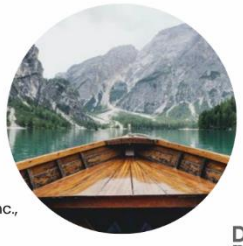
Destination CANADA

Underwritten by: Zurich Insurance Company Ltd. (Canadian Branch)
Claims Administration and Assistance Services provided by: Zurich has appointed Global Excel Management inc., 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.



Destination TRAVEL GROUP / LE GROUPE DESTINATION VOYAGE INC.

Welcome to *your* Destination: Canada Visitors Plan

Travelling can be one of life's greatest joys, but it also comes with its share of sudden surprises. That is where - Destination: Canada Visitors Plan provides *you* with peace of mind when unexpected medical *emergencies* arise.

Destination: Canada Visitors Plan is designed to protect visitors to Canada, newly landed immigrants, migrant workers, and returning Canadians.

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 should 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 what is covered (Benefits) section for full details of coverage.

Emergency Hospital	up to sum insured
Emergency Medical	up to sum insured
Emergency Transportation	up to sum insured
Drug or medications	30-day supply up to $1,000
Paramedical Practitioner	$500 per practitioner for outpatient *treatment*
Transportation of Family or Friend	up to $3,000
Attendant	up to $500
Follow-up Visits	up to $3,000
Accidental Dental	up to $3,000
Dental *Emergencies*	up to $500
Meals & Accommodations	up to $150 per day to a maximum of $1,500
Emergency Return Home	up to $3,000
Return of Deceased	up to $10,000
Accidental Death & Dismemberment	up to lesser of sum insured or $150,000
Flight *Accident*	up to $50,000
Exposure & Disappearance	up to sum insured
Side-*trip* outside of Canada	up to sum insured

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 illness, *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*. From time to time, Zurich Assistance may ask for other 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.

When submitting an *accidental* death or dismemberment (AD&D) claim, include the following:

1. A fully completed claim form by the executor/executrix;
2. A report from the police including witness statements;
3. A coroner's report or autopsy report;
4. Death certificate (in the event of death);
5. *Hospital* medical records or a medical certificate completed by the attending *physician*;
6. Any other documents requested by Zurich Assistance after initial review of the claim.

IMPORTANT NOTE

If *your* body is not found within one year of the flight or travel *accident*, *we* presume *you* died from *your* injuries.

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 illness 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.

If *your* health changes between *your* application date and *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.

If *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

As of the *effective date*, *you* are eligible for coverage if *you*:

a) are at least 15 days old; and
b) are not travelling against the advice of a *physician*; or
c) have not been diagnosed with a *terminal illness*; or
d) have not been diagnosed with or received *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized (migrated to another organ from its original site); or
e) have not been prescribed or used home oxygen in the last 12 months; or
f) have not been diagnosed with or received *treatment* for heart failure; or
g) have not had a major organ transplant (heart, kidney, liver, lung), bone marrow or stem cell transplant; or
h) have not received kidney dialysis *treatment* in the last 12 months; or
i) have not been diagnosed with an aneurysm of 4 centimeters or more in either length or diameter, that has not been surgically repaired.

Important Policy Dates

Coverage Start Date

Effective date means the date and time coverage starts. Coverage begins on the **latest** of the following:

a) the date and time the completed application and premium are 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* exit *your country of origin*.

IMPORTANT NOTE

If *your effective date* is more than three years from *your* purchase date, *we* will cancel and refund *your* policy.

Coverage End Date

Expiry date means the date and time coverage ends. Coverage ends on the date indicated as the *expiry date* in *your confirmation of coverage*.

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*, if *you* purchase this insurance **within 30 days** of the date *you* depart from *your country of origin*.
- **7 days** after *your effective date*, if *you* purchase this insurance **30 days or more** after the date *you* depart from *your country of origin*.

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 the date of departure from *your country of origin*; or
- before the date *your* existing Destination: Canada Visitors Plan policy 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.

