# Destination International Student Insurance

## Emergency Hospital & Medical Policy

Effective April 1st, 2024

**Underwritten by: Zurich Insurance Company Ltd (Canadian Branch).**
**Claims Administration and Assistance Services provided by: Zurich has appointed World Travel Protection Canada Inc., operating as "Zurich Travel Assist" as the provider of all assistance and claims services under the policy.**
**Managed and distributed by: The Destination: Travel Group Inc.**

## NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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

### Important Notice - Read *Your* Policy 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 interest 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 of insurance before you travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies).
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. *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.
- Contact Zurich Travel Assist before seeking *treatment* or *your* benefits may be limited.
- In the event of a claim *your* prior medical history may be reviewed.
- It is *your* responsibility to be aware of *your medical conditions*. If *you* have been asked to complete a medical questionnaire and any of *your* answers are not accurate or complete, *your* coverage may be null and void.

**It is your responsibility to understand *your* coverage. If *you* have questions, call *your* broker or 1 855-337-3532.**

## IMPORTANT INFORMATION

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. This policy also contains exclusions which apply to *injury, sickness* and/or *medical conditions* that existed prior to and/or during *your trip*. Check to see how this applies in *your* policy and how it relates to *your* date of purchase, departure date and policy *effective date*.

**WHAT IF I HAVE AN *EMERGENCY*?**

*You,* or someone acting on *your* behalf, must notify Zurich Travel Assist at + 1 (416) 260-4553 (collect) or 1-888-726-1839 toll free within 24 hours of any *emergency medical treatment* and before any *medical consultation* or prior to *your* admission to a *hospital* or surgery is performed. Failure to do so will result in *you* being responsible for 20% of any eligible expenses incurred unless *your emergency* prevents *you* from calling.

**Zurich Travel Assist provides services 24 hours per day, 7 days a week.**

**IMPORTANT:**

*Your* satisfaction is our priority. If *you* are not completely satisfied with this policy, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim.

Terms used in this policy that have been italicized have specific meanings and are defined in the Definitions section of this policy. Please be sure to refer to them while reviewing this policy.

*You* may not have coverage for costs incurred due to *pre-existing medical conditions* or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

**LIMITS ON COVERAGE**

If *you* fail to notify Zurich Travel Assist without reasonable cause, then we may reduce the benefits payable to *you* under this policy.

**HOW DO I MAKE A CLAIM?**

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to Zurich Travel Assist. Please take care in filling out the form, as any missing information may cause delay. Failure to comply with the claims procedures set out on Page 9 of this policy will result in loss of rights to or reduction of benefits conferred under this policy.

**I WANT TO STAY LONGER. CAN I PURCHASE ADDITIONAL COVERAGE?**

Yes, *you* can, subject to policy terms and conditions. Just call *your* broker or **The Destination: Travel Group Inc. (1-855-337-3532)** during business hours before coverage under *your* policy expires. *You* must be in good health, not know of any reason to seek medical attention and not have incurred any losses during the first *period of coverage*.

**ASSISTANCE**

Zurich Travel Assist will use its best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, Zurich Travel Assist, the *insurer*, or **The Destination: Travel Group Inc.** and their brokers will not be responsible for the availability, quantity, quality, or results of any medical *treatment* or service received, or for failure of any person to provide or obtain medical *treatment* or services.

**MANDATORY STATEMENT OF HEALTH AND CONSENT**

In the event of an *emergency your* medical history will be reviewed when a claim is reported. *We* may require *you* to complete and sign an application, which may include a statement on *your* state of health with a consent to access *your* medical history when necessary.

## ELIGIBILITY

### Applicable to International *Student*s studying in Canada:

To be eligible for coverage a person must, as of the *effective date*:

a) be a *student* enrolled in a *school* in Canada; or
b) be an accompanying *dependent** under the age of 59 of an eligible *student*; and
c) be currently in good health; and
d) be less than 69 years of age at the time of application; and
e) not be insured under a Canadian government health insurance plan.

***Coverage for *dependents* is only available to International *Students* age 59 or younger.**

### Applicable to Canadian *Student*s studying abroad:

To be eligible for coverage a person must, as of the *effective date*:

a) be a *student* age 40 or younger at the time of application enrolled in a *school* outside Canada; or
b) be an accompanying *dependent* under age 40 of an eligible *student*; and
c) be currently in good health; and
d) be insured under the government health insurance plan of the province or territory in which *you* reside, for the entire duration of *your trip*.

