Destination
INTERNATIONAL STUDENT INSURANCE



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: International Student Insurance Plan

Studying internationally can be one of the most rewarding experiences and protecting *your* health and well-being during *your* studies is extremely important. Whether *you*'re exploring a new country or settling into campus life, *we*'re here to provide peace of mind with reliable emergency medical coverage - so *you* can focus on what matters most: *your* education and experience.

Destination: International Student Insurance Plan is designed to protect *students* and their families while studying in Canada or abroad.

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.

Table of Contents

Right to Examine this Policy 1

Summary of Benefits 3

Important Notice 4

Claim Information 5

How to contact Zurich Assistance 5

Coverage Details 8

Eligibility: Applicable to International *Students* studying in Canada: 9

Eligibility: Applicable to Canadian *Student*s studying abroad: 9

Important Policy Dates 10

Waiting Period 11

Insuring Agreement 11

Limits on Coverage 11

Emergency Medical Benefits - Details of *your* coverages 13

Non-*Emergency* Medical Benefits - Details of *your* coverages 20

Exclusions - Details of what *you* are not covered for 22

Definitions – What *our* important terms mean 28

Legal Information 34

Statutory Conditions 41

Premium Refunds 43

Privacy Information Consent Notice 45

Emergency Medical Assistance and Claims Administration provided by: 46

Underwritten by: 46

Managed and Distributed by: 46

Summary of Benefits

This Summary of Benefits is for information purposes only. Please refer to what is covered (Benefits) section for full details of coverage.

Emergency Medical Insurance	Up to $2,000,000 CAD per *insured person*, per *trip*
Emergency Hospital	Semi-private room accommodation and *reasonable and customary* costs for services and supplies up to the sum insured.
Private Duty Nurse	Up to $15,000
Paramedical Practitioner	$600 per practitioner for outpatient *treatment*
Drugs or medications	30-day supply up to $10,000
Emergency Transportation	Eligible expense when approved by Zurich Assistance including $150 for a taxi
Transportation of Family	$5,000 for round-trip economy airfare and up to $150 per day to a maximum of $1,500
Accidental Dental	Up to $5,000
Dental *Emergencies*	Up to $600
Return of Deceased	a) Up to $15,000 b) Up to $5,000
Mental Health Care	a) Up to $25,000 b) Up to $1,000
Prescription Glasses, Contact Lenses, and Hearing Aids	Up to $200
Tutorial Services	$20 per hour up to $400
Trauma Counselling	Up to $500
Accidental Death and Dismemberment	Up to $10,000 (see schedule)
Maternity Benefit	Up to $25,000
Non-*Emergency Treatment*	Up to $3,000
Eye Examination	One visit during 12 months of continuous coverage
Physical Examination	Up to $150
Wisdom Teeth	Up to $150 per impacted tooth for extraction
Tuberculosis Testing and Vaccination	Up to $100

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 *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), 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: Applicable to International *Students* 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 less than 69 years of age at the time of application.

IMPORTANT NOTE

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

Eligibility: Applicable to Canadian *Students* 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 insured under the government health insurance plan of the province or territory in which *you* reside, for the entire duration of *your trip*.

Important Policy Dates

Coverage Start Date

Effective date means the date and time coverage starts.

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

a) the date and time the completed application and premium is accepted by Destination: Travel Group Inc. or its agent/broker; or
b) the date indicated as the *effective date* in *your* confirmation of coverage; or
c) the date and time *you* arrive in Canada or *your* country of study.

Coverage End Date

Expiry date means the date and time coverage ends. Coverage ends on the earliest of:

a) the date indicated as the *expiry date* on *your* confirmation of coverage; or
b) 365 days after the *effective date* for this policy; or
c) the date *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* are a Canadian *student* studying abroad, the date *you* are no longer covered by a Canadian government health insurance plan; or
f) the date *you* cease to be a *dependent* as defined in this policy.

Waiting Period

The following waiting period will apply and no claims will be payable for any *sickness* for which signs or symptoms occurred within 48 hours after *your effective date*.

Any *sickness* that manifests itself during the above waiting period is not covered even if the related expenses are incurred after the waiting period.

Exception: The waiting period will be waived if this insurance is purchased:

- before *your* arrival date in Canada or *your* country of study; or
- before the date *your* existing Destination: Plan expires, and there is no lapse or gap in coverage; or
- before the date any other existing health insurance coverage expires, and there is no lapse or gap in coverage.

Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this policy, if *you* incur eligible expenses for *emergency hospital* and *emergency* medical care or services during the *period of coverage* as the result of a *medical condition* occurring during the *period of coverage*, the *insurer* agrees to pay up to the sum insured selected at the time of application. Benefits will be paid up to the amounts specified in this policy for the *reasonable and customary* costs for eligible expenses, in excess of any deductible amount and the amount allowed and/or paid for by any other insurance plan(s). *You* must, at all times while *you* are covered under this policy, act in a prudent manner so as to minimize costs to *us*.

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 ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.

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:

Emergency Medical Benefits - Details of *your* coverages

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*.

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.

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*.

1. *Emergency Hospital*

We agree to pay for semi-private *hospital* accommodation and for *reasonable and customary* costs for services and supplies for y*our emergency* care during confinement as a resident inpatient.

