



TRAVEL INSURANCE

VISITORS TO CANADA



TRAVEL INSURANCE **POLICY**

SP

EFFECTIVE DATE **DECEMBER 2007**

ONTARIO  
BLUE  
CROSS  
INSURANCE  
COMPANY



TM and ®

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**This is your insurance policy.**

**Read it carefully.**

The insurance certificate attests the product purchased and determines the benefits of the contract.

The policy defines the various types of benefits and combined with your insurance certificate, constitutes your Travel Insurance contract.

**These documents contain clauses which may limit the amounts payable. Please read them carefully.**

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

# NOTICE REGARDING PERSONAL INFORMATION

By applying for our insurance products, you are consenting to our collecting, using and disclosing your personal information for the purposes of appraising your insurance application, confirming your coverage and/or benefits, processing or paying claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

## **Quebec residents:**

**Chief privacy officer  
Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>  
550 Sherbrooke Street West  
Suite B-9  
Montreal, QC H3A 3S3**

privacyofficer@qc.bluecross.ca

## **Ontario and Atlantic Region residents:**

**Chief privacy officer  
Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>  
185 The West Mall  
Suite 610  
Etobicoke, ON M9C 5P1**

privacyofficer@ont.bluecross.ca

<sup>1</sup>Canassurance Insurance Company and CanAssistance Inc.

## DEFINITIONS

**Accident** means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the period of coverage.

**Age** means the age of the covered person at the time the present contract is purchased.

**CanAssistance** means the company authorized by the Insurer to provide assistance services to covered persons.

**Contract holder** means the person designated as such on the insurance certificate.

**Covered person** means the contract holder, his spouse and/or their dependent children, depending on the coverage selected.

**Dependent child** means a child of the contract holder, his spouse, or both, over 30 days old before departure, who is dependent on the contract holder, who is not married, and who is:

- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

In a single-parent or family plan, any child of the contract holder or his spouse born after the effective date of the contract is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

**Effective date** means the date indicated on the insurance certificate.

**Expiry date** means the date indicated on the insurance certificate.

**Hospital** means a place licensed as an accredited hospital and offering care and treatment to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or treatment centre for drug addicts or alcoholics.

**Hospitalization** means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

**Illness** means a deterioration in health or a disorder of the organism certified by a physician, the cause of which originated during a trip within the period of coverage.

**Insurer** means:

- Canassurance Hospital Service Association (non-profit mutual benefit association) for visitors in Ontario and Quebec;
- Canassurance Insurance Company for visitors in other provinces.

**Member of the immediate family of the covered person** means the spouse, father, mother and children (not necessarily dependent) of the covered person, his spouse or both.

**Period of coverage** means the time between the effective date of the contract and the expiry date indicated on the insurance certificate.

**Physician** means a person who is not related in any way to the covered person and who is legally authorized to practice medicine on the premises where medical services are provided.

**Spouse** means the person united to the contract holder by marriage or a person who has been living permanently with the contract holder for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

**Travelling companion** means the person who plans, leaves and returns with the covered person on the same trip, to a maximum of six persons. A member of the immediate family of the covered person who plans and leaves on the same trip as the covered person is considered a travelling companion but is not included in the six-person maximum.

# CONDITIONS

## Eligibility

### Immigrants or permanent residents

This insurance is offered to immigrants or permanent residents awaiting eligibility for the government health insurance plan or to persons who, during their trip, completed the procedures for obtaining immigrant or permanent resident status.

This insurance is offered only to persons 69 years of age or younger.

To be eligible, the applicant must have read and understood the declaration of health and successfully completed the necessary medical tests required by the governmental authorities.

### Foreign workers

This insurance is offered to foreign workers in Canada who possess a work permit.

This insurance is offered only to persons 69 years of age or younger.

Acceptable proof is required from the employer attesting that the covered person is actively working in Canada during the coverage period.

To be eligible, the applicant must have read and understood the declaration of health and successfully completed the necessary medical tests required by the governmental authorities.

### Foreign students

This insurance is offered to foreign students in Canada who possess a study permit.

