

## DISTRIBUTION GUIDE

**Name of the insurance product:** Globetrotter Emergency Medical Plan D  
**Type of insurance product:** Individual Travel Insurance

**Insurer's Contact Information**  
**Name:** CUMIS General Insurance Company  
**Address:** 151 N Service Road, Burlington, ON L7R 4C2  
**Telephone:** 1-800-263-9120  
**Fax:** 1-888-770-7951

**Administrator's Contact Information**  
**Name:** AZGA Service Canada Inc. o/a Allianz Global Assistance  
**Address:** 250 Yonge St, Suite 2100, Toronto, ON M5B 2L7  
**Telephone:** 1-800-670-4426  
**Fax:** 1-416-340-2707

**Distributor's contact information:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

***L'Autorité des marchés financiers (AMF) does not express an opinion on the quality of the product offered in this guide. The insurer alone is responsible for any discrepancies between the wording in the guide and the policy.***

## INTRODUCTION

This Distribution Guide will provide you with key information concerning **Globetrotter Emergency Medical Plan D**. This guide will inform you on the nature of coverage, as well as the exclusions and limitations that apply. The guide will allow you to determine if the product is right for you and corresponds to your needs, without the advice of an insurance advisor.

For your ease, this guide has been organized in two parts:

- **Summary:** Provides an overview of the coverage, including the key benefits, exclusions and limitations.
- **Policy Specimen (Appendix A):** Provides the full terms and conditions of the coverage.

**CAUTION:** It is important that you read both parts of the guide carefully prior to making your purchase decision. When reading the guide, you will notice that some words are printed in *bold italics*. These words are defined in the **Definitions** section of the *Policy Specimen*.

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## **DESCRIPTION OF THE PRODUCT OFFERED**

### **(A) NATURE OF THE COVERAGE AND SUMMARY OF BENEFITS**

Globetrotter Emergency Medical Plan D provides worldwide coverage for Canadian residents who are travelling outside their province or territory of residence, unless the Non-USA option is selected in which case coverage within the USA is limited to 5 days while in transit.

Coverage starts on the **effective date** and ends on the **expiry date**. For the full details of these defined terms, please refer to the [Definitions section in the Policy Specimen](#).

Coverage will be automatically extended for the following: delay of conveyance, being medically unfit to travel, or hospitalization. For full details, please refer to [Emergency Medical Coverage – Automatic Extension of Coverage section in the Policy Specimen](#).

The Right to Examine period gives the opportunity to review the policy to ensure that it meets your needs. This allows a 10-day period in which the policy can be returned after purchase for a full refund provided you have not departed on your **trip** and a claim has not been incurred.

**CAUTION:** A summary of the key benefits of coverage is presented below. For full benefit details, please refer to the [Covered Benefits section in the Policy Specimen](#).

**\*\*\*The limit presented below represents an aggregate limit. An aggregate limit identifies the maximum amount payable by the plan for eligible expenses during the policy period and are also referenced to in the Restrictions and Limitation section of this guide\*\*\***

<b>COVERAGE</b>	<b>DESCRIPTION</b>	<b>AGGREGATE LIMIT</b>
<b>Emergency Medical</b>	Benefits are payable for eligible costs resulting from an unexpected <b>emergency sickness or injury</b> occurring during the <b>trip</b> . Benefits include: <ul style="list-style-type: none"><li>• Emergency Hospital &amp; Medical Expenses</li><li>• Out-of-pocket Expenses and Hospital Allowance</li><li>• Transportation of Family or Friend</li><li>• Return of Deceased (Repatriation)</li><li>• Dental Expenses</li><li>• Emergency Transportation</li><li>• Attendant / Return of Travelling Companion</li><li>• Excess Baggage Return</li><li>• Return to Original Trip Destination</li><li>• Trip-Break</li></ul>	\$1 million for <b>reasonable and customary</b> costs

### **(B) ELIGIBILITY**

As of the application date and the **effective date**, eligible insureds must:

- a) be a **Canadian resident**; **and**
- b) be at least 15 days old and no more than 50 years old; **and**
- c) be insured for benefits under a Canadian government or university health insurance plan during the entire **policy period**.

As of the application date and the **effective date**, eligible insureds must not:

- a) be travelling against the advice of a **physician**; **or**
- b) require kidney dialysis; **or**
- c) have been diagnosed with a **terminal** illness.

**Waiting Period:** If the policy is purchased after exiting your province or territory of residence any **sickness** that manifests itself during the first 48 hours after the **effective date** is not covered even if related expenses are incurred after the 48 hour waiting period.

