



DISTRIBUTION GUIDE / POLICY

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The Autorité des marchés financiers has not expressed an opinion on the quality of the products offered in this guide.



Insured and Administered by

ASSISTANCE SERVICE

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

(AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK)

Before obtaining the required medical services (*Hospital or Physician*), in case of medical consultation or *Hospitalization* for a sudden *Accident or Sickness*, *You or Your* travel companion must contact EMERGENCY ASSISTANCE immediately* to obtain prior authorization. Call toll-free 1 888 820-6588 or collect 1 954 340-1912.

Should *You* fail to immediately contact EMERGENCY ASSISTANCE and to accept the medical institution, clinic, *Hospital or Physician* referral provided by EMERGENCY ASSISTANCE, 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. *Your* medical claim may then be not covered and/or its processing delayed.

The above limitations will 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.

Your previous medical history will be reviewed in order to determinate *Your* eligibility for benefits.

The EMERGENCY ASSISTANCE and/or the *Insurer* reserve the right to disclose medical information to a third party, if necessary, in order to evaluate a claim or to recover costs.

* If exceptional circumstances prevent *You* from contacting EMERGENCY ASSISTANCE, *You or Your* 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*.

You must contact EMERGENCY ASSISTANCE before receiving any *Treatment*.

Your policy contains some benefit restrictions if *You* do not contact EMERGENCY ASSISTANCE.

IMPORTANT NOTICE

If *Your* medical condition changes prior to *Your* departure date, *You* must notify the Distributor or 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.

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* repatriation costs to *Your* province of residence when needed.

DISTRIBUTION GUIDE

For Quebec residents

NAME OF INSURANCE PRODUCT

Tour+ Med Travel Insurance

TYPE OF INSURANCE PRODUCT

Individual Travel Insurance

Insurer and Administrator

LS-Travel
(A 100% owned LS Mutual subsidiary)

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

Telephone: 1 877 344-8398
Fax :1 866 377-6069
Email: info@tourmed.ca

Distributor

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CONTENTS

ASSISTANCE SERVICE	1
INTRODUCTION	5
INSURANCE POLICY	5
DESCRIPTION OF PRODUCTS AVAILABLE	6
<i>Benefits in case of medical Emergency</i>	6
<i>Emergency medical care expenses benefit (Tour + Med International Plan)</i>	6
<i>Emergency round trip benefit (for trips of 30 days and over only)</i>	6
NON MEDICAL BENEFITS	7
SUMMARY OF SPECIFIC CONDITIONS.....	8
<i>Eligibility</i>	8
EMERGENCY MEDICAL PROTECTION	8
<i>Maximum reimbursement</i>	8
<i>Covered care and benefits for the medical emergency insurance only</i>	8
NON MEDICAL PROTECTION	12
FOR TRIP CANCELLATION BENEFITS (PRIOR TO DATE AND TIME OF DEPARTURE).....	14
FOR TRIP INTERRUPTION BENEFITS	14
BAGGAGE COVERAGE	15
ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE	16
GENERAL CONDITIONS	17
<i>Required Premium</i>	17
<i>Deductibles</i>	18
<i>Coordination of benefits with other insurance plans</i>	18
<i>Duration of contract</i>	19
<i>Confirmation of insurance from the Insurer</i>	20
<i>Grace period in the case of non-payment of required premium</i>	20
<i>Renewal conditions</i>	21
COVERAGE TERMINATION AND EXPIRY DATE.....	21
<i>Cancellation</i>	21
<i>RETURN TO YOUR PROVINCE OF RESIDENCE</i>	22
ADDITIONAL INFORMATION.....	22
WARNING.....	23

EXCLUSIONS AND REDUCTIONS OF COVERAGE.....	23
HOW TO FILE A CLAIM.....	27
<i>Filing a claim (Emergency medical protection)</i>	27
<i>Reply from the Insurer</i>	30
<i>Appeal against the settlement of a claim, and Your options</i>	30
SIMILAR PRODUCTS	31
REFERENCE TO THE AUTORITÉ DES MARCHÉS FINANCIERS	31
DEFINITIONS.....	32
ANNEXE.....	36
NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT	37
NOTICE CONCERNING THE CREATION OF A PERSONAL FILE	38

INTRODUCTION

This distribution guide/policy gives *You* a complete description of the “Tour+Med” travel insurance policy. Its purpose is to provide *You* with the information in an accessible way. Finally, it has been designed to help *You* decide if this travel insurance product suits *Your* needs, without the presence of an insurance representative.

