



TD Insurance
Meloche Monnex

Policy

Wide Horizons Solution[®]
Travel Insurance

This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada.

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RIGHT TO EXAMINE POLICY – The *insured person* has the right to cancel this policy within 10 days of receipt of the policy and receive a full refund. Upon such request, this policy will be considered to never have been in effect and the *insurer* will have no liability under this insurance. The *insured person* must notify their representative immediately if they wish to cancel their coverage and written confirmation must be received within 10 days of receipt of the policy.

IMPORTANT — Read carefully

- Please read the Policy carefully before *you* travel.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel, as *your* coverage may be subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed prior to *your* trip. Refer to *your* policy to determine how these exclusions may affect *your* coverage and how they relate to *your departure date*, date of purchase or *effective date*.
- In the event of an *accident, injury* or *sickness*, *your* prior medical history will be reviewed when a claim is reported.
- *You* are required to contact *TD Insurance Meloche Monnex Assistance*, which is administered by Global Excel Management Inc. (hereinafter called "*Global Excel*") for prior approval of all treatments. If *you* fail to notify or obtain prior approval from *Global Excel*, benefits payable will be reduced by 20%, up to a maximum of \$10,000. This clause will not apply if the total expenses incurred do not exceed \$500.
- **This policy contains clauses which may limit the amounts payable.**
- All amounts are in Canadian currency, unless indicated otherwise.
- **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.**
- **The following only applies to residents of Quebec: The Parties hereby agree that this policy and related documents be drawn up in the English language only. Les Parties aux présentes ont convenu que cette police et les documents s'y rattachant soient rédigés en langue anglaise seulement.**

IN THE EVENT OF AN EMERGENCY OR TO REPORT A CLAIM, YOU MUST CALL TD INSURANCE MELOCHE MONNEX ASSISTANCE, ADMINISTERED BY GLOBAL EXCEL, IMMEDIATELY:

From Canada and U.S., call 1-800-566-1865

From anywhere, call collect +1-819-566-1865

ASSISTANCE SERVICES

TD Insurance Meloche Monnex Assistance, administered by Global Excel, answers your questions 24 hours a day, 7 days a week.

Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. From Canada and the U.S., call 1-800-566-1865; from anywhere, call collect +1-819-566-1865.

Referrals

Global Excel can refer *you* to the preferred medical providers (*hospitals, clinics and physicians*) that are closest to where *you* are staying. With a referral, it is less likely that *you* will have to pay for services out-of-pocket.

Benefit Information

Interpretation of *your* policy is available to *you* and to the medical providers who are treating *you*.

Case Management

Our experienced and professional team, available 24 hours a day, will monitor the services given in the event of an *emergency*. If necessary, we will help *you* to return to Canada for the care *you* need.

Urgent Message Relay

In the event of an *emergency*, we will contact *your travel companion* to keep him/her apprised of *your* situation, and we will help *you* exchange important messages with *your* family.

Interpretation Service

We can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing

Whenever possible, we will instruct the *hospital* or clinic to bill *Global Excel* directly.

Claims Information

We will answer any questions *you* have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

Worldwide, 24-hour toll-free telephone service also provides you with:

- Pre-travel information
- Assistance in contacting *your* family, employer, personal *physician* or other medical professionals
- Assistance in obtaining a second opinion if *you* have doubts about *your treatment* or progress
- Assistance in arranging payments and transfer of funds
- Notification to medical facilities of *your* insurance coverage
- Assistance in locating legal assistance
- Assistance in replacing lost or stolen travel documents and recovering misdirected luggage

DEFINITIONS

Throughout this policy, defined words are written in italics.

“**Accident**” means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

“**Caregiver**” means a person *you* have entrusted with the care of *your children*.

“**Child(ren)**” means an unmarried child of the *insured person* or his or her *spouse* who is, at the policy *effective date*, at least 15 days old, dependent on the *insured person* or his or her *spouse* for support and:

- a) Is under 21 years of age;
- b) Is a full-time student who is under 26 years of age; or
- c) Has a permanent physical impairment or a permanent mental disability.

“**Common carrier**” means a conveyance (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

“**Covered trip**” means the travel arrangements which *you* have contracted and paid in advance of departure and for which an insurance premium has been paid to cover the total non-refundable amount of *your* non-transferable travel arrangements.

“**Deductible**” means the amount in Canadian dollars for which the *insured* is liable for each claim, as stated on his/her confirmation of insurance, before any remaining *eligible expenses* are reimbursed under this policy.

“**Departure date**” means each date on which *you* leave *your* province or territory of residence or Canada.

“**Effective date**” means the date on which the coverage under this policy begins, as specified in *your* confirmation of insurance.

“**Eligible expenses**” means costs *you* incur which are payable by the *Insurer* based on the benefits, terms, limitations, conditions and exclusions of this policy.

“**Emergency**” means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a trip and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

“**Global Excel**” means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

“**Hospital**” means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

“**Hospitalized**” or “**Hospitalization**” means an *insured* occupies a *hospital* bed for more than 24

hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

“**Immediate family member**” means *your* mother, father, sibling, son, daughter, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, stepparents or the person for whom *you* are the legal guardian.

“**Injury**” means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a trip and requiring immediate *emergency* treatment that is covered by this policy. The injury must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment* and for the *physician* to certify in writing the necessity of cancelling or interrupting the *covered trip*.

“**Insurer**” means Royal & Sun Alliance Insurance Company of Canada who provides this insurance.

“**Insured Person**” means the person who is named as the insured person on the confirmation of insurance and for which the appropriate premium has been paid.

“**Key employee**” means an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

“**Medical treatment**” means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

“**Medically necessary**”, in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) cannot be omitted without adversely affecting *your* condition or quality of medical care; and
- d) cannot be delayed until *your* return to *your* province or territory of residence or Canada.

“**Minor ailment**” means any *sickness* or *injury* which does not require:

- the use of medication for a period greater than 15 days;
- more than one follow-up visit to a *physician*;
- *hospitalization*;
- surgical intervention; or
- referral to a specialist;

and which ends at least 30 consecutive days prior to the *departure date* of each trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

“**Ongoing condition**” refers to the continuing care and/or treatment of an acute *sickness* and/or *injury* after the initial *emergency* has ended as determined by the *Insurer*.

“**Physician**” means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her license authority. A physician must be a person other than *yourself* or an *immediate family member*.

