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These Privacy Principles apply only to the product or service Our Customers have obtained or the insurance Policy under which the Customer is seeking or receiving benefits. As a worldwide leader in the delivery of insurance products and services, the member companies of Chartis Inc. offer numerous products and services to many types of consumers and clients in many different countries around the world. Therefore, differing Chartis Inc. companies may adopt differing privacy practices to fit their own jurisdiction and business requirements. The Global Privacy Notice, located at [www.travelguard.ca](http://www.travelguard.ca), may also be applicable to Our Customers as We conduct Our business.

For the purposes of these Privacy Principles personal information means information that identifies an individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which We may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. Personal information does not include the name, business title, address, phone or fax number of an employee of an organization.

These Privacy Principles may be modified from time to time. An individual may obtain Our most up to date version located at [www.travelguard.ca](http://www.travelguard.ca) or by contacting Us at:

The Privacy Officer  
 C/o Chartis Insurance Company of Canada  
 145 Wellington Street West  
 Toronto, Ontario M5J 1H8  
 1-800-387-4481

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**WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS**

1. This Policy covers losses resulting from unforeseeable and Emergency circumstances only.
2. If You purchase this Policy after arriving in Canada, then there will be no coverage for Sickness or illness for a period of 48 hours from Your Start Date. Coverage for expenses incurred as a result of an Accident is not subject to this limitation.
3. A Pre-existing Condition exclusion applies to Medical Conditions and/or symptoms that existed prior to travel. There may be no coverage if You have a Pre-existing Condition.
4. You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
5. Our medical advisors must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
6. If You choose not to receive Treatment or services from a Provider, as directed by Us, You will not only be responsible for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses.
7. Your Emergency Medical and Dental Coverage is subject to an aggregate limit of \$25,000 CAD, \$50,000 CAD, or \$150,000 CAD depending on the plan You choose.
8. There are limits, limitations and exclusions that apply to all Insured persons.
9. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
10. Read this Policy carefully.

**IMPORTANT INFORMATION**

This Policy covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear capitalized in this Policy document when the Policy definition applies.

Along with this Policy document, You should have received a document called a Confirmation of Coverage. The Confirmation of Coverage sets out details specific to the plan You purchased and it is part of Your contract of insurance as is this document. If You did not receive all of these documents, if any information contained in these documents is incorrect, or if You have questions regarding Your coverage, it is Your responsibility to

contact Us at 1-866-878-0191. You should bring all of these documents with You when You travel.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

**I. Summary of Benefits for the Visitors to Canada Emergency Medical Plan**

The following chart summarizes the benefits provided under Our Visitors to Canada Emergency Medical Plan. This chart is a summary only. You should refer to the actual benefit provisions of the Policy document as those are the provisions that apply when determining if a claim is covered.

Coverage & Benefits	Plan 1	Plan 2	Plan 3
<b>Emergency Medical</b>			
Total Aggregate Limits	\$25,000*	\$50,000*	\$150,000*
Deductible	\$50	\$50	\$0
Emergency Medical Expense	\$25,000	\$50,000	\$150,000
Ambulance	\$5,000	\$5,000	\$5,000
Emergency Return Home	\$5,000	\$5,000	\$5,000
Return of Remains	\$5,000	\$5,000	\$5,000
Emergency Professional Services	\$250	\$250	\$250
Meals and Accommodations	Not Covered	Not Covered	\$1,500
Bedside Companion Travel/Subsistence	Not Covered	Not Covered	Air/ \$300
Emergency Dental	Not Covered	Not Covered	\$250/ Prescriptions
<b>Travel Accident</b>			
Death	Not Covered	Not Covered	\$40,000
Double Dismemberment	Not Covered	Not Covered	\$40,000
Single Dismemberment	Not Covered	Not Covered	\$20,000

\*The aggregate limit for Emergency Accident and Sickness benefits is \$25,000 for Plan 1; \$50,000 for Plan 2; and \$150,000 for Plan 3.

**II. Specific Details of Your Insurance**

**AM I ELIGIBLE?**

To be eligible to purchase Our Visitors To Canada Emergency Medical Plan and to be eligible for any coverage under this plan, You must be planning to be in Canada for over 50% of Your Trip away from Your Departure Point and:

1. be a visitor to Canada; or
2. have a Canadian work visa or student visa; or
3. be an immigrant to Canada; or
4. be a Canadian not covered by GHIP; and
5. be older than one (1) month and less than or equal to 84 years of age on Your Policy Purchase Date.

