

Travel Insurance Policy



Effective Date: April 17, 2006
400000 08/06 CT

Thank you for choosing Travel Guard.

I want to thank you for choosing Travel Guard to provide the affordable, essential insurance you need for travelling.

Travel Guard insures more than 6 million travellers each year, making us the leading travel insurance provider in North America.

At Travel Guard, our mission is simple. We want to be your single source for exceptional travel insurance and assistance whenever and wherever you travel. You have my pledge that we will do everything possible to exceed your expectations. If you have any questions about this policy please call our customer service department at 1-866-878-0191.

David LaFayette, CLU
President and CEO
Travel Guard Canada



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IMPORTANT INFORMATION

Please read this Policy carefully at time of purchase.

Travel insurance is designed to cover losses arising from sudden, unexpected and unforeseeable circumstances. Coverage under this Policy is subject to certain terms, conditions, limitations and exclusions. A *medical condition, whether diagnosed or not*, of which you are aware, may not be covered.

You must notify us at 416-621-0750 (collect) or 1-866-878-0192 within 24 hours of 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 unless *your medical condition* prevents *you* from calling. You must call as soon as medically possible or have someone call on *your* behalf.

Benefits available under each Plan are listed in the SCHEDULE OF MAXIMUM BENEFITS BY PLAN on the following pages. All monetary amounts are expressed in Canadian currency.

Terms in italics have specific meanings which are defined in the DEFINITIONS section at the end of this Policy.

SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFITS	All Inclusive Plan	Deluxe Trip Cancellation Plan	Essential Trip Cancellation Plan	Deluxe Medical Plan	Essential Medical Plan	Canada Plan	Multi-Trip Annual Plan	Visitors to Canada			Baggage Protection Plan	Collision Damage Protection Plan	Flight Guard Plan
								Refer to Visitors to Canada Section Plan A	Refer to Visitors to Canada Section Plan B	Refer to Visitors to Canada Section Plan C			
TRIP CANCELLATION/INTERRUPTION BENEFITS													
Trip Cancellation	Sum Insured	Sum Insured	Sum Insured			Sum Insured							
Change of Mind	\$250	\$250				\$250							
Trip Interruption	Unlimited	Unlimited	\$5,000			Unlimited							
Schedule Change	\$800	\$800				\$800							
Trip Delay	\$1,400	\$1,400				\$1,400							
Vacation Rain Check	\$500 Coupon												
Supplier Default	\$7,500	\$7,500				\$7,500							
EMERGENCY ACCIDENT AND SICKNESS BENEFITS													
Emergency Medical Expenses	\$5 Million			\$5 Million	\$2 Million	\$5 Million	\$5 Million	\$95,000	\$50,000	\$150,000			
Emergency Evacuation & Repatriation	Eligible Benefits			Eligible Benefits	Eligible Benefits	Eligible Benefits	Eligible Benefits	\$5,000	\$5,000	Eligible Benefits			
Expenses Related to Your Death	Eligible Benefits			Eligible Benefits	Eligible Benefits	Eligible Benefits	Eligible Benefits	\$5,000	\$5,000	Eligible Benefits			
Bedside Companion	Eligible Benefits			Eligible Benefits		Eligible Benefits	Eligible Benefits			Eligible Benefits			
Subsistence Allowance	\$3,000			\$1,500		\$1,500	\$1,500			\$1,500			
Child Under 2	Included					Included							
Emergency Dental	Eligible Benefits			Eligible Benefits			Eligible Benefits			Eligible Benefits			
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS													
In-Flight AD	\$100,000	\$100,000				\$50,000	\$50,000			\$95,000			\$100,000
Non-Flight AD	\$50,000	\$50,000				\$25,000	\$25,000						
BAGGAGE/PERSONAL EFFECTS BENEFITS													
Baggage Loss/Damage	\$1,000	\$1,000					\$500						\$1,000 or \$1,500 or \$2,000
Baggage Delay	\$400	\$400					\$200						
COLLISION DAMAGE PROTECTION													
Collision Damage													\$50,000
ASSISTANCE													
Legal Assistance							Included						
24-HR Emergency Medical Assistance	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
24-HR Emergency Travel Assistance	Included	Included				Included							

Trip Cancellation/Interruption Benefits

Conditions: These benefits are subject to the GENERAL CONDITIONS of this Policy. Coverage begins on your Policy purchase date and terminates on the earliest of 1) the date of your cause for cancellation; 2) your return date; or 3) your Policy expiry date.

Covered Risks for Trip Cancellation/Interruption Benefits:

- You or your family member, your travel companion or his/her family member, or your or your travel companion's key-person develops an emergency medical condition or dies; your friend dies; or the person whose overnight guest you will be during your trip is admitted to a hospital in an emergency or dies.
- You, your spouse, your travel companion or your travel companion's spouse a) becomes pregnant after you book your trip and your departure date falls in the 9 weeks before or after the expected delivery date or b) legally adopts a child and the date of the adoption falls during your trip.
- You, your spouse, your travel companion or your travel companion's spouse loses a permanent job which any of you have had for at least 12 months (excluding contract work) because of layoff or dismissal without just cause (not applicable to self-employed persons); or your employer, your spouse's employer or your travel companion's employer initiates a job transfer which necessitates relocation of principal residence within 30 days of your scheduled departure date.
- You, your spouse, your travel companion, or your travel companion's spouse is called to service during your trip as a reservist, firefighter, or military/police staff; is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a civil suit.
- You, your spouse, your travel companion, or your travel companion's spouse is quarantined.
- You or your spouse is unable to occupy your principal residence or to operate your business because of a natural disaster.
- A business meeting that was scheduled before your Policy purchase date is cancelled due to sickness, injury or death of the person you intended to meet, when the meeting was the purpose of the trip.
- A defer travel recommendation is issued after your Policy purchase date by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada specifically listing a destination in your insured itinerary.
- Your or your travel companion's travel or student visa is not issued for a reason beyond your control.
- Violent acts while on your trip except for acts of terrorism or violent acts which occur in countries where travel advisories have been issued.
- Your or your travel companion's scheduled carrier is delayed by weather conditions for at least 30% of your trip and you or your travel companion chooses not to continue your trip.
- Complete cancellation of a cruise departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an on-board fire, or the complete breakdown of the ship's engines.

13. You miss a connection, interrupt *your trip* or lose 30% of a cruise or a packaged tour when the cruise or packaged tour is 7 days or less because of the delay of a private automobile or *your* connecting *passenger plane*, ferry, *cruise ship*, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the vehicle; a traffic accident; an emergency, police-directed road closure; or weather conditions. The carrier or automobile must have been scheduled to arrive at *your* point of boarding at least 2 hours before the scheduled departure time.