## (C) EXCLUSIONS

**CAUTION:** A summary of the exclusions of coverage is provided in the table below and may not necessarily identify all exclusions contained in the *Policy Specimen*.

**\*\*It is important that you read and understand the full exclusions as outlined in the *Policy Specimen* as these could cause a claim to be denied.\*\***

COVERAGE	DESCRIPTION
<b>Emergency Medical</b> <i>Refer to the Exclusions of the Emergency Medical Coverage section in the Policy Specimen</i>	<b>Benefits may not be payable for losses arising from/related to:</b> <ul style="list-style-type: none"><li><b>CAUTION - Any sickness, injury or medical condition which was not stable 90 days before the effective date. Refer to EHM 1 Pre-existing Conditions in the Exclusions section of the Emergency Medical benefit in the Policy Specimen for details.</b></li><li>Participation in dangerous activities, occupations or illegal acts. (EHM5, EHM8, EHM18)</li><li>Travel to seek medical treatment. (EHM10)</li><li>Replacement of medical aids and/or existing prescription medications. (EHM20, EHM23)</li><li>Treatment for sexually transmitted diseases, including but not limited to HIV and AIDS. (EHM21, EHM22)</li><li>Travel to regions where a travel warning has been issued by Global Affairs Canada or acts of war and terrorism or any nuclear occurrence. (EHM13, EHM15, EHM16)</li><li>Flying on non-commercial or private aircraft. (EHM19)</li><li>Abuse of alcohol or drugs, including misuse of medication. (EHM6)</li><li>Certain matters related to pregnancy. (EHM11)</li></ul>

## (D) RESTRICTIONS AND LIMITATIONS

**CAUTION:** A summary of the restrictions and limitations of coverage is provided in the table below and may not necessarily identify all restrictions and limitations contained in the *Policy Specimen*.

**\*\*It is important that you read and understand the full limitations as outlined in the *Policy Specimen* as these could cause a claim to be restricted and/or denied.\*\***

COVERAGE	DESCRIPTION
<b>Emergency Medical</b> <i>Refer to the Description of Coverage and the Specific Conditions of the Emergency Medical Coverage section and the in the Policy Specimen.</i>	<b>Limitations Associated with the Emergency Medical Coverage include:</b> <ul style="list-style-type: none"><li>Failure to contact Allianz Global Assistance within 24 hours of admission to a hospital, may result in a claim payment being reduced by 20%.</li><li>The insurer has the right to transfer you back to Canada following an emergency and if return is refused, coverage will terminate.</li><li>An aggregate limit of \$20 million applies for all losses covered under travel insurance policies underwritten by the insurer due to one incident.</li><li>Amounts payable are in excess of any amounts available or collectible under your government health insurance plan or other travel insurance plan.</li></ul>

## (E) OTHER INFORMATION

### I. EXTENDING COVERAGE

- Prior to Departure:** You can extend **your** coverage before **you** leave **your** province or territory of residence. If **you** decide to extend **your trip** please call **your** Merit Travel Group Agent at 1-800-667-2887.
- After Departure:** If **you** decide to apply for additional coverage after **you** have left **your** place of ordinary residence, **you** may apply for a new term of coverage if **you**:
  - make an application prior to the **expiry date** of the policy; **and**
  - are in good health; **and**

- have no reason to seek **medical consultation** during the new term of coverage.

To purchase additional coverage after **you** have left **your** place of ordinary residence, please call **your** Merit Travel Group Agent at 1-800-667-2887.

Each policy or term of coverage is considered a separate contract and all limitations and exclusions will apply. For full details, please refer to the [Extending Your Trip subsection of the General Provisions section of the Policy Specimen](#).

## **II. REFUNDS**

The Right to Examine period gives **you** the opportunity to review the coverage to ensure that it meets **your** needs. This allows you a 10-day period in which to return the policies **you** have purchased for a full refund provided **you** have not departed on **your trip** and a claim has not been incurred.

After the expiry of the 10-day delay, **you** may rescind the insurance at any time; however, penalties may apply. To request a refund please call **your** Merit Travel Group Agent at 1-800-667-2887. For full details, please refer to the [Premium Refunds section of the Policy Specimen](#).

## **PROOF OF LOSS OR CLAIM**

### **(A) SUBMISSION OF A CLAIM**

#### **I. IN THE EVENT OF AN EMERGENCY**

In the event of a medical **emergency**, **you** or someone on **your** behalf must notify Allianz Global Assistance within 24 hours of admission to a **hospital** and before any surgery is performed.

