

NOTICE OF RIGHT TO EXAMINE THE POLICY FOR THE MEDICAL EMERGENCY PROTECTION:

You have ten (10) days, from the day You receive Your policy, to inspect it and verify the accuracy of Your declaration and application. This policy contains some limitations and exclusions. Please read it carefully and contact Your Representative if needed before leaving. If You are not completely satisfied, return it by registered mail to the Insurer (Trois-Rivières Office) and any premium paid will be refunded, provided that You have not taken any trip during the examination period. Failure to return the policy will be considered as an acceptance of all of its terms, conditions and limitations.

NOTE: If Your medical condition changes prior to Your Departure date, You must notify the Insurer and are not eligible for benefits under this policy if You submit a claim for that condition. The Insurer reserves the right to re-evaluate Your insurability before Your Departure date.

IMPORTANT: For benefits to be payable under this policy, You must have signed Your application and required premium payment must be received prior to *Departure date* and before any claim.

PLEASE NOTE: The meaning of words printed in *italics* throughout this document are explained in the «Definitions» Section (III).

IMPORTANT NOTICE

- Travel insurance in case of medical **Emergency** is designed to cover *Treatment(s)* due to a medical **Emergency** arising from sudden and unforeseeable circumstances. The insurance also covers the **Emergency** transportation costs to Your province of residence when needed (see section IV, 11B).
- The *Pre-existing Condition Exclusion* applies to medical conditions which are not *Stable and Controlled* and/or *Symptoms* that manifested themselves on or prior to *Your Departure date*. Check to see how this affects Your insurability.
- In the event of an *Accident, Injury* or *Sickness*, Your previous medical history will be reviewed to determine Your eligibility to benefits.
- We highly recommend whenever possible that you call 1-888-820-6588 before leaving to receive medical services.
- In all cases, You must notify **EMERGENCY ASSISTANCE** prior to any *Treatment*. Failure to do so and to obtain prior authorization may limit Your benefits to 70% of eligible charges up to a maximum of CAN \$25,000. Please refer to section XII. General Provision 10 for more details. Coordination of care must be from the onset and for the full duration of the *Treatment* involving the patient and/or family, treating *Physician* and emergency medical assistance.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL THE EMERGENCY ASSISTANCE IMMEDIATELY:

(Emergency Medical Assistance Company providing assistance 24 hours a day, 7 days a week)

CALL TOLL-FREE 1-888-820-6588 or collect 1-954-340-1912.

EMERGENCY MEDICAL ASSISTANCE:

- Co-ordinates Your medical *Treatment* and keeps Your family informed;
- Helps You locate a *Physician*, clinic or *Hospital*;
- Confirms Your insurance coverage to the *Hospital* and/or *Physician*;
- Guarantees or arranges payment to the *Hospital* or *Physician*, whenever possible;
- Arranges transportation of a family member to Your bedside, when indicated by circumstances;
- Arranges for Your repatriation to Your province of residence.

GENERAL ASSISTANCE:


- Assists You in contacting Your family, business partners or family *Physician*;
- Facilitates the delivery of urgent messages to family members;
- Helps You find legal counsel in the event of a serious *Accident*;
- Co-ordinates claim payments with Your provincial government health insurance plan.

I. INSURANCE AGREEMENT

After consideration and acceptance of the application for insurance You have completed and signed, and after reception of the required premium, subject to the eligibility and insurability terms and conditions of the policy, the Insurer will reimburse:

- All eligible covered expenses that relate directly to an *Emergency* occurring during an insured *Trip* outside of Your province and that exceed the benefits available to You under Your provincial government health insurance plan and/or any other insurance plan(s) in effect, if the Travel Insurance in Case of Medical Emergency protection has been chosen.
- The eligible covered expenses and loss resulting from an insured risk occurring during the *Policy period*, if the Trip Cancellation and Interruption protection or the Non Medical package has been chosen.

By signing the application and paying the required premium, You mandate and authorize the Insurer and Emergency assistance to submit to Your provincial government health insurance plan, claims for covered medical and *Hospital* services that You have received.



Richard Gagnon
President and CEO of LS-Travel



Marc Bourduas
Treasurer of LS-Travel

TOUR+MED PLANS

SINGLE TRIP PLAN

The SINGLE TRIP PLAN is offered for any trip outside Your province of residence and is valid for the length of the single trip.

ANNUAL PLAN (Multi-trip)

The ANNUAL PLAN provides coverage for multiple trips outside Your province of residence for a duration not exceeding the maximal duration option chosen on the application during the policy year. Coverage under this plan begins on Your *Effective Date* and terminates on the first anniversary of Your *Effective Date*. Individual trips must be separated by a return to Your province of residence or to Canada. You are not required to provide advanced notice of the departure and

return date of each trip; however, *You* will be required to provide proof of *Your Departure date* and return when filing a claim (e.g. Airline ticket or customs /immigration stamp). The Annual Plan also provides coverage during the *Policy period* for unlimited travel within Canada but outside *Your* province or territory of residence.

FAMILY PLAN

The family protection, available for trips of 48 days and less, also covers *Your Children* travelling with *You* and whose names appear on the application.

II. ELIGIBILITY

You are eligible for coverage if You:

- On *Departure date*, are aged more than 3 months for the TOUR+MED INTERNATIONAL Plan (Single Trip), 3 months to 79 years for the TOUR+MED INTERNATIONAL Plan (Annual Plan), and are under 90 years of age for the Trip Cancellation and Interruption coverage and the Non Medical package; and
- maintain *Your* permanent residence in Quebec, New-Brunswick or Ontario; and
- are eligible for benefits under *Your* respective Provincial Government Health Insurance plan; and
- meet all the eligibility criteria outlined on the application.

III. DEFINITIONS

“Accident/Accidental” - Unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

“Caregiver” - Means a permanent, full-time person entrusted with the care of *You* or *Your Children*, care, and who cannot reasonably be replaced in their absence.

“Change” - Means any of the following alteration or deterioration of *Your* health status: onset of new and/or more frequent *Symptoms*; *You* have sought consultation from a *Physician*; *You* have been hospitalized; *You* have undergone examinations or tests for the purpose of establishing a diagnosis (other than routine); *Your Treatment* has been modified; *You* have been prescribed a new *Medication* or the dosage and/or the frequency of an existing *Medication* has increased or decreased (except for Insulin/Coumadin) and/or the *Medication* was stopped;

“Children” - Means *Your* sons and daughters aged between 3 months and 21 years at time of departure, who are unmarried and dependent on *You* for support.

“Common carrier” - Means an entity licensed to carry paying passengers by land, water or air.

“Complementary Insurance” - Means the insurance subscribed with the *Insurer* before *Your Departure date* to be in effect immediately after another insurance policy issued either from the *Insurer* or from another company. *You* are responsible for verifying that *Complementary Insurance* is permitted by the underwriter of the other travel policy. If it is subsequently determined that extension was not permitted, the *Insurer* will decline any liability and the *Complementary Insurance* premium will be refunded. *The Insurer* must be advised of any *Change* in health status as soon as there is a medical consultation while insured by the other travel insurance.

“Confirmation letter” - Is a letter that the *Insurer* sends *You* to confirm details of *Your* insurance based on the information *You* supplied on *Your* application.