Supplier Default (Maximum Limit per Person: \$7,500): *Your* travel supplier files for bankruptcy or completely ceases operation more than 14 days after *your Policy purchase date* and the loss incurred is not recoverable from any other source, either as reimbursement or equivalent compensation and the travel supplier is not listed on our “Travel Guard Alert – No Financial Default Coverage” list prior to *your Policy purchase date*. See our website (www.travelguard.ca) or contact *your* travel supplier. See MAXIMUM LIMITS OF LIABILITY.

Trip Cancellation - Prior to Departure

If *you* must cancel *your trip* due to a covered risk listed above, prior to *your departure date*, *you* must advise us immediately of the need to cancel. Failure to do so will result in the benefits being restricted to the *trip* cancellation benefits which were in effect on the date that the cause for cancellation first occurred. This benefit provides reimbursement for the non-refundable, prepaid travel arrangement costs up to the sum insured as stated on *your Application for Insurance*.

If *your* cruise departure is cancelled by the cruise line because the *cruise ship* is rendered inoperative as a result of a collision at sea, an on-board fire, the complete breakdown of the ship's engines, or quarantine or *your* point of embarkation is changed due to weather conditions before *you* depart on *your trip* or after *you* depart on *your trip* but before the cruise departure, *you* will be reimbursed to a maximum of \$800 for *your* prepaid accommodations and/or non-refundable, pre-paid airfare.

Next Occupancy Charge: If *you* have prepaid shared accommodations and *your travel companion(s)* cancels due to a covered risk listed above, *you* will be reimbursed the next occupancy charge when *you* elect to travel as originally planned.

Change of Mind: We will reimburse *your* cancellation penalties up to \$250 for *your* cancellation of a scheduled *trip* prior to *your departure date* from *your* province/territory of residence because *you* have changed *your* mind **provided *your trip* has been paid in full**. The Change of Mind benefit will not be paid in combination with any other benefit or for a claim which has previously been denied. This benefit cannot be used if *your* travel agency, airline, cruise line or tour operator is in default or is the subject of a bankruptcy petition. This benefit is not valid for *your trip* if *your Policy* has been purchased after *your trip* has been paid in full. For the benefit to be payable, there must be an insurable loss.

Schedule Change: We will reimburse up to a maximum of \$800 for the change fees charged by the airline(s) if *you* miss a connection due to the schedule change of an airline carrier providing transportation for a portion of *your* travels, providing a two-hour connecting time period was originally scheduled. This benefit is also available if the schedule change occurs on or after departure.

Trip Interruption – On or After Departure

If *your trip* is interrupted due to a covered risk listed above, on or after *your departure date*, we will reimburse *you* for the non-refundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses via the most cost-effective itinerary to return *you* to *your* original departure point of the insured *trip*, up to the covered amount, (less *your* pre-paid, unused return transportation).

Trip Delay: If *your* scheduled departure is delayed for at least 12 hours, we will reimburse up to \$800 for the extra cost of *your* one-way economy/charter airfare via the most cost-effective itinerary to *your* next destination or to *your* original departure point of the insured *trip*. We will pay *your* additional and unplanned hotel and meal expenses, *your* essential telephone calls and taxi fares, to a maximum of \$300 per day for up to 2 days when no earlier transportation arrangements are available (receipts must be submitted).

Vacation Rain Check: We will provide payment in the form of a redeemable coupon payable only to *you*, up to a maximum of \$500, if *your trip* is interrupted and causes *you* to return earlier than *your* contracted *return date* forcing *you* to miss at least 70% of *your trip* due to the death or hospitalization of a non-travelling *family member*, close friend, business associate or *key person* (hospital records and/or death certificate required). *You* must book the replacement *trip* before the 180th day following the date of *your* early return from *your* interrupted *trip* through the same travel agency which booked *your* original interrupted *trip* and the coupon cannot be used with the Change of Mind benefit. No benefit is payable if the travel agency named on the coupon is insolvent.

Exclusions for Trip Cancellation/Interruption Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS of this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* or *your travel companion's* knowledge at the time of booking or application for this insurance of any reason why the *trip* might be cancelled or interrupted.
2. Any *sickness* or injury incurred by *you*, *your family member*, *your travel companion* or his/her *family member* or *your* or *your travel companion's key person* before *your Policy purchase date* unless the condition is *controlled* during the 90-day period immediately preceding and including *your Policy purchase date*. A *sickness* or injury has manifested itself when symptoms exist that would cause a reasonably prudent person to seek medical *treatment*.

3. Any heart or lung condition incurred by *you*, *your family member*, *your traveling companion*, or his/her *family member*, or *your* or *your traveling companion's key person* before *your Policy* purchase if that condition has been treated within the 90-day period immediately preceding and including *your Policy* purchase date.

4. The schedule change of a medical test or surgery that was originally scheduled before *your trip*.

5. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of cancellation or interruption of *your trip*.

6. Expenses incurred as the result of inadequate or invalid passport, travel or visa documentation required by countries included in *your trip*.

7. A travel, immigration or work visa that is not issued due to a late application, or has been previously refused.

8. Expenses incurred as a result of default of a travel supplier for travel services purchased by *you* directly from the travel supplier or from a non-appointed representative of Travel Guard Canada.

9. Expenses incurred as a direct result of *terrorism* except when a defer travel recommendation is issued after *your Policy purchase date* by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada specifically listing a destination in *your* insured itinerary.

Emergency Accident and Sickness Benefits

Conditions: These benefits are subject to the GENERAL CONDITIONS of this *Policy*. All insureds must be in good health and know of no reason to seek medical attention. Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of *your trip*. We will pay for covered expenses incurred as a result of a *medical emergency*, up to the maximum limits as listed on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN, for the actual expenses related to the medical attention *you* require if a *medical condition* begins unexpectedly after *you* leave *your* province/territory of residence, and if these expenses are not covered by *your* provincial/territorial health insurance plan or any other related insurance or reimbursement plan. Medical expenses will be limited to a maximum of \$20,000 if *you* are not covered under a provincial or territorial *Government Health Insurance Plan (GHIP)* or *University Health Insurance Plan (UHIP)* in *Canada* or *you* are not a permanent resident of *Canada*. *Canadian* residents travelling outside their province/territory of residence for more than 182 days (212 days for Ontario and Newfoundland/Labrador) must receive written permission from their provincial government to maintain their government health insurance plan.

You must notify us at 1-866-878-0192 or 416-621-0750 (collect) within 24 hours of 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 unless *your medical condition* prevents *you* from calling. *You* must call as soon as medically possible or have someone call on *your* behalf.

We, in consultation with *your* attending *physician*, reserve the right to return *you* to *your* province/territory of residence prior to any *treatment* or following *emergency treatment* or hospitalization for a *sickness* or injury if, on medical evidence, *you* are able to return to *your* province/territory of residence without endangering *your* health. If *you* elect not to return to *your* province/territory of residence following the recommendation to do so, 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. The *emergency* medical attention *you* receive must be outside of *your* province/territory of residence unless specifically provided for in this *Policy* and be required as part of *your emergency treatment* and ordered by a *physician* or a dentist.