“**Reasonable and customary costs**” means costs that are incurred for approved, eligible medical services or supplies that do not exceed the average reimbursement the provider receives for all services rendered to its patients, up to a maximum of one and a half times the rate that would be applicable if the costs were payable by US Medicare.

“**Sickness**” means a disease or disorder of the body which results in loss while this coverage is in effect. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

“**Spouse**” means the person to whom the *insured person* is legally married or with whom the *insured person* has been residing for at least the last 12 months and who is publicly recognized as the *insured person's* spouse. In case of separation or divorce, all *insureds* remain covered until the expiry date.

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

- a) there has been no new diagnosis, treatment or prescribed medication;
- b) there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified);
- c) there has been no new symptom, more frequent symptom or more severe symptom;
- 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 results and/or further investigations for that medical condition.

“**TD Insurance Meloche Monnex**” means the Business name of Security National Insurance Company.

“**Terrorism**” means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

“**Travel Companion**” means a person accompanying *you* on the trip, who shares accommodation or transportation with *you*, and who has paid for such accommodation or transportation in advance of departure.

“**Treated**” means that *you* have been *hospitalized*, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.

“**Vehicle**” means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip. This definition does not apply to exclusion 29 (see Section VIII - General Exclusions).

“**You, Your, Yourself and Insured**” means the *insured person* and, if applicable, his or her eligible *spouse* and/or *children*.

SECTION I – IMPORTANT NOTICES

All benefit limits indicated are in Canadian currency.

You must contact *TD Insurance Meloche Monnex* Assistance, administered by *Global Excel* immediately, prior to seeking treatment; or for Trip Cancellation and Interruption or Non-Medical benefits, *you* must call on the day the insured risk occurs. Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted prior to receiving treatment or as soon as reasonably possible. If *you* fail to notify or obtain prior approval from *Global Excel*, benefits payable will be reduced by 20%, up to a maximum of \$10,000. This clause will not apply if the total expenses incurred do not exceed \$500.

If *you* pay *eligible expenses* directly to a health service provider without prior approval by *Global Excel*, these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such provider by the *Insurer*. Medical charges *you* pay may be higher than this amount therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the *Insurer*.

SECTION II – ELIGIBILITY CRITERIA

1. **You must meet the following criteria to be eligible for this insurance.** If the *insured person, spouse or children* do not meet one or more of the following criteria, this person is not covered under this insurance.

- a) *You* must be a Canadian resident and be covered by the government health insurance plan of *your* Canadian province or territory of residence for the entire duration of *your* trip. *You* must also remain covered by the government health insurance plan of *your* Canadian province or territory of residence during *your* trip(s) and at the time *you* incur a claim;
- b) *You* must NOT be travelling against the advice of a *physician* or have been diagnosed with a terminal illness. A terminal illness means that *you* have a medical condition that is cause for a *physician* to estimate that *you* have less than six months to live or for which palliative care has been received;
- c) *You* must NOT have a kidney disease requiring dialysis; and
- d) *You* must be at least 15 days old.

SECTION III – PLANS OFFERED

Plan	Age	Maximum Trip duration
Annual (Medical, Trip Cancellation and Interruption)	0 to 59	60 consecutive days (unlimited travel within Canada)
	60 or over	A choice of 22 or 30 consecutive days (unlimited travel within Canada)
Top up or Optional Extension	0 to 59	Maximum of 182 days (or any number of days allowed in <i>your</i> province or territory of residence)
	60 or over	Maximum of 30 days. Only available on 22-day Annual Plan. Other coverage options may be available by calling one of our representatives at 1-877-593-8023.

Additional Optional Trip Cancellation	All ages	Premium is based on Sum Insured and sold per person, per trip
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Benefits	Sum Insured
Annual Medical	\$ 5 million per person, per trip
Annual Trip Cancellation	\$2,500 per person or \$5,000 maximum per family for each annual period of coverage
Annual Trip Interruption	\$5,000 maximum per person, per covered trip
Additional Optional Trip Cancellation	\$1,000, \$2,500 or \$5,000 per person, per covered trip
Supplementary Non-Medical Benefits	\$5,000 (see benefit details in Section VII)

ANNUAL PLAN

- a) Provides Emergency Travel Medical, Trip Cancellation, Trip Interruption and Supplementary Non-Medical benefits for the *insured person, spouse* and eligible *children* for any number of trips outside Canada during the policy period of coverage of up to 60 consecutive days for *insureds* age 59 or under (22 or 30 consecutive days, as indicated on *your* confirmation of insurance, for *insureds* age 60 or over). The Trip Duration for the Annual Plan when travelling outside Canada is based on *your* age on the *effective date* of the policy.
- b) Trip durations outside of *your* province or territory of residence but within Canada are unlimited.
- c) Trips must be separated by a return to *your* province, territory of residence or Canada.
- d) This insurance is issued for a maximum period of coverage of one year commencing on the *effective date* and terminating on the expiry date as indicated on *your* confirmation of insurance.
- e) *You* are not required to provide advance notice of the departure and return dates of each trip; however, *you* will be required to provide evidence of *your* departure date and return date when filing a claim (e.g. airline ticket or customs/ immigration stamp).

- f) All *insureds* may travel independently of one another.
- g) If the value of *your* trip exceeds the amount of Trip Cancellation benefits offered under the Annual Plan, an Additional Optional Trip Cancellation Plan may be purchased to cover the additional value of *your* trip (see details in Section III – Plans Offered - Additional Optional Trip Cancellation).
- h) Top Ups or Extensions are available (see Section IX). For trips outside Canada longer than 60 days for *insureds* age 59 or under (22 days for *insureds* age 60 or over), Top Up coverage is available. Top Up commences the day after the expiry of the Annual plan trip duration (see stipulations in Top Ups and Optional Extensions section).
- i) An Annual Plan cannot be used as a Top Up to another Annual Plan other than under the following exceptional circumstances:

ANNUAL PLAN EXCEPTION

If *you* are travelling on a trip that extends beyond the expiry date of *your* Annual Plan and *you* have purchased a new Annual Plan prior to *your* departure with the same plan option (22, 30 or 60 days), *your* trip will be covered under the terms and conditions of *your* first Annual Plan until its expiry date, and the remainder of *your* trip will be covered under the terms and conditions of the new Annual Plan as of its *effective date*. The total number of days outside of Canada covered under both Annual Plans combined cannot exceed *your* selected plan option (22, 30 or 60 days). The new Annual Plan must have the same plan option duration, begin on the day immediately following the expiry date of the previous Annual Plan and must be purchased prior to departure. Coverage under the new Annual Plan is considered a new and separate term of coverage and is subject to all terms, exclusions (including the Pre-Existing Medical Conditions Exclusions), limitations and conditions of the new policy. Coverage for the trip under the previous Annual Plan will expire on the expiry date of *your* Annual Plan as indicated on *your* confirmation of insurance issued by RSA. Coverage for the trip under the new Annual Plan will begin on *your* *effective date* as indicated on *your* confirmation of insurance issued by RSA and expire on the earlier

of the date *you* return to *your* province or territory of residence or the date *you* reach the maximum number of days outside of Canada, from *your* original *departure date*, allowed under the Annual Plan option you selected, as indicated on *your* confirmation of insurance issued by RSA. For trips outside of Canada longer than *your* selected Annual Plan option (22, 30 or 60 days) from *your* original *departure date*, Top Up coverage is available by purchasing a Top Up or Optional Extension.

Note: If *you* have a change in *your* planned travel dates between the date of application and *your departure date*, *you* must contact RSA immediately PRIOR TO DEPARTURE, to change the *effective date* of *your* Top Up or Optional Extension and a new confirmation of insurance will be issued by RSA indicating the revised travel dates. If *you* leave earlier or later than planned and do not amend *your effective date* of *your* Top Up or Optional Extension prior to *your* departure, the Top Up or Optional Extension policy shall be null and void.

EFFECTIVE DATE OF COVERAGE

Coverage under the Annual Plan policy begins on *your* effective date as indicated on *your* confirmation of insurance.

Coverage for Emergency Medical and Trip Interruption benefits for each trip under the Annual Plan begins on *your* departure from *your* province or territory of residence or Canada, as long as coverage is in effect.

Note: No coverage is in effect for a trip outside of Canada that commenced prior to the *effective date* of the Annual Plan (except as otherwise specified under the Annual Plan Exception above).

Coverage for Trip Cancellation benefits for each trip begins on the later of the day *you* purchase *your* travel arrangements or on the *effective date*.

Note: Coverage for a *spouse* or *child* who becomes eligible during the policy period will begin on the date the *spouse* or *child* becomes eligible as per Section II - Eligibility Criteria and provided they meet the definition of *spouse* or *child(ren)* as per the Definitions section.

TERMINATION DATE OF COVERAGE

Coverage under the Annual Plan terminates on the one-year anniversary of the effective date of *your* policy or the date that *you* are no longer covered by a government health insurance plan of *your* Canadian province or territory of residence, whichever occurs first.

Coverage for Emergency Medical and Trip Interruption benefits for each trip under the Annual Plan terminates on the earliest of:

1. the expiry date on *your* Annual Plan as indicated on *your* confirmation of insurance (except if *you* are travelling on a trip that extends beyond the expiry date of *your* Annual Plan and *you* have purchased a new Annual Plan prior to *your* departure with the same plan option, as specified under the Annual Plan Exception above); or
2. the date *you* return to *your* province or territory of residence or Canada; or
3. the date *you* reach the maximum number of days outside Canada allowed under the Annual Plan, as indicated on *your* confirmation of insurance.

Coverage for Trip Cancellation benefits terminates on the earlier of:

1. *your* departure from *your* province or territory of residence or Canada; or
2. the day *your* insured risk occurs.

PAYMENT OF PREMIUM

Your insurance premium is payable by one-time pre-authorized bank withdrawals, or by cheque, money order or credit card (VISA, MasterCard or AMEX), for the full amount. Annual Plan premium is also payable by monthly pre-authorized bank withdrawals. Coverage will be null and void if any premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, or if no proof of *your* payment exists.

It is a condition of *your* policy coming into effect that *your* initial premium is paid before the *effective date*. In addition, if *you* have chosen to pay *your* Annual Plan by monthly pre-authorized bank withdrawals, *your* insurance coverage may be terminated should we not receive any monthly premium after the initial monthly premium.

For *your* convenience, a new Annual Plan will be sent to *you* each year at the premium rates and coverage terms in effect on the date the new policy is issued and *your* age based on the new policy's *effective date*. Documents for the new policy will be mailed to *you* 65 days prior to the expiry date of *your* previous Annual Plan policy.

TOP UPS AND OPTIONAL EXTENSIONS

Additional Top Up days can be purchased by contacting one of our representatives at 1-877-593-8023 if *you* are travelling outside of Canada and *your* trip will be longer than *your* Annual Plan (60 days for *insureds* age 59 or under; or 22 days for *insureds* age 60 or over). The maximum period of coverage for *insureds* age 59 or under is 182 days (or any number of days allowed in *your* province or territory of residence). The maximum period of coverage for *insureds* age 60 or over, is 30 days. However, for *insureds* age 60 or over, travelling for 31 days or more, contact one of our representatives at 1-877-593-8023 for other coverage options that are available upon completion of a medical questionnaire.

After *your* departure, Optional Extensions are available should *you* wish to stay longer at *your* trip destination (see stipulations in Section IX – Extension of Coverage - 2. Optional Extensions).

Coverage under the Top Up or Optional Extension is considered a new and separate term of coverage and is subject to all the terms, exclusions (including the Pre-existing Medical Conditions Exclusions), limitations and conditions of the new policy. In the case of a Top Up or Optional Extension, *your* coverage commences on the day after the expiry of the existing coverage in place, as indicated on *your* confirmation of insurance, and terminates on the earlier of the date *you* return to *your* province or territory of residence or the expiry date indicated on *your* confirmation of insurance. Coverage must be purchased for the entire duration of *your* trip and prior to the expiry of *your* existing coverage. Premium for the additional days is based on *your* age as of the *effective date* of the Top Up or Optional Extension. Top Ups or Optional Extensions are subject to a minimum premium of \$25. An Annual Plan cannot

be used as a Top Up to another Annual Plan (see Annual Plan Exception).

Top Ups and Optional Extensions are payable in full on the purchase date by cheque, money order or credit card (VISA or MasterCard). Coverage is conditional on the payment of premium.