**HOW DO I BECOME INSURED?**

Coverage under this Policy will not come into effect until all of the following conditions have been satisfied:

1. Your name appears on the Confirmation of Coverage;
2. You have paid the required Premium on or before Your Start Date;
3. You have purchased Your insurance prior to or on the same day as Your departure date. If You purchase this Policy after arriving in Canada, then there will be no coverage for Sickness or illness for a period of 48 hours from Your Start Date;
4. You have not purchased more than 365 days prior to Your Departure date;
5. Plan #1 and Plan#2 You will be travelling for a maximum of 365 days if You are between the ages of one (1) month and less than or equal to 84 years of age on Your Policy Purchase Date;
6. Plan #3 You will be travelling for 365 days or less if You are less than or equal to 74 years of age on Your Policy Purchase Date.

**WHEN DOES MY INSURANCE START AND END?**

Unless otherwise stated in the provision pertaining to a specific benefit, Your insurance starts on the latest of:

1. if the Policy is purchased before You arrive in Canada: the date of Your arrival in Canada as shown on Your Confirmation of Coverage;
2. if the Policy is purchased after You arrive in Canada: 48 hours after the date of Your insurance on Your Confirmation of Coverage in the case of a Medical Condition or immediately in the case of an Accidental bodily Injury.

Your insurance ends on the earliest of:

1. 11:59 pm on Your scheduled Return Date;
2. 11:59 pm on Your Expiry Date; or

3. 11:59 pm on the date You return to Your Departure Point, unless there has been:

- An extension of coverage under the Automatic Extension of Coverage provision of this Policy; or
- An Optional Policy Extension in accordance with the Optional Policy Extension provision of this Policy;

In which case Your insurance ends on the earliest of:

1. The date You return to Your Departure Point; or
2. The later of the expiry of the Automatic Extension of Coverage or any Optional Policy Extension, if applicable.

### **UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?**

#### **Automatic Extension of Coverage**

If You are Hospitalized on Your scheduled Return Date Your coverage will automatically be extended at no additional premium for the period of Hospitalization and up to 120 hours after discharge. If You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date, but You are not Hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled Return Date. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which You are pre-booked as a passenger.

#### **Optional Policy Extension**

If You choose to extend Your Trip beyond Your scheduled Return Date and you have not made a claim nor is there reason to claim, You may apply for a Policy extension subject to the following conditions:

1. the request for an extension must be made and approved by Us prior to Your original Return Date;
2. You must pay the required additional Premium before Your original Return Date; and
3. You must have been eligible for the insurance that You seek to extend at the time of Your original booking and at the time of the request for the extension.

### **CAN MY PREMIUM BE REFUNDED?**

Refunds are available up to Your Start Date or if You have a minimum of three (3) unused days of coverage. Please call 1-866-878-0191. No refund of premium will be made in the event that a claim has been paid, incurred or reported under this Policy. Refund requests must be substantiated with original receipts showing dates of travel.

## **III. Emergency Medical Coverage**

This section sets out the Emergency medical benefits which are covered under Our Visitors To Canada Emergency Medical Plan.

### **A. Benefits –**

#### **Emergency Medical Coverage for Injury and Sickness**

If You incur expenses due to a covered risk, on or after Your Start Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following benefits up to the specific benefit limits set out below.

You will be responsible to pay the deductible, if applicable, before We pay any benefit under this Emergency Medical Coverage. You will have to pay the amount of Your deductible directly to the Provider before We make any benefit payment under this coverage.

Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit. Emergency medical coverage is subject to the following aggregate limits by plan: Plan 1: \$25,000; Plan 2: \$50,000; Plan 3: \$150,000.

**Covered Risks and Benefits for Plans 1-3:** Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip.

#### **1. Eligible Emergency Medical Expenses**

If prescribed by a Physician and pre-authorized by Us, We cover:

- a. The cost of care received from a Physician in or out of a Hospital;
- b. The cost of a Hospital room;
- c. The cost of rental or purchase (whichever is less) of a Hospital bed;
- d. The cost of wheelchair, brace, crutch or other medical appliance;
- e. The cost of tests that are needed to diagnose Your condition;
- f. The cost of Prescription Medication; and
- g. The services of a licensed private duty nurse while You are Hospitalized.