Terrorism Coverage (Maximum Limit: \$50,000): We will pay eligible expenses incurred as the direct result of *terrorism* which causes *accidental bodily injury* or *sickness* to *you* during *your trip*. This *terrorism* benefit is payable only after *you* have exhausted all other recovery sources. See MAXIMUM LIMITS OF LIABILITY for aggregate limits.

Eligible Emergency Medical Expenses:

- Care received from a *physician* in or out of a *hospital*, the cost of a *hospital* room to a maximum of semi-private rates, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose *your* condition, and *prescription medication*. All of the above must be prescribed by a *physician* or a dentist.
- Professional* services referred by a *physician* – care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner.
- Ambulance transportation – local ground ambulance service to a medical service provider in an *emergency*.

Emergency Evacuation and Repatriation: If approved in advance by us, expenses to return *you* to *your* original point of departure of the insured *trip*, if *your* attending *physician* recommends *your* return because of *your medical condition* or if *your* attending *physician* recommends *your* return after *your emergency treatment*, we will pay via the most cost-effective itinerary for one or more of:

- The extra cost of an economy/charter class fare;
- A stretcher fare on a commercial flight;
- The return economy/charter class fare of a qualified medical attendant and the attendant’s reasonable fees and expenses, if required by the airline;
- The cost of air ambulance transportation, pre-approved and arranged by us; or
- A *travel companion’s* extra fare to accompany *you*.

Expenses Related to your Death: If *you* die during *your trip* from a covered risk, we will reimburse *your* estate up to \$3,000 for the preparation of *your* remains and the transportation container plus

the transportation costs (using customary airline procedures) to *your* original departure point of the insured *trip* or up to \$2,000 for the cremation or preparation of *your* remains and the cost of a standard burial container at the place of death. If someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the fare via the most cost-effective itinerary for that person, and up to a maximum of \$300 for that person’s hotel and meal expenses.

Bedside Companion Travel and Subsistence: If *you* are travelling alone and are admitted to a *hospital* for 3 days or more, we will pay the economy/charter class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to a maximum of \$300 for that person’s hotel and meals (receipts must be submitted) and cover him/her under this *Policy*, subject to the terms, conditions, limitations and exclusions, until *you* are medically fit to return to *your* province/territory of residence. For an insured *child*, a bedside companion is available immediately upon *hospital* admission.

Subsistence Allowance: If a medical *emergency* prevents *you* or *your travel companion* from returning to *your* original point of departure 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, we will reimburse *your* expenses for meals, hotels, phone calls and taxis, up to maximum limits listed on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN. We will only reimburse these expenses if *you* have actually paid for them (receipts must be submitted).

Child Under Two (no seat): Medical coverage during *your trip* will be extended at no additional premium to *your child* who is under two years of *age* but older than 15 days (excludes *child* born during *your trip*) who does not occupy a seat, is *your family member* and travels with *you* during *your trip*.

Expenses to return children under your care: If *you* are admitted to the *hospital* for more than 24 hours or must return to *your* province/territory of residence because of a *medical condition*, we will pay the extra cost via the most cost-effective itinerary for the children’s transportation to their original departure point and the return airfare of a qualified escort when the airline requires it. The children must have been under *your* care during *your trip* and be covered under *your Policy*.

Expenses to return your vehicle: If *you* are unable to drive *your* vehicle to *your* original departure point of the insured *trip* as a result of a medical *emergency*, we will cover the reasonable costs to return *your* vehicle. If *you* used a *rental car* during *your trip*, we will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial vehicles.

Emergency Dental: *You* are covered for the following dental expenses when required as *emergency treatment* and ordered or prescribed by a licensed dentist: a) If *you* need dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* mouth, *you* are covered for the *emergency* dental expenses *you* incurred during *your trip* and to a maximum of \$1,000 (per *Policy* year for the **Multi-Trip Annual Plan**) to continue necessary *treatment* after *you* return to *your* province/territory of residence. This *treatment* must be completed within 90 days after the accident. b) If *you* need dental *treatment* in an *emergency*, we will pay up to \$250 for the relief of dental pain.

Exclusions for Emergency Accident & Sickness Benefits:

The following exclusions are in addition to the GENERAL EXCLUSIONS listed in this *Policy*:

1. Please use the table below to determine what Medical Exclusions applies to *you*:

	Age 0-29	Age 30-59	Age 60-69	Age 70 +
Days 1 to 30	A	A	B	C
Days 31 to 75	B	B	B	C
Days 76 +	B	C	C	C

Medical Exclusion A: This *Policy* does not cover and no benefit is payable for any claim for expenses incurred during *your period of coverage* resulting from any *sickness*, injury, or *medical condition* for which symptoms occurred or which required *medical consultation*, *prescription medication*, *treatment*, or hospitalization during the 90-day period immediately preceding and including *your departure date* unless the *medical condition* is controlled during the 90-day period. This medical exclusion applies if *you* are 59 years of age or younger and *your trip* is 30 days or less.

Medical Exclusion B: This *Policy* does not cover and no benefit is payable for any claim for expenses incurred during *your period of coverage* resulting from any *sickness*, injury or *medical condition* for which symptoms occurred or which required *medical consultation*, *prescription medication*, *treatment* or hospitalization during the 180-day period immediately preceding and including *your departure date* unless the *medical condition* is controlled during the 180-day period. In addition, IF, in the 180-day period immediately preceding and including *your departure date*, *you* have been prescribed or are taking a combination of three (3) or more *prescription medications* for one or more of the following *medical conditions*: diabetes, cardiovascular disease, cerebral vascular disease or lung disease including but not limited to coronary artery disease, congestive heart failure, angina, myocardial infarction, trans ischemic attack (TIA) and stroke at any time during the 180-day period, THEN *you* will NOT be covered for any of the *medical conditions* for which the *prescription medications* have been prescribed, regardless of whether or not the *medical condition(s)* are controlled during the 180-day period. This medical exclusion applies if *you* are:

- a) 29 years of *age* or younger and *your trip* is 31 days or more; OR
- b) 30 to 59 years of *age* and *your trip* is 31 to 75 days; OR
- c) 60 to 69 years of *age* and *your trip* is 75 days or less.

Medical Exclusion C: This *Policy* does not cover and no benefit is payable for any claim for expenses incurred during *your period of coverage* resulting from:

a) any *sickness, injury or medical condition* for which symptoms occurred or which required *medical consultation, prescription medication, treatment* or hospitalization at any time during the 180-day period immediately preceding and including *your departure date*, regardless of whether or not the *medical condition* is controlled during the 180-day period; This medical exclusion applies if *you* are:

- a) 30 to 69 years of *age* and *your trip* is 76 days or more; OR
- b) 70 years of *age* or older; regardless of length of *trip*.