ADDITIONAL OPTIONAL TRIP CANCELLATION

If the value of *your* trip exceeds the amount offered or remaining under *your* Annual Plan Trip Cancellation benefit, Additional Optional Trip Cancellation may be purchased to cover the additional value of *your* trip. *Your* trip requiring the purchase of Additional Optional Trip Cancellation must take place during *your* Annual Plan policy period.

This additional Trip Cancellation insurance is sold on an optional basis and can be purchased by contacting one of our representatives at 1-877-593-8023 for each trip and for each *insured*.

The optional additional amounts available of \$1,000, \$2,500 or \$5,000 is in addition to the automatic \$2,500 Trip Cancellation benefit. Coverage is conditional on the payment of premium.

Conditions for Optional Trip Cancellation

At the time *you* purchase *your* additional Optional Trip Cancellation, *you* must not know of, nor be aware of, any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, a close friend and/or *your* host at destination which may eventually prevent *you* from starting and/or completing *your covered trip* as booked and *you* and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.

SECTION IV – INSURANCE AGREEMENT

1. In consideration of the premium payment, the insurance issued by the *Insurer* covers benefits specified herein subject to the benefit maximums, any applicable deductibles, exclusions,

definitions, provisions, limitations and other terms of this policy.

2. For medical benefits set out in Section V - Medical Benefits, in consideration of the premium payment, the insurance issued by the *Insurer* covers *reasonable and customary costs* in excess of any medical expenses payable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and by *your* Canadian provincial or territorial government health insurance plan for *emergency* treatment of an unexpected and unforeseen *sickness* or *injury* occurring while *you* are on a trip, to a maximum of \$5 million CAD.
3. For Medical Benefits, if the *Insurer* pays *your* health care provider or reimburses *you* for covered expenses, it will seek reimbursement from *your* Canadian provincial or territorial government health insurance plan and from any other medical reimbursement plan under which *you* may have coverage, in accordance with Canadian Life and Health Insurance Association Inc. guidelines. *You* may not claim or receive in total more than 100% of *your* total covered expenses.
4. The *deductible* amount that appears on *your* confirmation of insurance applies to each claim. The *deductible* amount cannot be changed after the *effective date* as indicated on *your* confirmation of insurance. Remaining covered expenses will be reimbursed after *you* have paid the deductible amount per claim.

SECTION V – MEDICAL BENEFITS

In order to be considered *eligible expenses*, many benefits listed in this section require the prior approval of *Global Excel*.

If *you* require *emergency medical treatment* of a *sickness* or *injury* occurring outside *your* province or territory of residence while this policy is in force, *you* or the provider(s) of *medical treatment* will be reimbursed for *eligible expenses* incurred, based on *reasonable and customary costs*, less any applicable *deductible(s)*, for the following medical and *hospital*

expenses, to a maximum of \$5 million CAD per *insured*, per trip.

1. **Hospital Accommodation:** Room and board charges up to the semi-private or private *hospital* room rate charges charged by the *hospital* (including expenses in an intensive or coronary care unit *if medically necessary*).
2. **Physician Fees:** *Medical treatment* by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
4. **Paramedical Services:** Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of \$500 per profession listed, when approved in advance by *Global Excel*.
5. **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist (including cost of finding and shipping drugs that are not locally available) when required as a result of an *emergency*. Limited to a 30-day supply per prescription, unless *you* are *hospitalized*. This benefit does not cover drugs, serums and injectables needed to stabilize a chronic condition or a medical condition which *you* had before *your* trip. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number and name of medication, quantity, date and name of the prescribing *physician*.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest medical facility (also covers taxi fare in lieu of ground ambulance).
7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of

a wheelchair when prescribed by the attending *physician* and required due to a covered *emergency*.

8. **Private Duty Nursing:** The professional services of a registered private nurse (other than an *immediate family member*) as the result of a covered *emergency*, when *medically necessary*, while *hospitalized* and when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel* (see Section XII - General Provisions and Limitations - Transfer and Medical Repatriation):
- a) air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for *medical treatment*;
 - b) transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of residence for immediate medical attention;
 - c) the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence.
10. **Qualified Medical Attendant:** Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).
11. **Transportation to Bedside:** When approved in advance by *Global Excel*, a round-trip economy airfare from Canada, and up to \$5,000 per policy for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice to:
- a) be with *you* when *you* are travelling alone and have been *hospitalized* for at least five consecutive days outside *your* province, territory of residence or Canada;
You must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit.

- b) identify the deceased *insured* prior to the release of the body, where necessary.

Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.

12. **Return of Spouse and Children:** When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return the *insured person's* spouse and children to *your* province or territory of residence if the *insured person* is returned under the *Emergency Air Transportation* or *Preparation and Return of Remains* benefit or the *insured person* is *hospitalized* and unable to accompany their family during their return home, up to \$5,000 per policy.
13. **Treatment of Dental Accidents:** *Emergency* dental treatment at trip destination to a maximum of \$5,000 per *insured* to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or a dentist immediately following the *injury*.
An *accident* report is required from the *physician* or dentist for claims purposes. This benefit excludes crowns and root canals.
14. **Emergency Relief of Dental Pain:** Up to \$300 per *insured* for *emergency* relief of dental pain at trip destination. This benefit excludes crowns and root canals.
15. **Meals and Accommodation:** Up to \$500 per day to a maximum of \$5,000 per policy for the cost of commercial accommodation and meals for *you* or a *travel companion* who wishes to stay with *you* or at *your* bedside when *your* trip is delayed beyond *your* last day of coverage due to a *sickness* or *injury* suffered by *you* or another person covered under this policy. The fact that *you* are unable to travel must be certified by the attending *physician*. Original receipts from commercial organizations for meals and accommodation must be supplied. The benefit is subject to prior approval by *Global Excel*.
16. **Vehicle Return:** Up to \$5,000 per policy if neither *you*, nor someone travelling with *you*, is able to

operate *your* owned or rented *vehicle* during *your* trip due to *sickness* or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your* *vehicle*. Original receipts from commercial organizations are required.

