



TRAVEL INSURANCE POLICY
In case of Medical Emergency
and Non Medical Protection

Insured by



(READ CAREFULLY)

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* Effective 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* Effective Date.

IMPORTANT: For benefits to be payable under this policy, *You* must have signed *Your* application (*Insured* aged 60 years or more for the Medical Emergency protection only) and required premium payment must be received prior to *Your* Departure Date.

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.
- 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 a claim *Your* previous medical history will be reviewed to verify and confirm *Your* eligibility for benefits.
- In all cases, *You* must call the **EMERGENCY ASSISTANCE** toll free at 1 844 820-6588 (USA & Canada), 1 888 820-6588 (elsewhere) or collect at 1 819 377-2241 prior to any *Treatment*. Failure to do so will limit *Your* benefits to 70% of eligible charges up to an overall maximum of CAN \$25,000. Please refer to section General Provision 11 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, the treating *Physician* and the emergency medical assistance.

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

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 1 844 820-6588 (USA & Canada), 1 888 820-6588 (elsewhere)
or collect 1 819 377-2241.**

EMERGENCY MEDICAL ASSISTANCE:

- Coordinates *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;
- 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*.

* 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 the EMERGENCY ASSISTANCE nor any other insurer or reinsurer 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*.

I. INSURANCE AGREEMENT

After consideration and acceptance of the application for insurance *You* have completed and after receipt 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 completing the application and paying the required premium, *You* mandate and authorize the *Insurer* and the Emergency Assistance to submit to *Your* provincial government health insurance plan, claims for covered medical and *Hospital* services that *You* have received.



Stéphane Rochon
President and CEO of LS-Travel
Insurance Company



Marc Pellet
Treasurer of LS-Travel
Insurance Company

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 plans)

The ANNUAL PLAN provides coverage for multiple *Trips* outside *Your* province of residence for a dura-

tion not exceeding the maximal duration option chosen on the application during the *Policy Period*. Coverage under the Annual Plan begins on *Your Effective Date* and terminates on the *Expiry Date* as indicated on *Your Travel Insurance Confirmation*. Individual *Trips* must be separated by a return to *Your* province of residence. *You* are not required to provide advance notice of the departure and return date of each *Trip*; however, *You* will be required to provide proof of *Your Departure Date* when filing a claim (e.g. Airline ticket or customs /immigration stamp). *You* must meet the policy eligibility criteria in *Your* application on each *Departure Date*.

The Annual Plan also provides coverage during the *Policy Period* for unlimited travel within Canada but outside *Your* province of residence. (If *You* are traveling both in and out of Canada within the same *Trip*, this plan will provide coverage outside Canada only during the maximum duration option chosen, beginning on the day *You* leave *Your* province of residence. *You* may need to purchase a Single Trip Plan if *You* leave Canada after being outside of *Your* province of residence longer than the maximum duration chosen).

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*:**

- Maintain *Your* permanent residence in Canada; **and**
- Are eligible for benefits under *Your* Provincial Government Health Insurance Plan; **and**
- Understand and speak either one of Canada's official languages (English or French); **and**
- Meet all the eligibility criteria outlined on the application; **and**
 - Are aged more than 3 months on the *Departure Date* for the Single Trip Plan; or
 - Are aged between 3 months and 85 years on the *Effective Date* for the Annual Plan (Multi-Trip); or
 - Are less than 86 years of age on the *Departure Date* for the Trip Cancellation and Interruption coverage and the Non Medical Package.

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* 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* and/or a *Medication* has been stopped and/or the dosage and/or the frequency of an existing *Medication* has increased or decreased (Exceptions the routine adjustment of Coumadin, Warfarin or insulin to maintain the optimal level of the said *Medication* in your blood and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage).

“Children” - Means *Your* sons and daughters aged between 3 months and 21 years on the *Departure Date*, 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.

“Departure Date” – For the Single Trip Plan, 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) and for the Annual Plan means the *Departure Date* of each *Trip*.