Please contact the distributor, the Administrator or the *Insurer* for any other information. Their coordinates can be found on page 2 of this guide/policy.

The meanings of words printed in *italics* throughout this document are explained in the “Definitions” section of this guide.

INSURANCE POLICY

This guide/policy represents the distribution guide, as required by the Act governing the distribution of financial products and services. It also represents *Your* **Tour + Med travel insurance policy**.

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* while *You* are 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 EMERGENCY MEDICAL 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

DESCRIPTION OF THE PRODUCTS

Benefits in case of medical Emergency

This is a health and accident coverage reimbursing all eligible covered expenses that relate directly to an *Emergency* occurring during an insured *Trip* outside *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 *You* experience a medical *Emergency* while *You* are outside *Your* province of residence on an insured *Trip*.

Note that on any reimbursement a deductible may apply (see page 18).

Tour+ Med offers the Tour + Med International medical Emergency travel protections, available by trip or (single trip) or an annual plan (Multi-trip) and a family protection is also available for trips of 48 days and less.

Single trip: for any trip outside *Your* province of residence and is valid for the length of the single trip.

Annual Plan (Multi-trip): for multiple trips outside *Your* province of residence of a duration of up to 8, 18, 33 or 48 days during the policy year (according to the option chosen). 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. *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 name appear on the application.

Emergency medical care expenses benefit (Tour+Med International Plan)

The *Emergency* medical care benefit is provided for each *Covered life*, 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.

Emergency round trip benefit (for trips of 30 days and over only)

For *Your* trips of a duration of 30 days or more, this benefit will reimburse the unexpected and eligible cost of air transportation that *You* must incur, up to a maximum of CAN \$1,500 per *Covered life* for the following emergencies:

- Death or hospitalization of a member of *Your Immediate Family*;
- Damages that cause *Your* principal residence to be uninhabitable;
- Unforeseen events that have seriously affected *Your* business.

For more details about this benefit, please refer to section # 13 *Emergency Round Trip* of the Summary of specific conditions section of this guide.

This policy must be purchased and the premium must be paid before *Your* departure from *Your* province of residence. The *Emergency* must occur after *You* have left *Your* province of residence.

Non Medical Benefits

You can also choose the following optional protections:

- A Trip Cancellation and Interruption protection; or
- A non medical package that includes:
 - A Trip Cancellation and Interruption protection; and
 - A lost or stolen baggage protection; and
 - An *Accidental Death and Dismemberment* protection.

Trip Cancellation and Interruption coverage

Trip Cancellation Coverage reimburses *You* for covered costs *You* incur as a result of *Trips* being delayed or cancelled before *Your* departure date. *Trip* Interruption Coverage reimburses *You* for covered losses *You* incur as a result of *Trips* that are interrupted or delayed after *Your* departure date.

Non Medical package

In addition to the Trip Cancellation and Interruption protection, this package provides coverage against the loss or theft of baggage during *Your* trip with an *Accidental Death and Dismemberment* protection.

For a more detailed description of these optional protections, please consult the OPTIONAL PROTECTION section.

SUMMARY OF SPECIFIC CONDITIONS

Eligibility

To be eligible for travel insurance *You* must:

- Have completed an application to the *Insurer's* satisfaction. 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;
- Have paid the required premium;
- Maintain permanent residence in Quebec;
- Be eligible for benefits under *Your* provincial government health insurance plan.

Also

For Tour + Med International plan

You must, on *Departure date*:

- Be aged more than 3 months for the single trip plan;
- Be aged between 3 months to 79 years for the Annual Plan (Multi-trip);
- Meet all the eligibility criteria outlined on the application.

For the Trip Cancellation/Interruption or the Non medical protections, *You* must:

- Be a Canadian resident, be under the age of 90 years and have purchased this policy before *Your* departure on *Your Trip*;
- Have purchased this policy within ten days of the first non-refundable deposit of your trip;
- Purchase insurance for the full duration of *Your Trip* covering the full value of the non-refundable, non-transferable portion of *Your* travel arrangements.