***Effective Date***

When an application has been made and the premium has been paid, coverage begins on the latest of the date:

a) the completed application is accepted by *us* or its representative; or
b) indicated as the *effective date* on the application; or
c) *you* depart from *your country of origin*.

***Expiry Date***

Coverage ends on the earliest of the date:

a) indicated as the *expiry date* on *your* confirmation of coverage; or
b) 365 days after the *effective date* for this policy; or
c) *you* no longer meet this policy's definition of *student*; or
d) 60 days after *you* are no longer enrolled in a *school*; or
e) if *you* have purchased inbound coverage, the date *you* become insured under a government health insurance plan; or
f) if *you* are a Canadian, the date *you* are no longer covered by a government health insurance plan; or
g) the date *you* cease to be a *dependent* as defined in this policy.

## DESCRIPTION OF COVERAGE

1. *We* agree to pay up to $2,000,000 for *reasonable and customary* costs incurred unexpectedly as a result of *your sickness* or *injury* occurring as a result of an *emergency* during the *period of coverage*. Costs are paid for *emergency* hospitalization, *emergency* medical, or other covered costs as provided in the Benefits section, due to *sickness* or *injury* occurring during the *period of coverage*.
2. *We* will pay for eligible costs incurred, up to the sum insured, for acute *emergency sickness* or *injury* incurred during the *period of coverage*:
   a) **for International *Students* studying in Canada** while *you* are travelling worldwide, other than *your country of origin*, provided *you* spend at least 51% of the *period of coverage* within Canada.
   b) **for Canadian *Students* studying abroad** while *you* are travelling worldwide, provided *you* spend at least 51% of the *period of coverage* in *your* country of study. Coverage will be provided during *school* breaks as long as the insurance is in effect during these periods.
3. *Your dependents* are insured only when *dependent* coverage is selected and paid for at the time of application. Newborns will be covered from 15 days of age, provided they meet the eligibility requirements, following written approval by *us*.

## EMERGENCY BENEFITS

**Emergency Benefits** are payable for the following costs:

1. ***Emergency Hospital***
   *We* agree to pay for semi-private *hospital* accommodation and for *reasonable and customary* costs for services and supplies for *your emergency* care during confinement as a resident in-patient.
2. ***Emergency* Medical**
   *We* agree to pay for:
   a) The *reasonable and customary* costs for services of a legally licensed *physician*, surgeon or anesthetist.
   b) Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician* for the purpose of diagnosis.
   c) The use of a licensed local land or sea ambulance to the nearest *hospital*. If an ambulance is unavailable, *we* will reimburse up to $150 for taxi expenses.
   d) Private duty services of a registered graduate nurse (who is not related to *you* by blood or marriage), up to $15,000.*
   e) Rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances.*
   f) Oxygen and rental of equipment for its administration.*
   g) Blood and blood plasma, except when donated.

   ***Must be pre-approved by Zurich Travel Assist.**
3. **Professional Services**
   The services of a legally licensed physiotherapist, chiropractor, chiropodist, osteopath, podiatrist, acupuncturist, naturopath and speech therapist (all of whom are not related to *you* by blood or marriage). A referral from a *physician* is required for acupuncturist and naturopath. Not to exceed $600 per practitioner per calendar year.
4. **Drugs or Medications**
   Prescription drugs or medications that require a *physician's* written prescription, up to a maximum of $10,000 not exceeding a one-month supply.
5. ***Emergency* Air Transportation / Return to *Country of Origin***
   If a covered *sickness* or *injury* necessitates *your* immediate transportation or return to *your country of origin*, *we* agree to pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically necessary by Zurich Travel Assist, to the nearest appropriate medical facility or to *your country of origin*. To be eligible for reimbursement, Zurich Travel Assist must pre-approve these costs.
6. **Transportation of Family**
   *We* agree to reimburse up to a maximum of $5,000 for the cost to transport one member of *your* family by round-trip economy class (using the most direct route), and $150 per day up to a maximum of $1,500 for the *reasonable and customary* costs incurred by the member of *your* family after arrival if:
   a) the attending *physician* advises the necessary attendance by such a person; or
   b) the local authorities legally require the attendance of a member of *your* family to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

   **Must be pre-approved by Zurich Travel Assist.**

7. ***Accidental* Dental**
*We* agree to reimburse *you* up to $5,000 for *emergency treatment* or services to repair or replace *your* natural or permanently attached artificial teeth (including capped or crowned teeth) caused by an *accidental* blow to the face.
*Treatment* relating to any dental claim must be completed no later than 90 days after *treatment* began and must be completed prior to *your* return to *your country of origin*.

