Destination
EXPAT ESSENTIAL



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

Welcome to *your* Destination: Expat Essential Plan

Working abroad can be one of life's greatest experiences, but it also comes with its share of sudden surprises. That is where Destination: Expat Essential Plan provides *you* with peace of mind when unexpected medical *emergencies* arise.

Destination: Expat Essential Plan is designed to protect working and extended stay travelling Canadians worldwide outside of their province of residence or Canada.

Please review this policy to ensure it meets *your* needs and contact *your* broker or Destination: Travel Group Inc. if:

- There is anything that *you* do not understand,
- *You* have questions about this policy,
- *Your* travel arrangements change,
- *Your* health has changed since *you* first applied for this coverage.

All changes to this policy must be made prior to *your* policy *effective date.*

Right to Examine this Policy

Please review this policy when *you* receive it to ensure it meets *your* needs. If *you* are not completely satisfied with this policy, ***you* may cancel it within 10 days of purchase for a full refund of the premium paid, provided *your* coverage has not begun.** Please refer to the section of this policy that explains when coverage begins and the Premium Refunds section for more information on obtaining a refund.

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Summary of Benefits

This Summary of Benefits is for information purposes only. Please refer to the What is Covered (Benefits) section for full details of coverage.

Emergency Medical Insurance	Up to $1,000,000 *CAD* per *injury* or *sickness*
Emergency Hospital	Semi-private *hospital* accommodation up to sum insured
Nursing at Home	Up to twelve (12) weeks to a maximum limit of $10,000 *CAD*
Outpatient Services	Up to $10,000 *CAD* per person per *sickness* or *injury* for: • *Physician* or surgeon fees • Diagnostics, lab test and/or x-ray • Drugs, medicine, serums and vaccines • Rental of medical appliances • Blood and blood plasma
Emergency Dental Treatment	Up to a maximum of $5,000 *CAD*
Emergency Medical Evacuation	80% up to a maximum of $25,000 *CAD*
Compassionate *Emergency* Travel	Roundtrip economy airfare and up to $150 per day to a maximum of $3,000, for a person of *your* choice to be by *your* bedside when hospitalized
Complicated Maternity	Up to $5,000 *CAD* (only payable if birth is 10 months after the *effective date*)
Emergency Coverage in the United States (Available to worldwide coverage excluding USA only)	Limited to a period of no more than fourteen (14) days per trip.

Important Notice

It is *your* responsibility to understand *your* coverage. If *you* have any questions, call *your* agent/broker or Destination: Travel Group Inc. at 1-855-337-3532.

IMPORTANT INFORMATION REGARDING *YOUR* POLICY

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. *accidents* and *emergencies*) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. *medical conditions* that are not *stable*, pregnancy, child born on a 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 the time of policy purchase.
- Contact Zurich Assistance before seeking *treatment* or *your* benefits may be limited.
- In the event of an *accident*, *injury*, or *sickness*, *your* prior medical history may be reviewed.
- If *you* are ineligible for coverage, *our* liability will be to refund the premium paid for this policy and *you* will be responsible for any expenses that are not payable by *us*.
- If *you* have a change in *your* health between the date *you* apply for coverage and the *effective date*, *you* must contact *your* broker or Destination: Travel Group Inc. to fully understand how *your* change in health affects *your* coverage under this policy. Failure to do so may limit the amount of *your* claim payment or result in *your* claim being denied.

Notice Required by Provincial Legislation

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

Claim Information

What to do if *you* have an *emergency* or claim

In a serious medical *emergency* while travelling, get to a *hospital* immediately. It is very important that *you*, or someone on *your* behalf, contacts Zurich Assistance within 24 hours of admission to a *hospital*, prior to seeking *medical treatment* and before any surgery is performed. Zurich Assistance will guide *you* through *your* medical *emergency*, find the best care locally, help manage *your* care and support *you* throughout.

IMPORTANT NOTE

If *you* do not contact Zurich Assistance prior to seeking medical *treatment* without reasonable cause, *you* will have to pay 20% of the eligible *medical expenses we* would normally pay under this insurance.

How to contact Zurich Assistance

Zurich Assistance can be reached 24 hours a day and 7 days a week at the numbers below:

Numbers to Call

In Canada and the USA	**1-833-532-2713**
Outside of Canada and the USA	**+1 (819) 742-1096**

International operator assistance may be required when calling from outside of Canada and the USA. Collect calls will be accepted.

How to claim *your emergency medical expenses* paid out-of-pocket.

The fastest way to claim eligible *medical expenses* for which *you* have paid out-of-pocket is to submit *your* receipts through the secure Zurich Assistance claims portal at: www.globalexcel.com/zurichcanada.