EMERGENCY MEDICAL PROTECTION

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.

Maximum reimbursement

The maximum reimbursement is CAN \$5,000,000. The following benefits are provided for each *Covered life*, for costs deemed reasonable and customary and in excess of amounts covered under the provincial government health insurance plan 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*.

Covered care and benefits for the medical emergency insurance only

Unless it is clearly identified, the reimbursement is always within the usual, customary and reasonable limits of the *Hospitalization* and *Treatment* for the local area where the patient is treated.

1) Hospital Medical Expenses

The cost of a *Hospitalization* in a semi-private room.

2) Incidental Hospital Expenses

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

3) Physicians' Fees

Fees charged by the *Physicians*.

4) Medical Appliances

Costs incurred 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*.

5) Private Duty Nursing Care

Fees for a registered nurse (other than a relative of the *Covered life*) 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 *Covered life* subject to EMERGENCY ASSISTANCE's approval.

6) Diagnostic Services

Costs for laboratory tests and X-rays prescribed by the attending *Physician* when required for the *Treatment* of an *Emergency*.

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 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* resulting from an accidental blow to the mouth and 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 Period*. The maximum benefit payable is CAN \$1,000 per *Accident* and per *Covered life*.

However, damage caused as a result of the 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 *Covered life*. 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, the identification of 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 the return of the insured 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 any 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 *(For trip of 30 days and over only)*

This benefit will only cover 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.

The *Insurer*, upon receipt of a claim form and supporting documentation, will reimburse eligible 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 *Covered Life* during the *Policy Period*.

You must contact the *Insurer* at 1 877 344-8398 in order to avoid interruption of *Your* insurance coverage.

You are not eligible to this benefit:

- If during the 6 months period 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 Facility or Nursing Home [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*.

Unpaid benefits under this policy shall not bear interest.

NON MEDICAL PROTECTION

If *You* are younger than 90, *You* can complete *Your* coverage by adding:

- A Trip Cancellation and Interruption protection; or
- A non medical package including:
 - Trip Cancellation and Interruption protection; and
 - Lost or stolen baggage protection; and
 - *Accidental* Death and *Dismemberment* protection.

TRIP CANCELLATION AND INTERRUPTION COVERAGE

Trip Cancellation Coverage reimburses *You* for covered costs *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*.

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

Insured risks

Following the trip cancellation or interruption of an insured *Trip*, *You* are eligible to a reimbursement of losses incurred according to:

- The covered risks outlined hereinafter; and
- The covered benefits amount reimbursable; and
- The maximum amount indicated on *Your Confirmation letter*.

1. Medical Conditions and Death

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

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

For Trip Cancellation benefits, a physical examination by a *Physician* must take place within the 72 hours preceding the cancellation. 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) *You*, *Your Spouse's*, an *Immediate family* member's, *Your Travelling companion's* pregnancy if such a 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 continuous 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* are summoned to serve as reservists, active military, police or fire personnel.
- d) The cancellation of a business meeting directly related to *Your* occupation or 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 or its repositioning due to weather conditions, earthquakes or volcanic eruptions.
- d) *Your* missed 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 being served with a court order or subpoena, excluding law enforcement officers, who are required to appear in court.
- b) *You*, *Your Spouse*, *Your Children* or *Your Travelling companion* being hijacked or quarantined.
- 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* 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.

Covered benefits reimbursable

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

For 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.

For Trip Interruption Benefits

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, nonrefundable 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 risk.

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.

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 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 up to a maximum of the largest amount payable by each insurer.

BAGGAGE COVERAGE

Insured Risks and Benefits

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.

This protection :

1. 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. 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. 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*.

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, describe *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.

The following properties are not covered:

- Animals;
- Automobiles and equipment, motorcycles, scooters, mopeds and motors;
- Bicycles, skis, snowboards (except when checked with a *Common carrier*);
- Aircraft, boats or any other vehicles or conveyances;
- Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
- Tickets, keys, money, securities, bullion, stamps, credit cards, documents and deeds, breakage of fragile articles, glass objects;
- Property shipped as freight or shipped prior to *Your Departure date*;
- Rugs or carpets of any type;
- Perishables, medicines, perfumes, cosmetics and consumables;
- Property used in trade, business or for the production of income;
- Antiques or collectibles;
- 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
- Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

Covered Risks

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.