“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 Person* or minimize such a threat. An *Emergency* ceases when, based on the opinion of the Emergency Assistance’s medical director, the condition is stable enough to allow a return in *Your* province of residence to continue the medical investigation or receive the appropriate medical *Treatment*. 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/Expiry Date” – Means the earliest between, either, 11:59 pm on the day indicated as *Expiration Date* on the application, the date the *Insured Person* returns to his(her) province of residence (unless the Trip Break Option described in section XV applies), or the date of the *Event* that caused the claim under this 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” - Means *Your* admission in a *Hospital* for a period of at least 24 hours on recommendation of a *Physician*.

“Immediate Family” – Means *Your* spouse, parents, parents-in-law, grandparents, *Children*, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law.

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

“Insured Person” – Means each person mentioned on the policy application and insured under this policy.

“Insurer, We, Us” - Means LS-Travel Insurance Company (A 100% owned Humania Assurance Inc. subsidiary).

“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 complication related to a chronic condition, the *Recurrence* of a *Sickness*, *Injury* or *Symptoms* in the six months period following the initial manifestation are not considered a *Minor ailment*.

“Organ or Body System” - Group of organs that work together to perform a certain task.

“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 benefit payable 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* 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; there has been no change in *Your Medication*, including the addition or the stopping of a *Medication* or an increase or decrease in the dosage or frequency of a *Medication* (**Exceptions** the routine adjustment of Coumadin, Warfarin or insulin to maintain the optimal level of the said *Medication* in your blood and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage);
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 has been no test result 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.

“Travel Insurance Confirmation” - Means the document the *Insurer* sends *You* confirming *Your* insurance policy details based on the information *You* have provided in *Your* policy application.

“Travelling / Travel Companion” - Under Trip 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 (maximum 3 persons, other than *Your Immediate Family* member).

“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 Person*.

“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 Travel Insurance Confirmation* to determine if *You* are covered by this optional protection.

The following benefits are provided for each *Insured Person*, for costs deemed usual, reasonable and customary and in excess of amounts covered under the provincial government health insurance

plans and/or any other plan covering the *Insured Person*. The overall amount of benefits payable after any other in force insurance is subject to a maximum of CAN \$5,000,000 per *Policy Period*.

The *Insurer* will refund

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 Person*) for private care while convalescing at *Your* destination, 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 Person*, subject to the 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 co-payment. Payment of the prescription will only be valid for the initial 30 days after the onset of an *Emergency*. The cost of prescription 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 Period*. The maximum benefit payable is CAN \$1,000 per *Accident*.

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. EYE TREATMENT

If surgery or laser *Treatment* is a medical *Emergency*, the first CAN \$2,000 is covered at one hundred (100%) percent and the benefit shall be limited to fifty percent (50%) of the actual cost over that amount. Any cost related to glaucoma and/or cataract surgery is not covered.

10. 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.

11. 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. Original invoices and proof of payment are required.

12. TRANSPORTATION EXPENSES

The following services must be pre-approved and pre-arranged by the Emergency Assistance:

A. EMERGENCY TRANSPORTATION TO THE *INSURED PERSON* 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 Person* has been a patient for no less than seven (7) consecutive days, provided the attending *Physician* gives written confirmation that the *Insured Person* 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 Person* be repatriated to his/her province of residence for immediate medical attention, the *Insurer* will reimburse the cost of transporting the *Insured Person* to his/her residence in Canada by means of air ambulance, stretcher, one-way economy airfare on a commercial airline, with or without the services of a medical attendant, as required under the circumstances.

If *Your* travel companion (also insured under a policy issued by the *Insurer*) was air repatriated to his/her province of residence, the *Insurer* will reimburse *You* the cost of a one-way economy airfare on a commercial airline to *Your* province of residence in Canada.

C. RETURN OF DECEASED

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

D. RETURN OF VEHICLE

If the attending *Physician* determines and confirms in writing that as a result of an *Emergency*, *You* are incapable of driving *Your Vehicle* to *Your* residence in *Your* province of residence or to the nearest appropriate rental agency, the *Insurer* will reimburse the lesser of the following actual reasonable and necessary costs incurred to return *Your Vehicle*, up to a maximum of CAN \$2,000.

- 1) The cost of a one-way economy class plane ticket, gasoline, meals (except alcohol) and overnight commercial accommodation incurred by an individual
or
- 2) The cost of the return performed by a professional agency.