“Covered life” - For the *Emergency Medical* protection, the Baggage protection and Accidental Death and Dismemberment protection, it means each person mentioned as an insured in the application. For the Trip Cancellation and Interruption protection, it means *You*; *Your Immediate family* (including *Your Spouse*); *Your* host at destination; *Your Travelling companion*; a *Caregiver*; a *Key employee*; or a business partner.

“Departure date” - Means the date on which *You* are scheduled to start *Your Trip* as shown in *Your* application (using the local time at *Your* Canadian address).

“Departure point” - Means the city *You* depart from on the first day of *Your Trip*.

“Dismemberment” - Means irrevocable severance of an arm or a leg above the wrist or ankle joint.

“Effective Date” - For the Medical *Emergency* coverage, means the latest between the date the application and premium are received by the *Insurer*, or 12:01 AM on the date indicated as the *Effective Date* on the application for insurance. For Trip Cancellation and Interruption is the date the application and the full premium payment are received by the *Insurer*. *Effective date* for Baggage and *Accidental Death and Dismemberment* coverage is *Departure date*.

“Emergency” - An unexpected *Sickness* or *Injury* that requires immediate medical attention or *Treatment* to prevent a threat to the life or health of the insured or minimize such a threat. It ceases to be considered an *Emergency* when the condition is medically stable based on the specific situation and subject to the assessment of the Emergency assistance company's Medical Director. In such cases the insured may return to his/her province of residence. For the Trip Cancellation and Interruption protection, the *Emergency* must be so disabling as to cause a reasonable person to delay, cancel, or interrupt their *Trip*.

“Event” - Means *any Accident, Sickness* or occurrence which, according to this insurance policy, would generate a claim.

“Exclusion” - Medical care or any other service directly or indirectly related to a specific condition not subject to reimbursement.

“Expiration Date” - Means the earliest between midnight on the day indicated as *Expiration Date* on the application, the date the *Insured* returns to his(her) province of residence or the date of the *Event* that caused the cancellation of the policy if *Your Trip* is cancelled before departure.

“Hospital” - Any facility duly licensed by the local authorities as a *Hospital* that regularly treats patients through an ER on an inpatient or outpatient basis.

“Hospitalization” - An emergency room admission or an inpatient admission, for at least 18 hours, in a *Hospital*

“Immediate Family” - Means parents, grandparents, *Children*, grandchildren, brothers, sisters of the insured and his/her *Spouse*.

“Injury” - A sudden bodily wound directly caused by an *Accident* during the *Policy Period* and unrelated to *Sickness* and/or any other cause.

“Insurer, We, Us” - Means LS-Travel, Insurance Company

“Key employee” - Means an employee of a business *You* own, whose presence is critical to the ongoing affairs of *Your* business during *Your* absence.

“Limitation” - A physical or mental condition that prevents a person from carrying out an activity or a normal function.

“Loss of hearing” - Means complete and irrecoverable loss of hearing.

“Loss of sight” - Means complete and irrecoverable loss of eyesight.

“Loss of speech” - Means complete and irrecoverable loss of speech.

“Medication” - A chemical or biological substance that changes or corrects the organic functions or course of a *Sickness*. The *Medication* must be prescribed by a licensed *Physician* and listed in *Your* medical records.

“Minor ailment” - Any sickness or injury which does not require:

- 1) the use of medication for a period greater than 15 days, or
- 2) more than one follow-up visit to a physician, or
- 3) hospitalization or surgical intervention or referral to a specialist.

To be considered as a *Minor ailment*, the sickness or injury must end at least 30 consecutive days prior to the *Departure date* of each *Trip*. However, a chronic condition, a condition requiring ongoing medical attention and the reoccurrence of a sickness or a relapse or secondary condition resulting from the original injury in the six months period following the initial manifestation are not considered a *Minor ailment*.

“Minor surgery” - Any surgery not requiring general anesthesia.

“Physician” - An individual who is qualified and legally licensed to prescribe *Medications*, to provide medical *Treatment* and to perform medical operations at the location where services are obtained. A *Physician* does not include a naturopath, herbalist or homeopath. Also, for any payable benefit under this policy requiring a confirmation, a prognosis or a diagnosis from a *Physician*, the *Physician* must not be a member of *Your* family.

“Policy Period” - Period between the *Effective Date of Coverage* and the *Expiration Date* of the policy.

“Pre-existing Condition” - A medical condition for which *You* have consulted a *Physician*, received or are receiving a *Treatment* or exhibited *Symptoms* for which you have or have not consulted a physician prior to the *Departure date*. This term also relates to a medically recognized complication or *Recurrence* of a medical condition.

“Recurrence” - The reappearance of *Symptoms* caused by or related to a medical condition which was previously diagnosed by a *Physician* or for which *Treatment* was previously received.

“Representative” - Any legal entity or person authorized by the *Insurer* to sell this insurance and accept premium payments.

“Schedule change” - Means the later departure of an airline carrier causing *You* to miss *Your* next connecting flight via another airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *You* have purchased for *Your* prior connector flight via another airline carrier (or connecting cruise ship, ferry, bus or train). *Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

“Sickness” - An unforeseeable illness or disease that requires *Emergency* medical *Treatment* or care during the *Policy Period*.

“Spouse” - Means the person to whom *You* are legally married or a person who has been living with *You* in a conjugal relationship and has been publicly represented as *Your* partner for a minimum of one year. *You* may only have one *Spouse* for the purposes of this insurance.

“Stable and controlled” means any medical condition (other than a *Minor ailment*) for which all the following statements are true:

1. there has been no new diagnosis, *Treatment* or prescribed *Medication* (including prescribed “as needed”);
2. there has been no change in *Treatment* frequency or type, or change in *Medication*, including the amount of *Medication* to be taken, its dosage or the type of *Medication**;
- * Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral *Medication* to control diabetes in order to maintain an optimal control (as long as they are not newly prescribed or stopped) or a change from a brand name *Medication* to a generic brand *Medication* (provided that the dosage is not modified);
3. there has been no change in the frequency or the severity of the *Symptom* (new *Symptom*, more frequent *Symptom* or more severe *Symptom*);
4. there have been no test results showing deterioration;
5. there has been no *Hospitalization* or referral to a specialist (made or recommended) and *You* are not awaiting the results of further investigations for that medical condition.

“Symptom” - Pain, feeling, weakness, sensitivity reported by the patient or a pathologic disorder which is documented in his/her medical chart.

“Terminal Illness” - A medical condition for which there is cause for a *Physician* to estimate a life expectancy of twelve (12) months or less.

“Tour+Med Plans” - Include the plans Tour+Med International (single trip and annual) insured by LS-Travel.

“Travelling / Travel companion” - Under Cancellation and Interruption protection and Non Medical package, means the person with whom *You* are sharing travel arrangements and prepaid accommodation and that is named so in the application.

“Treatment” - Any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *Physician*, including monitoring of specific issues following abnormal test results and/or changes in health condition, prescribed *Medications* (including *Medication* prescribed “as needed”), investigative tests and surgery.

“Trip” - Means a trip outside of *Your* province of residence taken by *You* during the *Policy Period*.

“Vehicle” - An automobile, motorcycle, recreational vehicle (RV), van or trailer owned or leased by the insured.