IMPORTANT NOTE

In the event of a claim, *you* must provide satisfactory proof of *your* previous insurance coverage in order to have the waiting period waived.

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

The *deductible* amount (if any) is shown on *your confirmation of coverage* and applies to each claim. *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.
- 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 country of origin* 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:

Benefits - Details of *your* coverages

1. ***Emergency Hospital***

   The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies, including drugs and medication administered during *your* hospitalization, necessary for *your emergency* medical care during confinement as a resident inpatient.

2. ***Emergency* Medical**

   The *insurer* agrees to pay for the following services, supplies, or *treatment* resulting from a covered *injury* or *sickness* when performed and authorized by a health practitioner who is not related to *you* by blood or marriage:

   a) *Emergency* services that are provided by a legally licensed *physician*, surgeon, or anesthetist.
   b) Private duty services of a Registered Nurse when approved in advance by Zurich Assistance. **Not to exceed $10,000.**
   c) The services of a legally licensed physiotherapist, chiropractor, osteopath, chiropodist or podiatrist when ordered by an attending *physician* as *treatment* of a covered *injury*. **Not to exceed $500 per category of paramedical practitioner for outpatient *treatment*.**
   d) When performed at the time of the initial *emergency*, lab tests and/or x-ray examination as ordered by a *physician* for diagnosis.
   e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation) to the nearest *hospital*, when reasonable and necessary when approved and arranged by Zurich Assistance.
   f) Rental of crutches or *hospital*-type beds, not exceeding the purchase price; and the cost of splints, trusses, braces, or other approved prosthetic appliances.
   g) *Emergency* outpatient services provided by a *hospital*.

h) Drugs and/or medications, prescribed by a *physician* on an outpatient basis, for *your* covered *emergency*. **This benefit is limited to a one-time 30-day supply per prescription and up to $1,000 per policy.** Charges for vitamins, vitamin preparations, over-the-counter drugs or medications are not covered.

3. *Emergency* Transportation

When necessary, the *insurer* agrees to pay to transport *you* to *your country of origin* when immediate *medical consultation* is required due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be approved and arranged by Zurich Assistance.

4. Transportation of Family or Friend

The *insurer* agrees to pay up to **$3,000** for one round-trip economy class transportation by the most direct route, and up to **$1,000** for reasonable costs incurred after arrival by *your family member* or close friend if:

a) *You* are hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the necessary attendance by such persons; or

b) Local authorities legally require the attendance of such person to identify *your* remains in the event of death due to a covered *sickness* or *injury*.

5. Attendant

If *you* are hospitalized for **48** hours or more as a result of an *emergency*, the *insurer* agrees to pay up to **$50** a day, to a maximum of **$500** for an attendant, other than a relative, to care for *your* accompanying *travelling companion*(s) under age **18**, or physically or mentally handicapped *travelling companion*(s) who rely on *you* for assistance.

6. Follow-up visits

The *insurer* agrees to pay up to **$3,000** to have *you* re-examined to monitor the effects of earlier *treatment* directly related to an initial *emergency*, except while hospitalized, provided the initial *emergency* has

been reported to Zurich Assistance. Follow-up visits do not include continuous or ongoing *treatment* or further diagnostic, or investigative testing related to the initial *emergency*.

7. ***Accidental* Dental**
   The *insurer* agrees to pay *reasonable and customary* costs up to **$3,000** for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* direct blow to the face. *Treatment* relating to any dental claim must begin and end within **90** days from the onset of the *accident* and prior to *your* return to *your country of origin*.

8. **Dental *Emergencies***
   The *insurer* agrees to pay up to **$500** for the immediate relief of acute dental pain caused by a dental *emergency* other than a direct blow to the face. Dental conditions for which *you* have previously received *treatment* or advice are not covered. *Treatment* relating to any dental claim must begin and end within **90** days from the onset of the *emergency* and must be completed within the *period of coverage* and prior to *your* return to *your country of origin*.