These expenses will be refunded only if *Your Vehicle* is returned to *Your* residence in *Your* province of residence within 30 days following *Your* own return. Original detailed receipts will be requested. Car rental costs while awaiting the return of *Your Vehicle* are not covered.

13. 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 Person* or a member of his/her *Immediate Family* during the *Policy Period*, the *Insurer* will reimburse a maximum of CAN \$150 per day, up to a maximum of CAN \$1,000 per *Insured Person*, for costs deemed necessary and reasonable for meals and accommodations.

14. EMERGENCY ROUND TRIP

This benefit DOES NOT require PRE-APPROVAL from the Emergency Assistance. If you meet the criteria described below, simply submit your claim to the *Insurer*, at the latest, 90 days after *Your* return to *Your* province of residence.

This benefit does not apply to a *Trip* under an Annual Plan or Single *Trip* of less than 30 days. It cannot be used as Trip Cancellation/Interruption Insurance and does not cover anticipated returns to *Your* province of residence.

This benefit will reimburse the unexpected and eligible costs incurred for air transportation for the following emergencies:

- Death or *Hospitalization* for a minimum period of 7 consecutive days, of a member of *Your Immediate Family*;
- Damages that result in *Your* principal residence becoming uninhabitable or *Your* place of business unusable.

Upon receipt of a claim form and supporting documentation, the *Insurer* will reimburse reasonable and customary expenses for one economy class plane ticket to the *Insured Person's* province of residence, up to a maximum of CAN \$1,500 per *Insured Person* during the *Policy Period*.

You are not eligible for this benefit:

- If, during the 6 months prior to *Your Departure Date*, 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, on the *Departure Date*, *You* were aware of circumstances which could force *Your* return at an earlier date than that anticipated at time of purchase.

15. 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*.

16. REDUCED STABILITY PERIOD OPTION (Optional Coverage, if available)

By paying an additional premium, *You* can choose to reduce the period of stability mentioned in Exclusion # 1 from six (6) months to 30 days for a specific medical condition identified on *Your* policy application. Please refer to *Your* policy application to determine if *You* have chosen this option.

If *You* choose this option, the scope of Exclusion # 1 of *Your* policy is reduced to thirty (30) days for the specific condition listed in Appendix - Reduced Stability Period Option included in *Your* policy application. In the case of a claim arising out of this condition, if it has not been *Stable and Controlled* for a period of at least thirty (30) days before the *Departure Date*, no benefits will be payable (see the definition of *Stable and Controlled* in *Your* policy for details).

The deductible remains applicable in the event of a claim, if applicable.

17. OPTIONAL EXCLUSION OPTION (Optional Coverage, if available)

In exchange for a lower premium, *You* can choose the Optional Exclusion Option for any of the medical conditions mentioned in *Your* Personalized Medical Declaration. Please refer to *Your* policy application to determine if *You* have chosen this option.

If *You* choose this option, an exclusion of the related *Organ or Body System* will be added to *Your* coverage. Please see Appendix - Optional Exclusion Option included in *Your* policy application for the exact exclusion. Therefore no claim or medical expenses will be payable if these are directly or indirectly related to this exclusion.

V. TRIP CANCELLATION AND INTERRUPTION COVERAGE

(This benefit is not available for residents of British Columbia, Alberta, Saskatchewan and Manitoba.)

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

A. GENERAL INFORMATION

For this coverage to be in-force, *You* must be a Canadian resident under 86 years of age and have purchased this policy within fifteen (15) 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 benefit; and
- The maximum amount indicated on *Your Travel Insurance Confirmation*.

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 Travel Insurance Confirmation* is provided to cover the specific losses, listed in the Covered Benefits (Section C below), which results from the cancellation or interruption of *Your Trip* due to one of the following insured risks:

1. Medical Conditions and Death

You or *Your Travelling Companion*:

- a) Die(s) prior to *Your Departure Date* or during *Your Trip*; or
- b) Suffer(s) from an *Emergency* medical condition.