#### **II. DOCUMENTATION REQUIRED TO FILE A CLAIM**

The claim procedures for the plan coverage are outlined in the [Claims Procedures section of the Policy Specimen](#).

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

To submit **your** claim, fill out the claim form provided by Allianz Global Assistance and include all original bills.

#### **III. FILING A CLAIM**

To ensure prompt processing of **your** claim, please:

- Report claims to Allianz Global Assistance within **30 days** of the occurrence; **and**
- Submit written proof of claim within **90 days** of the occurrence.

### **(B) ASSESSMENT OF YOUR CLAIM**

#### **I. INSURER'S RESPONSE**

Allianz Global Assistance, on behalf of the **insurer**, will notify **you** of a decision to approve or decline **your** claim. The objective is to inform **you** of this decision within **10 business days** after having received all the documents required to form a decision.

All benefits will be paid within **60 days** of receiving written proof of the claim inclusive of all required supporting documentation, in Canadian dollars unless otherwise stated. If currency conversion is necessary, Allianz Global Assistance will use the exchange rate on the date the service was rendered to **you**. At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred.

#### **II. APPEALING THE INSURER'S DECISION**

In the event that **you** are dissatisfied with the decision, **you** may present **your** claim to Allianz Global Assistance's Appeals Committee. **You** should submit **your** appeals in writing to Allianz Global Assistance with new and additional supporting documentation in accordance with the prescriptive period set out in the [Quebec Civil Code](#).

If **you** are not satisfied with how **your** claim was handled, **you** have the right to request, in writing, that a copy of **your** file be transferred to the Autorité des marchés financiers (AMF) for review. **You** may also contact the Autorité des marchés financiers or **your** legal advisor at any time concerning **your** claim.

### **III. THIRD PARTY LIABILITY**

If **you** incur losses covered by this insurance because of a third party, the **insurer** may take legal action against that party at its expense. The **insurer** has full rights of subrogation. **You** agree to allow the **insurer** to fully assert its right to subrogation and to cooperate fully with the **insurer** by delivering such documents. **You** agree to do nothing that would prejudice the **insurer's** rights to recover funds from any source.

### **QUESTIONS?**

If you have any questions or concerns about our products or services, or your policy or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-670-4426

Collect: (416) 340-1980

### **SIMILAR PRODUCTS**

There are other types of products on the market that provide similar coverage. **You** should check to ensure that **you** are not covered by another insurance offering the same coverage as the one described in this guide.

### **REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS**

To receive more information on the obligations of an **insurer** or distributor towards **you**, please contact:

Autorité des marchés financiers :

Place de la Cité, tour Cominar  
2640, boulevard Laurier, 4<sup>e</sup> étage  
Québec (Québec) G1V 5C1

Toll-Free: 1-877-525-0337

Québec: 418-525-0337

Montréal: 514-395-0337

Website: [www.lautorite.qc.ca](http://www.lautorite.qc.ca)

### **NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

#### **NOTICE GIVEN BY A DISTRIBUTOR**

Section 440 of the Act *respecting the distribution of financial products and services*

#### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.**

- The Act allows **you** to rescind an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, you must give the insurer notice by registered mail within that delay. **You** may use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force.
- **It is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.**
- After the expiry of the 10-day delay, you may rescind the insurance at any time; however, penalties may apply.
- Section 441 does not apply when the travel contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the Trip Cancellation Insurance.
- Section 441 does not apply when the Trip Cancellation Insurance contract is purchased within 11 days prior to the trip.

For further information, contact the Autorité des marchés financiers at (418) 525-0337 for the region of Quebec, (514) 395-0337 for the region of Montreal or toll-free at 1-877-525-0337.

## **NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

To: CUMIS General Insurance Company  
c/o Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7

Date: \_\_\_\_\_  
(date of sending notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby rescind insurance contract no.:

\_\_\_\_\_  
(policy number)

Entered into on: \_\_\_\_\_  
(date of signature on contract)

In: \_\_\_\_\_  
(place of signature of contract)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441, 442 and 443 of the *Act* must be reproduced on the back of this notice

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### **Sections of the *Act representing the distribution of financial products and services***

**439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

**440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

**441.** A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

**442.** No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

**443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

**APPENDIX A:**

**POLICY SPECIMEN DOCUMENT (FULL TERMS & CONDITIONS)**

# GLOBETROTTER

## Emergency Medical Plan D

Updated December 2017

Administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc.