9. **Meals and Accommodation**
   The *insurer* agrees to pay up to **$150** per day to a maximum of **$1,500**, or up to a maximum of **10** days in the event *you* or *your* insured *travelling companion* are confined to a *hospital* on the date on which *you* are scheduled to return home. The *insurer* will pay for a hotel or motel room or a bed and breakfast when licensed under the law of its jurisdiction, meals, childcare costs (children under age **18**, or physically or mentally handicapped *travelling companion*(s) who rely on *you* for assistance), essential telephone calls and taxi fares incurred by *you* or any insured *travelling companion*. The *insurer* will only pay these expenses if *you* have actually paid for them.

   IMPORTANT NOTE

   Expenses must be supported by original receipts from commercial organizations.

10. *Emergency* Return Home

If a covered *sickness* or *injury* requires *you* to be returned home during the *period of coverage*, the *insurer* agrees to pay up to **$3,000** for the additional cost of a one-way economy transportation by the most direct route to *your country of origin* when approved and arranged by Zurich Assistance. This benefit also includes one insured *family member*.

11. Return of Deceased

In the event of death due to a covered *sickness* or *injury*, the *insurer* agrees to reimburse up to:

a) **$10,000** for the costs incurred to prepare and return *your* remains in a standard transportation container to *your country of origin*; or

b) **$4,000** for cremation or burial at the place of death. The cost of a coffin or urn, headstones, flowers, and reception expenses are not covered.

12. *Accidental* Death & Dismemberment

The *insurer* agrees to pay up to the maximum sum insured selected at the time of application, not to exceed **$150,000**, for loss of life, limb, or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, except while boarding, riding in, or disembarking from an aircraft.

Accidental Death & Dismemberment benefits are payable according to the following schedule of 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.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

13. Flight *Accident*

The *insurer* agrees to pay up to a maximum sum insured of **$50,000** for death or dismemberment (according to the benefit chart indicated under *Accidental* Death & Dismemberment above) as a result of an *accident* sustained during the *period of coverage* while entering, riding, or leaving an airplane or helicopter flight lawfully operated by a licensed public air common carrier as a fare-ticket passenger.

14. Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of an *accident*, a loss will be covered if:

a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or

b) *your* body has not been found within **52** weeks from the date of the *accident* it will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

15. Side-*trip* outside Canada

The *insurer* agrees to provide coverage for *emergency* medical expenses *you* incur during a side-*trip* outside of Canada, provided:

a) the majority of the *period of coverage* is spent in Canada (at least **51%** of *your trip*). This may not apply in certain circumstances, see Extending *Your Trip* on page 35 for details; and

b) the side-*trip* is not in *your country of origin*.

IMPORTANT NOTE

Our policy allows *you* to make a temporary return to *your country of origin*. No insurance coverage will be provided in *your country of origin* and if *you* receive any *treatment* during this temporary return, any *treatment* relating to that *medical condition* will not be covered for the remaining *period of coverage*. **The temporary return must be less than 51% of the *period of coverage*.**

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

This policy will not provide coverage, provide services, or pay claims for expenses incurred directly or indirectly as a result of:

1. *Pre-existing medical conditions*

Option 1: Coverage for *stable pre-existing medical conditions*.

a) If at the time of application, ***you*** **are 59 years of age or under:**
Any *pre-existing medical condition* unless it was *stable* in the **90** days immediately before the *effective date*.

b) If at the time of application, ***you*** **are between 60 and 69 years of age:**
Any *pre-existing medical condition* unless it was *stable* in the **120** days immediately before the *effective date*.

c) If at the time of application, ***you*** **are between 70 and 79 years of age:**
Any *pre-existing medical condition* unless it was *stable* in the **180** days immediately before the *effective date*.

Option 2: Any *pre-existing medical conditions*.