8. **Dental Emergencies**
*We* agree to reimburse *you* up to $600 for the immediate relief of acute dental pain caused by other than a blow to the face.
*Treatment* relating to any dental claim must be completed no later than 90 days after *treatment* began and must be completed prior to *your* return to *your country of origin*.

9. **Return of Deceased**
In the event of *your* death due to a covered *sickness* or *injury*, *we* will pay up to $15,000 for the return of *your* remains in a standard transportation container to *your country of origin*; or up to $5,000 for the cremation or burial of *your* remains at the place of death. The cost of a coffin, urn or funeral service, is not covered.

10. **Mental Health Care**
*We* agree to reimburse the expenses incurred for *treatment* of *mental*, nervous or *emotional disorders*, as follows:
a) inpatient hospitalization, up to a lifetime maximum of $25,000; and
b) outpatient services, up to a maximum of $1,000 in any 12 consecutive months of coverage.

11. **Prescription Glasses, Contact Lenses, and Hearing Aids**
*We* will pay up to a maximum of $200 for prescription glasses, contact lenses and hearing aids required as a result of *accidental injury*. This benefit does not cover the repair or replacement of prescription glasses, contact lenses and/or hearing aids.

12. **Tutorial Services**
*We* will pay up to $20/hour to a maximum of $400 for the costs of a qualified private tutorial service in the event *you* are hospitalized for 30 consecutive days or more.

13. **Trauma Counselling**
*We* will pay up to a maximum of $500 for trauma counselling within 90 days from the date of *your emergency* covered under this policy. *Our* maximum liability is $5,000 per event under this policy and all other policies issued by the company within one calendar year. Where the aggregate eligible claims within a calendar year exceed this limit, the eligible claims will be reduced on a pro-rata basis and will be paid at the end of the year.

14. ***Accidental* Death & Dismemberment**
The *insurer* agrees to pay up to a maximum sum insured of $10,000, for loss of life, limb or sight occurring during the *period of coverage* resulting directly from *accidental injury*. The total aggregate limit for all losses under *Accidental* Death and Dismemberment is $10 million.

***a)*** **Flight *Accident* and *Common Carrier***
As a result of an *accident* sustained during the *period of coverage* while riding as a fare-ticket passenger or while entering or leaving a lawfully operated licensed *common carrier*; or

***b)*** **24-Hour *Accident***
As a result of an *accident* during the *period of coverage* in any other situation not specifically mentioned under a) above. Benefits are payable according to the following schedule. Only one amount is payable (the largest) if the insured suffers more than one of these losses.

a. 100% of sum insured resulting from the same *accidental injury* for loss of:
   i. life; or
   ii. entire sight of both eyes; or
   iii. both hands; or
   iv. both feet; or
   v. one hand and entire sight of one eye; or
   vi. one foot and entire sight of one eye.

b. 50% of sum insured resulting from the same *accidental injury* for loss of:
   i. entire sight of one eye; or
   ii. one hand; or
   iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

15. **Terrorism Coverage (only for Canadians)**
When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of $35 million for all eligible *emergency* medical in-force policies issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

## NON-EMERGENCY BENEFITS

**Non-emergency Benefits** are payable for the following costs:

1. **Maternity Benefit**
*We* agree to reimburse up to $25,000 for the costs, provided that the pregnancy commenced during the *period of coverage* and the costs are incurred in the country of study, for:
a) pre-natal care (including but not limited to tests and prescribed medication), and
b) involuntary termination of pregnancy or resulting complications.
No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy, or post-natal care.

2. **Non-Emergency *Treatment***
When required as a result of a covered *emergency sickness* or *injury*, up to $3,000 will be paid to continue medical *treatment*.