Accidental Death and Dismemberment (AD&D)

Conditions: These benefits are subject to the GENERAL CONDITIONS of this *Policy*. Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of *your* insured *trip*. We will pay this benefit up to the maximum limits shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN as a result of *your* Accidental Death & Dismemberment (AD&D):

1. If an *accidental bodily injury* sustained during *your period of coverage* causes *you*: a) to die, to become completely and permanently blind in both eyes, or to have two of *your* limbs fully severed above *your* wrist or ankle joints in the 12 months after the accident, we will pay 100% of the amount shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN; b) to become completely and permanently blind in one eye or have one of *your* limbs fully severed above a wrist or ankle joint in the 12 months after the accident, we will pay 50% of the amount shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN.

2. If *you* have more than one *accidental bodily injury* during *your period of coverage*, we will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount. If *your* body is not found within 12 months of the accident, we will presume that *you* died as a result of *your* injuries.

Our maximum liability is limited to \$50,000 per insured following a *terrorism* occurrence which directly causes *your* death within 72 hours of the *terrorism* occurrence. See MAXIMUM LIMITS OF LIABILITY for aggregate limits.

In-Flight AD&D: This benefit, as described in 1 and 2 above, applies only to an *accidental bodily injury* sustained by *you* while riding as a passenger (but not as a pilot, operator, or member of the crew) in, on, boarding, or alighting from any *passenger plane* having a current and valid airworthiness certificate or any trans-

port type *passenger plane* operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation.

Non-Flight AD&D: This benefit, as described in 1 and 2 above, applies only to an *accidental bodily injury* sustained by *you* other than while riding in any *passenger plane* having a current and valid airworthiness certificate or any transport type *passenger plane* operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation. *Our* maximum liability is limited to \$50,000 per person insured under this benefit.

Exclusions for Accidental Death & Dismemberment Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS of this *Policy*. This *Policy* does not cover and no benefit is payable for any claim arising from a disease, even if the proximate cause of its activation or reactivation is the *accidental bodily injury*.

Baggage/Personal Effects Benefits

Conditions: These benefits are subject to the GENERAL CONDITIONS of this *Policy* and are payable only after *you* have exhausted recovery or reimbursement benefits available from any other insurance or coverage. Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*. If *your* checked baggage is delayed by a common carrier, we will continue to provide coverage until the property is delivered by the carrier. We will pay this benefit up to the maximum limit per person or per family as shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN after making proper allowance for wear and tear or depreciation for the loss of, damage to and delay of the baggage and personal effects that belong to *you* and that *you* use during *your trip*. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this benefit, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide, or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately and advise us as soon as possible. *Your* claim will not be valid under this *Policy* if *you* do not comply with these conditions. We reserve the option to repair or replace *your* property with another of a similar kind, quality, and value and to ask *you* to submit damaged items for appraisal. The maximum limit for loss per single article including its attachments, accessories and equipment, matched pair or set, or group of related articles is \$250.

Baggage Delay: This benefit provides \$50 for each full 12-hour delay by an airline or ground carrier up to the maximum limits as shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN.

For luggage tracing, call LiveTravel at 1-877-524-8196 or 715-346-0863 (collect).

Exclusions for Baggage/Personal Effects Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS of this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Loss or theft of: animals; perishable items; household items and furniture; artificial teeth or limbs; hearing aids; eyeglasses of any type; contact lenses; *prescription medication*; tobacco products; money; credit cards; tickets; securities; documents including passport, driver's licence, birth certificate or travel visa; items related to *your* occupation or profession; mobile phones; computers and accessories; CDs, DVDs and personal entertainment devices; antiques or collectors' items; fragile items; items obtained illegally; or articles that are insured on a valued basis or are insured by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence, or *your* omission.
3. Unaccompanied baggage or personal property; baggage or personal property left unattended or in unlocked vehicle; or baggage or personal property shipped under a freight contract.

Collision Damage Protection Plan

Conditions: These benefits are subject to the GENERAL CONDITIONS of this *Policy*. Coverage begins on the later of 1) the date *you* take possession of *your rental car* as per the rental contract, or 2) *your* *Policy* effective date. Coverage will terminate on the earliest of 1) *your Policy expiry date*; 2) the date the commercial rental agency regains possession of the *rental car*; 3) the date and time the *rental car* contract expires; or 4) the 60th day after coverage begins. We will pay up to \$50,000 maximum for:

1. The liability imposed upon *you* by law or assumed by *you* under the car rental agreement and resulting from physical loss or damage to a *rental car* while it is under *your* care, custody and control, or that of a person who is permitted to operate the *rental car* under the rental agreement, for a maximum of 60 consecutive days. Benefits include: a) *our* investigation, negotiation, or settlement of *your* claim on *your* behalf and as we deem appropriate; b) *our* defending in *your* name, on *your* behalf and at *our* cost, any civil action.
2. If required by the commercial rental agency, *you* must examine the *rental car* and record, in writing, all existing damages before accepting the *rental car*, and submit a copy of that damage record if *you* have a claim.
3. *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental car* from further loss or damage nor remove any physical evidence of the loss or damage without *our* consent.

Exclusions for Collision Damage Protection Benefits:

1. Contents of the *rental car*, liability other than for loss of, or damage to the *rental car*, or expenses assumed or waived by the car rental agency or its insurers or payable under any other insurance.
2. Loss or damage arising from, caused by, or contributed to by driving or operating the *rental car* by *you* or any other person while a) under the influence of intoxicating substances; b) participating in a speed test or contest; c) carrying passengers for compensation or hire; d) using the *rental car* for commercial delivery, transporting contraband, or illegal trade; or e) in violation of the terms of the car rental agreement.
3. Loss or damage arising from, caused by, or contributed to by: a) the mechanical failure or breakdown of any part of the *rental car*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing; b) any dishonest act, conversion or failure, neglect or abuse of the *rental car* committed by *you* or any other party of interest, *your* employees or agents, or any person to whom the *rental car* may be entrusted (bailees for hire excepted); or c) *your* failure to preserve or protect the *rental car*.
4. Loss of usage of the *rental car* or any administration charges.
5. Automobiles over 20 years old, exotic automobiles including but not limited to Daimler Benz, Bricklin, Bentley, Aston Martin, DeLorean, Ferrari, Lamborghini, Jaguar, Jensen, Excalibur, Lotus, Maserati, Porsche, BMW, Rolls Royce, Hummer, or any similar automobile.
6. Trucks, buses, commercial vans, motorcycles, mopeds, motorbikes, recreational vehicles, all-terrain vehicles, campers, trailers, limousines, sport utility vehicles and vehicles used off-road.