2. Any *sickness* for which *signs* or *symptoms* occurred before or during the following waiting period:

- **48 hours** after the *effective date* if *you* **purchased within 30 days** of *your* date of departure from *your country of origin*; or
- **7 days** after the *effective date* if *you* **purchased 30 days or more after** *your* date of departure from *your country of origin*.

The above waiting period will be waived when this insurance is purchased:

a) before the date of departure from *your country of origin*; or

b) before the date *your* existing Destination: Canada Visitors Plan policy expires and there is no lapse in coverage; or

c) before the date any other existing coverage expires and there is no lapse in coverage.

You must provide satisfactory proof of *your* previous insurance coverage.

3. Costs incurred due to:
   a) Alzheimer's disease or dementia; and/or
   b) any loss resulting from *your minor mental* or *emotional disorder*; and/or
   c) *your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

4. Costs incurred due to:
   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.

5. Any *sickness* or *injury* when a *trip* is made for the purpose of obtaining advice, a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.

6. Any loss, death, or *injury*, if evidence supports that *you* were affected by, or the *medical condition* was in any way contributed to by, arising from, or in any way related to:
   a) the abuse or chronic use of alcohol either before or during the *period of coverage*; or
   b) the use of prohibited drugs, or any other intoxicant either before or during the *period of coverage*; or
   c) the non-compliance with prescribed *treatment* or medical therapy either before or during the *period of coverage*; or
   d) the misuse of medication either before or during the *period of coverage*.

7. Any *medical consultation* or any *treatment* that is non-*emergency*, experimental, or elective such as cosmetic surgery, including any expenses for directly or indirectly related complications.

8. Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *medical condition*, unless approved in advance by Zurich Assistance.

9. Any *treatment* that can be reasonably delayed until *you* return to *your country of origin* (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Zurich Assistance.

10. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, *treatment* of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *treatment* in connection with drugs, alcohol, or any other substance abuse.

11. Any rehabilitation or convalescent care.

12. *Injury* resulting from training for or participating in:

a) speed contests usually and customarily in excess of 60 kilometers per hour;
b) motorsport contests;
c) stunt activities, exhibitions, or demonstrations of any kind;
d) sport activities, if *you* are considered *professional* by the governing body of that sport and *you* are paid for *your* participation;
e) heliskiing, ski jumping;
f) skydiving, sky-surfing;
g) scuba diving if diving depth does not exceed 30 meters (except if certified by internationally recognized and accepted program such as NAUI or PADI);
h) white water rafting (except grades 1 to 4);
i) street luge, skeleton activity;
j) mountaineering; or
k) participation in any rodeo activity.

13. Any loss incurred as a result of pregnancy, delivery, abortion, miscarriage, or complications thereof.

14. Any loss incurred as a result of *your* child born during a *trip*.

15. Any *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.

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

17. Naturopathic, holistic or acupuncture *treatment*.

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

19. Any *act of terrorism* or *medical condition you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region, or city of *your* destination,

a) before *your* policy *effective date*; and/or
b) for *your* side-*trip* outside of Canada if the official travel advisory was in place on or before the date *you* leave for *your* side-*trip*.

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.

20. Any loss incurred outside of Canada when *you* have not spent the majority of the *period of coverage* in Canada.

21. Any loss incurred inside *your country of origin.*

22. Any *sickness*, symptom, or *injury* that presented, recurred, or for which *treatment* was received during any temporary return to *your country of origin* during the *period of coverage*.

23. 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* Transportation or *Emergency* Return Home benefits.

24. Any loss resulting when *you* are a driver, the operator, a co-driver, a crew member, or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during *your trip* solely for pleasure purposes and not used for delivering goods or carrying a load.

25. Applicable to *Accidental* Death & Dismemberment benefits only: Being an occupant of an aircraft, either as a passenger, or crew or while boarding or disembarking from an aircraft.

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; and/or
d) promote political, social, religious, or economic objectives.