17. **Preparation and Return of Remains:** In the event of *your* death, up to a maximum benefit of \$10,000 per *insured* towards the actual cost incurred for preparation of remains; homeward transportation of the deceased *insured* to his province or territory of residence; or cremation and/or burial at the place of death of the *insured*. The cost of the casket or urn is not covered by this benefit.
18. **Incidental Expenses:** Up to \$50 per day to a maximum of \$1,250 per policy will be reimbursed for *your* out-of-pocket expenses such as telephone calls, television and parking while *you* are *hospitalized* for a covered medical *emergency*. Original receipts are required.
19. **Escort of Children:** When approved in advance by *Global Excel*:
- a) organization, escort and payment up to the cost of a one-way economy airfare for the return of *children*; or
 - b) reimbursement of up to \$2,500 for the services of a caregiver (other than an *immediate family member*) for *your* *children*, in the event *you* are medically repatriated or *hospitalized*. Provision of a caregiver will be arranged by *Global Excel*.
20. **Return to Trip Destination:** A one-way economy airfare for *you* to be returned to *your* contracted trip destination after *you* are returned to *your* province or territory of residence for immediate *medical treatment* provided *your* attending *physician* determines that *you* require no further treatment for *your* *emergency*, when approved in advance by the *Insurer*.

Once *you* return to *your* trip destination, a recurrence of the *sickness* or *injury*, which caused the initial *emergency*, or any problems or complications related thereto, will not be covered under this policy.

Note: This benefit is valid only if *you* were returned to Canada with the *Emergency* Air Transportation benefit and *your* insurance policy is still effective.

Pre-existing Medical Condition Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by any of the following exclusions depending on *your* age on *your effective date* as specified in the summary table below.

Age	Pre-existing Medical Condition Exclusions
59 or under	1, 2 and 3
60 or over	4, 5 and 6

1. Any *sickness*, *injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 90 days prior to each *departure date*.
2. A heart condition, if **any** heart condition was not *stable* at any time during the 90 days prior to each *departure date*.
3. A lung condition, if
 - a) any lung condition was not *stable*; or
 - b) *you* have been *treated* with home oxygen or have taken oral steroids (e.g. Prednisone) for any lung condition, at any time during the 90 days prior to each *departure date*.
4. Any *sickness*, *injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 365 days prior to each *departure date*.
5. A heart condition, if **any** heart condition was not *stable* at any time during the 365 days prior to each *departure date*.
6. A lung condition, if
 - a) any lung condition was not *stable*; or

- b) *you* have been *treated* with home oxygen or have taken oral steroids (e.g. Prednisone) for any lung condition, at any time during the 365 days prior to each *departure date*.

SECTION VI – TRIP CANCELLATION AND INTERRUPTION BENEFITS

TRIP CANCELLATION

Insured Risks – Insured Reasons for Cancelling your Trip prior to Departure

Any of the following occurrences that prevent *you* from departing or travelling on the scheduled dates of the *covered trip* is an insured risk.

1. *Sickness*, *injury* or death of an *insured*, a *travel companion*, an *immediate family member*, a *travel companion's immediate family member* or a *caregiver*. To file a claim, *you* must supply medical records and/or a death certificate.
2. Death or *emergency hospitalization* of a business partner or a *key employee* occurring within 10 days of the contracted *departure date*. To file a claim, *you* must supply *hospital* records and/or a death certificate.
3. Death, *emergency hospitalization*, illness or *injury* (other than a *minor ailment*) of *your* host at trip destination. To file a claim, *you* must supply medical records and/or a death certificate.
4. In the course of *your* employment, should *you* or a *travel companion* have to relocate by reason of an unforeseen transfer initiated by the employer with whom *you*, *your spouse*, a *travel companion* or a *travel companion's spouse* has been employed 12 months prior to the relocation date. This insured risk does not apply to cases of self employment or temporary contract work.
5. Involuntary loss of permanent employment by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your parent* or legal guardian by means of a permanent lay-off or company restructuring provided that, at the time *you* purchased this insurance, the aforementioned person has been employed with

the same employer for more than one year, the imminent loss was not public knowledge, nor was the aforementioned person aware that such loss of permanent employment was imminent. To file a claim, *you* must supply a letter of termination. This insured risk does not apply if employment began after this insurance was purchased or to cases of self employment, temporary contract work, temporary lay-off or dismissal.

6. *You* or *your travel companion's* principal residence, accommodations at trip destination or place of business is rendered uninhabitable or in the case of the place of business, inoperative, as a result of a natural disaster.
7. *You* or a *travel companion* is summoned to perform police, fire or military service (whether active or reserve).
8. *You* or a *travel companion* are:
 - a) summoned for jury duty;
 - b) subpoenaed as a witness in a case; or
 - c) named as a plaintiff or a defendant in a civil suit.

This insured risk applies only when the case is scheduled to be heard during the *covered trip* and the notice to appear is received after the date this insurance was purchased and after the purchase of travel arrangements. To file a claim, *you* must provide a copy of the notice of hearing, subpoena, summons or any other court document showing the date *you* must appear in court.
9. A new formal notice issued by the Canadian Government after this insurance was purchased and after the date of purchase of travel arrangements, warning Canadian residents to leave or not to travel to a specific region of any country that is part of *your covered trip*.
10. A delay that causes *you* to miss any part of *your covered trip* when the private or rented *vehicle* which *you* are driving or in which *you* are a passenger, or a *common carrier* aboard which *you* are a passenger, is delayed due to weather, a mechanical failure, an *emergency* road closure by the police or an *accident*, provided that the *vehicle* or the *common carrier* was scheduled to arrive at the contracted departure or return point at least two hours (or the required minimum

reporting time, whichever is the greater) in advance of the contracted time of departure.

11. Delay of a prepaid *common carrier* that is part of *your* or *your travel companion's covered trip* due to weather conditions, when the delay represents at least 30% of the total duration of the *covered trip*, provided no other means of transportation is available and, as a result of this delay, *you* choose not to continue with the *covered trip*.

Benefits for Trip Cancellation

If an insured risk occurs and causes *you* to cancel *your* trip, *you* must contact *Global Excel* at 1-800-566-1865 toll-free or call collect +1-819-566-1865 and *your* Travel Agent (if applicable) on the day the insured risk occurs or on the next business day to advise them of the cancellation. Failure to notify *Global Excel* and *your* Travel Agent may limit the benefits payable to *you*. Only the sums that are non-refundable and non-transferable to another date on the day the insured risk occurs shall be considered for the purposes of the claim.