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*.

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 *Accident* type 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

GENERAL CONDITIONS

Conditions in *Your* host country (e.g., political unrest, technological capabilities, etc.) may limit care accessibility and/or the quality of the Assistance Services described herein. Therefore, neither one of the *Insurer* the *Emergency Assistance*, any other *Insurer* or Re-*Insurer* can be held 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*.

Required Premium

Premiums are calculated according to the following information:

- a) *Your Age* on departure date;
- b) Length of stay;
- c) Type of plan *You* have chosen;
- d) Chosen coverage options as indicated on *Your* application for insurance;
- e) *Your* health status.

What *You* need to know about the required premium:

- a) Required premium payment must be received by the *Insurer* prior to departure date;
- b) Payment can be made by cheque, credit card or cash;
- c) Coverage will be null and void if a cheque is not honoured for any reason, or if credit card transactions are not accepted;
- d) If the premium paid is incorrect for the *Policy Period*, the *Insurer* will reduce the *Policy Period* in a written amendment modifying the *Expiration Date*, until the outstanding premium balance is received, providing there is no claim in process, or will refund any overpayment of premium if the premium paid exceeds the premium required.

Premiums are subject to change without notice.

Deductibles (only for the Emergency medical insurance protection)

A deductible is the non-refundable portion of claimable expenses incurred as a result of a medical *Emergency* and which must be assumed by the insured. The amount of the deductible is established when the policy is issued and can be chosen by the insured or can be imposed by the *Insurer*.

The protection *You* choose and *Your* choice of deductible determines the premium *You* must pay.

In the event of a claim, the insured pays the applicable deductible in Canadian currency to the *Insurer*. The *Insurer*, in turn, pays the hospital and the service providers. The deductible is applicable per *Event* basis and for each trip.

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

Here are the different types of deductible:

You can choose a **traditional deductible** from CAN \$250 to \$100,000 to lower *Your* premium payable when *You* apply for the insurance coverage.

Hospital Deductible: This is a deductible imposed by the *Insurer* at the time of application, with no premium discount. The full amount of the deductible applies, on a per *Event* basis, to each inpatient, outpatient and emergency room visit, including ambulance transportation by air or land.

Imposed Deductible: At the time of application, the *Insurer* reserves the right to impose a Traditional or *Hospital* deductible. It can range from CAN \$1,000 to CAN \$100,000 and does not reduce the premium in any way. The insured agrees to assume all expenses up to and including this amount, before reimbursement of any benefits. In the event of a claim, the insured pays the applicable deductible 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 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 note the exclusion regarding *RECURRENCE*, which is described in Item 5 of the section "Exclusions and reductions of coverage" of this guide/policy.

Coordination of benefits with other insurance plans

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.

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.

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 for the insured event, but not to exceed 100% of the loss incurred as a result of the insured event. In accepting this policy, the insured agrees to produce all documents required and to do what is necessary within his/her power so the *Insurer* may exercise such rights. Alternatively, the *Insurer* reserves the right to deny the claim.

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 for the benefit of the insured. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by the insured.

Unless otherwise specified, legal matters are subject to the laws of the province in which the policy was issued. Legal action must take place in the insured's province of residence.

Duration of contract

The duration of *Your* contract or travel insurance policy is the *Policy Period* planned and indicated on *Your* application for insurance.

Effective date of coverage

A) For the Emergency medical protection

The policy takes effect after consideration of the application for insurance along with its medical declaration are duly completed and signed and that the required premium is received by the *Insurer*, before *Departure date*.

In the event *You* already have another travel protection with another *Insurer*, the date of coverage will become effective after the initial coverage with the other company terminates. The present protection is then considered a *Complementary Insurance* to *Your* other protection (see the Definitions section.)

You must notify the Insurer of any Change in Your health status as soon as there is a medical consultation while insured by the other travel insurance.

B) For the Trip Cancellation and Interruption and Non medical package protection

The policy takes effect when the application is duly completed and accepted and that the required premium is received by the *Insurer*, before *Departure date*.