A member of *Your Immediate Family*, a Caregiver, *Your* host at destination, a business partner or *Key Employee*:

- a) Dies within the 30 days prior to *Your Departure Date* or during *Your Trip*; or
- b) Suffers from an *Emergency* medical condition

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 *You*, *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 *You* 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 that person.
- 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) *You* being required to serve on a jury or *You* 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 place of business becoming 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 had been included in the travel arrangements.

G. 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 billed by the service supplier resulting from a change in the per-person occupancy rate for prepaid travel arrangements (ex. quadruple occupancy to double) up to the sum insured selected, 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. The unused portion of any non-refundable and non-transferable travel arrangement that *You* paid as part of *Your Trip*, provided that no credits were issued by the supplier and the tickets are unused, unusable and forfeited;
2. The additional cost billed by the service supplier resulting from a change in the per-person occupancy rate for prepaid travel arrangements (ex. quadruple occupancy to double), 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 Departure Point* or to travel from the place *Your Trip* was interrupted to the place where *You* can rejoin *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 fifteen (15) days of the first non-refundable deposit of *Your Trip*. The maximum benefit payable under the Trip Cancellation coverage benefit is CAN \$12,000. If one of the previous conditions is not met, coverage will be null and void and the premium will be refunded.
2. *You* must cancel *Your* scheduled *Trip* with the travel agent or travel supplier on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts at that time.
3. Cancellation or interruption of *Your Trip* as the result of an *Emergency* medical condition requires written verification from the attending *Physician* in the locality where the *Emergency* medical condition occurs, complete with the diagnosis and the medical necessity for cancellation or interruption of *Your Trip* and must be completed on the day the cause of cancellation or interruption occurs.
4. 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.
5. *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 not available for residents of British Columbia, Alberta, Saskatchewan and Manitoba.)

This benefit is included if *You* have purchased the Non Medical Package. Please refer to *Your Travel Insurance Confirmation* 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 not available for residents of British Columbia, Alberta, Saskatchewan and Manitoba.)

This benefit is included if *You* have purchased the Non Medical package. Please refer to *Your Travel Insurance Confirmation* 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.)

<i>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:</i>			
3. Accidental death and <i>Dismemberment</i> protection			
2. Trip Cancellation and Interruption protection			
1. <i>Emergency</i> medical protection			
	1	2	3
<p>1. Any conditions or <i>Changes</i> in <i>Your</i> health (except <i>Minor Ailments</i>) that have not been <i>Stable and Controlled</i> for a period of three (3) months before the <i>Departure Date</i> for an <i>Insured Person</i> aged 3 months to 59 years and for a period of six (6) months before the <i>Departure Date</i> for an <i>Insured Person</i> aged 60 and over, unless specified otherwise in writing by the <i>Insurer</i>.</p> <p>Exception: High blood pressure requires only 2 month stability before the <i>Departure Date</i> unless <i>You</i> suffer from cardiac (heart), vascular, respiratory (lung) or neurological conditions.</p>	X		
<p>2. Any <i>Pre-Existing Condition</i> resulting from:</p> <p>A. A medical condition or related medical condition which was not <i>Stable and Controlled</i> in the 90 days preceding <i>Your Effective Date</i>;</p> <p>B. A heart disorder if, in the 90 days preceding <i>Your Effective Date</i>, the taking of nitroglycerine more than once per week was necessary for the relief of angina pain;</p> <p>C. A pulmonary disorder that has, in the 90 days preceding <i>Your Effective Date</i>, required <i>Treatment</i> with home oxygen or the taking of prednisone or steroids.</p>		X	
<p>3. Any medical service, procedure or <i>Treatment</i> not authorized by the EMERGENCY ASSISTANCE, or not considered to be an <i>Emergency</i> as defined in this policy and by the Medical Director of the EMERGENCY ASSISTANCE.</p> <p>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.</p>	X		
<p>4. Cosmetic or any other elective surgery or non-emergency consultation or <i>Treatment</i>.</p>	X	X	