Most of *our* customers complete their claim forms online and submit their eligible *medical expenses* through the Zurich Assistance claims portal. Receipts can be submitted electronically in PDF or JPEG formats.

If *you* are unable to submit *your* claims through the Zurich Assistance claims portal, *you* can reach out directly to Zurich Assistance to receive the forms. Once completed, mail the completed form and any other supporting documentation to:

Zurich Canada Travel Insurance
c/o Global Excel Management Inc.
73 Queen Street,
Sherbrooke (Quebec), Canada, J1M 0C9
Email: assistance@globalexcel.com

Medical Monitoring and 24/7 *Emergency* Assistance

You can rely on Zurich Assistance 24 hours a day and 7 days a week. Zurich Assistance has a best-in-class medical team and a trusted worldwide network of *hospitals*, clinics, and *physicians* ready to help should an unexpected medical *emergency* arise.

Zurich Assistance will arrange direct billing directly with a *hospital*, clinic, or *physician* whenever possible, however, some facilities require payment upfront, and *you* may have to pay for the *treatment*. **Please make sure that *you* keep all *your* itemized receipts.**

Zurich Assistance provides the following services during an unexpected medical *emergency*:

- From initial contact, *we* ensure that *you* receive the appropriate level of medical care.
- *We* refer *you* to the closest medical provider equipped to handle *your emergency*.

- When appropriate, virtual care from qualified *physicians* in real-time via video or telephone conference.
- Monitoring the status of *your* medical case.
- Communicating with *you* and others that *you* designate to receive information about *your* medical care.
- Coordinate *emergency* repatriation related to *your* medical *emergency*.

Zurich Assistance will make reasonable efforts to provide these services during *your* unexpected medical *emergency.*

Notice of Loss

Claims should be reported as soon as reasonably possible, within **30** days of occurrence and no later than one year after the date of occurrence.

Proof of Loss

Written proof of loss should be submitted as soon as possible, within **90** days of occurrence and no later than one year after the date of occurrence.

All eligible claims must be supported by receipts from commercial organizations, medical facilities, or medical practitioners regarding *your medical treatment*. If necessary, Zurich Assistance may ask for additional documentation to support *your* claim.

Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.

It is important to fill out the claim form completely. Incomplete information will cause delays.

Failure to comply with the claims procedures will result in loss of rights to or reduction of benefits available under this policy.

When submitting a medical claim, include the following:

1. A fully completed claim form;
2. Original, itemized bills and invoices;
3. Proof of payment by *you* (receipts);
4. Proof of payment from any other insurance plan or benefit plan;

5. Applicable medical records, including:
   a. Complete diagnosis by the attending *physician*;
   b. Documentation from the *hospital* that the *treatment* was appropriate and consistent with *your* diagnosis;
   c. Documentation that states the *treatment* could not be delayed until *you* returned home without adversely affecting *your* condition and quality of medical care.
6. A letter from the referring *physician* recommending *treatment* of any medical professional;
7. Proof of the *accident* if *you* submit a claim for dental expenses that result from an *accident*;
8. Proof of travel, including *your departure date* and return date;
9. *Your* historical medical records if *we* determine they are applicable.

Coverage Details

What is Covered?

We will reimburse up to the amount shown in the Summary of Benefits for eligible expenses for each *insured person* who suffers a sudden and unforeseen *accident*, *injury*, or *sickness* shown on *your confirmation of coverage.*

What is not Covered?

Travel insurance does not cover everything. *Your* policy has exclusions, conditions, and limitations. *You* should read *your* policy carefully so that *you* understand the limits of *your* coverage.

What *you* need to do if:

Your health changes between *your* application date and *your effective date*

If *you* have a **change in *your* health** between the date *you* apply for coverage and the *effective date*, *you* must contact *your* insurance representative to fully understand how *your* change in health affects *your* coverage under this policy. Failure to do so may limit the amount of *your* claim payment or result in *your* claim being denied.

Your travel plans change

If *your* travel plans change, call *your* agent/broker or Destination: Travel Group Inc. at **1-855-337-3532** and make changes to *your* insurance.

All changes must be made prior to *your* policy's *effective date.*

Eligibility Requirements

The expatriate health insurance under this policy is designed to cover *injury* or *sickness* while working or living outside Canada.

For the purposes of this policy, *insured persons* shall be considered as those who, on the policy *effective date*:

a) are at least 15 days old; and
b) are under age sixty-five (65); and
c) are Canadian citizens or hold a Canadian landed immigrant status; and
d) have paid the required premium.

IMPORTANT NOTE

Newborn children shall be eligible to apply for insurance on the fifteenth (15) day after discharge from the *hospital* where the birth took place.