3. **Eye Examination**
When a minimum of 12 consecutive months of coverage has been purchased, *we* agree to reimburse the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any 12 consecutive months of coverage.

4. **Physical Examination**
When a minimum of 12 consecutive months of coverage has been purchased, *we* agree to reimburse the cost of one routine physical examination or one consultation and prescription for the "morning-after pill" in any 12 consecutive months of coverage, to a maximum of $150.

5. **Wisdom Teeth**
*We* agree to reimburse *you* up to $150 per tooth for dental and/or oral surgical procedures which are necessary for the extraction of impacted wisdom teeth.

6. **Tuberculosis Testing and Vaccination**
*We* will pay up to a maximum of $100 for tuberculosis testing and vaccination or immunization during 12 consecutive months of coverage, provided the minimum term of insurance purchased is 180 days with no lapse in coverage. Coverage for tuberculosis testing is not payable if testing is mandated by the *school* board or *school* as a requirement for program enrolment.

## SPECIFIC CONDITIONS

### Limits on Coverage

*You* or someone on *your* behalf must notify Zurich Travel Assist within 24 hours of admission to a *hospital* or before any *medical consultation* or any surgery is performed.

If *you* fail to do so without reasonable cause, *we* may reduce the benefits payable to *you* under this policy. *You* will be responsible for any expenses that are not payable by *us*.

*We* reserve the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to *your country of origin* if *you* are unable to continue *your* studies due to a covered *sickness* or *injury*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*. General Provisions of this policy apply. Refer to page 6.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

1. Any *pre-existing medical condition* that was not *stable* within the 90 days immediately before *your effective date*.
2. Any *pre-existing medical condition* or any related conditions for which, prior to *your* arrival date in Canada or country of study, *you* had, were scheduled or recommended for a *medical consultation* for the purpose of establishing a diagnosis, and for which results had not yet been received at the time of departure from *your country of origin*.
3. Test and investigative consultation including, but not limited to biopsies, except when performed at time of an *emergency sickness or injury*; except as specified under the Non-Emergency *Treatment* (Benefit 2).
4. Losses incurred due to:
   (i) any loss resulting from *your minor mental or emotional disorder*; and/or
   (ii) *your* self-inflicted *injuries*, unless medical evidence establishes that the *injuries* are related to a mental health illness.

   Except as provided under Medical Health Care (Benefit 10).
5. Medical *treatment* and expenses incurred while in *your country of origin*.
6. A *medical condition* which originated while visiting *your country of origin* during the *period of coverage* or any condition wholly or partly, directly or indirectly, related thereto.
7. If *you* are Canadian, any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or that is in connection with biological, chemical, nuclear or radioactive means.
8. For inbound insured, an *act of terrorism*.
9. An *act of war*.
10. Losses incurred due to *your* participation in:
    - protests; or
    - armed forces activities; or
    - a commercial sexual transaction; or
    - the commission or attempted commission of any criminal offence or illegal act; or
    - the contravention of any statutory law or regulation in the area where the loss occurred.
11. Any *medical condition*:
    - when *you* knew, or for which it was reasonable to expect, before *you* left *your country of origin*, that *you* would need or be required to seek *treatment* for that *medical condition*; and/or
    - when the purpose of *your trip* was to seek medical *treatment* for that *medical condition*.
12. Loss, death or *injury*, if at the time of the loss, death or *injury,* evidence supports *you* were affected by, or the *medical condition* causing the loss was in any way contributed to by:
    - *your* use of alcohol, prohibited drugs or any other intoxicant; or
    - *you* not following *treatment* as prescribed to *you*, including prescribed or over-the-counter medication; or
    - *your* non-compliance with medical therapy before or after the *effective date*; or
    - *your* use of medication or drugs that have not been approved by the appropriate government authority.
13. Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, an *emergency*, except as specified under the Non-Emergency *Treatment* (Benefit 2).
14. Any *treatment*, investigation or hospitalization which exceeds 30 days following the initial day that outpatient *treatment* began, unless approved in advance by Zurich Travel Assist.
15. Travelling against the advice of a *physician* or any loss resulting from a *sickness* or *medical condition* that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.
16. *Injury* resulting from training for, competing or participating in:
    - mountain climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;
    - any skiing or snowboarding out of bounds, heliskiing, ski jumping;
    - white water rafting (except grades 1 to 4);
    - street luge or skeleton activity;
    - any rodeo activity;
    - skydiving and sky-surfing;
    - any form of BASE jumping (ie: wingsuit flying);
    - any speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, whether on approved tracks or elsewhere;
    - a professional sport, if that sport is *your* main paid occupation; or
    - scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters).
17. Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the Maternity Benefit (Non-Emergency Benefit 1).
18. Medical expenses incurred by an infant 14 days old or less.
19. *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
20. Cosmetic surgery, including any expenses for directly or indirectly related complications unless such cosmetic surgery is a result of a covered *sickness* or *injury*.
21. Any *medical consultation* that is elective or related to a prior elective procedure.
22. Dental care, services or supplies, except as specifically provided under *Accidental* Dental (Emergency Benefit 7), Dental Emergencies (Emergency Benefit 8) or Wisdom Teeth (Non-Emergency Benefit 5).
23. *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.
24. Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
25. Loss or repair of or damage to eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items.
26. Any learning or educational assessments for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnosis.