	1	2	3
5. Any <i>Recurrence</i> of an <i>Injury</i> , <i>Sickness</i> or <i>Symptoms</i> for which <i>Treatment</i> has been received during the insured <i>Trip</i> , in which case, the <i>Insurer</i> reserves the right to exclude the <i>Organ</i> or <i>Body System</i> involved.	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 medical advice has not been followed, recommended <i>Treatment</i> has not been followed or completed, or for which <i>Symptoms</i> were ignored by the <i>Insured Person</i> . This also includes 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, other than a knee or hip prosthesis.	X		
10. The purchase of any drug, prescribed or not, available over the counter.	X		
11. Except as otherwise covered under Section V – Trip Cancellation and Interruption Coverage, any costs related to <i>Your</i> pregnancy or childbirth; routine prenatal care, fertility treatment, deliberate termination of <i>Your</i> pregnancy, an infant born during <i>Your Trip</i> as well as complications of pregnancy occurring within 9 weeks of the expected date of delivery.	X	X	
12. Any <i>Accident</i> , <i>Sickness</i> or <i>Injury</i> sustained while participating in professional or competitive sports, any race or speed contest, gliding, hang-gliding, rock climbing, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment including but not limited to crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, 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 requiring that the <i>Insured Person</i> signs an accident waiver and release of liability form.	X	X	X
13. Any loss resulting from an <i>Accident</i> , <i>Sickness</i> or <i>Injury</i> sustained while onboard a commercial vehicle, other than as a passenger, or sustained while onboard an aircraft other than as a fare paying passenger on a flight operated by a <i>Common Carrier</i> .	X	X	
14. 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		
15. Any <i>Accident</i> , <i>Sickness</i> or <i>Injury</i> induced and/or related to alcohol or alcohol abuse, <i>Medication</i> abuse, drug and other toxic substance abuse, and <i>Symptoms</i> of withdrawal. 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
16. 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	
17. Suicide, attempted suicide or self-inflicted <i>Injury</i> , whether the <i>Insured Person</i> is declared sane or insane.	X	X	X
18. Any <i>Injury</i> or <i>Sickness</i> or <i>Trip</i> cancellation or interruption claim 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 in or intent to commit any criminal or illegal activity by <i>You</i> or <i>Your</i> beneficiary; f) Exposure to a situation related to a travel warning issued by Foreign Affairs and International Trade Canada (www.travel.gc.ca) while travelling in a country, specific region or city identified in the warning.* *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
19. Any <i>Accident</i> , <i>Sickness</i> or death arising from a terrorism act.	X	X	X
20. Any mental, psychiatric, psychological, psychotic or nervous disorder, including depression, anxiety and insomnia.	X	X	X
21. Care or services provided for the sole convenience of the patient.	X		
22. Any <i>Treatment</i> that could reasonably be delayed until the <i>Insured Person</i> returns 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		
23. Any change or adjustment in prescribed <i>Medication</i> taken for an existing condition prior to departure.	X		
24. Any organ retrieval, donation and/or transplant and blood donation.	X		
25. A refusal by the <i>Insured Person</i> (or his/her family), to be transferred to another <i>Hospital</i> or be repatriated to his/her province of residence. E.g.: If, after completion of a medical assessment and consultation with the attending <i>Physician</i> , the <i>Insured Person's</i> 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 <i>Insured Person</i> refuses such transport; in such cases, the <i>Insured Person</i> is no longer covered and the <i>Insurer</i> is relieved of any further liability.	X		

	1	2	3
26. Any <i>Accident, Injury or Sickness</i> sustained during a <i>Trip</i> related to a remunerated activity or volunteer activity, or occupational duty if such activity or duty requires that <i>You</i> spend more than 14 days outside Canada in a year.	X		
27. An <i>Injury, Sickness, Symptoms</i> or any <i>Change</i> in <i>Your</i> health arising or occurring between <i>Your Departure Date</i> and the policy <i>Effective Date</i> .	X		
28. Any medical condition or anticipated event, occurrence, circumstance that <i>You</i> are aware of when <i>You</i> book <i>Your Trip</i> 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	
29. Any expenses related to a <i>Pre-Existing Condition</i> for which it is reasonable to expect or believe that medical <i>Treatment</i> will be necessary during <i>Your Trip</i> .	X	X	
30. Nuclear reaction, exposure to radiation/radioactivity.		X	X
31. Bankruptcy or insolvency of a retail travel agent, agency, tour operator, airline, cruise line or broker.		X	
32. Losses recovered or which are recoverable from any other source, including trustees or any government compensation fund.	X	X	
33. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this policy.	X	X	X
34. Fraud or attempted fraud, concealment or misrepresentation of any material fact affecting this insurance or in connection with the making of any claim.	X	X	X

IX. DEDUCTIBLES

1. Traditional Deductible:

The full amount of the deductible applies on a per *Event* basis.