“You” and “Your” - Each person named on the application for insurance and who is covered under the policy.

IV. TRAVEL INSURANCE IN CASE OF MEDICAL EMERGENCY

This protection provides benefits in case of medical *Emergency*. Please refer to *Your* application and to *Your Confirmation Letter* to determine if *You* are covered by this optional protection.

The following benefits are provided for each insured, for costs deemed reasonable and customary and in excess of amounts covered under the provincial government health insurance plans and/or any other plan covering the insured. The over-all amount of benefits payable after any other in force insurance is subject to a maximum of CAN \$5,000,000 per *Policy Period*.

1. HOSPITAL / MEDICAL EXPENSES

The cost of *Hospitalization* in a semi-private room, up to the limit deemed reasonable and customary for the area where *You* are hospitalized.

2. INCIDENTAL HOSPITAL EXPENSES

Reimbursement of expenses associated with a covered *Hospitalization* (telephone, television, parking etc.), subject to presentation of original receipts, up to a maximum of CAN \$100 per *Hospitalization*.

3. PHYSICIANS' FEES

Fees charged by *Physicians*, up to the limit deemed reasonable and customary for the area where the *Treatment* is provided.

4. MEDICAL APPLIANCES

Costs for the purchase of splints, casts, crutches, canes, slings, trusses, orthopaedic corsets or for the rental of walkers or wheel chairs, when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area where *Treatment* is provided.

5. PRIVATE DUTY NURSING CARE

Fees for a registered nurse (other than a relative of the insured) for private care while convalescing at *Your* travel home, immediately following a covered *Emergency Hospitalization*, and when prescribed by the attending *Physician* and deemed medically necessary, up to a maximum of CAN \$3,000 per *Event* and per insured, subject to EMERGENCY ASSISTANCE's approval.

6. DIAGNOSTIC SERVICES

Costs for laboratory tests and X-rays required for the *Treatment* of an *Emergency* and when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area of *Treatment*.

7. PRESCRIPTION DRUGS FOR EMERGENCY TREATMENT

Cost of *Medication(s)* prescribed by a *Physician* for a NEW covered condition following a medical *Emergency*. All eligible prescriptions are subject to a non refundable US \$5.00 co-pay. Payment of the prescription will only be valid for the initial 30 days after the onset of an *Emergency*. The cost of prescription renewals beyond this period is not covered.

8. EMERGENCY DENTAL CARE

Fees for the services of a dental surgeon for the *Treatment* of an *Injury* from an *Accidental* blow to the mouth causing damage to natural and healthy teeth or for the *Treatment* of a fracture or dislocation of the jaw. *Treatment* must begin and end during the *Policy Term*. The maximum benefit payable is CAN \$1,000 per *Accident*, per insured.

However, damage caused as a result of a deliberate introduction of food or an object into the mouth or the loss of a filling is not covered. Root canals, crown implants and any replacement or repair of artificial teeth are not covered, whether resulting from an *Accident* or not.

9. AMBULANCE SERVICES

The cost of local ambulance services to the nearest qualified medical facility in the case of an *Emergency* and for inter-Hospital transfers.

10. PARAMEDICAL FEES

Fifty percent (50%) of the cost of the services provided by a chiropractor, podiatrist or physiotherapist (including x-rays prescribed by these professionals), up to CAN \$300 per insured. Original invoices and proof of payment are required.

11. TRANSPORTATION EXPENSES

The following services must be pre-approved and pre-arranged by EMERGENCY ASSISTANCE:

A. EMERGENCY TRANSPORTATION TO THE INSURED'S BEDSIDE

Round trip economy airfare will be reimbursed for one (1) *Immediate Family* member via the most direct route from Canada to the *Hospital* where the insured has been a patient for no less than seven (7) consecutive days, provided the attending *Physician* gives written confirmation that the insured's condition is sufficiently serious to warrant the visit or, when necessary in the event of death, to identify the deceased prior to the release of the body.

B. EMERGENCY AIR TRANSPORTATION

In consultation with the attending *Physician*, or following an *Emergency* that requires that the insured be returned to his/her province of residence for immediate medical attention, the *Insurer* will reimburse the cost of transporting the insured and his/her travel companion (also insured under a TOUR+MED PLAN policy) to the insured's residence in Canada by means of air ambulance, one-way economy airfare on a commercial airline, or a stretcher on a commercial airline (with or without the services of a medical attendant), as determined on a per case basis depending on the circumstances.

C. RETURN OF DECEASED

The *Insurer* will reimburse the costs deemed reasonable and customary for the preparation and transportation of the remains of the deceased insured to his/her residence in Canada. The cost of cremation or burial at the place of death is covered, when deemed reasonable and customary by the *Insurer*. The cost of the coffin or urn and other funeral costs are not covered.

D. RETURN OF VEHICLE

The *Insurer* will reimburse for the return of the insured's private *Vehicle* to the insured's city of residence, or to the nearest appropriate rental agency in the case of a rental *Vehicle*, up to a maximum of CAN \$2,000. Original receipts are required. A written recommendation from the attending *Physician* attesting that the insured is incapable of returning by *Vehicle* or requires assistance to do so may be required by the *Insurer*. The cost of gasoline for a recreational *Vehicle* (RV) is not covered and must be paid by the insured.

12. DELAYED RETURN EXPENSES

When the return portion of an insured *Trip* is delayed as the result of a medical *Emergency*, or the death of the insured or a member of his/her *Immediate Family* during the *Policy Period*, the *Insurer* will reimburse a maximum of CAN \$150 a day, up to a maximum of CAN \$1,000 per *Covered Life*, for costs deemed necessary and reasonable for meals and accommodations.

13. EMERGENCY ROUND TRIP

(Benefit not applicable to ANNUAL PLANS and/or single trip Plans with stay less than 30 days).

This benefit will reimburse the unexpected and eligible cost of air transportation for the following emergencies:

- Death or *Hospitalization* for a minimum consecutive period of 7 days of a member of *Your Immediate Family*;
- Damages that result in *Your* principal residence becoming uninhabitable;
- Unforeseen events that have seriously affected *Your* business.

Upon receipt of a claim form and supporting documentation, the *Insurer* will reimburse reasonable and customary expenses, for a single round trip, by plane, via the most direct route in economical class to the insured's province of residence, up to a maximum of CAN \$1,500 per insured during the *Policy Period*.

You must contact the *Insurer* at 1-800-268-9633 in order to avoid interruption of your insurance coverage (Refer to the last section of the Policy).

You are not eligible to this benefit:

- If, during the 6 months prior to *Your* departure, the member of *Your Immediate Family* has been hospitalized or has been in a nursing home intended for patients with limitations requiring ongoing medical assistance (like a residential and long-term care centre (LTCH/CHSLD)) or has been diagnosed with a *Terminal illness*; or
- If, at the time of application, *You* were aware of circumstances which could force *Your* return at an earlier date than that anticipated at time of purchase.

14. ACCIDENTAL DEATH INSURANCE

The insured is hereby covered for the *Accidental* loss of life in the amount of CAN \$25,000. Death must result directly from an *Accident*, and independently from any other cause, be sustained during an *Insured trip* and occur within 365 days following the date of the *Accident*.