27. General assessments or checkups, or any services requested by a third party.
28. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the *Emergency* Air Transportation/Return to *Country of origin* benefit.
29. The purchase of:
    a) medications or drugs not approved for use by the appropriate government authority; or
    b) patent or proprietary medications; or
    c) vitamins or vitamin preparations; or
    d) drugs or medications which can be purchased without a prescription; or
    e) acne medications; or
    f) nicotine resin products; or
    g) dietary supplements or weight loss products; or
    h) quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*; or
    i) contraceptives prescribed for any purpose, with the exception of the "morning-after pill", which is limited to one per *period of coverage*; or
    j) contraceptive consultation or testing, except as specifically provided under Physical Exam (Non Emergency Benefit 4); or
    k) fertility drugs or testing; or
    l) drugs, medications, or other costs paid for by any other agency; or
    m) experimental drugs, preventative medications or vaccines (except as specifically stated in Non-Emergency Benefit 6).
30. Any loss incurred outside of *your* country of study, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while *you* are travelling, other than *your country of origin*, provided *you* spend the majority of the *period of coverage* within *your* country of study.
31. Any *act of terrorism* or *medical condition you* suffer or contract when:
    a) the Government of Canada issues a travel advisory to Avoid all travel or Avoid all non-essential travel to the region, city, or country of *your* destination; and the travel advisory is issued before *your effective date*.
    b) *You* can read all travel advisories on the Government of Canada Official Global Travel Advisory website.

    **Note: This exclusion does not apply to claims for an *emergency* or *medical condition* that is not related to the travel advisory.**

## DEFINITIONS

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

***Act(s) of terrorism*** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Change in medication** means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and a change from a brand name medication to a generic brand medication of the same dosage.

**Common carrier** means a licensed carrier offering its transportation services to paying passengers at published rates and scheduled times.

**Country of origin** means:
a) For International *Students* studying in Canada: the country in which *you* maintained a permanent residence prior to entry into Canada or, if different, the country which issued *your* passport.
b) For Canadian *Students* studying abroad: means Canada if *you* hold a Canadian passport.

If *you* have more than one passport, *country of origin* will be the country *you* indicated as such when applying for this insurance.

**Dependent** means *your* legally married spouse or a person with whom *you* have been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and
a) any unmarried children residing with *you*, who are more than 15 days of age and age 25 or under and dependent upon *you* for their sole means of support; and
b) *your* parent, stepparent, legal guardian, brother, sister, stepbrother, or stepsister who are living with the *student* while in the country of study.

*Dependents* are covered only when *dependent* coverage is selected and paid for at the time of application.

**Effective date** means the date coverage begins as indicated in the Eligibility section titled *Effective Date*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by Zurich Travel Assist indicates that no further *treatment* is required and that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*.

**Expiry date** means the date coverage ends as indicated in the Eligibility section titled *Expiry Date*.

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients 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.

**Injury** means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

**Insurer** means Zurich Insurance Company Ltd (Canadian Branch).

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

**Medical consultation** means any medical services obtained from a licensed medical practitioner for any *medical condition*, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

**Minor mental or emotional disorder** means:
- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

**Physician** means a person:

- who is not *you* or an immediate family member or *your* travel companion;
- licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Pre-existing medical condition** means any *medical condition* that exists prior to *your effective date*.