C) For the Baggage and Accidental Death and Dismemberment protection

The effective date is the *Departure date*.

Departure date

Date indicated on *Your* application for insurance, corresponding to the date *You* leave *Your* province of residence.

Extension of policy coverage

a) Extension request

To extend the *Policy Period*, the insured must contact the Distributor or the *Insurer* at 1 877 344-8398, during normal business hours, at least five (5) days prior to the Expiration Date and potentially 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 Distributor or 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.

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

b) Automatic Extension (no extra charge)

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 *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.

Confirmation of insurance from the Insurer

Upon receiving the application and its medical declaration duly completed and signed along with the required premium, the insurance coverage is subject to the terms, eligibility and admissibility conditions of the policy. When the *Insurer* accepts the risk, a policy will be issued and *You* will be given a *Confirmation letter*.

Content of the *Confirmation letter*:

- a) *Your* policy number;
- b) *Your* last name and first name;
- c) The type of plan chosen;
- d) The class in which *You* qualify;
- e) The amount of the deductible, if applicable;
- f) Any exclusion, if applicable;
- g) *Your* identification card including the pharmacy card;
- h) *Your* optional coverage, if applicable.

Grace period in the case of non-payment of required premium

Payment of the required premium must be received before departure date. There is no grace period. Coverage will be null and void if a cheque is not honoured for any reason, or if credit card transactions are not accepted.

Renewal conditions

No automatic contract renewal is allowed. In order to obtain coverage after the *Expiration Date*, *You* must submit a new application for insurance and meet the eligibility criteria.

COVERAGE TERMINATION AND EXPIRY DATE

Your coverage terminates on the earliest of the following dates:

A) *Emergency* medical protection (single trip), Trip Cancellation and Interruption and Non Medical Package

- 1) On the date the event that caused the cancellation of the policy occurred, if *Your* trip is cancelled before departure date;
- 2) On the day *You* return to *Your* province of residence (unless the *Insurer* has issued an amendment);
- 3) On the date indicated as the *Expiration Date* on *Your* application

B) *Emergency* medical protection - Annual Plan (multi-trip)

- 1) On the date the event that caused the cancellation of the policy occurred, if *Your* trip is cancelled before departure date;
- 2) 12 months after the effective date.

Cancellation

Procedure for the *Emergency* medical 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, and obtain the full refund of the premium paid. If *You* are not completely satisfied, return it by registered mail to the *Insurer* and any premium paid will be refunded, provided that *You* have not taken any trip during the examination period.

Cancellation (non-departure):

For the Annual Plan (Multi-trip), premiums paid can only be refunded prior to the *Effective Date* of the policy.

Early return cancellation

In the event of an early return, a cancellation request can only be presented if:

- a) No claim has been made or is pending;
- b) No expenses have been incurred by the *Insurer* for an *Emergency* Air evacuation to *Your* province for the person insured and/or the *Travelling companion*;
- c) The *Insurer* has received the request for refund and supporting documentation (showing the insured's name, the date and the location of the transaction) within twenty (20) days of return to his/her province of residence.

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

Procedure for the Trip Cancellation and Interruption and Non Medical Package Protection.

Your premium can only be refunded if:

- a) The travel supplier cancels or changes *Your* trip before *Your* *Departure date* and all cancellation penalties are waived; or
- b) *You* cancel *Your* *Trip* before cancellation penalties apply.

RETURN TO *YOUR* PROVINCE OF RESIDENCE

If *You* are covered by a **single trip 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* at 1 877 344-8398 during normal business hours in order to terminate insurance coverage and receive a premium refund, if applicable. To receive a refund, the insured must contact the *Insurer* within 20 days of his/her return to his/her 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

ADDITIONAL INFORMATION

If *You* require more information on our insurance products, do not hesitate to contact one of our customer service representatives, toll-free, at 1 877 344-8398.

WARNING

EXCLUSIONS AND REDUCTIONS OF COVERAGE

(The X marks appearing in the 3 columns at the right indicate the exclusion that apply to each protection)

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. <i>Accidental death and Dismemberment</i> protection			
2. Trip Cancellation and Interruption protection			
1. <i>Emergency</i> medical protection			
	1	2	3
1. Any conditions or <i>Changes in Your health (except 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 <i>Insurer</i> . 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:		X	
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. 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 nitroglycerine 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.			