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

**This policy must be accompanied by a Confirmation of Coverage to complete the contract.**

**IMPORTANT NOTICE: 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.**

## Right to Examine

Please review this policy before *you* travel to ensure it meets *your* needs.

*You* have 10 days after purchase to return this policy for a full refund, provided *you* have not departed on *your trip* and a claim has not been incurred.

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## Important Notice

Please read *your* policy carefully before *you* travel.

- Travel insurance doesn't cover everything, it is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*.
- It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- *Your* insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or *signs or symptoms* that existed on or before *your* departure date or *effective date*. Check to see how this applies in *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.
- In the event of an *accident, injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- In the event of a medical *emergency*, *you* or someone on *your* behalf must notify Allianz Global Assistance (toll-free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed.
- Failure to notify Allianz Global Assistance as required will delay the processing and payment of *your* claim and may limit the amount of *your* claim payment.

### To help *you* better understand *your* policy

Key terms in this policy are printed in *bold italics* and are defined in the Definitions section on page 6.

### What am I covered for?

To find out what *your* coverage is, please refer to *your* confirmation of coverage and read the section titled Covered Benefits.

### What is not covered?

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

### How do I make a claim?

See Claims Procedures on page 9 for details.

Notify Allianz Global Assistance as soon as possible in the event of an *emergency*.

To submit a claim under this policy, *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please take care in filling out the form, as any missing information may cause delay.



## What if my travel plans change?

If *your* travel plans change, this may affect *your* travel insurance policy. Please call *your* Merit Travel Agent at 1-800-667-2887 for more information. I want to stay longer. Can I buy additional coverage?

If *you* decide to extend *your trip* please call *your* Merit Travel Group Agent. For online purchases please call 1-800-667-2887.

See Extending Your Trip on page 8 for details.

## Travel Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, Allianz Global Assistance, the *insurer* and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

## Eligibility

To be eligible for coverage *you* must, as of the date *you* apply for coverage and the *effective date*:

- be a *Canadian resident*; and
- be at least 15 days old and no more than 50 years old; and
- be insured for benefits under a Canadian government or university health insurance plan during the entire *policy period*.

In addition to the preceding requirements, *you* are NOT eligible for coverage if, as of the date *you* apply for coverage and the *effective date*, *you*:

- are travelling against the advice of a *physician*; or
- require kidney dialysis; or
- have been diagnosed with a *terminal* illness.

*You* must meet the eligibility requirements of this policy at the time of application and *your* departure date. If *you* are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check *your* confirmation of coverage to ensure *you* have the coverage options *you* require. Payment will be limited to the coverage options *you* selected and paid for at the time of application. *You* will be responsible for any expenses that are not payable by the *insurer*.

## Waiting Period

If *you* purchase *your* policy after *you* have exited *your* province or territory of residence, any *sickness* that manifests itself during the first 48 hours after the *effective date* is not covered even if related expenses are incurred after the 48-hour waiting period.

## Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this policy, the *insurer* will pay the *reasonable and customary* costs for eligible expenses incurred during the *policy period*, up to the amounts specified in this policy, and the amount allowed and/or paid for by any other insurance plan(s).

Payment is limited to the amounts specified herein. Some benefits are subject to advance approval by Allianz Global Assistance.

*You* will be responsible for any expenses that are not payable by the *insurer*.

## Summary of Benefits

### Emergency Medical Plan D

Emergency Medical Coverage.....\$1 million

## Emergency Medical Coverage

### Start of Coverage

Coverage starts on the *effective date*.

### End of Coverage

Coverage ends on the *expiry date*.

### Automatic Extension of Coverage

- Delay of Conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond *your* control, of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to the coverage *expiry date* and the conveyance must be due to arrive prior to the coverage *expiry date*.

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

- Medically unfit to travel.** Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* or *your travelling companion* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*. Any fees associated with changes to *your* travel plans are *your* responsibility.

- Hospitalization.** Coverage will be automatically extended during the period of *hospital* confinement, plus 5 days after release to travel home, if *you* or *your travelling companion* is hospitalized at the end of *your trip* as a result of a covered *injury* or *sickness*. This coverage will be extended to *your travelling companion(s)* remaining with *you* when reasonable and necessary, under their respective policy.