24-HOUR EMERGENCY ASSISTANCE

Conditions: Benefits include 24-hour *emergency* assistance. Whether *you* need *emergency* medical care or *emergency* arrangements to return *home*, *you* can count on *our* *emergency* assistance counsellors, doctors and nurses to help *you* anywhere in the world, anytime of day. Coverage begins on *your* *departure date* and terminates on the earlier of 1) *your* *Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*.

Canada and Continental USA – 1-866-878-0192
International – 416-621-0750 (collect)

LiveTravel 24-hour Service, 7 Days a Week

- Emergency and after-hours travel services:
 - Rebooking Flights
 - Hotel Reservations
 - Ground Transportation
- Luggage Tracing
- Lost/Stolen Credit Card Replacement
- E-mail or Phone Message Relay
- Emergency Cash Transfers
- 24/7 Concierge Service

CANADA PLAN

for Canadian Residents Only

Conditions: This Plan is only available to Canadian residents under 85 years of *age* who are covered under a *Government Health Insurance Plan (GHIP)* or *University Health Insurance Plan (UHIP)* for travel within Canada or within their province/territory of residence up to a maximum of 365 days. Coverage begins on *your* *Policy purchase date* and terminates on the earlier of 1) *your* *Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*. Any expenses incurred due to a covered risk must be in excess of those reimbursable by *your* *Government Health Insurance Plan (GHIP)* or *University Health Insurance Plan (UHIP)* and by any other insurance contract or health plan (group or individual) under which *you* are entitled to benefits.

The Canada Plan is subject to the GENERAL CONDITIONS, GENERAL EXCLUSIONS, and the specific Conditions and Exclusions applicable to each benefit under the Canada Plan as shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN.

Exclusions for the Canada Plan:

These exclusions are subject to the GENERAL EXCLUSIONS and the Exclusions applicable to each benefit under the Canada Plan as shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN. Also, this Plan does not cover and no benefits are payable for any claim arising from expenses incurred outside of Canada.

Multi-Trip Annual Plan

Conditions: This Plan is only available to persons under 75 years of *age* for an unlimited number of individual *trips* during a 12-month period. *Your* Multi-Trip Annual Plan provides benefits for individual *trips* up to a maximum of an 8-day, 17-day or 30-day duration.

Coverage under the Multi-Trip Annual Plan begins on *your* *Policy* effective date which cannot be more than 90 days after *your* *Application for Insurance* is submitted. Per individual *trip*, *your* coverage begins at 12:01 am on *your* *departure date*. Coverage for each individual *trip* terminates on the earliest of: a) the date *you* return to *your* province/territory of residence; b) 11:59 pm on the last day of coverage permitted under the Multi-Trip Annual Plan *you* have selected, or on the last day for which *you* have paid an additional premium to extend coverage beyond the number of days permitted under the Multi-Trip Annual Plan *you* have selected; or c) *your* *Policy expiry date*, unless *you* have paid the required premium to renew *your* Multi-Trip Annual Plan. Coverage under the Multi-Trip Annual Plan can only be extended under the terms and conditions of this *Policy*. Medical exclusions relate to the total number of days of travel for each *trip*. Medically Underwritten Products cannot be used to extend coverage.

For each individual *trip*, *you* must be eligible for coverage on *your* *departure date* as specified by the **Conditions and Exclusions** of this *Policy*.

Legal Assistance: Under the Multi-Trip Annual Plan, *you* may make an unlimited number of calls *during your period of coverage* to Sigma Assiste! for general legal information regarding matters of Canadian law ie. real estate, taxation, commercial law, finance, and family law. Sigma Assiste! can explain legal issues surrounding a problem in order to assist *you*. Please note that this is a service only for legal information regarding matters of Canadian law. Call Sigma Assiste! directly at 1-514-868-8862 or 1-888-506-8862.

The Multi-Trip Annual Plan is subject to the GENERAL CONDITIONS, GENERAL EXCLUSIONS, and the specific Conditions and Exclusions applicable to each benefit under the Multi-Trip Annual Plan as shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN.

Exclusions for the Multi-Trip Annual Plan:

In addition to the above, this *Policy* does not cover and no benefit is payable if:

1. *You* are 75 years of *age* or older;
2. *Your* Multi-Trip Annual Plan *Policy* is used to extend coverage under any other insurance policy.

Visitors To Canada Plans

Conditions: These benefits are subject to the GENERAL CONDITIONS of this *Policy*. If *you* purchase this *Policy* prior to *your* *trip*, coverage begins upon *your* arrival in Canada. If *you* purchase this *Policy* after arrival in Canada, expenses will not be covered as the result of *sickness* occurring prior to or within the first 72 hours immediately following *your* *Policy purchase date*. No benefits are payable for expenses incurred before *your* *Policy purchase date* and payment of the premium. Coverage terminates on the earlier of 1) the date *you* return to *your* original departure point; or 2) *your* *Policy expiry date*.

1. Coverage under this *Policy* includes the covered *emergency* medical expenses *you* incur in Canada or during a side *trip* outside of Canada (not to *your* country of origin) provided the side *trip* begins and ends in Canada. The length of time *you* spend in Canada must be greater than the length of time *you* spend on *your* side *trip* outside of Canada.

2. If *you* are able to return to *your* original point of departure of the insured *trip* following *emergency medical treatment* for a covered *medical condition* which requires follow-up or further *medical treatment*, services or surgery and *you* elect to have *your* further *medical treatment*, services or surgery performed before returning to *your* original point of departure, *your* *Policy* will terminate and no benefits will be payable for the follow-up or ongoing *medical treatment*, services, or surgery.

3. Medical evacuation services must be pre-approved and arranged in advance by us.

You must notify us at 416-621-0750 (collect) or 1-866-878-0192 within 24 hours of 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 unless your medical condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

If you are 60 years of age or older at time of purchasing a Visitors to Canada Plan, then the maximum number of days that you can insure with one or multiple Policies is 60 days.

We will pay for covered expenses incurred during your period of coverage as the result of a medical emergency, up to the maximum limits shown on the SCHEDULE OF MAXIMUM BENEFITS BY PLAN, less any applicable deductible amounts, for the actual expenses related to the medical attention you require if a medical condition begins unexpectedly during your period of coverage, and if these expenses are not covered by any other related insurance or reimbursement plan. The medical attention must be required as part of your emergency treatment and ordered by a physician or a dentist. This emergency coverage includes:

Emergency Medical Expenses:

1. Care received from a physician in or out of a hospital, the cost of a hospital room (to a maximum of semi-private rates), the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose your condition, and prescription medication. All of the above must be prescribed by a physician or dentist.
2. Professional services referred by a physician – care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner.
3. Ambulance transportation – local ground ambulance service to a medical service provider in an emergency.