Important Policy Dates

Coverage Start & End Date

This policy takes effect on the *effective date*, from which date all insurance terms shall be calculated. It remains in force for the period for which premium has been paid. It may be renewed subject to the consent and conditions of the *insurer* for further consecutive terms, not exceeding fifty-two (52) consecutive weeks, upon payment of premium at the rate and in the amount determined at the time of renewal by the *insurer*.

The insurance of an *insured person* shall terminate on the **earliest** of the following:

1. The date this policy is terminated; or
2. The date that any premium required or due on the part of the *insured person* remains unpaid; or
3. Ninety (90) days after the date the *insured person* permanently returns to Canada provided that the *insured person* has been insured under this policy for a period in excess of fifty-two (52) consecutive weeks, or such earlier date after the *insured person* returns to Canada permanently and becomes eligible for coverage under any Canadian Government Health Insurance Plan (GHIP).

Insuring Agreement

In consideration of the payment of the premium, the *insurer* agrees to reimburse up to the limits detailed on the *insured person*'s *confirmation of coverage* for costs incurred during the policy period subject to all of the exceptions, terms, conditions, limitations and provisions of this policy.

Subject to *you* meeting the Eligibility Requirements, as stated on Page 9, and in consideration for the full and correct premium received, the *insurer* will insure *you* against eligible expenses incurred, or pay benefits for other covered losses in accordance with the Benefits on Page 14.

The maximum period of coverage under this policy shall not exceed fifty-two (52) consecutive weeks. Acceptance of the application form and coverage under this policy is at the *insurer*'s option. If *your* application form is not accepted, *you* will receive a full refund of *your* premium paid.

Your spouse, *your* blood relations if travelling with *you* or *your* substitute decision maker are appointed to act on *your* behalf in the event that, because of an *emergency*, *you* are unable to make the necessary decisions with respect to *your* health status.

Your policy coverage may be declared null and void if:

a) the required premium is not received;
b) the cheque is not honoured;
c) credit card charges are declined for any reason;
d) *you* are ineligible for coverage in accordance with any section of this policy.

If *you* select a *deductible* option, the expenses covered will be limited to the eligible expenses described in *your* policy, after the application of the *deductible* per *insured person*, per policy period. *Your deductible* amount will appear on *your confirmation of coverage*.

***Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, less any applicable *deductible* amounts, for any loss or expense.**
***We* do not assume responsibility for the availability, quality, results or outcome of any *medical treatment* or service covered under the terms of this policy.**

You must, at all times while *you* are covered under this policy, act in a prudent manner so as to minimize costs to the *insurer*.

Limits on Coverage

You will be responsible for any expenses that are not payable by the *insurer*. The specific details of *your* policy are outlined in *your confirmation of coverage* which forms part of *your* policy.

You* must call Zurich Assistance at 1-833-532-2713 toll-free from the USA and Canada or +1 (819) 742-1096 collect where available before obtaining *emergency treatment, so that *we* may:

- confirm coverage; and
- provide pre-approval of *treatment*.

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask that someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call Zurich Assistance before *you* obtain *emergency treatment*, *you* will have to pay **20%** of the eligible *medical expenses we* would normally pay under this insurance.

The *insurer* reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to *your* province or territory of residence following an *emergency*. 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 for the claim related condition ceases upon *your* refusal and no

coverage will be provided to *you* for the remainder of the period of coverage for that condition.

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment

Zurich Assistance must approve in advance any surgery, invasive procedure, diagnostic testing or *medical treatment* (including, but not limited to, cardiac catheterization), prior to *you* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call Zurich Assistance for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

You will be responsible for payment of any remaining charges incurred unless *your emergency* prevents *you* from calling. *You* must call as soon as medically possible or have someone call on *your* behalf.

Transfer to Another *Hospital* (within the USA Only)

Whether prior to admission, during a covered hospitalization or after *your* release from the *hospital*, Zurich Assistance reserves the right to transfer the *insured person*, without danger to his/her health, to one of *our* preferred health care providers for *medical treatment* of an *injury* or *sickness*. If the *insured person* declines to be transferred when declared medically stable by Zurich Assistance, the *insurer* will be released from any liability for expenses incurred for such *injury* or *sickness* after the proposed transfer date. Zurich Assistance will choose the *hospital* and arrange the transfer of the *insured person* making every provision for the *insured person*'s *medical condition*.

Zurich Assistance, the *insurer*, Destination: Travel Group Inc., and its agents/brokers will not be responsible for the availability, quantity, quality, or results of any *medical treatment* received, or for failure to obtain medical service. Subject to the terms, conditions, limitations and exclusions of this policy, benefits are payable for the following costs:

Benefits - Details of *your* coverages

This insurance provides coverage to a policy maximum of $1 million *CAD* per *injury* or *sickness*.

Covered expenses and benefits are subject to the policy maximums, Terms, Conditions, Limitations and Exclusions contained herein.