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

## DESCRIPTION OF COVERAGE

- Subject to the policy terms and conditions, the *insurer* agrees to pay up to \$1 million for *reasonable and customary* costs *you* incur unexpectedly during a *trip*. Costs are paid for acute *emergency hospital*, *emergency* medical, or other covered costs incurred during a *trip* up to the maximum amounts provided in the Covered Benefits section, due to *sickness* or *injury* occurring during a *trip*.
- Coverage is worldwide other than in *your* province or territory of residence; however, if *you* selected the Non-USA option, as indicated on *your* confirmation of coverage, coverage within the USA is limited to 5 days while in transit.

### Limits on Coverage

- The total *aggregate limit* for all losses resulting from any one incident under all travel health insurance policies underwritten by the *insurer* is \$20 million.

4. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which *you* are covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to General Provisions on page 7.

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check *your* province or territory's health insurance plan for details

## COVERED BENEFITS

### Emergency Hospital

The *insurer* agrees to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care during confinement as a resident in-patient.

### Emergency Medical

The *insurer* agrees to pay for the following services, supplies or *treatment*, when provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) The services of the following legally licensed practitioners for *treatment* of a covered *injury*:
  - i. chiropractor;
  - ii. osteopath;
  - iii. chiropodist;
  - iv. podiatrist;
  - v. physiotherapist.Not to exceed \$300 per profession.
- c) When performed at the time of the initial *emergency*, lab tests and/or X-ray examinations as ordered by a *physician* for the purpose of diagnosis.
- d) The use of a licensed local air, land, or sea ambulance to the nearest *hospital* when reasonable and necessary. If an ambulance is medically required but not available, the *insurer* will reimburse for local taxi fare.
- e) Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
- f) *Emergency* out-patient services provided by a *hospital*.
- g) Drugs or medications that require a *physician's* written prescription, other than those required to continue to stabilize a medical condition or related condition which *you* had before *your trip*.
- h) Replacement cost of prescription drugs if *your* prescription drugs are lost, stolen, or damaged during *your trip*, to a maximum of \$50.

### Out-of-Pocket Expenses

- If:
- a) *you* or *your travelling companion* requires *emergency treatment* due to a covered *sickness* or *injury* and such *treatment* is at a location other than *your trip* destination; or

- b) *you* are delayed beyond the end of *your trip* because *you* or *your travelling companion* requires *emergency treatment* due to a covered *sickness* or *injury*; then

the *insurer* agrees to reimburse up to a maximum of \$200 for the following expenses incurred by *you* or any person insured under this policy remaining with *you*:

- a) *commercial accommodation* and meals; and
- b) child care costs for *travelling companions* under age 18 or physically or mentally handicapped and reliant on *you* for assistance; and
- c) essential telephone calls; and
- d) in-hospital television rental and internet usage fees; and
- e) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

### Hospital Allowance

If *you* are hospitalized as an in-patient for at least 48 hours due to a covered *sickness* or *injury* during a *trip*, the *insurer* agrees to reimburse up to a maximum of \$500 for the following expenses incurred by *you* or any person insured under this policy remaining with *you*:

- a) essential telephone calls; and
- b) in-hospital television rental and internet usage fees.

### Transportation of Family or Friend

The *insurer* agrees to pay for the cost to transport up to a maximum of \$3,000 for two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route) if:

- a) *you* are hospitalized due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

Benefits are payable only when approved in advance by Allianz Global Assistance.

In addition, the *insurer* agrees to reimburse up to a maximum of \$1,000 for the following expenses incurred by *your family member(s)* or close friend(s) after arrival:

- a) *commercial accommodation* and meals; and
- b) essential telephone calls; and
- c) taxi fares.

Expenses must be supported by original receipts.

*Your* bedside companion(s) age 50 and under will be insured under the terms of *your* policy during the period their attendance is required.

### Return of Deceased (Repatriation)

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

- a) up to \$3,000 to prepare *your* remains for transportation, plus the costs incurred for the transportation to *your* permanent residence in Canada including a standard container, to an overall maximum of \$10,000; or

- b) up to \$3,000 for cremation of *your* remains at the place of death, plus the costs incurred for the return of *your* remains to *your* permanent residence in Canada, to an overall maximum of \$10,000; or
- c) up to \$3,000 for the preparation of *your* remains and a standard burial container, and up to \$3,000 for cremation or burial of *your* remains at the place of death.

The cost of a coffin, urn or funeral service is not covered.

### Dental

The *insurer* agrees to reimburse expenses incurred during *your trip* for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental* blow to the face. In addition, the *insurer* agrees to reimburse up to a maximum of \$1,500 for continued *treatment* following *your* return to Canada. Continued *treatment* must be completed within 180 days after the onset of the *emergency*.