Emergency Evacuation and Repatriation:

If approved in advance by us, expenses to return you to your original point of departure of the insured trip, if your attending physician recommends your return because of your medical condition or if your attending physician recommends your return after your emergency treatment, we will pay via the most cost-effective itinerary for one or more of:

- The extra cost of an economy/charter class airfare;
- A stretcher fare on a commercial flight;
- The return economy/charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline; or

- The cost of air ambulance transportation, pre-approved and arranged by us.

Expenses Related to your Death: If you die during your trip from a covered risk listed in this Policy, we will reimburse your estate for:

1. the transportation costs to return your body home (using customary airline procedures), plus up to \$3,000 for the preparation of your body and the cost of the transportation container; or
2. up to \$2,000 for the cremation or preparation of your remains and the cost of a standard burial container at the place of death.
3. If someone is legally required to identify your body and must travel to the place of your death, we will pay the fare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses.

Bedside Companion Travel and Subsistence (Plan C only): If you are travelling alone and are admitted to a hospital for 3 days or more, we will pay the economy class/charter fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$300 for that person's hotel and meals and cover him/her under this Policy, subject to the terms, conditions, limitations and exclusions, until you are medically fit to return to your original point of departure. For an insured child, a bedside companion is available immediately upon hospital admission.

Subsistence Allowance (Plan C only): If a medical emergency prevents you from returning to your original point of departure as originally planned or if your emergency medical treatment requires your transfer to a location that is different from your original destination, we will reimburse you up to \$150 per day to a maximum of \$1,500 for meals, hotel, phone calls and taxis (receipts must be supplied).

Emergency Dental: (Plan C only) When required as emergency treatment and ordered or prescribed by a licensed dentist:

- if you need dental treatment to repair or replace your sound natural or permanently attached artificial teeth because of an accidental blow to your mouth, we will pay for the emergency dental expenses you incurred during your trip to a maximum of \$1,000;
- if you need dental treatment in an emergency, we will pay up to \$250 for the relief of dental pain.

Exclusions for Visitors to Canada:

These exclusions are subject to the GENERAL EXCLUSIONS in this Policy. Also, this Policy does not cover and no benefits are payable for:

1. The first \$50 of every claim, with the exception of Plan C.
2. Expenses incurred by any person who is less than 15 days old or 75 years of age or older.
3. Expenses incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof.
4. HIV or Acquired Immune Deficiency Syndrome (AIDS) or any possible consequences thereof.

5. Sexually Transmitted Diseases.

6. Except as otherwise provided in this Policy, expenses incurred for follow-up or ongoing treatment, recurrence of a medical condition or subsequent emergency treatment or hospitalization for a medical condition or related medical condition for which you received emergency treatment during your period of coverage.

7. Expenses incurred during your period of coverage resulting from any sickness, injury or state of health for which symptoms occurred or which required medical consultation, prescription medication, medical treatment or hospitalization at any time during the 180-day period immediately preceding and including your arrival in Canada, regardless of whether or not the condition was controlled. If you have purchased this Policy after your arrival to Canada, then this exclusion applies to the 180-day period immediately preceding your Policy start date.

8. Any expenses incurred as the result of a sickness occurring within the 72 hours immediately following your Policy purchase date, if you purchased your Policy after arrival in Canada.

9. Expenses incurred during your period of coverage related to any diabetes, cardiovascular disease, cerebral vascular disease or lung disease including but not limited to; coronary artery disease, congestive heart failure, angina, myocardial infarction, trans ischemic attack (TIA) and stroke, for which symptoms occurred or which required medical consultation, prescription medication, treatment or hospitalization at any time during your lifetime.

10. Expenses incurred for cardiac procedures, including catheterization, angioplasty or surgery, unless approved in advance by us.

11. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges.

12. Expenses incurred whereby the Policy was purchased specifically to obtain hospital or medical treatment outside your country of residence whether or not recommended by your attending physician.

13. The cost of replenishing any prescription medication which was in use prior to your arrival in Canada or for the maintenance of any treatment which commenced prior to your arrival in Canada.

14. Damage or loss of personal items, including but not limited to eyeglasses of any type or contact lenses, hearing devices, prosthetic teeth or limbs, or prescriptions for same.

GENERAL CONDITIONS

In consideration of the premium received, we will insure you against eligible expenses incurred during your trip as the result of a medical emergency, or pay benefits for other covered losses in accordance with the benefits as described in this Policy. All benefits and payments are subject to the terms, conditions, limitations and exclusions of this Policy. Coverage will be declared null and void if, for any reason, 1) the required premium is not received by

Travel Guard Canada; or 2) *you* are ineligible for coverage in accordance with any section of this *Policy*.

It is a condition of this *Policy* that *you* be in good health and know *you* have no reason to seek medical attention at time of purchase.

You must notify us at 416-621-0750 (collect) or 1-866-878-0192 within 24 hours of 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 unless your medical condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

Automatic Extension of Coverage: If *you*, *your travel companion* or *family member* travelling with *you* is hospitalized on *your return date* or *your Policy expiry date*, *your* coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge. 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 Extension of Coverage: Any extension granted will be subject to *our* prior approval. Call 416-628-6765 or 1-866-878-0191 before *your Policy expiry date*.

You must, at all times while *you* are covered under this *Policy*, act in a prudent manner so as to minimize costs to *us*. If *you* are covered under more than one of *our Policies*, the total amount paid to *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for the benefit in any one of *our Policies*. The coverages in this *Policy* are second payor plans.

If there are other third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial auto insurance plan providing *hospital*, medical or therapeutic coverage, concurrently in force with *your Policy*, amounts payable under this *Policy* are limited to those expenses incurred outside *your province/territory* or residence that are in excess of the amounts for which *you* are insured under such other coverage.

Insured benefits under this *Policy* do not include, and reimbursement will not be made for any expenses, services or supplies that an insurer is eligible to pay under a motor vehicle liability policy pursuant to the 'no fault' benefits schedule under any Insurance Act. Where there is no other coverage or plan reasonably available to pay the expense, then the insured benefits will be paid by *us*.

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. *We* have full rights of subrogation; however, *we* do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$50,000 or less, and *we* do not subrogate against *your home* province automobile *Policy* to recover repair expenses if *you* incur and are covered for expenses to repair physical damage to a rental vehicle covered by the Collision Damage Protection Plan.

Notwithstanding any provisions contained herein, 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 *your province/territory* of residence in Canada. For non-residents, the Insurance Act and the laws and regulations of the Province of Ontario will apply. For the **Visitors to Canada Plans**, this *Policy* is governed by the laws and regulations of the jurisdiction in Canada where the *Policy* was issued.

The *Application for Insurance*, this *Policy* and any riders or endorsements to the *Policy* shall form the entire contract. Only *we* have the authority to change the contract or waive any of its terms, conditions or provisions. Any provision of this *Policy* which is in conflict with any federal or provincial/territorial law of *your province/territory* of residence in Canada, is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect.