If *you* must cancel *your covered trip* due to an insured risk, the *Insurer* will reimburse up to \$2,500 per *insured* and to a maximum of \$5,000 for all *insureds* covered under *your* policy, for each annual period of coverage less the applicable *deductible* amount:

1. The portion of unused travel arrangements, which are non-refundable and non-transferable to another date that *you* have paid in advance prior to *your* departure when any of the insured risks occur; or
2. the penalty fee charged for the reinstatement of the unused travel points, including travel point administrative cancellation fees (if applicable). This benefit applies to all insured risks; or
3. reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the contracted departure due to the occurrence of insured risk 1, 2, 6, 10 or 11.

Conditions for Trip Cancellation

At the time *you* purchase *your* travel arrangements, **or on *your effective date of coverage when you have purchased your* travel arrangements prior to purchasing this insurance**, *you* must not know of, nor be aware of, any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, a close friend and/or *your* host at destination which may eventually prevent *you* from starting *your covered trip* as booked and *you* and *your travel companion(s)* must be deemed fit to undertake the *covered trip* as booked.

Pre-Existing Medical Condition Exclusions for Trip Cancellation

The following exclusions 1, 2 and 3 apply to the following people: the *insured person*, *spouse*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, a close friend, a business partner, a *key employee* and/or *your* host at destination.

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by any of the following exclusions.

1. Any *sickness, injury* or medical condition (other than a *minor ailment*) which was not *stable* at any time during the 90 days prior to the date of purchase of *your* travel arrangements **or *your effective date when you have purchased your* travel arrangements prior to *your* purchase of this insurance**.
2. A heart condition, if any heart condition was not *stable* at any time during the 90 days prior to the date of purchase of *your* travel arrangements **or *your effective date when you have purchased your* travel arrangements prior to *your* purchase of this insurance**.
3. A lung condition, if:
 - a) any lung condition was not *stable*; or
 - b) *you* have been *treated* with home oxygen or have taken oral steroids (e.g. Prednisone) for any lung condition,

at any time during the 90 days prior to the date of purchase of *your* travel arrangements **or *your effective date when you have purchased your* travel arrangements prior to *your* purchase of this insurance**.

TRIP INTERRUPTION

Insured Risks – Insured Reasons for Interrupting *your* Trip after the *Departure Date*

Any of the following occurrences that prevent *you* from travelling or returning on the scheduled dates of the *covered trip* is an insured risk.

1. *Sickness, injury* or death of *you*, *your spouse* or *child* travelling with *you*. To file a claim, *you* must supply medical records and/or a death certificate.
2. *Death, sickness* or *injury* which requires intensive care treatment of an *immediate family member* not travelling with *you*. To file a claim, *you* must supply medical records and/or a death certificate.
3. A new formal notice issued by the Canadian Government after *your departure date*, warning Canadian residents to leave or not to travel to a specific region of any country that is part of *your covered trip*.
4. A delay that causes *you* to miss or interrupt any part of *your covered trip* when the private or rented *vehicle* which *you* are driving or in which *you* are a passenger, or a *common carrier* or a prepaid connecting flight aboard which *you* are a passenger, is delayed due to weather, a mechanical failure, an emergency road closure by the police or an accident, provided that the *vehicle* or the *common carrier* was scheduled to arrive at the contracted departure or return point at least two hours (or the required minimum reporting time, whichever is the greater) in advance of the contracted time of departure or return. To file a claim, *you* must supply a detailed report from the supplier or authorities that includes the cause of the interruption or delay.
5. Delay of a prepaid *common carrier* that is part of *your* or *your travel companion's covered trip* due to weather conditions, when the delay represents at least 30% of the total duration of the *covered trip*, provided no other means of transportation is available and, as a result of this delay, *you* choose not to continue with the *covered trip*.

6. *Your or your travel companion's* principal residence, accommodations at trip destination or place of business is rendered uninhabitable or in the case of the place of business, inoperative as a result of a natural disaster.

Benefits for Trip Interruption

If *you* must interrupt *your* trip due to the occurrence of an insured risk, *you* must contact *Global Excel* immediately on the day the insured risk occurs or on the next business day.

From Canada and U.S., call 1-800-566-1865.
From anywhere, call collect +1-819-566-1865.

Only the sums that are non-refundable and non transferable to another date on the day the insured risk occurs shall be considered for the purposes of the claim.

1. If *you* must return to *your* province or territory of residence earlier or later than the contracted date of return due to the occurrence of an insured risk, the *Insurer* will reimburse up to \$5,000 per *insured* for each *covered trip* less the applicable *deductible* amount:
 - a) up to the cost of a one-way economy airfare to the contracted point of departure or the fee charged by the airline to change *your* contracted date of return as shown on *your* current and usable ticket, whichever is less; and
 - b) the non-refundable portion of unused travel arrangements (if any) paid prior to *your* contracted date of departure; and
 - c) for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$500, subject to a limit of \$100, per day per *covered trip*. To file a claim for such expenses, *you* must supply original receipts from commercial organizations.

Note: This benefit does not reimburse the unused portion of any travel ticket including the cost of the original travel ticket.

2. If *you* miss part of the *covered trip* due to the occurrence of an insured risk, the *Insurer* will reimburse up to \$5,000 per *insured* for each *covered trip* less the applicable *deductible* amount:
 - a) reasonable and additional transportation costs for the *insured person, spouse* or *child(ren)* to rejoin the tour or group by the most direct route; and
 - b) the non-refundable portion of other unused land arrangements (if any) paid prior to *your* contracted date of departure; and
 - c) for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$500, subject to a limit of \$100 per day per *covered trip*. To file a claim for such expenses, *you* must supply original receipts from commercial organizations.

Conditions for Trip Interruption

You and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.

Please see General Exclusions in SECTION VIII.

Pre-Existing Medical Condition Exclusions for Trip Interruption

The following exclusions 1, 2 and 3 apply to the *insured person, spouse* and/or an *immediate family member*.

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any *sickness, injury* or medical condition (other than a *minor ailment*) which was not *stable* at any time during the 90 days prior to each *departure date*.
2. A heart condition, if any heart condition was not *stable* at any time during the 90 days prior to each *departure date*.
3. A lung condition, if:
 - a) any lung condition was not *stable*; or
 - b) *you* have been *treated* with home oxygen or have taken oral steroids (e.g. Prednisone) for any lung condition,

at any time during the 90 days prior to each *departure date*.

SECTION VII – SUPPLEMENTARY NON MEDICAL BENEFITS

Emergency Non-Medical Assistance Services

Where prior approval is given, the *Insurer* will pay for reasonable expenses incurred for *Emergency Non-Medical Assistance Services*.