V. TRIP CANCELLATION AND INTERRUPTION COVERAGE

Please refer to *Your Confirmation Letter* to determine if *You* are covered by this protection and to determine the corresponding covered amount.

A. GENERAL INFORMATION

To be eligible for this insurance, *You* must be a Canadian resident and have purchased this policy within ten days of the first non-refundable deposit of your trip. *You* must purchase insurance for the full duration of *Your Trip* and for an amount sufficient to cover the full value of the non-refundable, non-transferable portion of *Your* travel arrangements, to a maximum of CAN \$12,000.

Trip Cancellation coverage reimburses *You* for covered benefits *You* incur for *Trips* cancelled before *Your Departure date*. Trip Interruption coverage reimburses *You* for covered losses *You* incur for *Trips* that are interrupted or delayed after *Your Departure date*.

Following the cancellation or interruption of a *Trip*, *You* are entitled to a reimbursement of losses incurred according to:

- The Insured risks outlined below; and
- The maximum amount of each insured benefits; and
- The maximum amount indicated on *Your Confirmation Letter*.

The Trip Cancellation and Interruption coverage starts when *You* are named on a duly completed application and when *Your* full premium has been paid.

The Trip Cancellation and Interruption coverage ends on the earliest of:

- a) the date *You* return to *Your* province of residence;
- b) the date on which *You* are scheduled to return to *Your Departure point*; and

- c) the date of the cause of cancellation, if *Your Trip* is cancelled before *Your Departure date*. *Your* premium can only be refunded:
 - a) if the travel supplier cancels or changes *Your Trip* before *Your Departure date* and all cancellation penalties are waived; or
 - b) if *You* cancel *Your Trip* before any cancellation penalties are in effect.

B. INSURED RISKS

A maximum benefit of the amount indicated on *Your Confirmation letter* is provided to cover the specific losses, listed in the Covered Benefits (Section C below), which result from the cancellation or interruption of *Your Trip* due to one of the following insured risks:

1. Medical Conditions and Death

You, a member of *Your Immediate family*, *Your Traveling companion*, *Caregiver*, *Your* host at destination, a business partner or *Key employee*:

- a) Die(s), within the 30 days prior to *Your Departure date*, or during *Your Trip*; or
- b) Suffer(s) from an *Emergency* medical condition

For Trip Cancellation benefits, a physical examination by a *Physician* must take place within 72 hours preceding the cancellation is made. For *Trip* Interruption benefits, this examination must take place during *Your Trip*.

2. Pregnancy and Adoption

- a) Unexpected complications of pregnancy for *You*, *Your Spouse*, *Your Travelling companion* or *Your Travelling companion's spouse* during the first 31 weeks of pregnancy.
- b) If *Your*, *Your Spouse's*, an *Immediate family member's*, *Your Travelling companion's*, pregnancy is diagnosed after the insurance was purchased and if the departure is scheduled within the 9 weeks preceding or following the expected date of delivery.
- c) The legal adoption of a child by *You* or *Your Travelling companion*, when the actual date of that adoption is scheduled to take place during *Your Trip*.

3. Government Advisories and Visas

- a) A written, formal travel advisory issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of *Your* insurance warning Canadians not to travel to a country, region or city that is part of *Your Trip*.
- b) The non-issuance of *Your* or *Your Travelling companion's* travel visa for reasons beyond *Your* or *Your Travelling companion's* control. The non-issuance of a travel visa due to late application is not covered. Non-issuance of immigration or employment visa is not covered.

4. Employment and Occupation

- a) If after having been with the same employer for at least two (2) years, *You*, *Your Spouse* or *Your Travelling companion* are terminated or laid off, after *Your Effective date*, for reasons that were not caused by *You*.
- b) *Your*, *Your Spouse's* or *Your Travelling companion's* employer initiated transfer after *Your Effective date* resulting in the relocation of their principal residence.
- c) *You* or *Your Travelling companion* being summoned to service in the case of reservists, active military, police or fire personnel.

- d) The cancellation of a business meeting directly related to *Your* occupation and profession for which *Your Trip* was intended, when that meeting was organized by an independent party.

5. Delays

- a) The delay of *Your* or *Your Travelling companion's* prepaid Common carrier that is part of *Your Trip* due to weather conditions, earthquakes or volcanic eruptions for a period of at least 30% of *Your Trip* when *You* choose not to continue with *Your* travel arrangements.
- b) The delay that causes *You* to miss or interrupt part of *Your Trip* when a private automobile is delayed due to weather conditions, earthquakes, volcanic eruptions, mechanical failure, a traffic accident or an emergency police-directed road closure, provided the automobile was scheduled to arrive at the departure point at least 3 hours before the scheduled time of departure.
- c) The cancellation of *Your* cruise before the departure of *Your* cruise ship due to mechanical failure, grounding or quarantine of the cruise ship or the repositioning of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.
- d) *You* missed *Your* connection resulting from a Schedule change by the airline carrier that is providing transportation for part of *Your Trip*.

6. Other Covered Risks

- a) *Your* being required to serve on a jury or *You* are being served with a court order or subpoena, requiring *You* to appear in court, this excludes law enforcement officers.
- b) *You, Your Spouse, Your Children* or *Your Travelling companion* are quarantined or the transportation vessel being used is hijacked.
- c) *You* or *Your Travelling companion's* principal residence being made uninhabitable because of fire, flood, burglary, vandalism or natural disaster.
- d) *You* or *Your Travelling companion's* own a place of business which *becomes* inoperative because of fire, flood, burglary, vandalism or natural disaster.
- e) *You* or *Your Travelling companion* are victim of a criminal assault within 10 days prior to *Your Departure date*. An indictable criminal assault inflicted by *You*, an *Immediate family* member, *Travelling companion* or *Travelling companion's* family member is not a covered risk under this insurance.
- f) The death of *Your* or *Your Travelling companion's* service dog after the purchase of this insurance, when the dog is required for *Your* or *Your Travelling companion's* medical disability and the dog has been included in the travel arrangements.

C. COVERED BENEFITS

When *You* incur losses following one of the six (6) insured risks described previously, the *Insurer* will reimburse:

Trip Cancellation Benefits (prior to date and time of departure)

1. *Trip* payments or deposits incurred as a result of cancellation penalties up to the selected sum insured, provided no credits were issued by the supplier and the tickets are unused, unusable, forfeited, non-refundable and non-transferable;

2. The additional cost resulting from a change in the per-person occupancy rate up to the sum insured chosen, for prepaid travel arrangements if a *Travelling companion's Trip* is cancelled for one of the above insured risks and *Yours* is not.

Trip Interruption Benefits (after date and time of departure)

1. Reimbursement of *Trip* payments or deposits incurred as a result of cancellation penalties provided no credits were issued by the supplier and the tickets are unused, unusable, forfeited, non-refundable and non-transferable;
2. The additional cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a *Travelling companion's Trip* is interrupted for one of the above insured risks and *Yours* is not;
3. Reasonable, additional accommodation and transportation expenses up to CAN \$250 per day up to a maximum of 3 days if a covered travelling *Immediate family* member or *Travelling companion* must remain hospitalized;
4. Reasonable, additional transportation expenses needed to reach *Your* return destination or to travel from the place *Your Trip* was interrupted to the place where *You* can rejoin *Your Trip* and the unused portion of any non-refundable, non-transferable land, water and/or air arrangements that were paid as part of *Your Trip*;
5. Reasonable, additional travel costs for *You* to reach *Your* scheduled destination if *You* must depart after *Your Departure date* as a result of one of the above insured risks.