This insurance is offered only to persons 49 years of age or younger.

Acceptable proof is required attesting that the covered person is registered during the coverage period as a full-time student at an educational institution recognized in Canada.

To be eligible, the applicant must have read and understood the declaration of health.

### Visitors to Canada

This insurance is offered to foreign persons or returning Canadians that are not eligible to government health insurance plan due to an extended leave. This insurance is offered to people 79 years of age or younger.

## **Effective date of coverage**

If the insurance is purchased prior to your arrival in Canada, the contract is effective on the latest of the following dates:

- the effective date of the contract;
- the date of arrival in Canada;
- the day following the termination date of a similar coverage in Canada by virtue of another insurance contract.

If the insurance is taken out after your arrival in Canada, it is effective 72 hours following the date of purchase, but must be taken out within the 30 days after the latest of the following dates:

- the date of arrival in Canada;
- the day following the termination date of a similar coverage in Canada by virtue of another insurance contract.

If the present insurance is taken out after the effective date of another insurance contract with a similar coverage in Canada, a proof of the latter is required.

## **Termination date of coverage**

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the trip return date, whether planned or premature.

## **Refund of premium**

Any request for a refund of premium must be submitted to the Insurer's authorized agent from whom the insurance was purchased, before the effective date of the contract.

Following an early return, a refund could be made for the unused days, provided no claim was submitted. Unless the covered person presents proof to the contrary, the postmark of the letter will be considered as the date of return and the refund will be effective on the following day.

Administrative fees of \$25 per contract are deducted from any refund, except for refund due to cancellation of the contract before the effective date of the contract.



## **Contract extension**

Coverage under this contract may be extended as long as the additional premium is paid, **and that the covered persons remain eligible for insurance.**

**If the covered persons file a claim during the initial period of coverage, the Insurer's approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.**

**The contract holder must file a request for extension only prior to the end of the initial coverage period by contacting the Insurer.**

## **Automatic extension of coverage**

All coverage will automatically be extended free of charge:

- a) up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic accident or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);
- b) during the period of hospitalization and the 24 hours which follow the discharge from hospital of a covered person;
- c) up to 72 hours when the return home is delayed due to a covered person's illness occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

## **Validity of the contract**

The insurance will be valid only when purchased and paid for in full before the effective date of the contract.

## **Repatriation of a covered person**

In the absence of medical contraindication, the Insurer can require repatriation of any covered person or his transfer to other medical facilities. **Refusal by the covered person cancels the coverage and the terminating notice to the contract holder shall be sufficient.**

## **Settlement of claims**

The Insurer shall not assume responsibility under the contract unless the covered person gives written notice of loss to the Insurer within 30 days of acquiring knowledge of it, and transmits to the Insurer within 90 days of the loss, all the information, original and detailed accounts, and submits proof of these expenses acceptable to the Insurer, a proof of the duration of the trip, a medical certificate giving the complete diagnosis and any other document or information of any nature required by the Insurer for the study of a claim.

The Insurer shall be entitled to have the covered person undergo examinations for claims adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the Insurer's responsibility.

## **Method of payment**

The Insurer shall make any refund by means of a cheque in the name of the provider of services and the contract holder or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the Insurer shall have the right to pay the provider of services directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations to the extent of such amount.

## **Coordination of benefits**

If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

## **Subrogation**

If, in the event of loss or damage, the covered person shall acquire any right of action against any individual or legal entity for loss covered under this contract, the Insurer shall be subrogated for all the covered person's rights of recovery to the amount paid by the Insurer. The covered person shall sign and deliver instruments and papers to this effect and do whatever is necessary to secure such rights.

## **Concealment, fraud or attempted fraud**

This contract is void in the case of fraud or attempted fraud by the covered person, or if the covered person conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the contract.

## **Interest**

No sum payable under this contract shall bear interest.

## **Currency**

All amounts of money mentioned in this contract, as well as sums payable under this contract, shall be in the legal currency of Canada.