Vehicle Assistance Benefits

If *your vehicle* is insured through *TD Insurance Meloche Monnex* and *you* have submitted a claim following a loss or damage under such *vehicle* insurance policy, reimbursement of *your* expenses as shown:

1. Return of vehicle

If the insured loss or damage will take longer to repair than *your* planned vacation or travel time, reimbursement of up to \$5,000 per trip to return the *vehicle* to *your* home.

2. Return home

If the insured loss or damage makes *your vehicle* unfit to drive or will take longer to repair than *your* planned vacation or travel time, reimbursement of up to \$5,000 per *insured*, per trip for a one-way economy flight to return home.

3. Extended stay

If *you* can reasonably extend *your* travel time to wait for *your vehicle* to be repaired, reimbursement of up to \$5,000 per *insured*, per trip for the cost of hotel accommodation and meals.

Home Assistance Benefits

If *your* residence is insured through *TD Insurance Meloche Monnex* and *you* have submitted a claim following a loss or damage under such home insurance policy, reimbursement of *your* reasonable expenses as shown:

1. Return home

If an *insured* loss or damage makes *your* home unfit for occupancy or unusable, or requires *your*

immediate intervention and should there be no relative or acquaintance available to make decisions or take any necessary action on *your* behalf, reimbursement of the cost of a one-way economy flight home, up to a maximum of \$5,000 per *insured*, per trip.

2. Trip interruption

If it is decided *you* must return home, reimbursement of up to \$5,000 per *insured*, per trip for any non-refundable prepaid travel costs.

3. Return of vehicle

If it is necessary for *you* to return home without *your vehicle*, assistance in making arrangements to return *your vehicle* home, or to return a leased *vehicle* to the point to which it must be returned, and reimbursement of up to \$5,000 per trip for the cost of these arrangements.

SECTION VIII – GENERAL EXCLUSIONS

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part by any of the following exclusions:

1. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
2. A trip taken for the purpose of seeking treatment, consultation or investigation for a medical condition for which, before *your departure date*, *you* knew or it was reasonable to expect *you* would need to seek treatment, consultation or investigation for that medical condition.
3. Any *sickness, injury* or medical condition *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has

issued a travel advisory or formal notice, before *your departure date*, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area.

If the travel advisory or formal notice is issued after *your departure date*, *your* coverage under this policy in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.

4. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
5. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
6. *Hospitalization* or services rendered in connection with general health examinations for “check-up” purposes, treatment of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
7. Non-compliance with any prescribed medical therapy or *medical treatment* (as determined by the *Insurer*) or failure to carry out a *physician’s* instructions.
8. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *hospitalized*.
9. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
10. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
11. Routine pre-natal care.
12. High risk pregnancy. A high risk pregnancy means a pregnancy where any medical condition or risk factor puts the mother, the developing

fetus, or both, at a higher than normal risk of developing medical complications during or after the pregnancy and birth.

13. Any *child* born during *your* trip.
14. Pregnancy, childbirth or complications of either, occurring in the nine weeks before or after the expected date of delivery.
15. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
16. *Terrorism* or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate *terrorism* regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage except for ensuing loss or damage which results directly from fire or explosion.
17. Committing or attempting to commit an illegal act or a criminal act.
18. Suicide (including any attempt thereof) or self-inflicted *injury*.
19. Medication, drugs or toxic substance abuse or overdose; alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
20. Participation:
 - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one’s main paid occupation);
 - b) in any motorized race or motorized speed contest;
 - c) in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing or any cycling racing event or ski racing event.

21. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
22. Services provided by an optometrist or for cataract surgery.
23. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
25. Crowns and root canals.
26. A trip undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person's medical condition.
27. Expenses for which no charge would normally be made in the absence of insurance.
28. A return earlier or later than the contracted date of return unless recommended by the attending *physician*.
29. A trip outside *your* province or territory of residence or Canada on a commercial vehicle for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.
30. Any medical condition for which *you* incur a claim after *your departure date* and prior to the effective date of the Top Up or Optional Extension, if the Top Up or Optional Extension was purchased after *your departure date*.
31. Self exposure to exceptional risk, hazardous pursuits or occupations or flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
32. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.

33. Treatment of a *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the *Insurer*).

SECTION IX – EXTENSION OF COVERAGE

1. Automatic Extension of Coverage

The policy period will automatically be extended up to 72 hours without extra charge if a trip is prolonged beyond the period for which insurance has been purchased due to any of the following reasons.

- a) *You* are *hospitalized* due to a medical *emergency* on the expiry date indicated on *your* confirmation of insurance. *Your* coverage will remain in force for as long as *you* are *hospitalized* (up to one year) and the 72-hour extension will commence upon release from *hospital*.
- b) A late train, boat, bus, plane, or other *vehicle* in which *you* are a passenger causes *you* to miss *your* scheduled return to *your* province or territory of residence (including by reason of weather).
- c) The private *vehicle* in which *you* are travelling is involved in a traffic *accident* or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* return date.
- d) *You* must delay *your* scheduled return to *your* province or territory of residence due to a medical *emergency* incurred by the *insured person*, a *spouse*, *children* or a *travel companion*.

2. Optional Extensions

Coverage under both the Annual Plan and the Top Up or Optional Extension can be extended after departure provided that:

- a) a *claim* has not been made under the initial policy for the specific trip. If a claim has been made, an Optional Extension or Top Up may be granted upon review of your file by the *Insurer*;
- b) *you* have not experienced any changes in *your* health since *your effective date* and/or *departure date*;

- c) *you* remain eligible for this insurance;
- d) the request for the extension is received by phone prior to the expiry date of *your* coverage;
- e) for *insureds* age 59 or under, the total time outside of Canada (including the extension) does not exceed 182 days (or any number of days allowed in your province or territory of residence);
- f) for *insureds* age 60 or over, the total trip duration outside of Canada including the extension must not exceed 30 days (contact one of our representatives at 1-877-593-8023 for other coverage options);
- g) the required premium is charged to *your* VISA or MasterCard.

Note: The minimum premium is \$25 per extension. The cost of additional days of insurance will be calculated based on *your* age as of the *effective date* of the extension and the total trip duration using the premium schedule in effect at the time the extension is requested.