The benefits paid under 4 and 5 above will not exceed the cost of economy airfare via the most direct route on the next available carrier to *Your* next destination, less any amounts for which *You* have been reimbursed.

D. CONDITIONS AND LIMITATIONS

1. *You* must purchase insurance for the full value of the non-refundable, non-transferable portion of *Your* travel arrangements and have purchased this policy within ten days of the first non-refundable deposit of your trip. The maximum benefit payable under the *Trip* cancellation benefit is CAN \$12,000.
2. *You* must notify the appropriate travel insurance supplier(s) of *Your* cancellation or interruption on the same day the situation causing it happens or, should the condition prevent it, at the earliest possible opportunity. Failure to do so, will result in *Your* claim will not being paid.
3. If *You* are eligible through another insurer for benefits similar to those provided in this policy, the total benefits all insurers pay *You* may not exceed the actual expenses *You* have incurred. *We* will coordinate the benefit payments from all insurers to a maximum of the largest amount payable by each insurer.
4. *We* reserve the right to take action against a third party at fault for the expenses *You* incurred. *You* agree to cooperate fully with us to bring suit in *Your* name against a third party (at *Our* expense). If *You* recover expenses against a third party, *You* agree to reimburse us for any excess amounts *We* have paid *You*.

VI. BAGGAGE COVERAGE

This benefit is included if *You* have purchased the Non Medical Package. Please refer to *Your Confirmation letter* to determine which coverage *You* have selected.

A. Insured Risks and Benefits

1. This insurance covers loss, damage or theft of baggage and personal effects occurring on *Your Trip*. The maximum amount *We* will reimburse is CAN \$500 for a single item or set of items and CAN \$1,000 overall under this policy.
2. *We* will reimburse *You* up to CAN \$200 in total for the cost of replacing *Your* passport, driver's license, birth certificate or travel visa if lost or stolen during *Your Trip*.
3. *We* will reimburse *You* up to CAN \$400 for the purchase of necessary and essential missing clothing and toiletries if, during *Your trip*, *Your* personal baggage is delayed or misdirected for at least 12 hours by a *Common carrier* before returning to *Your Departure point*.

B. CONDITIONS AND LIMITATIONS

1. In the event an item covered by this insurance is lost or damaged *You* must:
 - a) Immediately notify law enforcement at the location where the loss has occurred or, if they are not available, the hotel manager, tour guide or transportation authorities. *You* must inform them of the value and description of *Your* property and obtain corroborating documentary evidence;
 - b) Immediately take all measures to recover *Your* property;
 - c) Obtain a police report in the event of stolen baggage or personal effects;
 - d) File written proof of loss with *Us* immediately upon *Your* return to *Your Departure point*. Failure to comply with these conditions will invalidate *Your* claim.
2. All benefits payable to *You* under this coverage are in excess of any payments provided by a *Common carrier* or any other insurance *You* may have.
3. The insurance will pay the lower of:
 - a) The actual purchase price of a similar item; or
 - b) The actual cash value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the insurance will pay up to 75% of the determined depreciated value); or
 - c) The cost to repair or replace the item.
4. The benefit is payable provided that *You* have taken all reasonable measures to protect, save and/or recover *Your* property at all times.

C. EXCLUSIONS

The following property is not covered:

1. Animals;
2. Automobiles and their equipment, motorcycles, scooters, mopeds and motors;
3. Bicycles, skis, snowboards (except when checked with a *Common carrier*);
4. Aircraft, boats or any other types of vehicles or conveyances;
5. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
6. Tickets, keys, money, securities, bullion, stamps, credit cards, documents and deeds; breakage of fragile articles, glass objects;
7. Property shipped as freight or shipped prior to *Your Departure date*;
8. Rugs or carpets of any type;
9. Perishables, medicines, perfumes, cosmetics and consumables;
10. Property used in trade, business or for the production of income;

11. Antiques or collectibles;
12. Property that is left behind in a public place or in an unattended vehicle unless the vehicle (including the vehicle's trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry; or
13. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

VII. ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

This benefit is included if *You* have purchased the Non Medical Package. Please refer to *Your Confirmation letter* to determine which coverage *You* have selected.

A. COVERED RISKS

This benefit provides coverage for death or *Dismemberment* resulting directly from an *Accidental* bodily injury that occurs during *Your Trip*. The *Dismemberment* or death must occur within 90 days from the date of the *Accident*.

The *Accident* on a *Common carrier* while in flight benefit must also occur while *You* are riding as a passenger:

- a) on a ticketed portion of *Your Trip*; or
- b) in a limousine or bus service provided by airport or airline authorities; or
- c) in a scheduled helicopter shuttle service as part of *Your Trip*.

B. COVERED BENEFITS

We will pay 100% of the sum insured for *Accidental* death, multiple *Dismemberment*; the *Loss of sight* of both eyes, or the complete and irrecoverable loss of speech or hearing, according to the following applicable *Accident* description:

The sum insured is one and only one of the following:

1. CAN \$100,000 if *You* have an *Accident* on a *Common carrier* while in flight on *Your Trip*; or
2. CAN \$50,000 if *You* have an *Accident* on a *Common carrier* while not in flight on *Your Trip*; or
3. CAN \$10,000 if *You* have another type of *Accident* while on *Your Trip*.

We will pay 50% of the above applicable sum insured for single *Dismemberment* or the *Loss of sight* in one eye, according to the applicable *Accident* description.

VIII. EXCLUSIONS AND REDUCTIONS OF COVERAGE

(The X marks presented in the 3 right-end columns indicate to which protection each exclusion applies.)

Benefits are not payable under this policy if losses sustained or expenses incurred are the direct or indirect result of any of the following, for:			
3. Accidental death and <i>Dismemberment</i> protection			
2. Trip Cancellation and Interruption protection			
1. <i>Emergency</i> medical protection			
	1	2	3
1. Any conditions or <i>Changes</i> in <i>Your</i> health (except <i>Minor ailment</i>) that have not been <i>Stable and Controlled</i> for a period of three (3) months before departure for insured aged 3 months to 60 years and for a period of six (6) months before departure for insured aged 61 and over, unless specified otherwise in writing by the Insurer. Exception: High blood pressure requires only 1 month stability before departure unless you suffer from cardiac (heart), vascular, respiratory (lung) or neurological conditions.	X		
2. Any pre-existing conditions resulting directly or indirectly from: A. A medical condition or related condition of a <i>Covered Life</i> , if at any time in the 90 days before <i>Your Effective date</i> , that medical condition or related condition of the <i>Covered Life</i> has not been <i>Stable and controlled</i> . B. A heart condition of a <i>Covered Life</i> , if at any time in the 90 days before <i>Your Effective date</i> , a) Any heart condition has not been <i>Stable and controlled</i> ; or b) The <i>Covered Life</i> has taken nitroglycerin more than once per week specifically for the relief of angina pain. C. A lung condition of a <i>Covered Life</i> , if, at any time in the 90 days before <i>Your Effective date</i> , a) Any lung condition has not been <i>Stable and controlled</i> ; or b) The <i>Covered Life</i> has been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.		X	
3. Any medical service, procedure or <i>Treatment</i> not authorized by the EMERGENCY ASSISTANCE, not considered to be an <i>Emergency</i> as defined herein this policy and by the medical director of the EMERGENCY ASSISTANCE. This includes but is not limited to blood tests (i.e., Coumadin), observation, exploratory and/or investigative tests or exams, experimental drugs, vaccines or preventive medicines, elective <i>Treatments</i> , cosmetic surgeries, MRI, check-ups, ear cleaning, cardiac catheterization, angioplasty, colonoscopy, endoscopy, biopsy, cystoscopy, surgery and insertion, removal or adjustment of implants.	X		