If applicable, *you* are responsible for paying the *deductible* amount shown on the application form for the covered expenses per *insured person*, per policy period.

1. ***Emergency Hospital***
   When, by reason of *injury* or *sickness* , an *insured person* is hospitalized, the *insurer* will pay the *reasonable and customary costs* per *insured person* per *injury* or *sickness* for room and board charges (up to semi-private room accommodation), including the costs relating to *physicians*, surgeons, diagnostic services, nursing, operating room, laboratory tests, prescription drugs, dressings, medical appliances such as crutches, casts, splints, canes, slings, trusses, braces, and the temporary rental of a wheelchair when prescribed by a *physician* or surgeon, and any other necessary costs charged by the *hospital* for *inpatient hospital* services, as well as costs incurred in an intensive care unit.

2. **Paramedical / Professional Services**
   The services of a chiropractor, physiotherapist, osteopath, podiatrist or acupuncturist up to a maximum of **$500 *CAD*** per profession, per *injury* or *sickness*.

3. **Nursing at Home**
   The *reasonable and customary costs* for the medical services of a licensed nurse in the *insured person*'s home when prescribed by a *physician* or surgeon and related directly to a *medical condition* for

which the *insured person* has received or is receiving *medical treatment* covered under this policy. This benefit is available for up to twelve (12) weeks to a maximum limit of **$10,000 *CAD***. The nurse cannot be an *immediate family member* or currently be residing with the *insured person*.

4. **Ambulance Transportation**
   Charges for necessary licensed ground ambulance transportation to the nearest *hospital*, or from one *hospital* to another.

5. ***Outpatient* Services**
   Notwithstanding the foregoing, all insured services under ***Outpatient* Services** which are payable for care of the *insured person* outside a *hospital* shall be limited to a maximum amount of **$10,000 *CAD*** per *insured person* per *injury* or *sickness*. When by reason of *injury* or *sickness*, an *insured person* incurs expenses while under the regular care and attendance of a *physician* or surgeon, the *insurer* will pay the *reasonable and customary costs* incurred for the following:
   a) *Physician* or surgeon's service fees.
   b) Diagnostic services such as but not limited to laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat *medical conditions*. Laboratory and x-ray services must be provided by or ordered by a *physician* or surgeon.

IMPORTANT NOTE

This policy does not cover Magnetic Resonance Imaging (MRI), cardiac catheterization, Computerized Axial Tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are pre-authorized by Zurich Assistance.

c) Drugs, medicine, serums and vaccines obtainable only upon a written prescription and dispensed by a pharmacist, *physician* or surgeon.
d) Rental (or purchase, at the option of the *insurer*) of braces, crutches, wheelchair, *hospital*-type bed, iron lung, or other approved durable equipment for temporary therapeutic use.
e) Blood or blood plasma (includes the administration of blood).
f) Charges for splints, trusses, casts and cast materials.

6. *Emergency* Dental Treatment

When an accidental blow to the mouth or face results in *injury* to an *insured person*, the *insurer* will pay for the *emergency* dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth, lost or damaged in an *accident*, for which dental treatment is initiated within forty-eight (48) hours following an *accident* and completed within the policy period. Detailed medical documentation from a dentist, *physician* or surgeon must be provided to support an *insured person*'s claim.

All indemnity payable for *emergency* dental treatment is subject to a maximum amount of **$5,000 *CAD*** per *insured person*, per *injury*.
The *insurer* will reimburse the *insured person* in accordance with the suggested schedule of fees published by the Dental Association in the country in which treatment was received. If no such schedule of fees exists, the *insurer* will reimburse according to the Dental Fee Guide in the *insured person*'s province or territory of residence as indicated on the application form.

7. Repatriation or Local Burial

When a covered *injury* or *sickness* results in loss of life of an *insured person*, the *insurer* will pay for the preparation and the transportation of the mortal remains of the *insured person* from the place of death to the country of permanent residence or back to Canada, or for the preparation and local burial of the mortal remains of an *insured person* where loss of life occurs outside Canada. This benefit is limited to

$10,000 *CAD* and is excluded where death occurs in Canada. The cost of a casket, urn, headstones, flowers and reception expenses are excluded.

8. ***Emergency* Medical Evacuation**
   This benefit must be pre-authorized by Zurich Assistance. Failure to obtain pre-authorization from Zurich Assistance will limit all indemnity payable for eligible *emergency* medical evacuation costs and for *injury* or *sickness* costs to 80% up to a maximum of **$25,000 *CAD***, except in cases of a critical medical *emergency* when it is proven and accepted by Zurich Assistance that Zurich Assistance could not have been reached prior to a necessary *emergency* medical evacuation.