**Benefit Limit:** Plan 1: \$25,000; Plan 2: \$50,000; Plan 3: \$150,000.

#### **2. Ambulance**

We cover:

- a. The cost of local ground ambulance service to a medical service Provider if medically required; or
- b. Taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

**Benefit Limit:** Plan 1: \$5,000 limit; Plan 2: \$5,000 limit; Plan 3: \$5,000 limit.

### **3. Emergency Return to Home**

If Your attending Physician recommends to Us in writing Your return to Your departure point because of Your Medical Condition or if our medical advisors determine that You are able to and recommend You return after Your Emergency Medical Treatment, and if approved in advance by Us, We cover, via the most cost effective itinerary, one or more of:

- a. Up to the cost of a one-way economy airfare to return You to Your Home Province; or
- b. the fare for additional airline seats to accommodate a stretcher to return You to Your Home Province; or
- c. the fare for an upgrade to business class when a stretcher is not required to return You to Your Home Province; or
- d. where medically necessary, medical air evacuation to a Hospital in Your Home Province, when the attending Physician or the medical department recommends that You be so transported for the purpose of obtaining immediate medical Treatment; and
- e. the cost of round-Trip airfare via the most cost-effective itinerary for a qualified medical attendant to accompany You, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline.

**Benefit Limit:** Plan 1: \$5,000 limit; Plan 2: \$5,000 limit; Plan 3: 5,000.

### **4. Return of Remains**

If You die during Your Trip We cover reasonable expenses incurred for any one of the following:

- a. Reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$3,000 for the preparation of Your remains and a transportation container;
- b. Reasonable transportation costs (using customary airline procedures) to return Your remains to Your departure point plus up to \$2,000 for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or
- c. Up to \$3,000 for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 for the burial of Your remains at the location where Your death occurred.

**Benefit Limit:** As described above per Insured.

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:



- d. The cost of a return economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
- e. A Subsistence Allowance up to \$500 per deceased Insured for commercial accommodations and meals for that person (receipts must be submitted); and
- f. We cover that person under the terms of this insurance during the period in which he/she is required to identify Your body, up to three (3) business days.

**Benefit Limit:** Plan 1: \$5,000 aggregate limit; Plan 2: \$5,000 aggregate limit; Plan 3: no aggregate benefit limit.

### 5. Emergency Professional Services

We cover:

- a. Expenses resulting from an Emergency for services from a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, if ordered by a Physician, up to the benefit limit.

**Benefit Limit:** \$250 per profession per Insured.

**Additional Covered Risks 6 to 8 for Plan 3 Only:** Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip.

### 6. Meals and Accommodation - Plan 3 Only

If a medical Emergency prevents You or Your travel companion from returning to Your Departure Point of Your Insured Trip or if Your Emergency Medical Treatment or that of Your Travel Companion requires Your transfer to a location that is different from Your original destination or You or Your Travel Companion are delayed beyond Your scheduled Return Date in order to obtain Emergency Medical Treatment, We cover:

- a. A Subsistence Allowance of up to \$250 per day up to the benefit limit for expenses for meals, hotels, phone calls and taxis if You have actually paid for them (receipts must be submitted).

**Benefit Limit:** \$1,500 per Insured. This benefit must be pre-authorized by Us.

### 7. Bedside Companion Travel and Subsistence - Plan 3 Only

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to return to Your Departure Point:

- a. The economy/charter class fare via the most cost-effective itinerary for the round-Trip flight only for someone to be with You;

- b. A Subsistence Allowance for such person's hotel and meals (receipts must be submitted) up to the benefit limit;
- c. Coverage for such person under this Policy, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

**Benefit Limit:** Subsistence Allowance – \$300 per Insured.

### 8. Emergency Dental Coverage - Plan 3 Only

We cover expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment during Your Trip and We cover the expenses You incur for Prescription Medication as a result of such Emergency.