The *insurer* agrees to reimburse expenses incurred during *your trip* for the immediate relief of acute dental pain caused by other than a direct blow to the face to a maximum of \$300, and the complete cost of prescription drugs.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

*Treatment* must be performed by a legally qualified dentist or oral surgeon.

### Emergency Transportation

The *insurer* agrees to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

### Attendant / Return of Travelling Companion

If *you* must return to Canada as the result of a covered *emergency sickness* or *injury*, the *insurer* agrees to reimburse the extra cost of a one-way economy class airfare to return one *travelling companion* to their province or territory of residence.

### Excess Baggage Return

If *you* are returned to Canada under the Emergency Transportation benefit, the *insurer* agrees to reimburse up to \$200 for the cost of returning *your* excess baggage to *your* province or territory of residence.

### Return to Original Trip Destination

If *you* are returned to *your* province or territory of residence under the Emergency Transportation benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, the *insurer* agrees to reimburse the cost of a one-way economy flight to return *you* to the original *trip* destination.

The return must occur during the original *trip* period.

A subsequent recurrence or complication of the condition that resulted in *you* being returned home is excluded under this policy.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance and only once during the *policy period*.

### Trip-Break

During a *trip* *you* may return **once** to *your* province or territory of residence for up to 15 consecutive days without terminating this policy. There is no coverage under this plan in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence. *You* must meet the eligibility requirements of this policy when *you* exit *your* province or territory of residence in order to continue *your* coverage.

### SPECIFIC CONDITIONS

1. In the event of a medical *emergency*, *you* or someone on *your* behalf must notify Allianz Global Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

#### Limits on Coverage

If *you* or someone on *your* behalf fails to do so without reasonable cause, then the *insurer* will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

*You* will be responsible for any expenses that are not payable by the *insurer*.

2. The *insurer* reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to Canada 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 *trip*.

3. General Provisions of this policy apply. Refer to page 7.

### EXCLUSIONS

#### EHM1 Pre-existing Conditions Exclusion

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 90 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 90 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 90 days immediately before the *effective date*; or
- d) any *sickness, injury* or medical condition which would have caused an ordinarily prudent person to seek *treatment* during the 90 days immediately before the *effective date*.

**EHM2** Benefits are not payable for any costs incurred due to any *sickness* for which *signs or symptoms* occurred within 48 hours after the *effective date*, except when applying for coverage:

- a) prior to the date *you* leave *your* province or territory of residence; or
- b) before the *expiry date* of *your* existing policy.

**EHM3** Benefits are not payable for costs incurred due to, contributed to by, or resulting from continued *treatment*, a recurrence, or complication of the *sickness, injury* or medical condition for which *you* refused to be transferred or transported when declared medically fit to travel.

**EHM4** Benefits are not payable for costs or losses incurred while sane or insane due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

**EHM5** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

**EHM6** Benefits are not payable for costs incurred due to loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* long-term use of alcohol or drugs before or after the *effective date*; or
- b) *your* abuse of alcohol during *your trip*; or
- c) *your* use of prohibited drugs or any other intoxicant; or
- d) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) *your* misuse of medication before or after the *effective date*.

**EHM7** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *medical consultation* that is non-*emergency* or elective.

**EHM8** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:

- a) motorized speed contests; or
- b) *stunt* activities; or
- c) *professional* sport activities; or
- d) scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI); or
- e) hang-gliding.

**EHM9** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition for which future investigation or *treatment* (other than routine monitoring) is planned prior to *your effective date*.

**EHM10** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition if *you* undertake *your trip* with the prior knowledge that *you* will require or seek *treatment*, palliative care or alternative therapy of any kind.

**EHM11** Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) routine pre-natal or post-natal care; or
- b) elective *treatment*; or
- c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
- d) *high-risk pregnancy*; or
- e) a child born during a *trip*.

**EHM12** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *your* travelling against the advice of a *physician*.

**EHM13** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which Global Affairs Canada issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is due to, contributed to by, or resulting from the reason for the warning.

**EHM14** Benefits are not payable for costs incurred if Allianz Global Assistance recommended that *you* return to Canada following *your emergency treatment* and *you* chose not to return.

**EHM15** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**EHM16** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any nuclear occurrence, however caused.

**EHM17** Benefits are not payable for costs incurred due to, contributed to by, or resulting from a recurrence or complication of the *sickness, injury* or medical condition that resulted in *you* being returned home if *you* elect to resume *your trip* after being returned to Canada.