**Reasonable and customary** 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.

**School** means a *school*, university, college or other recognized institution of learning that is accredited by the local authorities.

**Sickness** means illness, disease, or any symptom related to that illness and/or disease.

**Stable** means a *medical condition* is considered *stable* when all of the following statements are true:

1) there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2) there has not been any *change in medication*, 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, and
6) there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7) there is no planned or pending *treatment*.

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

**Student** means a person:

a) who regularly attends *school*, college, university, or other accredited educational institution; and
b) who is enrolled in a minimum of 60% of the usual course requirements for the program in which they are enrolled; or
c) who remains in their country of study for up to 60 days immediately after completion of studies as described under a) and b) of this definition.

**Terminal** means a *sickness* or *medical condition* for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

**Treatment** means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to:

(i) prescribed medication,
(ii) surgery,
(iii) investigative testing that results in a diagnosis of a specific *medical condition*.

**Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the time beginning with *your effective date* and ending with *your expiry date*, as shown on *your* application.

**We, us, our** means the *insurer*.

**You** or **Your** means an eligible person named on the application, who has been accepted by the *insurer* or its authorized representative, and has paid the required premium for a specific plan of insurance.

## GENERAL PROVISIONS

### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you* and *we* are not responsible for and will not be bound by any assignment entered into by *you*.
Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in *your* province or territory of residence respecting contracts of sickness and accident insurance.

### Automatic Extension of Coverage

Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. This delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*.
Coverage will be automatically extended for up to 5 days, if *you* are hospitalized due to a covered *sickness or injury* on or before the coverage *expiry date*.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during one *period of coverage*. Benefits are only payable to *you* under one policy during the *period of coverage*. If more than one policy issued by *us* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the highest amount of insurance. Benefits are only payable for the plans and the specific amount of insurance selected, paid for and accepted Zurich Travel Assist on *our* behalf at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* Estate.

### Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

### Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.
Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

Zurich Travel Assist, on *our behalf*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.
Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.
*You* may not claim or receive in total more than 100% of the loss caused by the insured event.
If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to $100,000, Zurich Travel Assist will not coordinate benefits with that provider on *our behalf*, except in the event of *your* death.

### Currency

All amounts stated in the policy, including premium, are in Canadian dollars. At the option of Zurich Travel Assist, benefits may be paid in the currency of the country where the loss occurred. If currency conversion

is necessary, the exchange rate on the date the service was rendered to *you* will be used.

### Emergency Assistance

Zurich Travel Assist will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, Zurich Travel Assist, the *insurer*, nor **The Destination: Travel Group Inc.** and their brokers will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

### Extending *Your Trip*

### Applicable to International *Students* studying in Canada:

If *you* decide to apply for additional coverage before *you* have left *your country of origin*, contact *your* broker or **The Destination: Travel Group Inc.** at 1-855-337-3532.

If *you* decide to apply for additional coverage after *you* have left *your country of origin*, *you* may apply for a new term of coverage if *you*:

a) purchase additional coverage before the *expiry date*; and
b) are in good health; and
c) have no reason to seek *treatment* during the new term of coverage.

If *you* have incurred a claim, The Destination: Travel Group Inc. and *the insurer* will review *your* file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

The Destination: Travel Group Inc., on the *insurer's* behalf reserves the right to decline any request for new terms of coverage.

### Applicable to Canadian *Students* studying abroad:

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact *your* broker or **The Destination: Travel Group Inc.** at 1-855-337-3532.

If *you* decide to apply for additional coverage after *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

a) purchase additional coverage before the *expiry date*; and
b) are in good health; and
c) have no reason to seek *treatment* during the new term of coverage.

If *you* have incurred a claim, Zurich Travel Assist on the *insurer's* behalf will review *your* file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

Zurich Travel Assist on the *insurer's* behalf reserves the right to decline any request for new terms of coverage.

### General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice.

### Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued.

### Limit on Liability

It is a condition precedent to liability under this policy that on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

### Limitation of Action

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

Every action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island).

Every action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of Yukon, Northwest Territories and Nunavut).

### Misrepresentation or Nondisclosure

*We* will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

When completing the application (including the questionnaire if required), *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

- *your* coverage will be void,
- which means *your* claim will not be paid.