	1	2	3
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		
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 occurred 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 <i>Insurer</i> .	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 26th 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 snorkeling) 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	

	1	2	3
15. Any <i>Treatment</i> or <i>Medication</i> related directly or indirectly to sexually transmitted disease and/or Human Immunodeficiency Virus (HIV) and 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 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
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 attempting 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	
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		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		

	1	2	3
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		
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 from 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 Effective Date of <i>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 Insured Risk 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 or radioactive contamination.		X	X
33. Bankruptcy or insolvency of a retail travel representative, 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	

HOW TO FILE A CLAIM

The insured authorizes the *Insurer* to seek and obtain medical records and any other information the *Insurer* may deem necessary from any source including *Physicians*, dentists and health organizations. Alternatively the *Insurer* reserves the right to deny a claim.

All benefits are payable in Canadian currency. The exchange rate used for conversion, if required, is the exchange rate in effect at the date of issuance of a given cheque. Unpaid benefits under this policy are not interest bearing.

Filing a claim (Emergency medical protection)

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 at one of the following numbers:

Toll free: 1 888 820-6588
Collect: 1 954 340-1912

If *You* have submitted an eligible claim and that *You have failed* to immediately contact EMERGENCY ASSISTANCE, the *Insurer* reserves the right to reduce the reimbursement for inpatient and/or outpatient services to 70% of eligible expenses, not to exceed the maximum cost stipulated in the agreements concluded between the *Insurer* and the service providers in the area concerned. Not only would *Your* benefits would be limited to a maximum of CAN \$25,000, but *Your* claim settlement may then be delayed or denied.

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

Time limit and requirements to file Your claim

If the medical provider refuses to bill the EMERGENCY ASSISTANCE directly or if *You* have already incurred medical expenses, it is *Your* responsibility to provide the *Insurer* with the following required documentation no later than **ninety (90) days** after *Your* trip return to *Your* province of residence:

A) For Emergency medical care expenses benefit:

- 1) All original itemized bills;
- 2) A duly completed and signed reimbursement claim form (under *Your* Provincial Government Health Insurance Plan);
- 3) A duly completed and signed claim form provided by the *Insurer*.

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

B) Emergency round trip benefit

You must complete the *Emergency Round Trip* claim form and provide the following supporting documents:

- 1) Original receipts of *Your* plane tickets;

2) In case of death the SP3 form delivered by provincial government;

3) In case of *Hospitalization*, a written confirmation of the duration.

In the event that *You* have been unable to submit *Your* claims in the 90 days delay following the *Event* triggering a claim, and that *You* are able to prove this incapacity, subject to the satisfaction of the *Insurer*, this proof will be considered only if the proof is submit to the *Insurer* in the year following the *Event* triggering *Your* claim.

For the Trip Cancellation and Interruption, and Non Medical Package protection

A) Trip Cancellation & Interruption

If an insured *Trip* must be cancelled, *Your 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 duly completed and signed Claim and Authorization form;
- ii. A duly completed and signed medical document stating the reason why travel was impossible, the diagnosis and all dates of *Treatment*; such document must be signed by a legally qualified *Physician* in the locality where the medical condition occurred;
- 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.

You can contact *Us* if *You* need more information on the claim settlements requirements.

2) Trip Cancellation – BEFORE DEPARTURE

(In addition to the requirements for item 1 above)

You must provide:

- 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 cheque, 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 following:
 - 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, *You* 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 for item 1 above)

You must provide:

- 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 to support *Your* claim.

B) For Baggage

You must:

- a) Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain corroborating documentary evidence;
- b) *You* must obtain a police report when baggage or personal effects, are stolen.

When submitting *Your* Baggage claim, *You* must include:

- i. A duly completed and signed claim form with a brief explanation of the incident leading to the loss and attach the policy or official report supporting *your* claim;
- 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, confirm payment or deny 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 that may support *Your* claim. Take note that the baggage delay 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 was delayed for 12 hours or more.