   When, by reason of *injury* or *sickness*, it is deemed medically necessary to evacuate an *insured person* who has a critical *medical condition* to the nearest *hospital* equipped to provide appropriate care and facilities, the *insurer* will reimburse the *reasonable and customary costs* per *insured person* per *injury* or *sickness* for *emergency* medical evacuation and medical care to such *hospital*. The *insurer* will also reimburse reasonable transportation costs for one other *insured person* accompanying the patient when this is deemed necessary, and will pay the cost of a one-way economy airfare back to the *insured person*'s country of permanent residence. Benefits under the ***Emergency* Medical Evacuation** are not applicable in the event of a complicated maternity.

9. **Compassionate *Emergency* Travel**
   In the event that an *insured person* suffers an *injury* or *sickness* and is confined to a *hospital* outside Canada for a minimum period of seven (7) consecutive days, or suffers loss of life outside Canada, the *insurer* will pay a single round-trip economy airfare for an *immediate family member* to attend the *insured person* and/or identify the *insured person*. Zurich Assistance will arrange for repatriation of the *insured person*'s remains. This benefit includes meals and accommodations for one *immediate family member* up to a maximum of **$150 *CAD*** per day,

is limited to **$3,000 *CAD*** per *insured person*, per *injury* or *sickness* and must be pre-approved by Zurich Assistance.

10. Parent Accompanying Child

When an *insured person* under fifteen (15) years of age is *hospital*ized as an *inpatient*, the *insurer* will pay the *reasonable and customary costs* per *insured person* per *injury* or *sickness* charged by the *hospital* for one parent to stay with the child. Furthermore, if an *insured person* who is a single parent is confined to a *hospital* as an *inpatient*, the *insurer* will pay the *reasonable and customary costs* for a *dependent* child under fifteen (15) to stay with the *insured person*.

11. Complicated Maternity

When an *insured person* is *hospital*ized due to a pregnancy diagnosed as complicated by a specialist, *physician* or surgeon, the *insurer* will pay the *reasonable and customary costs* for *hospital* and *medical expenses* incurred for pre-natal care, childbirth and post-natal care treatment subject to a maximum of **$5,000 *CAD*** per *insured person*, per *injury* or *sickness*. This benefit is only payable when the expected date of birth is at least ten (10) months after the *effective date* of coverage of the *insured person*.

Emergency Coverage in the United States (Available to worldwide coverage excluding USA only)

Reasonable and customary costs, up to the limitations specified in the Benefits section of this policy, for *emergency* treatment of an *injury* or *sickness* while traveling in the United States. Coverage shall be limited to a period of no more than fourteen (14) days per trip. *Emergency medical treatment* must be recommended by a *physician* or surgeon. If the *insured person*'s return to *country of residence* is delayed due to *injury* or *sickness* covered under this benefit, this coverage will be extended automatically until discharge from the *hospital*. The coverage will only be extended if the *insured person* is admitted as an *inpatient* for *emergency medical treatment* of an *injury* or *sickness* before the expiry of the fourteen-day (14-day) coverage. Proof of the date of entry into the United States may be required.

LIMITED USA COVERAGE FOR *EMERGENCY MEDICAL TREATMENT*

If *you* are outside the United States and have an *injury* or *sickness* that necessitates *emergency medical treatment* provided within the United States, and Zurich Assistance has decided that *medical treatment* is the only viable option, *you* will be covered for such an *emergency* according to the terms and conditions of the policy. The decision to transfer *you* to the United States must be approved by Zurich Assistance in advance of such transfer and *emergency medical treatment*. Zurich Assistance in conjunction with *your* treating *physician* will decide when *you* are able to return to *your country of residence*.

Exclusions - Details of what *you* are not covered for

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

1. **Pre-existing conditions:**
   a) **Prior to *your* policy *effective date*:** Any *medical condition* (except for a *minor ailment*) for which *you* have sought or received *medical treatment*, advice, follow-up visits, counseling, or has taken prescription drugs **in the 180 days immediately preceding the *effective date***, and
   b) **On or after *your* policy *effective date*:** a *medical condition* for which *you* have received or sought *medical treatment*, advice, follow-up care, counselling, or has taken prescription drugs related to such a condition, for **a continuous period of three hundred and sixty-five (365) consecutive days**.
2. Air travel, other than as a passenger in a certified commercial aircraft providing passenger service which complies with government regulations concerning pilot licensing and current certificates of airworthiness.
3. Benefits are not payable for costs incurred due to any:
   a) *act(s) of war* or *act(s) of terrorism*;
   b) kidnapping;
   c) riot, strike or civil commotion;
   d) unlawful visit in any country;
   e) participation in protests;
   f) participation in armed forces activities;
   g) participation in a commercial sexual transaction;
   h) the commission or attempted commission of any criminal offence or illegal act;
   i) contravention of any statutory law or regulation in the area where the loss occurred.
4. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.