2. Hospital Deductible:

The full amount of the deductible applies as soon as an *Event* involves *Your Hospitalization*, visit to the emergency room of a *Hospital*, visit to internal or external *Hospital* clinic. The deductible also applies to land or air ambulance transportation.

At time of application, the *Insurer* reserves the right to impose either a traditional or hospital deductible without any reduction or savings in premium. The *Insured Person* can reduce their policy premium by choosing a hospital deductible.

When a contract is issued with a deductible, the *Insured Person* agrees to either reimburse the *Insurer* or pay the portion of the eligible medical expenses equivalent to the deductible amount. In the event of a claim, the *Insured Person* pays the applicable deductible in Canadian currency to the *Insurer* which, in return, pays the provider for the amount due. 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 Person*.

The *Insured Person* is eligible for a partial reimbursement of the paid deductible if the net amount of the claim related to the *Event* falls below the deductible value after coordination of benefits with the provincial government health plan and any other third party.

X. EXTENSION OF POLICY COVERAGE

A. BY REQUEST

To extend the *Policy Period*, the *Insured Person* must contact his/her *Representative* or the *Insurer* during normal business hours, at least *five (5) days prior to the Expiration Date* and pay the additional premium applicable. The additional premium payable is based on the difference between the original premium and the total premium for the entire extended *Policy Period*. Please contact the *Insurer* for more information. Coverage cannot be extended after the policy *Expiration Date*.

Any condition for which the *Insured Person* 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 Person'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.

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 Person* 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 or retiree 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 \$100,000 or less.

2. In the event of payment of benefits under this policy, the *Insured Person* 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 in respect of the insured *Event*, but not to exceed 100% of payments. In accepting this policy, the *Insured Person* 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 Person* may result in denial of claim.
3. There will be no coverage or payment of benefits under this policy to the extent that the *Insured Person* receives compensation from a third party for claims made under this policy. The *Insured Person* 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.
2. The *Insurer* must be notified of any *Change* in the *Insured Person's* health before the *Effective Date* of the insurance policy.
3. The policy must be purchased and paid in full before *Your Departure Date* from *Your* province of residence.
4. Premiums are subject to change without notice.
5. All benefits are payable in Canadian currency to the *Insured Person* or estate, if the insured is deceased. 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 cheque, 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 Person* 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, and commits to signing an authorization allowing the *Insurer* to obtain this information in the event of a claim. Without this authorization, the *Insurer* reserves the right to deny a claim.
8. Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance.
9. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act. All legal actions must take place in the *Insured Person's* province of residence.
10. All policy provisions stated herein are per individual for the *Policy Period*.

- 11. In the event the *Insured Person* becomes suddenly sick or is injured, and must consult a *Physician* or be hospitalized, the *Insured Person* or his/her travel companion must call the EMERGENCY ASSISTANCE immediately*. Call toll-free 1 844 820-6588 (USA & Canada), 1 888 820-6588 (elsewhere) or collect 1 819 377-2241.**

Should *You* fail to immediately call the EMERGENCY ASSISTANCE, settlement of claim may be delayed or denied. The *Insurer* reserves the right to limit the reimbursement of eligible medical expenses to the lesser of charges that would have been incurred within its network of medical providers or 70% of the eligible expenses incurred with an overall limit of CAN \$25,000.

You must accept the referral provided by the EMERGENCY ASSISTANCE. If *You* refuse the medical provider or *Hospital* referral, the *Insurer* reserves the right to limit the reimbursement of eligible medical expenses to the lesser of charges that would have been incurred within its network of medical providers or 70% of the eligible expenses incurred with an overall limit 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.