C) For Accidental Death and Dismemberment

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

- i. Duly completed and signed claim form;
- ii. Copies of flight itinerary and incident report from airline or airport (in case of Flight accident);
- iii. Police report including any witness' statements and, if applicable, the Coroner's report;
- iv. Medical certificate duly completed and signed by the attending *Physician* or hospital medical records in case of *Dismemberment*;
- v. Death certificate in the event of death.

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

In case of a claim, required documentation must be received no later than 90 days after *Your* trip return to *Your* province of residence.

Failure to complete the required Claim & Authorization forms in full will delay the assessment of *Your* claim.

Reply from the Insurer

The *Insurer* pays the medical providers directly, whenever possible, within thirty (30) days following receipt of all the required documentation required to process the claim.

Appeal against the settlement of a claim, and Your options

In the event of a dispute over the reimbursement of a claim, the insured must submit a request for claim reassessment to the review committee 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 for revision of a claim decision must be submitted in writing no later than **thirty (30) days** after the expiration of the policy or the return of the insured to his/her province of residence. Claim revision requests must be sent to:

CLAIM REVIEW COMMITTEE

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

Telephone: 1 877 344-8398
Fax: 819 377-6069

All legal matters are subject to the laws of the province in which the policy was issued and all legal actions must take place in the insured's province of residence.

If *You* are a Quebec resident and want to know more about *Your* rights, *You* can contact the Autorité des marchés financiers or *Your* legal adviser.

SIMILAR PRODUCTS

Other *Insurers* may offer insurance products that can contain benefits similar to those described in this guide.

REFERENCE TO THE AUTORITÉ DES MARCHÉS FINANCIERS

To know more about the *Insurer* or *Your Representative* and the insurance products distributors' obligations towards *You*, *You* can contact the Autorité des marchés financiers:

Quebec Office

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640 Laurier Blvd, Suite 400
Ste-Foy (Québec) G1V 5C1

Montreal Office

Autorité des marchés financiers
800 Victoria Square, 2nd Floor
P.O. Box 246, Tour de la bourse
Montréal (Québec) H4Z 1G3

Telephones

Quebec: 418 525-0337
Montreal: 514 395-0337
Toll free: 1 877-525-0337
Fax: 418 647-9963
Email: renseignements-consommateur@lautorite.qc.ca
Website: www.lautorite.qc.ca

DEFINITIONS

Accident, Accidental: Unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

Age: Is the real *Age* as indicated on the insurance application.

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

Caregiver: Means a permanent, full-time person entrusted with *Your* 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*; or
- *You* have sought consultation from a *Physician*; or
- *You* have been hospitalized; or
- *You* have undergone examinations or tests for the purpose of establishing a diagnosis (other than routine); or
- *Your Treatment* has been modified; or
- *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 on 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 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.

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.

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: 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: 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 of 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 and a condition requiring on-going 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 and 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:

- 1) *You* have consulted a *Physician*; or
- 2) *You* have received or are receiving a *Treatment*; or
- 3) *You* 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: 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:

- a) There has been no new diagnosis, *Treatment* or prescribed *Medication* (including prescribed "as needed");
- b) 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*, except for 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) and a change from a brand name *Medication* to a generic brand *Medication* (provided that the dosage is not modified);
- c) There has been no change in the frequency or the severity of the *symptom* (new symptoms, more frequent *symptoms* or more severe *symptoms*);
- d) There have been no test results showing deterioration;
- e) 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: Name or trademark of the insurance travel product insured by LS-Travel, Insurance Company.

Travelling companion: Under Cancellation and Interruption protection and non medical package, 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, Your, Yours: Each person named on the application for insurance and who is covered under the policy.

ANNEXE

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE BY THE DISTRIBUTOR

Article 440 of the Act governing the distribution of financial products and services

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES ENTITLES *YOU* TO IMPORTANT RIGHTS

- The Act allows *You* to cancel an insurance contract made at the same time as another contract, without penalty, within ten (10) days of signing it. To do so, *You* must send the *Insurer* a notice by registered or certified mail. We have enclosed a template for *Your* usage.
- Where such an insurance contract is cancelled, the first contract retains all its effects. However, the loss of the favourable conditions extended could arise; ask *Your* distributor or read *Your* contract.
- Once the 10-day no-penalty time limit is expired, *You* will still have the right to cancel the insurance contract at any time. However a penalty could apply.