	1	2	3
4. Cosmetic or any other elective surgery or non-emergency consultation or <i>Treatment</i> ;		X	
5. Any <i>Recurrence</i> of a condition investigated or <i>Symptoms</i> for which <i>Treatment</i> has been received during the <i>Insured Trip</i> (in such cases, the <i>Insurer</i> reserves the right to exclude the condition).	X		
6. Any charge related to the <i>Treatment</i> of a <i>Sickness</i> or an <i>Injury</i> that was incurred in <i>Your</i> province of residence.	X		
7. Any medical condition for which <i>Symptoms</i> were either ignored by the insured or for which the insured did not follow medical advice and/or recommended <i>Treatment</i> , including directives issued by the Emergency Assistance or the Insurer.	X		
8. Any <i>Treatment</i> or test related to a condition under investigation, including any condition for which results were not within normal range before departure.	X		
9. Any costs related to replacing, repairing or adjusting any prosthesis.	X		
10. Ground transportation to and from a <i>Hospital</i> or a doctor's Office or a clinic, except in the case of an <i>Emergency</i> as defined in this policy.	X		
11. The purchase of any drug, prescribed or not, available over the counter.	X		
12. Any cost resulting from pregnancy and/or complications thereof, after the 26 th week of pregnancy.	X		
13. Any <i>Accident</i> while participating in professional or competitive sports, any race or speed contest, gliding, hang-gliding, mountaineering, spelunking, rafting, acrobatic skiing or snowboarding (including kitesurf), bungee jumping, parachuting or other aerial activities or underwater activities using a breathing apparatus, (except snorkelling) or any activities or any activities requiring that the insured signs an accident waiver and release of liability form.	X	X	
14. Any loss resulting from an air travel <i>Accident</i> , except as a fare paying passenger on a commercial airliner or charter aircraft with a seating capacity of six (6) or more passengers.	X	X	
15. Any <i>Treatment</i> or <i>Medication</i> related directly or indirectly to sexually transmitted disease and/or Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS).	X		
16. Alcohol or <i>Medication</i> abuse, drug and/or other toxic substance abuse and any alcohol induced and/or related illness and/or <i>Accident</i> , and non-compliance compliance to a medical prescription. Alcohol abuse is defined as having a blood alcohol level in excess of eighty (80) milligrams per one hundred (100) millilitres of blood.	X	X	X

	1	2	3
17. Any travel outside the province of residence to seek medical advice or <i>Treatment</i> , even if recommended by a <i>Physician</i> .	X	X	
18. Suicide, attempted suicide or self-inflicted <i>Injury</i> , whether the insured is declared sane or insane.	X	X	X
19. Any <i>Injury</i> or <i>Sickness</i> or <i>Trip</i> cancellation or interruption cause arising from: a) Civil unrest; b) War or acts of war (declared or undeclared); c) Intentional exposure to a peril; d) Political instability; e) The participation or intent to commit any criminal or illegal activity by <i>You</i> or <i>Your</i> beneficiary; f) Exposure to a health hazard while travelling in a place, region or territory not recommended following a formal travel advisory by the Canadian government*. * It is <i>Your</i> responsibility to verify the status of <i>Your</i> destinations; the <i>Insurer</i> reserves the right to deny any coverage and/or claim.	X	X	X
20. Any <i>Accident</i> or <i>Sickness</i> arising from a terrorism act.	X		X
21. Any mental, psychiatric, psychological, psychotic or nervous disorder, including depression, anxiety and insomnia.	X	X	X
22. Care or services provided for the sole convenience of the patient.	X		
23. Any <i>Treatment</i> that could reasonably be delayed until the insured's return to his/her province of residence even if the perception is that the care may be of less accessibility and quality in the province of residence (see definition of <i>Emergency</i>).	X		
24. Any eye <i>Treatment</i> for a new condition is limited to CAN \$500. If surgery or laser <i>Treatment</i> is a medical <i>Emergency</i> , the benefit shall be limited to fifty percent (50%) of the actual cost, up to a maximum of CAN \$2,000. Any cost related to glaucoma and/or cataract surgery is not covered.	X		
25. Any change or adjustment in prescribed <i>Medication</i> taken for an existing condition prior to departure.	X		
26. Any organ retrieval, donation and/or transplant and blood donation.	X		

	1	2	3
27. A refusal by the insured (or his/her family), to be transferred to another <i>Hospital</i> or be repatriated to his/her province of residence. E.g., after completion of a medical assessment, consultation with the attending <i>Physician</i> and seeking of a second opinion (if necessary), the insured's condition is deemed stable by the medical director of the EMERGENCY ASSISTANCE for transport on public or private carrier (whichever is considered most appropriate), but the insured refuses such transport; in such cases, the insured is no longer covered and the <i>Insurer</i> is relieved of any further liability.	X		
28. Any condition or <i>Injury</i> sustained during the performance of a remunerated activity or occupational duty if <i>Your</i> remunerated activity or occupational duty requires <i>You</i> to spend more than 14 days outside <i>Your</i> province during the <i>Policy Period</i> .	X		
29. Any benefits related to an <i>Injury</i> or <i>Sickness</i> sustained before the <i>Effective Date of Coverage</i> of the policy, except when the insured was covered with an Annual Plan from the <i>Insurer</i> for the initial part of the covered trip.	X		
30. Any medical condition or anticipated event, occurrence, circumstance that <i>You</i> are aware of when <i>You</i> book <i>Your</i> trip or at the time of purchase of this coverage, which might reasonably be expected to prevent <i>You</i> from travelling as booked or if <i>You</i> have decided to travel against the advice of a <i>Physician</i> .	X	X	
31. Unless specifically provided for in the <i>Insured Risk</i> section, routine pre-natal care, fertility treatments, elective abortion, a child born during <i>Your Trip</i> , <i>Your</i> pregnancy or childbirth, complications related to <i>Your</i> pregnancy when they happen within nine (9) weeks before or after the expected date of delivery.		X	
32. Nuclear reaction, exposure to radiation/radioactive.		X	X
33. Bankruptcy or insolvency of a retail travel agent, agency, tour operator, airline, cruise lines or broker.		X	
34. Losses recovered or which are recoverable from any other source, including trustees or any government compensation fund.		X	

IX. DEDUCTIBLES

1. Traditional Deductible:

The full amount of the deductible applies up to its maximum, on a per *Event* basis, for all services including incidental expenses incurred. It can range from CAN \$250 to CAN \$100,000 with premium discounts.

