physician*** must also be completed. Failure to provide fully completed forms will invalidate *your* claim.

Claims 10. Only bills from ***physicians***, hospitals and other medical care provider(s) that are original, itemized and which state ***insured's*** name, diagnosis, date(s) of service and type of ***treatment*** or service will be considered. Only original pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

Claims 11. If you wish to appeal the decision of a denied claim, the letter of appeal must be sent within 30 days of the letter notifying you of the insurer's decision to:
Claims at TuGo
Suite #1200, 6081 No. 3 Road
Richmond, BC V6Y 2B2

Definitions

General Definitions

Accident means an unexpected external event, occurring during an *insured* ***trip***, which is due solely to a sudden, unintended or violent cause beyond your control.

Acute means initial or ***emergency*** short course (not ***chronic***) ***treatment*** phase of a ***sickness*** or ***injury***.

Act of Terrorism means an act, or acts, of any person(s), organization(s), group(s) or government(s), committed for ethnic, ideological, political, religious or similar purposes with the intention to influence any government and/or instill fear in the public or a section of the public and/or, but not be limited to, the use of force or threat of violence or force. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any person(s), organization(s), group(s) or government(s).

Application means the printed form, printed or electronic receipt, Policy declaration, group manifest or document provided by ***Medi-Quote Insurance Brokers*** or one of its ***designated representatives***. The application forms part of the Insurance contract.

The Assistance Company is Claims at TuGo®.

Canadian Resident means a person who meets at least one of the following conditions:

a) is eligible for or has a provincial government health care plan in place; or,
b) is a Canadian citizen with a primary permanent residence in Canada; or,
c) is a permanent or temporary resident who has landed immigrant status in Canada and a primary permanent residence in Canada.

Chronic means a ***pre-existing medical condition*** that has persisted or been treated for longer than 3 months.

Company means Industrial Alliance Insurance and Financial Services Inc.

Conveyance means a vehicle, airline, bus, train, or government-operated ferry system.

Deductible means the portion of eligible expenses *you* must pay from *your* own pocket when an eligible claim occurs. For all medical insurance plans, the deductible applies to the expenses remaining after payment by *your* government health care plan. Deductibles are applicable per ***trip***.

Delay of Conveyance means delay solely due to an unannounced and unpublished strike, weather conditions or hijacking. Such delay coverage does not include loss from or contributed by:

a) detention by customs officials;
b) war;
c) air traffic delays caused by congestion in the skies; and
d) mechanical breakdown.

Departure Date means the day you leave your ***home province***/territory of residence on a ***trip***.

Designated Representative means an appointed agent of **Medi-Quote Insurance Brokers**.

Effective Date means the date indicated on your Confirmation of Coverage, either on or after your ***departure date***. Your ***effective date*** is when coverage commences.

Elective (non-emergency) Treatment or surgery means any ***treatment***, *investigations* or surgery either:

a) not required for the immediate relief of ***acute*** pain and suffering; or,
b) which reasonably could be delayed until you return to Canada or,
c) which you elect to have provided during an insured ***trip*** following ***emergency treatment*** of a ***medical condition*** or the diagnosis of a ***medical condition***, which on medical evidence would not prevent you from returning to Canada prior to such ***treatment*** or surgery.

Emergency means a sudden and unforeseen ***medical condition*** that requires immediate ***treatment***. An ***emergency*** no longer exists, when the medical evidence indicates that you are able to continue the trip or return to *your* province/territory of residence. Once such ***emergency*** ends, no further benefits are payable in respect of the ***medical condition*** which caused the ***emergency***, unless otherwise specified in a benefit.

Southern Elements Emergency Travel Medical Coverage

Emotional or Mental Disorder means an emotional upset or condition, state of anxiety, situational crisis, anxiety or panic attack, or other mental health disorders that may be treated with tranquilizers or anti-anxiety medication.

Family or **Family Member** means (whether by birth, adoption or marriage) *your* legal or common-law ***spouse***, parents, step-parents, brothers, sisters, in-laws, natural or adopted children, stepchildren, stepbrother or stepsister, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom *you* are a legal guardian.