## **Modifications to the contract**

The terms and conditions of this contract may not be modified unless agreed upon in writing by the contract holder and the Insurer. The Insurer's waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the Insurer's waiver of its right to require any provision to be carried out or observed.

## **Applicable Laws**

The contract is deemed to be issued in Canada. Consequently, the contract is subject to the laws applicable in Canada.

# BENEFITS

## Emergency Medical Care Benefit

### What is covered

**Benefits are paid for reasonable and customary expenses incurred following an emergency resulting from an accident or sudden illness which occurs within the boundaries of Canada and the United States (except Hawaii), during the period of coverage.** Such expenses are limited to what is declared necessary for the stabilization of the medical condition. The benefits provided under this insurance are over and above and may not be a duplication or substitution of benefits granted by the government programs of the covered person's country of residence.

The insurance applies to trips made in Canada and in the United States (except Hawaii). As a condition for the coverage to apply in the United States, the places of departure and return must be in Canada.

The duration of trips in the United States must be shorter than the duration of trips in Canada.

The insurance does not cover a resident of the United States who, during the period of coverage as visitor to Canada, returns to the United States and there incurs hospitalization, medical and paramedical expenses.

### Benefits

The following benefits are provided for each covered person for the reasonable and customary charges listed below, subject to a maximum shown on the insurance certificate during the period of the contract, **and provided that these charges are not incurred before obtaining the approval of CanAssistance.**

### Notice

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.**

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

# **Hospitalization, medical and paramedical expenses**

## **Hospitalization**

Hospitalization expenses for ward accommodation. Semi-private or private accommodation are not covered.

## **Physicians' fees**

The reasonable and usual medical and surgical charges for the services of a physician, surgeon or anesthetist, up to the amount payable under the government fee schedule in the area where services are rendered.

## **Medical appliances**

The purchase or rental cost of crutches, canes or splints, and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending physician.

## **Nursing care**

The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending physician.

## **Diagnostic services**

The charges for laboratory tests and X-rays when prescribed by the attending physician.

## **Drugs (when required as part of emergency treatment)**

The cost of drugs requiring a physician's prescription, except when they are required for the continued stabilization of a chronic medical condition.

## **Dental care**

The fees of dental surgeons for treatment necessitated by an external injury (not as a result of deliberate introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous treatment are damaged, or to reduce a fracture or dislocation of the jaw. In all cases, treatment must begin during the period of coverage and end within 6 months of the accident. The covered person must transmit to the insurer an X-ray taken after the accident and before the treatment begins, showing the damages sustained. The maximum refundable is \$1,000 per accident per covered person.

## **Transportation expenses**

**The following services must be approved and planned by CanAssistance:**

### **Ambulance service**

The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-hospital transfer when the attending physician and CanAssistance determine that existing facilities are inadequate to treat or stabilize the patient's condition.

### **Repatriation to the residence**

The cost of repatriation of the covered person to his residence by means of appropriate transportation in order to receive immediate medical attention, **following the authorization of the attending physician and CanAssistance.**

The cost of simultaneous repatriation of a travelling companion or any member of the immediate family of the covered person who is also covered under this contract, if he is unable to return to the departure point by means of the transportation initially planned for such return.

A round-trip ticket for a medical attendant is also covered.

### **Return of the vehicle**

The cost of returning a covered person's vehicle, either private or rental, by a commercial agency or by any person authorized by CanAssistance to the covered person's residence or nearest appropriate vehicle rental agency, when the covered person is unable to return the vehicle due to illness or accident, subject to a maximum refund of \$1,000. A medical certificate from the attending physician in the locality where the incapacity occurred is required, attesting that the covered person is incapable of using his vehicle.

### **Return of the deceased**

Up to \$5,000 for the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the place of residence, or up to \$3,000 for the cost of cremation or burial at the place of death.

### **Subsistence allowance**

Up to \$1,000 (\$100 per day for a maximum of 10 days) for the cost of accommodation and meals in a commercial establishment, when a covered person's return must be delayed due to illness or bodily injury to himself or to an accompanying immediate family member or travelling companion.