**Benefit Limit:** \$250 and the complete cost of prescription medications.

### B. Conditions – Emergency Medical Coverage

All of the conditions set out in the General Conditions section of this Policy and all of the following conditions must be satisfied before a benefit is payable for Emergency Medical Treatment:

1. You must not know of any reason why You will need to seek medical or dental attention before You leave on a Trip;
2. The portion of the expenses claimed are not covered by any other insurance or reimbursement plan;
3. You must contact Us before seeking medical attention;
4. Our medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;
5. If You choose not to receive Treatment or services from the Provider, as directed by Us, You will be responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. You must return to Your Departure Point prior to any Treatment or following Emergency Treatment or Hospitalization if, on medical evidence, You are able to return to Your Departure Point without endangering Your health and if, in these circumstances, You elect not to return to Your Departure Point, then any expenses incurred for continuing medical Treatment or surgery with respect to such Emergency will not be covered AND all coverage and benefits under this Policy will cease;
7. The Emergency medical attention You receive must be outside of Your Departure Point and be required as a

consequence of an Emergency and ordered by a Physician.

### C. Limitations – Emergency Medical and Dental Coverage

Our liability under this Policy for expenses under Emergency Medical Coverage is limited as follows.

1. A failure to contact Us before seeking medical attention will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
2. A failure to call and receive the approval of Our medical advisors before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
3. If You purchase this Policy after arriving in Canada then there will be no coverage for illness for a period of 48 hours from Your Start Date. Coverage for expenses incurred as a result of an Accident is not subject to this limitation.

### D. Exclusions – Emergency Medical Coverage

These exclusions apply to the Emergency Medical Coverage. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

There are two possible exclusion identifiers which can apply to Your Policy depending on Your age when Your insurance starts. These two identifiers are ME#1 and ME#2.

Age when Your insurance starts	Medical Exclusion
If You are under 50 years of age	ME#1
If You are 50 years of age or older	ME#2

### Pre-Existing Condition

#### Medical Exclusion for Identifier ME#1

If Your exclusion identifier is ME#1 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

- ME#1. We do not cover any loss or expense related directly or indirectly to:

- a. Your Medical Condition or any related condition if in the 90-day period immediately preceding Your Start Date that condition has not been Stable and Controlled.
- b. Your heart condition if in the 90-day period immediately preceding Your Start Date:
  - i. You have had any heart condition that has not been Stable and Controlled; or
  - ii. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven day period.
- c. Your lung condition if in the 90-day period immediately preceding Your Start Date:
  - i. You have had any lung condition that has not been Stable and Controlled; or
  - ii. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

#### **Pre-Existing Condition**

##### **Medical Exclusion for Identifier ME#2**

If Your exclusion identifier is ME#2 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion:

- ME#2. We do not cover any loss or expense related directly or indirectly to:
- a. Any Medical Condition for which You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180-day period immediately preceding and including Your Start Date and this exclusion applies whether or not the condition has been Stable and Controlled;
  - b. Your heart condition if in the 180-day period immediately preceding Your Start Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any heart condition; or
  - c. Your lung condition if in the 180-day period immediately preceding Your Start Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any lung condition.

#### **IV. Accidental Death and Dismemberment Coverage**

Accidental death and dismemberment coverage applies to You if You purchased Plan 3. If You purchased any other plan

You do not have accidental death and dismemberment coverage under this Policy.

#### **A. Benefits – Accidental Death and Dismemberment Coverage**

You are covered in the event of an Accident sustained during a Trip due to one of the following covered risks for Accidental death or Accidental bodily Injury for the benefits set out below. The total benefits payable for one or more Accidents will not exceed \$40,000.

##### **Covered Risk 1**

Bodily Injury is sustained due to an Accident occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident You:

1. Die;
2. Suffer loss of sight in both eyes;
3. Have two of Your limbs fully severed above Your wrist or ankle joints; or
4. Suffer complete and irrecoverable loss of speech or loss of hearing.

**Benefits for Covered Risk 1:** \$40,000

Please note: If Your body is not found within 12 months of the Accident, We will presume that You died as a result of Your injuries.