Follow-Up means re-examination of *you* to monitor the effects of earlier ***treatment*** related to the initial ***emergency***, except while hospitalized. Follow-up does not include further diagnostic or investigative testing related to the initial ***emergency***.

High Risk Activities means ***accident*** that occurs while you are participating in:

Any sport or sporting activity for which you are paid;

Any sporting event for which the winners are awarded cash prizes;

Any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:

- hang-gliding and paragliding;
- climbing or mountaineering;
- parachuting or skydiving;
- bungee jumping;
- freestyle skiing;
- kite surfing;
- any competition, endurance or speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere;
- your participation in a ***professional sport;***
- piloting (or learning to pilot) any aircraft;
- snorkeling or scuba-diving, outside the limits of your certification;
- any combat sport;
- any sport requiring you to sign a waiver.

Any behaviour involving risk, including but not limited to:

- Not following security requirements;
- Not obeying warning signs;
- Entering into restricted zones.

Home Province means your province/territory of ordinary residence in Canada.

Hospital means an institution that is licensed as an accredited hospital that is staffed and operated for the care and ***treatment*** of inpatients and out-patients. ***Treatment*** must be supervised by ***Physicians*** 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 treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Hospitalization or **Hospitalized** means admitted to a ***hospital*** as an in-patient.

Injury means physical injury to an ***insured*** which occurs while Insurance under this Policy is in force, caused by violent external and accidental means, but does not include any injury caused by an event, act or omission which was caused or contributed to by the abuse of any alcohol, drugs or medication by *you*.

Insured or **Insured Persons** means all insureds named in the Confirmation of Coverage attached to and forming part of this Policy.

Investigation/Investigated means testing, evaluating or examining signs of illness or ***injury*** to establish the diagnosis of a ***medical condition***. Note that if you are being investigated for a ***medical condition*** and are pending results, you are expected to declare "Yes" to that ***medical condition*** on the Southern Elements Medical Questionnaire until a diagnosis/test results clearly show that you do not have this ***medical condition***. Please Note: Investigation does not include ***Regular Medical Check-Up*** or routine monitoring of a ***pre-existing medical condition***.

Medical condition means any disease, illness or ***injury*** (including symptoms of undiagnosed conditions).

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

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

Medi-Quote Insurance Brokers means Medi-Quote Insurance Brokers Incorporated.

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

Physician means a medical practitioner who is not yourself or an immediate ***family member*** and is currently registered and duly licensed in accordance with the regulations applying in the jurisdiction where they practice. A physician does not include a naturopath, an herbalist or a homeopath.

Pre-existing medical condition means a ***medical condition*** that exists prior to the commencements of a covered ***trip***.

Professional Sport means a sporting activity or event for which you are paid or for which the winners are awarded cash prizes.

Reasonable and Customary Charges means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Recurrence means the appearance of symptoms caused by or related to a ***medical condition*** that was previously diagnosed by a ***physician*** or for which ***treatment*** was previously received.

Regular Medical Check-Up means any routine medical examination unrelated to any specific ***medical condition*** or ***investigation*** and which is carried out for the purpose of health monitoring, health screening or preventative care.

Sickness means an **acute** illness requiring immediate ***emergency treatment*** as a result of a sudden onset of symptoms manifested when travelling under coverage provided by this policy, but does not include any illness or symptoms caused or contributed to by the consumption or abuse of any alcohol, drugs or medication by *you*.

Spouse means the person *you* are legally married to or in a legal civil union with, or a person *you* have been residing with for a minimum period of twelve months and who is publicly presented as your ***spouse***.

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

1. there has been no new diagnosis, ***treatment*** prescribed or recommended, or change(s)* to existing ***treatment*** (including a stoppage in ***treatment***), and
2. there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug, and
3. the ***medical condition*** has not become worse, and
4. there has not been any new, more frequent or more severe symptoms, and
5. there has been no ***hospitalization*** or referral to a specialist (made or recommended), and
6. there have not been any tests, ***investigation***(s), or ***treatment*** recommended, but not yet complete, nor any outstanding test results, and
7. there have been no test results showing a deterioration, and
8. there is no planned or pending ***treatment***.