5. A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are hospitalized.
6. Pregnancy, miscarriage, childbirth or termination of pregnancy or expenses relating thereto, except as provided under **Complicated Maternity benefit**.
7. *Emergency* medical evacuation as a result of a complicated maternity.
8. An *accident* that occurs while *you* are participating in:
   a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
   b) any competition, 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 (an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event);
   c) Scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters);
   d) a flight *accident* (unless *you* are travelling as a fare paying passenger on a commercial airline);
   e) hang-gliding, parachuting, bungee jumping, skydiving, or sky-surfing;
   f) any form of BASE jumping (ie: wingsuit flying);
   g) rock or 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; or
   h) participation in any rodeo activity.
9. Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to:
   a) *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip; or
   b) any *medical condition* arising during *your* trip from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.

10. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.

11. Routine medical examinations, preventative medicines (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for employment, travel or for a third party).

12. Organ Transplants.

13. Elective and/or cosmetic surgery or treatment, whether or not for psychological reasons, including any expenses for directly or indirectly related complications unless required as the result of an *injury* incurred while this policy is in force.

14. *Medical treatment*, surgery, investigation, palliative care, obtaining a diagnosis, or any alternative therapy, as well as any directly or indirectly-related complications, during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving *medical treatment* or *hospital* services, whether or not such trip is taken on the advice of a *physician* or surgeon.

15. Any benefit or procedure that must be authorized or arranged in advance by Zurich Assistance when it has given no authorization or made no arrangements for that benefit or procedure.

16. Any costs incurred arising during any period for which the appropriate premium has not been paid or while the policy is not in force.

17. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *act of terrorism* or any *medical condition you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your* policy *effective date*.

To read the travel advisories, visit the Government of Canada Official Global Travel Advisory site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

18. All charges, costs, expenses or claims incurred by the *insured person*, and directly or indirectly relating to, arising or resulting from, or in connection with any of the following acts, omissions, events, conditions, charges, consequences, claims, treatment, services or supplies are excluded from coverage under this policy, and no benefits or reimbursements shall be provided and *we* shall have no liability or obligation for any coverage for: any illness or *injury* incurred in the *host country*, *affected area* or *home country*, as a result of a *Public Health Emergency of International Concern*, *epidemic, pandemic*, or other disease outbreak, which may affect an *insured person's* health.

Definitions – What *our* important terms mean

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

Act of terrorism means any activity that involves a threat to use or the actual use of violence, 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:

a) instill fear in the general public;
b) disrupt the economy;
c) intimidate, coerce or overthrow a sitting government or occupying power; or
d) promote political, social, religious or economic objectives.

Act of war means any act causing loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Affected areas means any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an *epidemic, pandemic* or other disease outbreak.

CAD means Canadian dollars.

Chronic condition means a *medical condition* that continues or persists over an extended period of time. A *chronic condition* is usually long lasting and does not easily or quickly go away.

Confirmation of coverage means the document(s) that *you* receive from Destination: Travel Group Inc. as a confirmation of the coverage *you* have purchased, which may be a *confirmation of coverage* letter, an application form or an internet purchase confirmation page.

Country of residence means the country the *insured person* declares on the application form as the country in which he/she permanently resides as a Canadian expatriate.

Deductible (if applicable) means the dollar amount, in *CAD*, for which the *insured person* is liable per policy period, as stated on his/her *confirmation of coverage*, before any remaining eligible *medical expenses* are reimbursed under this policy.

Dependent means:

a) The spouse of an *insured person* (but excluding those legally separated), under the age of sixty-five (65).

b) Unmarried children, step-children, foster children and legally adopted children, who are *dependent* on the *insured person* for support, provided that such children are:

   (i) Not less than fifteen (15) days old; and

   (ii) Not more than eighteen (18) years old; or

   (iii) Twenty-four (24) years old or less provided it can be proven that the *dependent* is continuing in full-time education and is dependent on the insured for support.

Effective date means the date on which the coverage under this policy first begins, as specified on the *confirmation of coverage*.

Emergency means a sudden and unexpected turn of events or change of condition that requires immediate *medical treatment* and which first manifests itself while this policy is in force as to the *insured person*.

Epidemic means an outbreak of a contagious disease that spreads rapidly and widely in a given area or among a specific group of people over a

particular period of time, which is identified as an *epidemic* by the governing bodies issuing the *Public Health Emergency of International Concern.*

Home country means the country for which the *insured person* holds a passport. Where the *insured person* holds more than one passport, the *home country* will be taken to mean the country that the *insured person* has declared on the application form. Where a family is to be covered by the policy, there will be deemed to be one *home country* for the family, which will be the *home country* declared on the application form.

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

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

Host Country means the country or countries other than the *home country* that the *insured person* is travelling to or within.