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.

IMPORTANT NOTE

Expenses must be pre-approved by Zurich Assistance.

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 Assistance, to the nearest appropriate medical facility or to *your country of origin*. To be eligible for reimbursement, Zurich Assistance 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*.

IMPORTANT NOTE

Expenses must be pre-approved by Zurich Assistance.

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:

a) up to **$15,000** for the return of *your* remains in a standard transportation container to *your country of origin*; or
b) up to **$5,000** for the cremation or burial of *your* remains at the place of death.

IMPORTANT NOTE

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.

IMPORTANT NOTE

Expenses must be supported by original receipts from commercial organizations.

12. Tutorial Services

We will pay up to **$20** per 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. 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.

15. *Accidental* Death and 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.

16. Terrorism Coverage (applies to Canadian *students* studying abroad)

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* Medical Benefits - Details of *your* coverages

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.

   IMPORTANT NOTE

   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. 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.

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

This policy will not provide coverage, nor services, or pay claims for expenses incurred directly or indirectly as a result of:

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*; or
(ii) *your* self-inflicted *injuries*, unless medical evidence establishes that the *injuries* are related to a mental health illness.
Except as provided in the *Emergency* Medical Benefits section under Mental 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 an inbound insured, an *act of terrorism*.

9. An *act of war.*

10. Losses incurred due to *your* participation in:
a) protests; or
b) armed forces activities; or
c) a commercial sexual transaction; or
d) the commission or attempted commission of any criminal offence or illegal act; or
e) the contravention of any statutory law or regulation in the area where the loss occurred.

11. Any *medical condition*:
a) 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*; or
b) 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:
a) *your* use of alcohol, prohibited drugs or any other intoxicant; or
b) you not following *treatment* as prescribed to *you*, including prescribed or over-the-counter medication; or
c) *your* non-compliance with medical therapy before or after the *effective date*; or
d) *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 in the Non-*Emergency* Medical Benefits section under 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 Assistance.

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:

a) 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;
b) any skiing or snowboarding out of bounds, heliskiing, ski jumping;
c) white water sport (except grades 1 to 4);
d) street luge or skeleton activity;
e) any rodeo activity;
f) hang-gliding, parachuting, bungee jumping, skydiving, or sky-surfing;
g) any form of BASE jumping (ie: wingsuit flying);
h) 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;
i) a professional sport, if that sport is *your* main paid occupation; or
j) 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).

17. Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided in the Non-*Emergency* Medical Benefits section under Maternity Benefit (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 in the *Emergency* Medical Benefits section under *Accidental* Dental (Benefit 7), Dental *Emergencies* (Benefit 8), or in the Non-*Emergency* Medical Benefits section under Wisdom Teeth (Benefit 14).

23. *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial *hospital* or medical plan.

24. Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

25. Loss, repair of, or damage to eye glasses, contact lenses, hearing aids /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 in the Non-*Emergency* Medical Benefits section under Physical Exam (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* Medical Benefits section under Benefit 5).

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 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*. *You* can read all travel advisories on the Government of Canada Official Global Travel Advisory website.

IMPORTANT NOTE

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

Definitions – What *our* important terms mean

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:

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 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, or new medication(s) has/have been prescribed.

Exceptions:

a) the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; or
b) 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 Assistance 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*.

Enrolled means someone who is registered as a *student* in a *school*'s administration records with a valid proof of enrollment in the *school*.

A letter of acceptance from a *school* does not qualify as proof of enrollment.

Students registered in a language program for immigration purposes (including but not limited to francisation programs) are not considered international *students enrolled* in a *school* in Canada.

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 inpatients and outpatients. *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.

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.

Insured person means a person eligible for coverage and 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.

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**:**

a) having anxiety or panic attacks; or
b) 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:

a) who is not *you* or an immediate family member or *your* travel companion;
b) 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 or disease.

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

a) there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*); and
b) there has not been any *change in medication*, or any recommendation or starting of a new prescription drug; and
c) the *medical condition* has not become worse; and
d) there has not been any new, more frequent or more severe symptoms; and
e) there has been no hospitalization or referral to a specialist; and
f) there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results; and
g) there is no planned or pending *treatment*.

IMPORTANT NOTE

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:

a) prescribed medication,
b) surgery,
c) investigative testing that results in a diagnosis of a specific *medical condition*.

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.

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.

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 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*

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 **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, 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.

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

Applicable to Canadian *Student*s studying abroad:

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact *your* broker or **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 Assistance 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 Assistance 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. 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

Applicable to International *Student*s 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

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

Claims 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 and requested in writing prior to the *effective date* of coverage.

When submitting *your* refund request, please include:

a) a written request; and
b) a copy of *your* confirmation of coverage; and
c) 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
d) any other documentation to support *your* refund request.

Refunds are payable when:

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

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

IMPORTANT NOTE

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:

a) From the date of permanent return to *your country of origin*; or
b) If *you* become eligible for coverage under a Canadian provincial or territorial government health or 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 Canadian provincial or territorial government health care; or
c) The day *you* are no longer *enrolled* in a *school* within Canada or *your* country of study.

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), Canada
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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