The maximum *period of coverage* under this *Policy* shall not exceed 12 consecutive months. Benefits apply outside *your province/territory* or country of residence (unless specifically provided for in this *Policy*).

No coverage will be provided to anyone not named on the *Application for Insurance*.

This *Policy* does not provide coverage if it is purchased to top up another insurer's travel insurance policy. Top up is a procedure whereby a policy is purchased to extend *your period of coverage* to become effective directly following the expiry of another policy. The **Multi-Trip Annual Plan** can be topped up by other insurance policies but cannot be used to top up any other policy.

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 char-

tered bank in Canada: (i) on the last date of service, or (ii) on the date of issuance where cheques are issued directly to *physicians*, *hospitals* or other medical providers.

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.

If *you* have misstated or misrepresented any information on *your Application for Insurance* which results in: (i) *your* not paying the required premium, or (ii) *your* not being eligible for the plan which *you* have chosen, then any claim submitted by *you* will be denied and/or *your Policy* will be declared null and void.

Premium Refunds: Available under certain circumstances with supporting documentation. Call your travel supplier or Travel Guard Customer Service at 1-866-878-0191 (Canada and Continental USA). No refund of premium will be made in the event that a claim has been paid, incurred or reported under this *Policy*.

Privacy Guidelines: *We* follow strict guidelines with respect to *your* personal information collected in order to provide *our* services and products to *you*. For further information, please contact 1-866-878-0191.

MAXIMUM LIMITS OF LIABILITY

If the loss for all insureds exceeds the aggregate limits listed below, *we* will pay each insured that proportion of the benefit stated as the maximum aggregate limits bear to the total loss of all persons under all Travel Guard Canada *Policies*.

Supplier Default: *Our* maximum limits of liability are: 1) \$7,500 per insured; 2) \$250,000 for the default of any one travel supplier including its related companies; and 3) \$500,000 for default of all travel suppliers within a calendar year.

Terrorism Coverage: *Our* maximum limit of liability for all claims by Travel Guard insureds directly resulting from *terrorism* occurring within a 72-hour period is \$500,000 in the aggregate. *Our* maximum limit of liability for all claims by Travel Guard insureds directly resulting from *terrorism* occurring within a calendar year is \$1,000,000 in the aggregate.

General Liability: *Our* liability under this *Policy* is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, for any loss or expense. *Our* maximum limit of liability resulting from all occurrences within a 168-hour period is \$10,000,000 in the aggregate.

GENERAL EXCLUSIONS

The following exclusions apply to all benefits described in this *Policy*. In addition to any exclusions which apply to specific benefits (outlined under an "Exclusions" section), this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Expenses resulting from any *sickness*, injury or state of health prior to *your Policy purchase date* which would cause *expected medical treatment* or hospitalization.
2. Expenses incurred by a person not named as an insured on *your Application for Insurance*.
3. Routine or elective *treatment* for pregnancy within the first 31 weeks of pregnancy; abortion; childbirth or complications of childbirth; pregnancy or complications thereof within the 9 weeks before or anytime after the expected date of delivery; or expenses incurred by an infant less than 15 days old; or a *medical condition* arising from or related to a congenital birth defect.
4. Emotional, mental or nervous disorders or other acute psychosis (including stress) while sane or insane by whatever cause that does not require admission to a *hospital*.
5. Committing or attempting to commit suicide or intentionally self-inflicted injury.
6. *Your* being impaired or adversely influenced by medication, *prescription medication*, alcohol, prohibited drugs or intoxicants of any kind.
7. 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 where a *terminal illness* prognosis has been given.
8. A *trip* undertaken for the purpose of securing medical *treatment*, consultation or advice; whether or not recommended by any *physician*.
9. Any unlawful or criminal/criminal-like acts or contravention of any statutory law/regulation; participation in protests or commercial sexual transactions (committed by *you*, *your family member*, *your travel companion*, or *your travel companion's family member* whether an insured or not).
10. Rock or *mountain climbing*; participation in a motor sport, motor racing or speed contests; *your professional* participation in an organized sport; or scuba diving (unless *you* hold an open water diving certificate).
11. Operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service.
12. Expenses incurred in *your province/territory* of residence (unless specifically provided for in this *Policy*).
13. Any interest, finance or late payment charge.
14. Expenses incurred if *you* chose to travel when a defer to travel is issued after *your Policy purchase date* by The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada advising Canadians not to travel to a specific region or country included in *your trip*.

15. Civil unrest, acts of foreign enemies, acts of war, or rebellion, whether declared or not.
16. Any loss arising directly or indirectly out of, or contributed to by, or resulting from actual, threatened, feared or perceived use of biological, chemical, radioactive or nuclear agent, material, device, or weapon.
17. HIV or Acquired Immune Deficiency Syndrome (AIDS) or any possible consequences thereof.
18. Sexually Transmitted Diseases.
19. 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.
20. Expenses incurred for emergency air transportation; hospitalization; medical procedures including but not limited to surgery, magnetic resonance imaging (MRI), computerized axial tomography (CAT), biopsy and other diagnostic tests; and cardiac procedures including cardiac catheterization, angioplasty, and/or surgery; unless approval is specifically given by us prior to the service, surgery, test, or procedure being performed.
21. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges.
22. Expenses incurred for acupuncture or naturopathic or holistic treatment.
23. Expenses incurred for follow-up or ongoing *treatment*; recurrence of a *medical condition*; subsequent *emergency treatment*, rehabilitation, convalescent care or hospitalization for a *medical condition* or related *medical condition* for which *you* received *emergency treatment* during *your trip*; lost or replacement prescription medication; eyeglasses of any type or contact lenses; dental services (other than provided for in this *Policy*); or services which are not medically necessary.
24. Elective, non-emergency, or cosmetic medical or dental treatment or routine follow-up procedures including but not limited to *treatment* for varicose veins, gout, arthritis, cataracts.
25. Expenses incurred for *treatment* or services which are prohibited under a provincial/territorial *government health insurance plan*.
26. Expenses in excess of reasonable and customary rates where *treatment* has occurred.
27. Expenses incurred for an automobile accident and *you* are entitled to benefits under the 'no fault' benefit schedule of your automobile *Policy* or under an applicable Insurance Act.

DEFINITIONS

Accidental Bodily Injury: An injury sustained during *your trip* which is caused by external violent and purely accidental means, directly and independently of all other causes.

AD&D: Accidental death and dismemberment.

Age or Ages: *Your age* on *your departure date*.

Application for Insurance: Computer printout, printed form, invoice or document that confirms the plan coverage *you* have chosen for which *you* have paid the required premium. The *Application for Insurance* forms part of this *Policy*.