Immediate family member means *your* mother, father, child, siblings, spouse.

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.

Inpatient means a patient who occupies a *hospital* bed for more than twenty-four (24) hours for *medical treatment* and for which admission was recommended by a *physician* when medically necessary.

Insured person/You/Your means an eligible person as defined in the Eligibility Requirements on page 9.

Insurer means Zurich Insurance Company Ltd (Canadian Branch).

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

Medical expenses means those medical and related expenses for which coverage is provided under the Benefits section of this policy which are necessarily incurred as a result of an *injury* or *sickness* while coverage is in force under this policy as to the *insured person*.

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

IMPORTANT NOTE

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.

Minor ailment means any condition which:

- does not require the use of medication for a period of greater than fifteen (15) days; and
- more than one follow-up visit to a registered practitioner, hospitalization, surgical intervention, or referral to specialist; and
- which ends at least thirty (30) consecutive days prior to the *effective date* of coverage.

A *chronic condition* or complications of a *chronic condition* are not considered a *minor ailment*.

Outpatient means:

- an *insured person* who receives *medical treatment*, including diagnostic services at a *hospital*, or other medical institution, or at a *physician*'s office; and
- where the *insured person* is not admitted or confined to a *hospital* bed as an *inpatient*.

Pandemic means an *epidemic* over a wide global geographic area that affects a large portion of the population worldwide and that is identified by the governing bodies issuing the *Public Health Emergency of International Concern.*

Physician means a person:

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

Public Health Emergency of International Concern means a formal declaration by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC), of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, *epidemic, pandemic*, and potentially requires a coordinated international response.

Reasonable and customary costs 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.

Sickness means any illness, disease, or any symptom.

We, us, our means the *insurer*.

Premiums

The total premium is due and payable at the time of application. The premium is calculated using the most current rates for *your* age each time *you* apply or extend *your* insurance.

IMPORTANT NOTE

A minimum premium applies and is calculated using *your* premium rate and a trip duration of 12 weeks.

Legal Information

General Provisions

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment into which *you* have entered.

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

1. **Delay in conveyance:** This coverage shall be automatically extended for up to **72** hours in the event of a delay, during the period of coverage, beyond *your* control of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to the *expiry date*. **Conveyance** means an airline, train, bus, *vehicle*, or ferry.
2. **Medically unfit to travel:** If medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*, coverage will be automatically extended for up to **5** days.
3. **Hospitalization:** If *you* are hospitalized at the end of the period of coverage, as a result of a covered *sickness* or *injury*, coverage will be extended for *you* and one insured *travelling companion* remaining with *you*, when reasonable and necessary, during the period of *hospital* confinement, plus **72** hours after release to travel home. Coverage for *your travelling companion* will only be extended under their respective policy when issued by *us*.

IMPORTANT NOTE

Additional premium will not be required for an automatic extension of coverage.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each eligible *insured person* during one period of coverage.

Benefits are only payable under one policy, for each *insured person* during the period of coverage. If the *insured person* has more than one policy with Zurich Insurance Company Ltd (Canadian Branch), the one with the greater sum insured will be used.

Benefits are only payable for the plans and the specific sum insured selected, paid for, and accepted by the *insurer*, at the time of application, and indicated in *your confirmation of coverage* letter.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* Estate.

Claim Submission

You or the claimant, if other than *you*, shall be responsible for providing Zurich Assistance with the following:

1. Receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services that have been provided; and
2. Any payment made by any other insurance plan or contract, including a government *hospital* or medical plan; and
3. Substantiating medical documentation at the request of Zurich Assistance.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

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.

Contract

The application, *confirmation of coverage* letter, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon 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.

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

No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed and signed by *us*.

Coordination of Benefits

Amounts payable under this plan are in excess of any 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;
- Government or provincial health insurance plan;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

Zurich Assistance, on behalf of the *insurer*, 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 under any Insurance Act, or for which *you* receive benefits from any other party pursuant to 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 Assistance, on behalf of the *insurer*, will not coordinate benefits with that provider, except in the event of *your* death.

Currency

All amounts stated in the policy, including premium, are in Canadian dollars.

If currency conversion is necessary, Zurich Assistance will use the exchange rate on the date the service was rendered to *you*.

At the option of Zurich Assistance, benefits may be paid in the currency of the country where the loss occurred.

Extending *Your Trip*

You can extend *your trip* before *you* leave *your* province or territory of residence.

You may apply for a new period of coverage provided *you* meet the Eligibility requirements of this policy.