## What is not covered

### Exclusions and reductions of coverage

No benefits are payable if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

#### Exclusions relating to pre-existing conditions

##### 1. For persons under 61 years of age:

During the 3 months prior to the effective date of coverage:

- a) any illness, injury or condition related to a medical condition for which the covered person:
  - consulted a physician (other than for a regular checkup), or;
  - was hospitalized, or;
  - was prescribed or received a new treatment, or;
  - received a change in an existing treatment, or;
  - was prescribed or had taken a new medication, or;
  - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
  - a change from a brand name medication to a generic brand medication, provided the dosage is the same;
  - Aspirin taken for non-prescribed medical purposes;
  - decrease of the dosage of cholesterol medication;
  - hormone replacement therapy;
  - vitamins and minerals and non-prescription medication;
  - creams or ointments prescribed for cutaneous irritations.
- b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
  - c) any pulmonary condition for which the covered person was treated with home oxygen or had recourse to a corticoid therapy.

##### 2. For persons 61 years of age or over:

- a) During the 6 months prior to the effective date of coverage, any illness or condition related to one of the medical conditions listed below for which the covered person:
  - consulted a physician (other than for a regular checkup), or;

- was hospitalized, or;
- was prescribed or received a treatment, or;
- was prescribed or had taken a medication for:
  - **Cardiovascular conditions:** myocardial infarction, angina, arrhythmia, pacemaker, defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease;
  - **Chronic obstructive lung conditions:** asthma, emphysema, chronic bronchitis, lung transplantation;
  - **Neurological conditions:** cerebral-vascular accident, transient ischemic attack;
  - **Insulin-dependent diabetes:** diabetes treated with insulin injections;
  - **Kidney failure, kidney transplantation;**
  - **Gastrointestinal conditions:** cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction;
  - **Cancer or malignant tumor.**

b) During the 6 months prior to the effective date of coverage, **any other illness**, injury or conditions related to a medical condition for which the covered person:

- consulted a physician (other than for a regular checkup), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- was prescribed or had taken a new medication, or;
- received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.



## Other exclusions

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
2. Pregnancy and complications arising therefrom.
3. Accident sustained by the covered person while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
5. Trip undertaken for the purpose of receiving medical attention.
6. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any government or local or public authority.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the covered person is hospitalized for that specific reason.

10. Any claim for patients in chronic care hospitals or in chronic care units of public hospitals, or in nursing homes or health spas.
11. Any care, treatment, products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received in Canada or the United States when such care or treatments could have been obtained in the covered person's country of residence without endangering the life or health of the covered person (with the exception of expenses for immediately necessary treatment following an emergency resulting from an accident or sudden illness). Under this exclusion, the fact that the treatment available in the country of residence of the covered person could be of lesser quality than treatment available in Canada or the United States (except Hawaii) does not in itself constitute a danger to the covered person's life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for residents of other countries travelling primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.

15. Care or treatments that are not covered under government programs where such hospital and medical costs are incurred.
16. Care or treatments such as those rendered by a chiropractor, a podiatrist, an acupuncturist, a homeopath, a physiotherapist or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
  - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.

18. **Failure of the covered person to communicate with CanAssistance** in the event of medical consultation or hospitalization following an accident or sudden illness.
19. Any medical condition not requiring any more emergency care which occurred during the trip and is a potential claim, when the covered person elects to continue the trip as planned.
20. Repatriation authorized by the Insurer for medical reasons terminates the contract coverage from that moment on.
21. Treatment required for immigration purposes.
22. Eyeglasses and hearing aids.
23. Services or treatments received in the State of Hawaii in the United States or outside Canada and the United States.
24. Services or treatments received within the United States by a resident of the United States during the period of coverage.

## **CanAssistance**

### **Travel Assistance Benefit**

This benefit is offered free of charge with the purchase of any travel insurance product included in this policy.