Business Meeting: A prearranged meeting (not including a convention, conference, assembly, trade show, exhibition, seminar, or board meeting) which pertains to *your* full-time occupation or profession and which was the sole purpose of *your trip*.

Change(s) in Medication: Any change in the kind, type, dosage or action of medicine, and/or the *treatment* prescribed by a *physician* to manage a *medical condition*, including but not limited to a diet or a pacemaker adjustment (a pacemaker battery change is not considered a *treatment* change in type or dosage). The following are not considered alterations or *change(s) in medication*: the change from a brand named medication to a generic brand medication provided the usage or dosage has not changed; the dosage changes of the regulatory medications insulin and coumadin; and the decrease or elimination of a medication dosage, recommended by a *physician*.

Child: An unmarried dependent son or daughter under the *age* of 21 or an unmarried, dependent son or daughter who is mentally or physically challenged.

Controlled: A *medical condition* is not worsening and there has been no alteration in any medication or its usage or dosage for the condition, nor any change in *treatment*, prescribed or recommended by a *physician*, or received, within the period before *your trip* specified in this *Policy*.

Coverage days: The number of days for which *you* have coverage as stated on *your Application for Insurance* under the **Multi-Trip Annual Plan** *you* have selected.

Cruise Ship: A vessel on which *you* have booked overnight accommodation arrangements.

Deductible: The amount of eligible expenses *you* are responsible for paying under this *Policy*.

Departure Date: The date on which *you* are scheduled to leave *your province/territory* of residence as shown on *your Application for Insurance*.

Emergency: An unforeseen illness or injury which requires immediate *treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when the medical evidence indicates that *you* are able to return to *your province/territory/ country* of residence.

Expected Medical Treatment: *Medical consultation* or hospitalization which has been indicated by prior medical history as probable or certain to occur.

Family Member: *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-sis-

ters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Government Health Insurance Plan (GHIP): The coverage that the provincial or territorial governments provide to Canadian residents.

Home: Your province/territory of residence or the place from which you leave on the first day of coverage and to which you are scheduled to return on the last day of coverage. For Visitors to Canada Plans, home is your country of residence.

Hospital: A facility that is licensed as a hospital, where inpatients receive medical care, that has a Registered Nurse on permanent duty and that includes a laboratory and operating room. A clinic; an extended or palliative care facility; a rehabilitation establishment; an addiction centre; a convalescence, rest, or nursing home; home for the aged; or health spa is not a hospital.

Key-person: Someone to whom a dependant's full-time care is entrusted on a full-time basis during your trip and who cannot reasonably be replaced, a business partner, or an employee who is critical to the ongoing affairs of your business during your trip.

Medical Condition: Complications of pregnancy within the first 31 weeks of pregnancy, a mental or emotional disorder that requires admission to a hospital, accidental bodily injury, illness or disease validated by a physician.

Medical Consultation: Acquiring any medical service including but not limited to history taking, medical examination, investigative testing, advice or treatment from a physician for a symptom, ailment, sickness, illness or disease for which a diagnosis need not have been definitively made.

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.

Passenger Plane: A certified multi-engine transport type aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent and operated by a certified licensed pilot.

Period of Coverage: The period of time coverage is provided between your Policy purchase date and your Policy expiry date for trip cancellation/interruption benefits; or the period of time coverage is provided between your departure date and your Policy expiry date for all other benefits.

Physician: A medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than yourself or a family member.

Policy or Policies: This Policy contract, any riders or endorsements to the Policy, the Application for Insurance and shall form the entire contract. Only we have the authority to change the contract or waive any of its terms, conditions or provisions.

Policy Expiry Date: The date your coverage ends, as stated on your Application for Insurance.

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

Prescription Medication: Medication or medicine that can only be prescribed by a licensed physician or dentist and is dispensed by a licensed pharmacist.

Professional: A person who is engaged in a specific activity for which remuneration is received.

Recurrence: The appearance of symptoms caused by or related to a medical condition which was previously diagnosed by a physician or for which treatment was previously received.

Rental Car: A private passenger automobile used during your trip exclusively for transporting of passengers other than for hire.

Return Date: The date on which you are scheduled to return to your original point of departure of your insured trip as shown on your Application for Insurance.

Sickness: An acute illness, acute pain and suffering or disease requiring emergency medical treatment or hospitalization due to the sudden onset of symptoms.

Spouse: Someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the insurance starts.

Terminal Illness: A medical condition for which, prior to your trip in question, a physician gave a prognosis of eventual death or palliative care was received.

Terrorism: Act(s) including but not limited to the use or threat of force or violence (including hijacking and kidnapping) by an individual or group for the purpose of terrorizing or intimidating any person, government, group, association or the general public for ideological, political or religious reasons.

Travel Companion: Someone who shares travel arrangements with you up to a maximum of three companions.

Treatment, treat or treated: A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician, including but not limited to prescription medication, investigative testing and surgery. Treatment does not include the unaltered use of prescription medication for a medical condition which is controlled or a medical examination in which a physician observes no change in a previously identified condition.

Trip: The period of time between your departure date and your return date.

Violent Acts: Human physical force which injures or abuses you but does not include your involvement in an illegal activity, felonious assault or self-inflicted injury.

We, Us, Our refer to Industrial Alliance Pacific Life Insurance Company. This Policy is administered on our behalf by Travel Guard Canada, P.O. Box 4200 Station "D", Toronto, Ontario M9A 4X5 Tel: 1-866-878-0191.

You, Yourself, Your refer to the person(s) named as the Insured(s) on the Application for Insurance.

CLAIM PROCEDURES

If making a claim, we want you to call us as soon as possible in order to facilitate the process. We must receive notice of your claim within 30 days of your return home in order for us to provide you with a claim form specific to your loss.

To report a claim or to request a claim form call 1-866-270-2886.

To submit a claim, you must include the following:

- Fully completed claim form
- Proof of insurance payment and departure and return dates
- Originals of all travel tickets with attached baggage receipts, bills, invoices and receipts
- Written incident reports, police reports, doctor/hospital records; or death certificate, autopsy or coroner's report (where lawful).

For Emergency Accident and Sickness Benefits:

- You must notify us at 1-416-621-0750 (collect) or 1-866-878-0192 within 24 hours of 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 unless your medical condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

For Baggage/Personal Effects:

- Report loss or damage to police, local or conveyance authorities, tour operator representative, hotel manager or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report with your claim will result in the denial of your claim.
- In the event of theft or unauthorized use of your credit cards, you must notify the credit card company immediately to reduce your loss.
- You must also submit a letter of coverage or denial from the transportation carrier and/or your homeowner's insurance company.
- As proof of loss value, we may, at our option, request original receipts or sales slips for all lost or stolen articles claimed.

For Collision Damage Protection:

- Your car rental invoice
- Your rental agreement with the record of the damages that existed when you picked up the car
- Police report and rental car agency report including estimate of repair costs.