2. Hospital Deductible:

The full amount of deductible applies up to its maximum, on a per *Event* basis to each inpatient, outpatient and emergency room visit, including ambulance transportation by air or land. This deductible can only be imposed by the medical department of the *Insurer* with no premium discount.

3. Imposed Deductible or Coinsurance:

The *Insurer* reserves the right to impose a Traditional or *Hospital* deductible that can range from CAN \$1,000 to CAN \$100,000 and does not reduce the premium in any way. The insured who agrees to such Deductible will assume all expenses up to and including this amount, before reimbursement of any covered costs. In the event of a claim, the insured pays the applicable deductible portion in Canadian currency to the *Insurer* which, in turn, pays the provider for the amount due if the insured's portion has been received. If the deductible is not received in a timely manner, the insurer will pay its contractual part and any excess will be owed to the provider by the insured.

Please refer to the exclusion #5 regarding *RECCURENCE*.

Annual Plan: The Deductible is applicable per event/per trip.

The insured is eligible for a partial reimbursement of his/her provincial government health benefits only when amounts claimed are less than the deductible.

X. EXTENSION OF POLICY COVERAGE

A. BY REQUEST

To extend the *Policy Period*, the insured must contact his/her *Representative* or the *Insurer* during normal business hours, at least five (5) days prior to the *Expiration Date* and may have to pay an additional premium. The additional premium payable is based on the difference between the original premium and the total premium for the entire extended *Policy Period*. Should the length of the trip exceed the number of days allowable under *Your* government health insurance plan an additional premium also becomes payable. Please contact the *Insurer* for more information. Coverage cannot be extended after the policy *Expiration Date*.

Any condition for which the insured was treated during the initial period of the policy will automatically be excluded from the first day of the extended coverage period.

NOTE: *The Insurer* reserves the right to allow or deny extended coverage on a case by case basis.

B. AUTOMATIC EXTENSION

The *Policy Period* will automatically be extended for up to 72 hours at no extra charge for a delay considered to be beyond the insured's control (e.g., Accident, Vehicle breakdown). Should medical care become necessary during the 72 hour period, You must provide The the *Insurer* with supporting written evidence.

If *You* are hospitalized beyond the *Expiration Date* due to a medical *Emergency*, *Your* coverage will remain in force for as long as *You* are hospitalized, and the 72 hour extension will commence upon *Your* release.

XI. COORDINATION OF BENEFITS WITH OTHER INSURANCE PLANS

1. This policy is designed to reimburse *Emergency* medical expenses in excess of any and all existing coverage held by the insured and will not substitute for any other coverage that would have been in effect and would have reimbursed expenses incurred if this travel insurance was not in effect. Examples of such insurance plans are homeowner's and tenant's insurance, multi-risk insurance, liability insurance, provincial extended health care insurance, automobile insurance (including government automobile insurance plans) or any employee group insurance plan. The *Insurer* will not exercise its right to subrogate/co-ordinate with policies that have a maximum lifetime benefit in/out-of-country of CAN \$50,000 or less.
2. In the event of payment of benefits under this policy, the insured gives the *Insurer* the right to exercise, by subrogation, all of his/her rights of recovery against any third party. The *Insurer* will be entitled to a full recovery for all payments made from the insured event, but not to exceed 100% of payments. In accepting this policy, the insured agrees to produce all documents required and to do what is necessary within his/her power to secure such rights to the *Insurer*. Lack of compliance and cooperation from the insured may result in denial of claim.
3. There will be no coverage or payment of benefits under this policy if the insured receives compensation from a third party for claims made under this policy. The insured may not claim or receive, from all the parties involved, more than 100% of the loss arising from an insured event.

XII. GENERAL PROVISIONS

1. Coverage will be null and void if a cheque is not honoured for any reason, or if credit card transactions are not accepted. If the premium paid is incorrect for the *Policy Period*, the *Insurer* will:
 - a) reduce the *Policy Period* in a written amendment by modifying the *Expiration Date*, until outstanding premium balance is received, providing there is no claim in process; or
 - b) refund any overpayment of premium.
2. The *Insurer* must be notified of any *Change* in the insured's health or dosage of any prescribed *Medication* before the *Departure date* and/or the *Effective Date*.
3. The policy must be purchased and paid in full before the insured leaves the province of residence.
4. Premiums are subject to change without notice.
5. All benefits are payable in Canadian currency to the insured or estate, if the insured is deceased, unless assigned to a third party. We may elect to pay benefits in the currency of the country where the charges were incurred. In all cases, the exchange rate used for conversion is the exchange rate in effect at the date of issuance of a given check, unless a proof of the exchange rate in effect at the time of the payment of services is provided to the *Insurer*.

6. Unpaid benefits under this policy shall not bear interest.
7. The insured authorizes the *Insurer* to obtain his/her medical records and any other information the *Insurer* may deem necessary from any entity including *Physicians*, dentists and health organizations. Without this authorization, the *Insurer* reserves the right to deny a claim.
8. Notwithstanding the provisions contained herein, this policy is subject to the applicable legislation of the insured's province of residence. All legal actions must take place in the insured's province of residence.
9. All policy provisions stated herein are per individual for the *Policy Period*.
10. In the event the insured becomes suddenly sick or is injured, and must consult a *Physician* or be hospitalized, the insured or his/her travel companion must contact **EMERGENCY ASSISTANCE immediately***. Call toll-free 1-888-820-6588 or collect 1-954-340-1912.

Should You fail to immediately contact EMERGENCY ASSISTANCE, settlement of claim may be delayed or denied. The *Insurer* reserves the right to reduce the reimbursement for inpatient and/or outpatient services to 70% of eligible expenses, not to exceed the in-network reimbursement for equivalent services up to a maximum of CAN \$25,000.

You must accept the referral provided by EMERGENCY ASSISTANCE. If *You* refuse to do so, the *Insurer* reserves the right to reduce the reimbursement up to 70% of eligible expenses, which must not exceed the in-network reimbursement for equivalent services up to a maximum of CAN \$25,000

The above limitations will also apply unless care is coordinated from the onset and involves the patient and/or family, the treating *Physician* and *Emergency* assistance for the full duration of the *Treatment*.

If necessary, in order to evaluate a claim or to recover costs the EMERGENCY ASSISTANCE and the *Insurer* reserve the right to disclose medical information to a third party, the *Representative* who sold *You* the policy

* If exceptional circumstances prevent the insured from contacting EMERGENCY ASSISTANCE, the insured or his/her travel companion must contact EMERGENCY ASSISTANCE immediately after being attended into a *Hospital* or *Emergency* room and must provide proof of these exceptional circumstances to the *Insurer*.

Before obtaining the required medical services (Hospital or Physician) You must always obtain the authorization of EMERGENCY ASSISTANCE. Call toll-free 1-888-820-6588 or collect 1-954-340-1912.

11. In the event of an *Accident*, *Injury* or *Sickness*, *Your* previous medical history will be reviewed in order to determine *Your* eligibility for benefits.
12. In the event of an omission or a concealment of material facts when completing the application for insurance or before *Departure date*, the *Insurer* reserves the right to cancel the insurance benefits. No claims will be paid if the medical declaration is inaccurate.
13. Should it be determined that the insured was not eligible for coverage, the *Insurer* retains the right of recovery for all and any amount paid for in good faith to the benefit of the insured. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by the insured.