#### **Medical assistance**

**If, following an accident or sudden illness, the covered person must consult a physician or require hospitalization, he must contact CanAssistance immediately. CanAssistance will make the necessary arrangements in order to provide the covered person with the following services:**

- for the **State of Florida**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Personal Care network**;
- for all other destinations, direct the covered person to an appropriate clinic or hospital and advance funds to the hospital if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family physician;
- repatriate the covered person to his country of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the covered person is hospitalized for at least 7 days and if the attending physician advises such attendance;
- coordinate the return of the covered person's vehicle if he is unable to bring it back due to illness or accident.

#### **Notice**

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.**

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

## General assistance

**In the event of any other emergencies, the covered person can contact CanAssistance in order to receive the following services:**

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information regarding embassies and consulates.

Through CanAssistance, the Insurer may also provide pre-travel information with regard to visas and vaccines.

**Notice**

Any notice to the Insurer may be validly forwarded to:

**ONTARIO AND ATLANTIC REGION**

Ontario Blue Cross  
P.O. Box 2005  
Etobicoke, Ontario  
M9C 5P1

**QUEBEC**

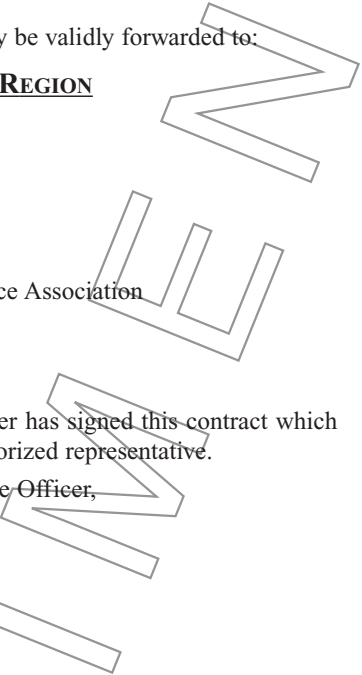
Canassurance Hospital Service Association  
P.O. Box 910, Station B  
Montreal, Quebec  
H3B 3K8

In witness whereof the Insurer has signed this contract which must be validated by an authorized representative.

President and Chief Executive Officer,



Claude Boivin



## HOW TO REACH US

### Travel Assistance Lines

If the covered person needs health care, he or a travelling companion must call CanAssistance immediately.

**Canada, United States**

**1-800-361-6068 or 514-286-8411**

Assistance agents offer the covered person **24-hour service, 7 days a week.**

For better service, the covered person should give his name, the phone number where he is calling from and his contract number.

### **Notice**

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in the compensation requested being refused.**

### Extension

To obtain an extension, the covered person should contact the Insurer at:

**Canada, United States**

**1-877-986-7681 or 514-286-7681**

## **Settlement of Claims**

To obtain a claim form, the covered person may contact our Customer Service Department at one of the following numbers:

### **ONTARIO AND ATLANTIC REGION**

**1-800-557-3907**

### **QUEBEC**

**1-800-387-2538 or 514-286-6690**

MINI

C

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S



# COLLECT



CanAssistance

**1-800-361-6068**

From Canada and the United States  
Du Canada et des États-Unis

**514-286-8411**

From elsewhere in the world, collect  
D'ailleurs dans le monde, à frais virés



Member of / Membre de



Preferred Patient Care <sup>MC</sup>

Your distributor



**BLUE CROSS®**

TRAVEL INSURANCE

**Quebec**

550 Sherbrooke Street West  
Suite B-9  
Montréal (Québec)  
H3A 3S3

**Ontario and Atlantic Region**

185 The West Mall  
Suite 610  
P.O. Box 2005  
Etobicoke (Ontario)  
M9C 5P1

Detach this card and carry it with you at all times for the duration of your contract. In case of emergency or should you require medical attention, please call the emergency telephone number(s) listed on the card as soon as possible.



**BLUE CROSS®  
CROIX BLEUE™**

Expiry Date / Date d'expiration

Contract No. / N° de contrat

Your Name / Votre nom

**Travel Assistance**  
**Assistance voyage**



**CanAssistance**

**1-800-361-6068**

From Canada and the United States  
Du Canada et des États-Unis

**514-286-8411**

From elsewhere in the world, collect  
D'ailleurs dans le monde, à frais virés