Act(s) of war means any loss or damage arising directly or indirectly from, occasioned by, happening through, or in 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.

Change in medication means the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed.

Exceptions:

a) regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or
b) changing from a brand name medication to the same dose of a generic medication.

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 origin means the country where *you* maintained a permanent residence prior to entering Canada. If *you* did not have a permanent residence prior to entering Canada, the country where *you* primarily resided will be used.

Deductible amount means the dollar amount for which *you* are liable for each claim before any remaining eligible expenses are reimbursed under this insurance. The *deductible* amount is shown on *your confirmation of coverage* and applies to each claim.

Dependent children means *your* unmarried children who are, on the *effective date*:

a) financially dependent on *you*; and
b) at least 15 days of age; and
c) age 21 or under; or
d) age 25 or under and attending school full time; or
e) of any age, who are mentally or physically disabled.

Effective date means the date and time coverage begins as indicated in the **Important Policy Dates** section of this policy.

Emergency means a sudden and unforeseen *sickness* or *injury* occurring during the *period of coverage* while outside *your country of origin* that requires immediate *treatment* by a *physician* or legally licensed dentist and cannot be reasonably delayed.

An *emergency* no longer exists when the evidence reviewed by Zurich Assistance indicates that no further *treatment* is required, and *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*. Costs incurred in *your country of origin* are not covered.

Expiry date means the date and time coverage ends as indicated in the **Important Policy Dates** section of this policy.

Family member means *your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, and ward, natural or adopted child.

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 *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction *treatment* centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury means sudden 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 *sickness*, *injury*, disease, or symptom.

Medical consultation means any medical services obtained from a *physician* for a *sickness*, *injury,* or *medical condition*, including but not limited to any or all of: history taking, medical examination, investigative testing, advice, or *treatment*, and during which a diagnosis of the *medical condition* need not have been definitively made. This does not include routine annual 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 on the *confirmation of coverage* and for which premium

has been paid for at the time of application. The maximum *period of coverage* per *trip* cannot exceed one year.

Physician means a person:

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

Pre-existing medical condition means any *sickness*, *injury*, or *medical condition* whether or not diagnosed by a *physician*:

a) for which *you* exhibited *signs* or *symptoms*; or
b) for which *you* required or received *medical consultation*; or
c) which existed prior to the *effective date* of *your* coverage.

Professional means *you* are considered *professional* by the governing body of the sport, earn the majority of *your* income from such activity, and are paid for *your* participation whether *you* win or lose.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services, or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Signs or **symptoms** means any evidence of *sickness* experienced by *you* or recognized through observation.

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

Stable means a *medical condition* that 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 c*hange in medication* (including increase or decrease of dosage), or any recommendation or starting of a new prescription drug; and
c) the *medical condition* has not become worse; and
d) there have not been any new, more frequent, or more severe *signs* or *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*.

Terminal illness means a *medical condition* for which, prior to *your* policy *effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

Travelling companion means a person who is accompanying *you* on *your trip*, and who has prepaid shared accommodation or transportation with *you*. (Maximum of 5 persons including *you*.)

Treatment means medical, therapeutic, or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing and surgery.

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 a period during which *you* are travelling outside *your country of origin* and for which coverage is in effect.

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

You or **Your** means the *insured person*.

Premiums

One-time Premium Payment

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.

Monthly Premium Payment Plan

The Monthly Premium Payment Plan is only available to applicants purchasing a minimum:

a) coverage period of at least 180 days; and
b) a minimum aggregate policy limit of $50,000.

Each installment premium includes an additional $10 fee and applies to each installment throughout the whole term of the policy.

Monthly Premium Payment Plan Schedule

1. An initial payment of two installment premiums is payable by credit card due at the time of application.
2. A third installment premium is payable on the *effective date* of the policy, as shown on *your* payment schedule included with *your confirmation of coverage*.
3. After that, recurring credit card payments will be made each month on the same day as *your effective date*. If *your* policy *effective date* falls on the 29th, 30th, or 31st day of a month, installment premiums will be billed on the 28th day of each month.