14. In the event of a dispute over the reimbursement of a claim, the insured must request that a committee reassess the claim before taking any legal action. This committee will take into consideration all pertinent information provided by the *Insured* and a decision will be rendered in writing within thirty (30) days based on the general provisions and guidelines of the policy. Requests to review a claim decision must be made in writing, no later than thirty (30) days after the expiration of the policy or the *Insured's* return to his/her province of residence.

Send requests for claim revision to:

**CLAIMS REVIEW COMMITTEE
LS-Travel**

247, Thibeau Blvd
Trois-Rivières, Québec G8T 6X9
Fax: 819 377-6069

15. A non-refundable fee of US \$5.00 for each covered prescription is applicable by presenting *Your* card and *Your* prescription to a participating pharmacy. Submission of a claim form is not necessary.

XIII. HOW TO FILE A CLAIM

Required documentation must be received no later than 90 days after *You* return to *Your* province of residence from *Your Trip*.

A. TRAVEL INSURANCE IN CASE OF MEDICAL EMERGENCY

It may be required that *You* pay providers directly. Coordination of care through the Emergency Assistance will expedite reimbursement.

- a) All original itemized bills.
- b) A duly completed and signed reimbursement claim form (under *Your* Provincial Government Health Insurance Plan).
- c) A properly completed and signed claim form provided by the *Insurer*.

Cash register coupons (stubs) will not be accepted for reimbursement.

B. TRIP CANCELLATION AND INTERRUPTION COVERAGE

Important notes :

If an insured *Trip* must be cancelled, the *Representative* or the *Insurer* must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable, at the occurrence date of the '*Insured Risk*' that was the cause for cancellation, regardless of the date the *Trip* is cancelled.

Any fees for the completion of medical certificates or claims forms are not covered by the *Insurer*.

When submitting *Your* claim please include the following:

1) For Trip Cancellation, Interruption and Delay

- i. A fully completed and signed Claim and Authorization form.
- ii. A medical document fully completed and signed by a legally qualified *Physician* in the locality where the medical condition occurred stating the reason why travel was impossible, the diagnosis and all dates of *Treatment*.

- iii. Copy of death certificate if cancellation is due to death.
- iv. Written evidence of the risk insured which was the cause of cancellation, interruption or delay if cancellation is due to any reason other than *Sickness, Injury* or death.

**2) Trip Cancellation – BEFORE DEPARTURE
(in addition to the requirements for item 1 above)**

- i. Itemized copy of the invoice confirming the amount paid for *Your Trip*, including the cost of airfare, hotel, taxes, service fees and any other expenses.
- ii. Proof of payment such as: a credit card statement, a copy of a cancelled check, or copy of the official receipt issued by the travel agency.
- iii. Statement of refund from the travel supplier or *Representative* if applicable.
- iv. *Your* original confirmation and invoices showing:
 - the travel arrangements purchased for *Your Trip*;
 - the travel agency service fees applicable to *Your Trip*;
 - the penalties applicable to *Your Trip*; if the penalties are not clearly indicated on, *Your invoice* may be required to provide a copy of the page in the travel supplier's printed brochure showing the penalties applicable to *Your Trip*;
- v. Original unused airline tickets and any other original travel documents (if *You* did not get a refund from any other source).

**3) Trip Interruption & Delay – AFTER DEPARTURE
(in addition to the requirements indicated in 1 above)**

- i. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home;
- ii. Receipt showing the amount charged if only a change fee was charged;
- iii. For an unused tour, provide a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary;
- iv. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return;
- v. Any other documentation supporting *Your* claim.

C. BAGGAGE

- a) Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report;
- b) A police report is required in the event of stolen baggage or personal effects;

When submitting *Your* Baggage claim please include:

- i. A completed and signed claim form with a brief explanation of the incident leading to the loss and join the police or official report supporting the incident;
- ii. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts, photos, credit card statements, owners manuals, etc.;
- iii. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability;

- iv. Copy of airline tickets and itinerary confirming departure and return dates;
- v. Adequate proof of home insurance coverage and/or amount of deductible;
- vi. Any other documents to support *Your* claim.

Take note that in case of baggage delay, the protection covers necessary and essential items purchased while *Your* baggage were delayed, as long as *You* provide Us with original receipts of *Your* purchase along with a written report from the airline confirming that *Your* luggage were delayed for 12 hours or more.

D. ACCIDENTAL DEATH AND DISMEMBERMENT

When submitting *Your* Accident Death and Dismemberment claim please include:

1. Fully completed and signed claim form.
2. Copy of flight itinerary and copy of incident report from airline or airport in case of Flight Accident.
3. Police report including any witness' statements and the Coroner's report, if applicable.
4. Medical certificate completed and signed by the attending *Physician* or *Hospital* medical records in case of *Dismemberment*.
5. Death certificate in the event of death.

Any fees for the completion of medical certificates or claims forms are not covered by the *Insurer*.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF *YOUR* CLAIM.

All claim forms are available online at www.tourmed.ca, or by calling 1-877-344-8398.

XIV. PREMIUM REFUNDS (for the Medical Emergency Protection only)

Requests for premium refunds will only be considered in the case of non-departure or early return, subject to the following conditions:

Early return:

- a) No claim is either paid or pending;
- b) No expense has been incurred by the *Insurer* for an *Emergency* return of the *Insured* and/or his/her travel companion to their province of residence.
- c) The *Insurer* must receive the request for refund and supporting documentation (exhibiting the insured's name, the date and the location of the transaction) within 20 days of returning to his/her province of residence

The premium refund will be calculated from the date on the supporting documentation or postmark date of the request.

ANNUAL PLAN

Premium paid can only be refunded prior to the *Effective Date* of the policy.

XV. RETURN TO YOUR PROVINCE OF RESIDENCE

If *You* are covered by a single trip plan (excluding the annual plan) and returns to *Your* province of residence, **the policy is automatically terminated (unless the *Insurer* has issued an amendment)**. *You* must advise *Your Representative* or the *Insurer* during normal business hours in order to terminate insurance coverage and receive a premium refund, if any is owed. To receive a refund, *You* must contact the *Insurer* within 20 days of *Your* return to *Your* province of residence and provide supporting documents.

NOTICE : Notice to the *Insurer* may be sent to the following address:

LS-Travel

247, Thibeau Blvd
Trois-Rivières (Québec) G8T 6X9

Conditions in *Your* host country (e.g., political unrest, technological capabilities, etc.) may limit accessibility to, or the quality of, the Assistance Services described herein. Therefore, neither the *Insurer* nor EMERGENCY ASSISTANCE nor any other *Insurer* or Re-Insurer is responsible for the availability, scope, quality or outcome of any medical *Treatment*, for any transportation *You* received or for *Your* inability to obtain medical *Treatment*.

TOUR+MED™
travel insurance

In order to obtain medical services, you must call **EMERGENCY ASSISTANCE** for authorization

(toll-free)

1-888-820-6588

(collect)

1-954-340-1912

Insured by



247, Thibeau Blvd
Trois-Rivières (Québec) G8T 6X9

Telephone : 1-819-377-1777

Telephone : 1-877-344-8398

Fax : 1-819-377-6069