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

12. In the event of *claim*, *Your* previous medical history will be reviewed in order to verify and confirm *Your* eligibility for benefits.
13. 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.
14. Should it be determined that the *Insured Person* 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 Person*. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by the *Insured Person*.
15. In the event of a dispute over the reimbursement of a claim, the *Insured Person* must request in writing that the revision committee reassess the claim before taking any legal action. The request must be sent in writing 30 days of the receipt of the written position from the *Insurer*. The committee will take into consideration all pertinent information provided by the *Insured Person* and a decision, based on the insurance policy provisions and conditions, will be rendered in writing within thirty (30) days of the receipt of the revision request.

Send requests for claim revision to: **CLAIMS REVIEW COMMITTEE**
LS-Travel, Insurance Company

247, Thibeau Blvd, Trois-Rivières, Quebec G8T 6X9

16. The benefits of this policy can not be assigned to a third party without the *Insurer's* written authorization.

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 or release and authorization form as requested by *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

When submitting *Your* claim please include the following:

- a) An official contract stipulating clearly the booking, cancellation and interruption conditions along with the corresponding penalties applicable, if any.
- b) 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*.
- c) Copy of death certificate indicating reason of death if cancellation is due to death.
- d) Written evidence of the insured risk which was the cause of cancellation, interruption or delay if cancellation is due to any reason other than *Sickness, Injury* or death.
- e) Original unused transport tickets, an electronic copy of the reservation *You* have made with the travel supplier, and any other itemized copy of any reimbursement *You* have asked for, including a written confirmation of the applicable penalties and reimbursements made by the applicable travel supplier.

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.

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 include 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 was 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.

D. ACCIDENTAL DEATH AND DISMEMBERMENT

When submitting *Your* Accidental 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.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL MIGHT INVALIDATE *YOUR* CLAIM.

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

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:

Non-departure:

- a) On a Single Trip Plan, the request must be received prior to the policy *Departure Date*, otherwise it will be considered and administered as an early return request.
- b) On an Annual Plan the request must be received before the *Effective Date*. No refund is available if the request is received after that date.

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 Person* 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 Person's* name, the date and the location of the transaction*) within 30 days of returning to his/her province of residence.

*ex.: credit card statement, credit card receipt, written confirmation obtained at the border, plane ticket or boarding pass.

The premium refund will be calculated from the date shown on the supporting documentation or postmark date of the request. There will be no administrative charges; however no refund will be made on amounts due of less than CAN \$ 20.

ANNUAL PLAN

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

XV. RETURN TO YOUR PROVINCE OF RESIDENCE

Unless the Trip Break option below applies, if *You* are covered by a single trip plan and return to *Your* province of residence, **the policy is automatically terminated.**

TRIP BREAK OPTION

You may return to *Your* province of residence once during *Your Trip* without seeing *Your* coverage terminated upon arrival in *Your* province of residence. All the following conditions must be met for the Trip Break Option to apply:

- No claim was incurred during *Your Trip*;
- No *Treatment* was received during *Your* temporary return to *Your* province of residence (except for a *Minor Ailment*);

Coverage does not apply while in *Your* province of residence and no refund of premium will apply for the days spent in *Your* province of residence.







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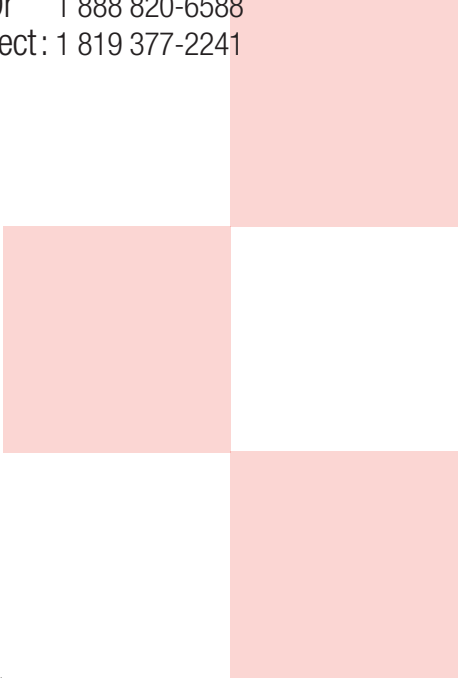
travel insurance

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

Toll free: **1 844 820-6588**

Or 1 888 820-6588

Collect: 1 819 377-2241



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