Can *you* pay up a Monthly Premium Payment Plan at any time?

You may pay the outstanding premium for the full *period of coverage* at any time. A one-time $10 fee will be applied to process the payment of the outstanding premium balance.

What happens if *you* miss a payment on the Monthly Premium Payment Plan?

If Destination: Travel Group Inc. is unable to charge the credit card on file, an email notification from notify@desttravel.com will be sent immediately to the email *you* provided on *your* application. *Your* agent/broker will be copied on the email. *You* will have 30 days from the emailed notice to pay the outstanding premium. A $25 processing fee may be charged in the event of each failed payment. If *we* are unable to collect the premium, the policy will be terminated on the paid-to date.

IMPORTANT NOTE

Once *your* policy is terminated, *you* will not be able to reinstate the policy, and no grace period will be permitted.

Family Premium

A family includes the applicant, age 59 and under, the applicant's *spouse*, age 59 and under, and *dependent* children. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under. A minimum premium of $25 applies. Coverage dates must be the same for all the family members.

What happens if *your* arrival date to Canada is postponed?

If the arrival date is postponed, or cancelled, *you* must contact *your* agent/broker, **prior** to the *effective date* to either:

- change the policy *effective date* to a future date; or
- request a refund of the premium paid, see Premium Refunds section of this policy for details.

What happens if the Government of Canada issues an entry permit that is different than what *you* applied for?

If the Government of Canada issues *you* an entry permit that is different than the one *you* applied for, *you* may:

- request a refund of any premium paid, see Premium Refunds section of this policy for details; or
- change from a Monthly Premium Payment Plan to payment in full.

IMPORTANT NOTE

Any request must be received prior to the *effective date* of *your* policy. Proof of the change in entry permit will be required.

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*/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*

If *you* decide to extend *your trip*, *you* may apply for a new *period of coverage* provided *you* meet the Eligibility requirements of this policy.

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

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.

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

IMPORTANT NOTE

Coverage outside Canada: If *you* extend *your trip* for the purpose of returning to *your country of origin*, coverage outside Canada will be provided while *you* are in transit even if *you* do not spend the majority of the *period of coverage* in Canada if:

a) the policy is purchased on or prior to the *expiry date* of an existing Destination: Canada Visitors Plan policy; and
b) the number of days in transit to *your country of origin* does not exceed three days.

Under no circumstances will coverage be provided in *your country of origin*.

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 the policy was issued.

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), or other applicable legislation.

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

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

Misrepresentation or Nondisclosure

We will not pay a claim if *you*, any *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

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

Time

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

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 country of origin*. 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) the entire *trip* is cancelled prior to the *effective date*.
b) *you* return to *your country of origin* prior to the *expiry date*.
c) *you* become insured under a Canadian provincial or territorial health/medical plan as long as *you* are not required to maintain coverage for work permit or other immigration purposes.

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 departure such as a boarding pass; or
c) any other documentation to support *your* refund request.

If the insurance was issued as part of the requirements necessary to obtain or maintain a visa and no proof of visa refusal is provided, a fee of **$150** will be applied by Destination: Travel Group Inc. when cancelling a policy issued for one year of consecutive coverage prior to the *effective date*. Proof of the change in the entry permit will be required.

The *insurer* and Destination: Travel Group Inc. reserve the right to report to Immigration, Refugees & Citizenship Canada (IRCC) policies that are cancelled where maintaining adequate medical insurance is required to obtain a visa.

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.

Refunds will be:

- considered if the request for premium refunds is received no more than **90** days after the *expiry date* of the policy; and
- calculated based on the date the refund request is received by Destination: Travel Group Inc.; and
- subject to a **$25** administration fee applied by Destination: Travel Group Inc. and a minimum refund of **$25**.

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

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:

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