*You* must be accurate and complete in *your* dealings with *us* at all times.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

### Premiums

The total premium amount is due and payable at the time of application. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

### Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, *you* agree to:

a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
d) act reasonably to preserve the *insurer's* rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
e) keep the *insurer* informed of the status of any legal action against the third party; and
f) advise *your* counsel of the *insurer's* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restrict the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with the *insurer* fully should the *insurer* choose to exercise its right of subrogation.

### Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of *your* travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

### Time

Applicable to International *Students* studying in Canada: This policy will be governed by the local time of the Canadian province or territory in which *your* policy was issued.

Applicable to Canadian *Students* studying abroad: This policy will be governed by the local time of the Canadian province or territory in which *you* normally reside.

## STATUTORY CONDITIONS

### Contract
The application, this policy, any document (including but not limited to the Confirmation of Coverage) 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 the authority to change the contract or waive any of its provisions.

Zurich Travel Assist on the *insurer's* behalf reserves the right to decline any application or any request for new terms of coverage.

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

### Copy of Application
The *insurer* shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

### Material Facts
No statement made by *you* or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### Termination
*You* may at any time request that this contract be terminated and the *insurer* shall, as soon as practical after *you* make the request, refund the amount of premium actually paid by *you* that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the *insurer* at the time of the termination.
Refer to the Refunds section.

### Notice and Proof of Claim
Please refer to the Claims Procedures section.
If *you* do not provide the required supporting documentation, *your* claim will not be paid.

### Failure to Give Notice and Proof
Failure to give notice of claim or furnish proof of claim within the time prescribed 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 1 year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or

b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim
Claims forms are available by contacting the Zurich Travel Assist Claims Department and shall be furnished to *you* upon request.

### Rights of Examination
The claimant shall provide the *insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, the *insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### When Money Payable
All money payable under this contract shall be paid by the *insurer* within 60 days after the *insurer* has received proof of claim.

## REFUNDS

A full refund will be provided for policies which are returned within 10 days of purchase and requested in writing prior to the *effective date* of coverage.

**When submitting *your* refund request, please include:**

1. a written request; and
2. a copy of *your* confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to *your country of origin*; and
4. any other documentation to support *your* refund request.

**Refunds are payable when:**

1. The *student* fails to meet visa entry eligibility requirements.
2. *You* return *your country of origin* 30 days or more prior to the *expiry date* of coverage, without intending to return to Canada.
3. The *student* is no longer enrolled in a *school* within Canada or the country of study.
4. *You* become covered under a provincial or territorial health/medical plan.

Premium refund requests, regardless of method of payment, should be submitted to **The Destination: Travel Group Inc.**

Under no condition will a refund be made if a claim has been incurred or paid, or is pending.

Premiums which are 100% refundable are subject to a $10 administration fee, except when cancelled during the 10 day examination period.

Partial cancellations are charged a $25 administration fee. These fees are deducted from the net premium to be refunded. Refunds will not be provided for amounts less than the minimum required premium for the plan purchased.

Refunds are calculated as follows:

- From the date of permanent return to *your country of origin*; or
- If *you* become eligible for coverage under a provincial or territorial government health/ medical plan, *we* will consider *your* cancellation request from the date *we* receive acceptable proof of *your* provincial or territorial government health care coverage (inbound *students* only). Such requests cannot be backdated because this insurance policy provides insured services and other benefits that are not provided by provincial or territorial government health care; or
- The day *you* are no longer enrolled in a *school* within Canada or *your* country of study.

## CLAIMS PROCEDURES

### Travel assistance and CLAIM SUBMISSION, anywhere in the world

Online Claims Submission is available. Visit https://destinationtravelclaims.nac.zurich.com/ to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

*You* may call the Claims Centre directly for specific information on how to make a claim or to enquire about *your* claim status at:
**1 888-726-1839** or **+1 (416) 260-4553.**

SEND ***YOUR*** CLAIMS TO:
Zurich Canada Travel Insurance
c/o Zurich Travel Assist
100 King Street West, Suite 5300, Toronto, ON M5X 1C9
**Toll free Canada/USA: 1-888-726-1839**
**Collect worldwide: + 1 (416) 260-4553**

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.