**EHM18** Benefits are not payable for costs incurred due to, contributed to by, or resulting from participation in a hazardous occupation.

**EHM19** Benefits are not payable for costs incurred due to air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire.

**EHM20** Benefits are not payable for:

- a) eye glasses; or
- b) contact lenses; or
- c) hearing aids; or
- d) prostheses of any kind; or
- e) services provided by an optometrist; or
- f) cataract surgery; or
- g) crowns and root canal treatments; or
- h) prescriptions for any of the above items.

**EHM21** Benefits are not payable for costs incurred due to, contributed to by, or resulting from symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.

**EHM22** Benefits are not payable for costs incurred due to, contributed to by, or resulting from a sexually transmitted disease.

**EHM23** Benefits are not payable for:

- a) the replacement of an existing prescription, whether by reason of renewal or inadequate supply; or
- b) the purchase of drugs and medication (including vitamins) which:
  - i. are commonly available without a prescription; or
  - ii. are not legally registered and approved in Canada; or
  - iii. which are not required as a result of a medical *emergency*; or

- c) preventive medicines, inoculations, birth control pills or devices.

**EHM24** Any medical condition which first appeared, was diagnosed or received *emergency treatment* prior to the *effective date* of the insurance extension if the extension was purchased after the contracted date of departure.

## Definitions

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

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

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

**Aggregate limit** means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

**Canadian resident** means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their *trip*.

**Commercial accommodation** means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction.

**Effective date** means the later of:

- the date indicated as the effective date on *your* confirmation of coverage; or
- the date *you* exit *your* place of ordinary residence for each *trip*.

If *you* purchase *your* policy after *you* have exited *your* place of ordinary residence, any *sickness* that manifests itself during the first 48 hours after the effective date is not covered even if related expenses are incurred after the 48-hour waiting period.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during a *trip*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence in Canada.

**Expiry date** means the earlier of:

- the date indicated as the expiry date on *your* confirmation of coverage; or

- the date and time *you* return to *your* place of ordinary of residence (other than as described under the Trip-Break benefit).

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

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**High-risk pregnancy** means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

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

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

**Medical consultation** means any medical services obtained from a licensed medical practitioner 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 condition need not have been definitively made. This does not include regular medical check-ups where no medical *signs* or *symptoms* existed between check-ups or were found during the check-up.

**Minor ailment** means a *sickness* or *injury* which ended more than 30 days prior to the *effective date* and which did not require:

- treatment* for a period longer than 15 consecutive days; or
- more than one follow-up visit to a *physician*; or
- hospitalization, surgery, or referral to a specialist.

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death, or loss of or damage to property,

or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.

- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to *you* by blood or marriage. Physician does not include a naturopath, herbalist, chiropractor, or homeopath.

**Policy period** means the period from the *effective date* to the *expiry date* as indicated on *your* confirmation of coverage.

**Pre-existing medical condition** means a *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*; and
- c) which existed prior to the *effective date* of *your* coverage.

**Professional** means *you* are considered professional by the governing body of the sport 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 disease 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** describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of further investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin or Coumadin (Warfarin) provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage and there is no increase or decrease in dosage.
- c) A *minor ailment*.

**Stunt** applies to an action which is outside the normal range for the activity.

**Terminal** means a medical condition that is cause for a *physician* to estimate that *you* have less than 6 months to live, or for which palliative care was prescribed or received.

**Travelling companion** means a person who has prepaid shared accommodation or transportation with *you*. (Maximum of 5 persons including *you*.)

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

**Trip** means a period during which *you* are travelling outside of *your* place of ordinary residence and for which coverage is in effect.

**Vehicle** means a private passenger automobile, station wagon, pick-up truck or minivan that is used exclusively for the transportation of passengers; and is either owned or rented by *you*.

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

## General Provisions

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### 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 entered into by *you*.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during the *period of coverage*. Benefits are only payable to *you* under one policy during the *period of coverage*.

If *you* are covered under more than one policy issued by the *insurer* and administered by Allianz Global Assistance at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by Allianz Global Assistance at the time of application, and indicated on *your* confirmation of coverage.

Any benefits payable do not include interest charges.

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

## Conformity With Law

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

## Contract

The application, completed medical questionnaire (if applicable), confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

**Allianz Global Assistance reserves the right to decline any application or any request for extensions 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 in writing and signed by the *insurer*.

## Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

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

Allianz Global 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 pursuant to the no-fault benefits schedule 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.