##### **Covered Risk 2**

Bodily Injury is sustained due to an Accident occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident, You:

1. Suffer loss of sight in one eye; or
2. Have one of Your limbs fully severed above a wrist or ankle joint

**Benefits for Covered Risk 2:** \$20,000

#### **B. Exclusions – Accidental Death and Dismemberment**

These exclusions apply to the Accidental Death and Dismemberment Coverage. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

We do not cover any claim related in whole or in part, directly or indirectly, to:

1. A disease, even if the proximate cause of its activation or reactivation is the Accidental bodily Injury; or

2. Hang-gliding, parachuting, bungee jumping or skydiving.

#### **V. Features and Service to Serve You Better**

**24/7 Worldwide Emergency Assistance 1-866-878-0192 or collect at 416-646-3723**

Our emergency assistance coordinators, doctors and nurses can help You anywhere in the world, anytime of day.

#### **VI. General Conditions**

All of the following conditions apply to all coverage under this Policy.

1. Your coverage will be declared null and void if, for any reason:
  - a. The required premium is not received by Us; or
  - b. You are ineligible for coverage in accordance with any section of this Policy.
2. Canadian Currency: All benefits, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, We may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
  - a. On the last date of service; or
  - b. On the date the claim was incurred if a cheque is issued directly to physicians, Hospitals or other medical providers.
3. If You are covered under more than one of Our Policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit.
4. The coverage outlined in this Policy is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this Policy, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital,

medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Policy.

5. In the event of a payment of a claim under this Policy, We have the right to proceed, in Your name, but at Our expense, against third parties who may be responsible for giving rise to a claim under this Policy. You will execute and deliver documents as necessary and co-operate fully with Us so as to allow Us to fully assert Our rights. You will do nothing to prejudice such rights.
6. We have full rights of subrogation.
7. Notwithstanding any provision of this Policy, this Policy is subject to the statutory conditions of the Insurance Act applicable to contracts of Accident and Sickness insurance and the laws and regulations in Ontario. The laws and regulations of Ontario govern this Policy and any provision in this Policy which is in conflict with any such statute is hereby amended to conform to such statute.
8. The maximum period of coverage under this Policy shall not exceed 12 months. Benefits only apply outside Your home country. No coverage will be provided to or for anyone not named on the Confirmation of Coverage.
9. In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, We have the right to collect from You any amount which We have paid on Your behalf to medical providers or other parties.
10. Your Policy will be declared null and void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
11. During the claims process, We may require You to have a medical examination by one or more physicians chosen by Us and at Our expense.
12. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
13. You must, at all times while You are covered under this Policy, act in a prudent manner so as to minimize costs to Us.
14. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

## VII. Maximum Limits of Liability

General Liability: Our liability under this Policy is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

## VIII. General Exclusions

The following exclusions apply to all benefits available under this Policy, including all optional coverage. In addition to any exclusions that apply to specific benefits outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. Expenses resulting from any Sickness, Injury or state of health prior to Your Policy Purchase Date that would cause Expected Medical Treatment or Hospitalization during Your Trip;
2. Any Treatment that is not Emergency Treatment. For example (and not inclusive of):
  - a. Expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a Medical Condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
  - b. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
  - c. Expenses incurred for acupuncture or naturopathic or holistic Treatment;
3. Ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
4. Expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;
5. The Follow-up Treatment, Recurrence or complication of a Medical Condition or related condition, following Emergency Treatment of that condition during Your Trip if the medical advisors, or We, determine that You were medically able to return to Your Departure Point and You chose not to return;
6. The Follow-up Treatment of any heart or lung condition, following Emergency Treatment for a related or unrelated heart or lung condition during Your Trip if the medical advisors, or We, determine that You were

medically able to return to Your Departure Point and You chose not to return;

7. Expenses incurred for Treatment or services that are prohibited under a government health insurance plan;
8. Expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
9. Treatment or surgery for a condition or related condition that had caused Your Physician to advise You not to travel;
10. Any medical expense incurred while travelling in the country of Your Departure Point;
11. Any Medical Condition, if Our medical advisors recommend that You return to Your country of residence following Your Emergency Treatment, and You choose not to travel;
12. Routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
13. Your Mental or Emotional Disorders;
14. Your committing or attempting to commit suicide or intentionally self-inflicted Injury (whether sane or insane);
15. Your chronic use or abuse (prior to or during Your Trip) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment;
16. A Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 90 days prior to Your Start Date; or where a terminal condition prognosis has been diagnosed by any Physician;
17. A Medical Condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that Medical Condition or a related condition;
18. A Medical Condition for which future investigation or Treatment is planned before Your Start Date. This does not include routine monitoring;
19. The commission of or Your direct or indirect attempt to commit a criminal act or Injury occurring while You are committing or attempting to commit a criminal act;
20. Your participation in rock or Mountain Climbing; participation in a motorized race or motorized speed contest; Your participation as a professional athlete in a sporting event;



21. Operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any armed forces service;
22. Expenses incurred if You travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised Canadians not to travel to during the time of Your Trip;
23. Expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
24. Expenses arising from or related to a congenital defect if You are 2 years of age or younger;
25. War (declared or not), acts of foreign enemies or rebellion; or
26. Interest on a payment or reimbursement.

## IX. Claim Procedures and Customer Service Inquiries

By paying the premium for this insurance, You agree that:

1. We may verify Your health card number and other information required to process Your claim, with government and other authorities;
2. Physicians, Hospitals and other medical providers are authorized by You to provide to Us any and all information they have regarding You, while under observation or Treatment, including Your medical history, diagnoses and test results; and
3. We may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing Your claim for benefits.

If making a claim, You must notify Us as soon as possible in order for Us to provide You with a claim form specific to Your loss. Failure to do this could invalidate Your claim. You have 90 days from Your Return Date to file Your claim with Us. To report a claim or to request a claim form call 1-866-878-0191. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate Your claim. All claim information should be sent to Us at:

Travel Guard

Attn: Claims Department

145 Wellington Street West, Toronto, ON M5J 1H8

### To Claim For Emergency Medical Benefits:

You must notify Us at 1-866-878-0192 or collect at 416-646-3723 prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Our assistance co-ordinators will provide

guidance. We will make every effort, although We cannot guarantee, to pay providers directly. You must provide Us with receipts for incurred expenses including those for Subsistence Allowance expenses.

## X. Definitions

We attach very specific meanings to the following words when they appear in this Policy. We have capitalized these words when they are used as a defined term.

**Accident/Accidental:** A sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip, that independently of any other cause, results in Injury.

**Accidental Death and Dismemberment (AD&D):** Accidental death meaning bodily Injury caused by an Accident which results in death if the Injury, Accident and death occur while You are on a Trip. Accidental dismemberment meaning one of (i) the actual severance of a limb above Your ankle or wrist joint; or (ii) the complete loss of eyesight in both eyes and/or hearing in both ears.

**Application:** Computer printout, printed form, invoice, or document in either electronic or paper form which is a record of the personal and Trip information You provided in order to obtain the Policy.

**Confirmation of Coverage:** Your most recent computer printout, printed form, electronic copy, invoice, or Policy document that sets out the product You have purchased and any optional add on coverage, if any, You have chosen.

**Contamination:** The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

**Departure Point:** Your place of ordinary residence or country of origin shown on Your Confirmation of Coverage.

**Dependent Child and/or Dependent Children:** Unmarried persons who are Your natural, adopted or step children, dependent on You for support and care and who are travelling on the same itinerary as You are AND i) under 21 years of age; OR ii) full time students under 26 years of age; OR iii) mentally or physically incapable of self support.

**Emergency:** An unforeseen occurrence of symptoms of Sickness, or of Injury, that occurs during a Trip, which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

**Emergency Dental Treatment:** Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

**Emergency Medical Treatment:** Medically necessary services or supplies provided during a Trip by a licensed Physician, Hospital or other licensed Provider, that are required to treat any Injury or Sickness or other sudden, acute and unexpected condition that arose during the Trip, and that cannot be reasonably delayed until You return to Your Departure Point without endangering Your health.

**Expected Medical Treatment:** Medical Consultation or Hospitalization that Your prior medical history indicates as being probable or certain to occur.

**Expiry Date:** The first to occur of:

- The date You return to Your Departure Point; or
- the Return Date as shown on Your most recent Confirmation of Coverage; unless there has been an Automatic Extension of Coverage or an Optional Policy Extension in which case the Expiry Date is the first to occur of:
  - The date You return to Your Departure Point; or
  - The end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section of this Policy or the Optional Policy Extension Section of this Policy.