Should I extend my policy before I leave on my *trip?*

If *you* decide to apply for additional coverage **before** *you* have left *your* province or territory of residence and there is no break in coverage, Destination: Travel Group Inc. will extend the *expiry date* of *your* original policy. **New terms, limitations, and conditions will apply, and *you* are required to pay an additional premium.**

If *you* decide to apply for additional coverage **after** *you* have left *your* province or territory of residence but before the expiry of *your* existing policy with Destination: Travel Group Inc., *we* will issue *you* a new policy.

New terms, limitations, and conditions will apply, and *you* are required to pay an additional premium.

IMPORTANT NOTE

After *you* have left y*our* province or territory of residence *you* may apply for a new term of coverage if *you*:

a) Are in good health; and
b) Have no reason to seek *medical treatment* or *medical consultation* during *your* new period of coverage.

If *you* have incurred a claim, Destination: Travel Group Inc. on behalf of the *insurer*, will review *your* file before deciding on granting an extension.

The *recurrence* of a *medical condition(s)* or related condition(s) that were present during the original term of the policy will not be covered under this policy during the extension period.

If *you* decide to extend *your trip,* please call *your* agent/broker or Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900.

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where *you* reside.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, *you* 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), the Limitations Act (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

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 *insured person* under this policy or anyone acting on *your* behalf attempts to deceive *us* or makes a fraudulent, false, exaggerated statement, or claim.

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

A failure to disclose or misrepresentation of any material fact by *you*, fraud or attempted fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the *insurer*, and any claim submitted thereunder shall not be payable.

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.

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 the *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 right 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 restricts 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

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit would violate any applicable trade or economic sanctions law or regulation.

Time

This policy will be governed by the local time of the Canadian province or territory in which *your* policy was issued.

Statutory Conditions

Copy of Application

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

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 one 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 one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claim forms are available by contacting Zurich Assistance's Claims Department and shall be furnished to *you* upon request.

Material Facts

No statement made by *you,* or a person insured at the time of application for the contract shall be used in defense 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

Please refer to the Claims Information section in this policy for full details. If *you* do not provide the required supporting documentation, *your* claim will not be paid.

Rights of Examination

For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of *your* attending *physician*(s), including the records of *your* regular *physician*(s) from *your* province or territory of residence. These records may be used to determine the validity of a claim, whether or not the contents of the medical records were made known to

you before *you* incurred a claim under this policy. In addition, *we* have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

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 Premium Refunds section of this policy for a full description of the procedures and details.

We may terminate this contract in whole or in part at any time by giving written notice of termination to *you* and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five (5) days' notice of termination will be given; where it is sent by registered mail to *you*, fifteen (15) days' notice will be given, and the fifteen (15) days will begin on the day the registered letter is delivered to *your* postal address.

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*.

When is 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.

Premium Refunds

A full refund will be provided for policies which are returned within **10** days of purchase provided *your* coverage has not begun, as described in the Right to Examine this Policy section.

Premium refunds are only considered when:

a) no claim has been incurred or paid, or is pending; and
b) *you* send a written request with proof of *your* non-departure or early return, to **Destination: Travel Group Inc.**, 155 Gordon Baker Road, Suite 304, Toronto, ON M2H 3N5 or admin@desttravel.com before *your* coverage period ends.

When submitting a premium refund request, please send a written request to Destination: Travel Group Inc. by fax, mail, or e-mail before *your* coverage period ends, and include:

a) a copy of *your confirmation of coverage*; and
b) confirmation of *your* early return to *your* province or territory of residence such as a boarding pass; or
c) any other documentation to support *your* refund request.

Important Premium Refund Notes

Premium refunds, regardless of method of payment, must be obtained from the agent/broker where coverage was originally purchased and submitted to Destination: Travel Group Inc.

No claim will be paid if *you* have received a refund of premium for unused days.

Refunds will be calculated on a weekly pro-rated basis from the premium paid and the date postmarked on *your* written request if mailed or emailed, or on the date such faxed request is received by Destination: Travel Group Inc. and are subject to a **$25.00** administrative fee and a minimum refund of **$50.00**.

Refunds are based on paid premium on the date the request is processed. Post-dated cheques that were not cashed will be destroyed.

IMPORTANT NOTE

Premium refunds, regardless of method of payment, must be obtained from the broker where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

Privacy Information Consent Notice

PLEASE READ THIS NOTICE CAREFULLY

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.

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Zurich Insurance Company Ltd.'s insurance business in Canada.

Emergency Medical Assistance and Claims Administration provided by:

Zurich Assistance
c/o Global Excel Management Inc.
73 Queen Street
Sherbrooke (Quebec), J1M 0C9

Underwritten by:

Zurich Insurance Company Ltd.
(Canadian Branch)
100 King Street West, Suite 5500
Toronto, Ontario, Canada M5X 1C9

Managed and Distributed by:

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



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:
Know your health • Know your trip
Know your policy • Know your rights
For more information, go to www.thiaonline.com

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