For more information, *You* can contact the Autorité des marchés financiers at: (toll free) 1 877 525-0337.

ANNEXE

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: LS-Travel

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

Date : _____
(Date of this notice)

In accordance with Article 441 of the Act respecting the distribution of financial products and services, I cancel the insurance contract

No. _____
(Contract number if indicated)

In: _____
(Date when contract was signed)

At: _____
(Place where contract was signed)

(Name of client)

(Signature of client)

The distributor must fill out this section.

This notice must be sent by registered or certified mail.

DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES ACT

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor. The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to **purchase a financial product or service.**

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

441. A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail. Where such an insurance contract is cancelled, the first contract retains all its effects.

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

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

NOTICE CONCERNING THE CREATION OF A PERSONAL FILE

Managing personal information

In order to ensure the confidentiality of *Your* personal information, the *Insurer* will create keep an insurance file where *Your* application information and information relating to any claim will be stored.

Only employees responsible for underwriting, claims and investigations, and any other person that *You* have authorized will be able to access this file.

You are entitled to consult the personal information contained in *Your* file and, where appropriate, to have it corrected by submitting a request in writing to the following address:

Director, Privacy Protection

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



IN ORDER TO OBTAIN EMERGENCY ASISTANCE, PLEASE CALL:

TOLL FREE: 1 888 820-6588

COLLECT: 1 954 340-1912



247, Thibeau Blvd, Trois-Rivieres (Quebec) G8T 6X9

Telephone: 1 819 377-1777

Toll free: 1 877 344-8398

Fax: 1 819 377-6069

Insured and Administered by





CLAIM FORM

NOTE: Failure to complete this claim form in its entirety will delay reimbursement.

Please forward all correspondence, including this COMPLETED AND SIGNED CLAIM FORM to the above indicated address.

For assistance in completing this claim form, please contact our Claims Department at 1-877-344-8398, Monday through Friday (8:30AM to 5:00PM).

IMPORTANT TO READ BEFORE COMPLETING THIS FORM

THE INSURER requires the claim form within 90 days after *Your* trip return to *Your* province of residence.

INCLUDE:

- Original invoices and/or receipts – photocopies will not be accepted.
- Cash/Cashier receipts will not be considered for the purpose of a reimbursement or eligibility (except if provided as a proof of payment).
- A proof of your departure date is mandatory for claims submitted under an Annual Plan.
- An applicable Provincial Health Insurance form completed and signed.
(if this form was not included with this claim form, it will be sent to you later)

Are you covered by any other private insurance (group, retired, Medicare...)? YES NO

Company _____ Policy no. _____

CLAIMANT'S STATEMENT

Name of the Insured and the address where the refund has to be sent.

First _____ Last _____ # Policy No. _____

No Street _____ Apt. # _____ City _____ Province _____ Postal Code _____

Government Health Insurance No. _____ Telephone : (_____) _____ Date of Birth : ____/____/____
dd mm yy

CLAIM (Please answer all questions)

1. a) PLEASE check the appropriate box below:

SICKNESS ACCIDENT OTHER
 Treatment received in: Office/clinic Emergency Room of a hospital Hospital

b) PLEASE, provide dates and brief details related to this claim.

c) In the past, have you received treatment for those symptoms or illnesses? YES NO
 If YES, PLEASE provide the dates and places of consultation.

2. Please indicate all prescribed or used medications in the last 12 months. If None, please check
 (With the exception of prescriptions for menopause, vitamins and antibiotics prescribed temporarily
 and those listed in the present claim).

CLAIM EXPENSES

Give the details and amount of your expenses. (Attach separate sheet if necessary)

Name of Medical Services Provider	Date of service received dd/mm/yy	Amount billed	Amount paid by you	Currency
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

AUTHORIZATION

I authorize the *Insurer* to obtain all medical information from health care organizations concerning my medical history. I specifically authorize the INSURER AND TOUR+MED Assistance Inc. to submit on my behalf, to my Provincial Government Health Insurance, in accordance with applicable laws and regulations, the claims for insured medical and hospital services I received. A copy or facsimile of this authorization shall be deemed as valid as an original.

Signature _____ Date _____
Insured Person dd/mm/yy