For Emergency Hospital and Medical benefits

- a) If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, Allianz Global Assistance, on behalf of the *insurer*, will not coordinate benefits with that provider, except in the event of *your* death.
- b) If *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
  - \$50,000 or less, Allianz Global Assistance, on behalf of the *insurer*, will not coordinate payment with such coverage; except in the event of *your* death.
  - more than \$50,000, Allianz Global Assistance, on behalf of the *insurer*, will coordinate payment with such coverage only in excess of \$50,000.

## Currency

All amounts stated in the policy, including premium, are in Canadian dollars. If currency conversion is necessary, Allianz Global Assistance will use the exchange rate on the date the service

was rendered to *you*. At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred.

## Extending Your Trip

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

If *you* decide to extend *your trip* after *you* have left *your* place of ordinary residence, *you* may apply for a new term of coverage if *you*:

- a) make *your* application prior to the *expiry date* of *your* current policy; and
- b) are in good health; and
- c) have no reason to seek *medical consultation* during the new term of coverage.

If *you* have incurred a claim, Allianz Global Assistance will review *your* file before deciding on granting a new term of coverage.

Each policy or term of coverage is considered a separate contract.

Allianz Global Assistance reserves the right to decline any request for new terms of coverage.

If *you* decide to extend *your* trip please call *your* Merit Travel Group Agent at 1-800-667-2887.

## General Terms

Policy terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

## Governing Law

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

## Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

## 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* are in good health and know of no reason to seek medical attention.

## Limitation of Action

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

## Misrepresentation or Nondisclosure

*Your* failure to disclose or misrepresentation of any material fact, or 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.

### Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the *effective date* of this policy as indicated on *your* confirmation of coverage.

### Rights of Examination

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

### 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 for *your* injury or sickness whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* 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

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

### Premium Refunds

A full refund will be provided for all policies which are returned within 10 days of purchase, provided *you* have not departed on *your* trip and a claim has not been incurred, as described in the section titled Right To Examine Policy.

Refunds are payable when supporting documentation shows:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) *you* return prior to the *expiry date*.

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

1. a fully completed and signed Refund Request Form; and
2. a copy of *your* confirmation of coverage; and
3. any other documentation to support *your* refund request.

### Important Note

Premium refunds, regardless of method of payment, must be obtained from the representative where coverage was originally purchased unless purchased directly from Allianz Global Assistance.

There will be no refund of premium if a claim has been made.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days *you* were out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than \$20 will not be issued.

Satisfactory proof of *your* return date must be received.

### Claims Procedures

Claims forms are available by calling Allianz Global Assistance's Claims Department.

#### SEND YOUR CLAIMS TO:

#### Allianz Global Assistance Claims Department

250 Yonge Street, Suite 2100

Toronto, Ontario M5B 2L7

Canada

Collect worldwide: 416-340-8809

Toll-free Canada/U.S.A.: 1-800-869-6747

1. **Notice of Claim.** Claims must be reported within 30 days of occurrence.
2. **Proof of Claim.** Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

#### Claim Submission

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

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which 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 Allianz Global Assistance.

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



## When submitting *your* Emergency Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Completed appropriate provincial government health insurance plan forms; see claim form for details.
4. Any other documentation that may be required and/or requested by Allianz Global Assistance.

### Important Note

In the event of a medical *emergency*, Allianz Global Assistance must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* or someone on *your* behalf fails to notify Allianz Global Assistance without reasonable cause, then the *insurer* will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

## Privacy Information Notice

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CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the

insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder’s, insured’s or claimant’s file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Fax: (416) 340-2707

For a complete copy of our Privacy Policy please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca)

## Questions?

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If *you* have any questions or concerns about our products or services, or *your* policy or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-670-4426

Collect: (416) 340-1980

## Statutory Conditions

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Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

**Administered by:**

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

**Underwritten by:**

CUMIS General Insurance Company  
P.O. Box 5065,  
151 North Service Road  
Burlington, Ontario L7R 4C2  
Canada

## Emergency Procedures

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In the event of a medical *emergency*, *you* or someone on *your* behalf must notify Allianz Global Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* or someone on *your* behalf fails to do so without reasonable cause, then the *insurer* will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

Allianz Global Assistance is here to help with service available 24 hours a day, 7 days a week. Allianz Global Assistance also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your trip*.

### **For 24/7 emergency assistance call**

#### **Allianz Global Assistance**

**Toll-free Canada/USA: 1-800-995-1662**

**Toll-free worldwide: 800-842-08420 or**

**Country code + 00-800-842-08420**

If unable to contact us through the toll-free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from *your* destination prior to departure.