3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely. Incomplete information will cause delay.
5. Failure to comply with the claims procedures will result in loss of rights to or reduction of benefits available under this policy.

### *We* need the following information if *you* are submitting a medical claim:

a) original, itemized bills and invoices;
b) proof of payment by *you* (receipts);
c) proof of payment from any other insurance plan or benefit plan;
d) applicable medical records, including:
   - complete diagnosis by the attending *physician;*
   - documentation from the *hospital* that the *treatment* was appropriate and consistent with *your* diagnosis;
   - documentation that states the *treatment* could not be delayed until *you* returned home without adversely affecting *your* condition and quality of medical care.
e) under the Professional Services benefit, a letter from the referring *physician* recommending *treatment* by an acupuncturist and naturopath.
f) under Drugs benefit, original pharmacist, *physician* or *hospital* receipts indicating total drug cost, prescription number, name of medication, quantity, date and prescribing *physician* name;
g) proof of the *accident* if *you* submit a claim for dental expenses that result from an *accident;*
h) proof of travel, including *your* departure date and return date
*i)* *your* historical medical records, if *we* ask for them;
j) proof of *your school* enrolment.

### *We* need the following information if submitting an accidental death or dismemberment claim:

a) report from the police, coroner, or autopsy
b) medical records
c) death certificate, if applicable
d) any other documents requested by Zurich Travel Assist after initial review of the claim.

**Note:** If *your* body is not found within 12 months of the flight or travel *accident*, *we* presume *you* died from *your injuries*.

**Questions?**

If *you* have any questions or concerns about *our* products or services, or *your* policy or claim, please feel free to contact Zurich Travel Assist anytime:

**Toll-Free 1-888-726-1839**
**Collect + 1 (416) 260-4553**

**Emergency Medical Assistance and Claims Administration provided by:**
Zurich Travel Assist
100 King St West, Suite 5300
Toronto, ON M5X 1C9

**Managed and Distributed by:**
**The Destination: Travel Group Inc.**
304-155 Gordon Baker Road
Toronto, Ontario, Canada M2H 3N5
Tel: 1-855-337-3532

**Underwritten by:**
**Zurich Insurance Company Ltd (Canadian Branch).**
100 King Street West, Suite 5500
Toronto, ON M5X 1C9

## EMERGENCY PROCEDURES

In the event of an *injury* or *sickness, you* or someone acting on *your* behalf must notify Zurich Travel Assist (toll free) 1-888-726-1839 or worldwide collect +1 (416) 260-4553 before any *medical consultation* or any surgery is performed.

Zurich Travel Assist is here to help with service available 24 hours a day, 7 days a week.
Zurich Travel Assist also provides support and recommendations for non-medical *emergencies*, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your period of coverage*.

**Zurich Travel Assist**
**Toll free Canada/USA:**
**1-888-726-1839**
**If unable to contact us through the toll-free number, call collect**
**+ 1 (416) 260-4553**

## PRIVACY CONSENT NOTICE

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, medical information, and financial information, *you* are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in *your* country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of *your* personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. *You* are also providing consent to Zurich for the disclosure of *your* personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). If *your* policy is being arranged by a broker or an agent, *you* authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, *you* hereby covenant and warrant that *you* have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

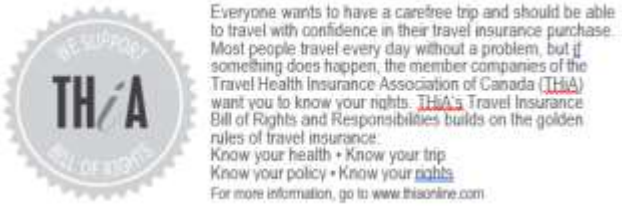
Zurich is committed to protecting the privacy and confidentiality of information provided. *Your* personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain *your* personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. *You* may request to review the personal information Zurich maintains about *you* and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West,

Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

*You* may refuse to consent or withdraw *your* consent to the collection, storage, use, disclosure or processing of *your* personal information; however, *your* refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under *your* Policy.

Please contact the Zurich Privacy Officer if *you* require further information regarding the collection, use, disclosure, processing and storage of *your* personal information or if *you* have any complaints via email at privacy.zurich.canada@zurich.com.*You* can also review *our* Privacy Policy at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.




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