**Follow-up Treatment:** Treatment that continues beyond the initial Emergency.

**Government Health Insurance Plan (GHIP):** Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

**Home Province:** Your Canadian province or territory of residence.

**Hospital:** A medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent Hospital, health spa, rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

**Hospitalization or Hospitalized:** The state of being admitted to a Hospital and receiving Emergency Medical Treatment on an inpatient basis.

**Immediate Family Member:** Any one or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

**Injury:** A bodily Injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

**Insured:** The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

**Insurer:** Means Chartis Insurance Company of Canada, 145 Wellington Street West, Toronto, ON, M5J 1H8. This Policy is administered on Our behalf by Travel Guard Canada.

**Medical Condition:** An Injury or Sickness, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

**Medical Consultation:** Any investigative medical service, including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

**Mental or Emotional Disorders:** Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs.

**Mountain Climbing:** The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.

**Physician:** A medical doctor, other than Yourself, Your Immediate Family Member, Your Travel Companion or their Immediate Family Member, who is licensed to administer medical Treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be physicians: naturopath, herbalist, and homeopath.

**Policy or Policies:** This document, any riders or endorsements to this document, the Application, and the Confirmation of Coverage all of which form the entire contract.

**Policy Purchase Date:** The date You pay for specific insurance coverage.

**Premium:** The cost of Your Visitors To Canada Emergency Medical Plan.

**Prescription Medication:** A drug, medicine or medication only obtainable by the prescription of a licensed Physician or dentist due to a medical Emergency, and dispensed by a licensed pharmacist.

**Provider:** The Hospitals, clinics, physicians, and other medical service providers, the use of which must be approved by Us at the time of the Emergency.

**Recurrence:** The appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed

by a Physician or for which Treatment was previously received.

**Return Date:** Either the date of Your scheduled return to Your Departure Point as indicated on Your most recent Confirmation of Coverage or the date of Your actual return to Your Departure Point.

**Sickness:** An acute illness or unforeseen disease requiring Emergency Medical Treatment, Emergency Dental Treatment or Hospitalization due to the sudden onset of symptoms.

**Spouse:** The person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one year.

**Stable and Controlled:** Any Medical Condition for which there has been no new Treatment or newly prescribed medication; no change in Treatment or change in prescribed medication; no new, more frequent or more severe symptom; no test results showing deterioration; no investigations initiated for symptoms whether or not Your diagnosis has been determined; no Hospitalization and no referral to a specialist.

**Start Date:** The date shown on Your most recent Confirmation of Coverage as the "Start Date".

**Subsistence Allowance:** Expenses incurred as a result of Your emergency, including accommodation, meals, and essential telephone calls.

**Travel Companion:** The person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of 3 people) in respect of a Trip.

**Treatment:** A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescription Medication, investigative testing, and surgery.

**Trip:** Your travel outside Your Departure Point for which coverage under this Policy has been purchased and is in effect.

**We, Us, Our:** Chartis Insurance Company of Canada, 145 Wellington Street West, Toronto, ON, M5J 1H8. This Policy is administered on Our behalf by Travel Guard Canada.

**You, Yourself, Your:** The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

## Important Travel Tips

To help You prepare for Your long-awaited, much-deserved, vacation, here are some helpful hints.

- ✓ Take a carry-on with Your important travel documents, including Your Travel Guard Policy.
- ✓ Make sure Your family or close friend knows Your travel itinerary and insurance information.
- ✓ Remove the 24-hour Emergency Travel Assistance Card below and carry it with You at all times.
- ✓ Make a list of all identification, credit card numbers and corresponding customer service telephone numbers. Leave a copy at home.
- ✓ Make sure You have a passport – it's the best piece of identification to carry.
- ✓ Make sure Your passport is valid for six months beyond Your Trip.
- ✓ Put bag tags on Your luggage and inside each piece in case tags fall off.
- ✓ You may be required to fill out customs forms. Keep a pen handy.
- ✓ You may need extra cash to pay any airport improvements taxes, departure taxes, or service fees.

### 24-HOUR EMERGENCY ASSISTANCE

You must notify Us prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred.

Canada and Continental USA: 1-866-878-0192  
International: 416-646-3723 (collect)