*Change(s) includes an increase or decrease in medication dosage, usage or a change in medication type, but does not include changes in brand due solely to the availability of *your* usual brand or due to government regulations regarding reference-based pricing. Exceptions would be the routine adjustment of Coumadin, Warfarin or Insulin or medication used to control Diabetes as long as they are not newly prescribed or stopped.

All of the above conditions must be met for a ***medical condition*** to be considered ***Stable***.

Travelling Companion means a person who is sharing travel arrangements with you from your point of departure on *your* ***trip***, including accommodation and transportation, and is also insured on a **Southern Elements** policy.

Treatment, Treated, Treat means that *you* have been ***hospitalized***, have been prescribed, taken or are currently taking prescription medication (including prescribed as needed), have a ***prosthesis***, or have undergone a medical or surgical procedure.

Trip means a period of round ***trip*** travel to a destination outside of *your* province of residence, occurring during your period of coverage that is not for the purpose of obtaining health care or treatment of any kind.

Vehicle means an automobile, recreational vehicle, motorcycle, boat or other land or water ***conveyance*** used for the covered ***trip***.

You or **Your** means the same as ***insured*** or ***insured persons***.

Medical Definitions

Activities of daily living means dressing and undressing, assistance with bathing and hygiene, managing medication or feeding, getting into and out of bed or a wheelchair, assistance using the toilet.

Autoimmune Disease/Condition is AIDS, Graves Disease, Fibromyalgia, Guillain-Barre Syndrome, HIV, Lou Gehrig's Disease, Lupus Multiple Sclerosis, Myasthenia Gravis, Pernicious Anemia, Rheumatoid Arthritis, Thyroiditis.

Autologous stem cell transplant is a transplant where the same type of cells are removed from, stored and given back to the same person as part of ***treatment***.

Circulatory condition means blood clots, atherosclerosis, carotid artery stenosis, deep vein thrombosis (DVT), peripheral vascular disease (PVD), a pulmonary embolism or thrombophlebitis. Does not include varicose veins.

Gastrointestinal disorder is any Bowel, Colon, Digestive or Intestinal Disorder such as Colitis (including Ulcerative Colitis), Crohn's disease, Diverticular disorder, Gastric bypass, Gastritis, H. Pylori, C. difficile, Hiatus Hernia, Irritable Bowel Syndrome or Barrett's esophagus. We do not include acid reflux, gastroesophageal reflux disease (GERD), heartburn, polyps removed during a routine colonoscopy or external hemorrhoids.

Heart Disease or Condition is any Angioplasty or Stenting in or around the heart, Angina, Atrial Fibrillation, Congestive Heart Failure, Heart Attack/Myocardial Infarction, any form of Irregular Heartbeat or Heart Murmur, Pacemaker/Defibrillator insertion, any Cardiovascular, Valve or Bypass surgery or any other condition or diagnosis relating to the Heart or Blood Vessels of the Heart.

Lung or Respiratory Condition is Asthma, ***chronic*** Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Pneumonia, Pulmonary Edema, Pulmonary Fibrosis or any other lung or respiratory disease/condition for which you require(d) or have a prescription for any form of inhaler or corticosteroid for a period longer than 3 months.

Metastatic Cancer means a cancer that has spread from its original site to one or more other areas.

Neurological disorder means Dementia, Alzheimers, Parkinsons, Epilepsy/Seizures, Brain Tumour, Encephalitis, Meningitis.

Prosthesis means any device or implant (internal, external or artificial) used to repair, replace or augment a missing or impaired part of the body (this includes stents, bypasses and valve replacements).

Terminal Illness means a medical condition for which a ***physician*** gave a prognosis of eventual death within 12 months of your ***departure date*** or for which palliative care was received.

Notice Concerning Privacy and Personal Information

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