SECTION X – REFUNDS

1. Annual Plan

The premium paid is non-refundable after the *effective date* of the policy and all outstanding premium is owed unless *you* move away from Canada, move out of the province and/or *you* are no longer covered by the government health insurance plan of *your* Canadian province or territory of residence. Premium may also be refunded in case of death of the *insured*. In such cases, a partial refund of premium is available and is calculated on a pro-rata basis.

2. Top Ups

- a) A full refund of the premium paid will be made provided no claims are received or are pending and that a written request is received by RSA prior to the *effective date*.
- b) The premium paid (less an administration fee of \$20 per policy and a \$10 minimum refund amount) may be partially refunded in the

event *you* must return earlier to *your* province or territory of residence. RSA must receive satisfactory proof (e.g. airline ticket or customs/immigration stamp) of *your* actual return date to *your* province or territory of residence.

3. Optional Extensions

The Optional Extension (see Section IX) may not be cancelled, except if the extension is cancelled prior to its commencement provided no claims are received or are pending. In such case, the premium paid (less an administration fee of \$20 per policy) will be refunded. RSA must receive satisfactory proof (e.g. airline ticket or customs/immigration stamp) of *your* actual return date to *your* province or territory of residence.

SECTION XI – CLAIMS PROCEDURES

How to File a Medical Claim

You are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents.

- a) *Your* policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial government health insurance plan number (including the expiry date or version code, where applicable).
- b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of treatment, and the name of the medical facility and/or *physician*.
- c) For prescription drugs, the original prescription receipts (not cash receipts) from the pharmacist, *physician*, or *hospital* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
- d) Proof of the *departure date* and return date (e.g. airline ticket or customs/immigration stamp).
- e) A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to *you* by *Global Excel* when notice of claim has been given, which *you* must complete and sign for the purpose of allowing

the *Insurer* to recover payment from any other insurance contract or health plan (group, individual or government).

- f) If the *Emergency* Air Transportation benefit is used, the unused portion of *your* air ticket.

The *Insurer* will coordinate and pay *your* claim to the participating medical providers and, where permitted, coordinate claims directly with the Canadian provincial or territorial government health insurance plan on *your* behalf.

How to Report a Trip Cancellation or Interruption Claim

1. The *physician* recommending cancellation, interruption or delay of a *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
2. *You* must call *TD Insurance Meloche Monnex* Assistance, administered by *Global Excel* at 1-800-566-1865 toll-free or call collect at +1-819-566-1865 and *your* Travel Agent (if applicable) on the day the insured risk occurs or on the next business day to advise them of *your* cancellation or interruption. Failure to notify *Global Excel* and/or *your* Travel Agent may limit the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the day the insured risk occurs shall be considered for the purpose of *your* claim.

For a claim under Trip Cancellation Insurance

You must submit the following documents:

- a) a Trip Cancellation and Interruption claim form;
- b) an itemized invoice (and/or proof of payment) of *your* travel arrangements;
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 covered trip*.
- c) original airline tickets or proof of refund by airline company/travel agency;
- d) all supporting documentation to substantiate *your* claim; and
- e) original accommodation and meal vouchers for *your covered trip*.

For a claim under Trip Interruption Insurance

In addition to the documents listed under a), b), c) and d) above, *you* must submit the following documents:

- a) the original airline ticket;
- b) for out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.

For all claims

Global Excel may ask *you* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required in substantiating *your* claim.

All sums in the policy are in Canadian currency unless otherwise indicated. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance does not pay interest.

Once *Global Excel* receives *your* claim, *you* may be required to provide additional information. Any information not provided may lead to a delay in processing *your* claim.

Send all pertinent documents to:

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9

If *you* are submitting a claim while in the U.S., please forward all required documents to:

Global Excel Management Inc.
P.O. Box 10
Beebe Plain, Vermont
05823 USA

To verify the status of *your* claim, please call:

1-866-303-1406 (toll-free) or
+1-819-566-1406 (collect)
during business hours (ET).

SECTION XII – GENERAL PROVISIONS AND LIMITATIONS

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment

Global Excel must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform your attending physician to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

Failure to Notify Global Excel

In the event of an *emergency* during a trip, you must call *Global Excel* immediately, prior to seeking treatment. If it is not reasonably possible for *you* to contact *Global Excel* prior to seeking treatment due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.

If *you* fail to notify or obtain prior approval from *Global Excel*, benefits payable will be reduced by 20%, up to a maximum of \$10,000. *You* will be responsible for payment of any remaining charges. This clause will not apply if the total expenses incurred do not exceed \$500.

Benefits Limited to Incurred Expenses

The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Transfer or Medical Repatriation

During an *emergency* (whether prior to admission or during a covered *hospitalization*), the *Insurer* reserves the right to:

- a) transfer *you* to one of our preferred health care providers; and/or
- b) return *you* to *your* province or territory of residence for the *medical treatment* of *your sickness* or *injury* without danger to *your* life or health. If *you* choose to decline the transfer or return when declared medically *stable* by the *Insurer*, the *Insurer* will be released from any liability for expenses incurred for such *sickness*

or *injury* after the proposed date of transfer or return. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.

Limitation of Benefits

Once *you* are deemed medically *stable* to return to Canada (with or without escort) either:

- a) in the opinion of the *Insurer*; or
- b) by virtue of discharge from a medical facility where *you* do not require a follow-up visit within 10 days, *your* medical *emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *emergency* will no longer be eligible for coverage under this policy.

Subrogation

If *you* suffer a loss covered under this policy, the *Insurer* is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the *Insurer* is granted the right to make a demand for, and recover those benefits. If the *Insurer* institutes an action, the *Insurer* may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss *you* shall immediately notify the *Insurer* so that it may safeguard its rights.

You shall take no action after a loss that will impair the rights of the *Insurer* set forth in the previous paragraph and shall do such things as are necessary to secure the *Insurer's* rights.

Other Insurance

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical,

or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which you are *insured* under such other coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.

Availability of Care

The *Insurer*, *TD Insurance Meloche Monnex* or *Global Excel* shall not be held responsible for the availability or quality of any *medical treatment* (including the results thereof) or transportation at the vacation destination, or *your* failure or inability to obtain *medical treatment* while on a trip.

Payment of Benefits

All payments under this policy are payable to *you* or on *your* behalf. Benefits for loss of life are made to *your* estate unless another beneficiary is designated in writing to *Global Excel* and the *Insurer*.

Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. No sum payable shall bear interest. All benefit limits indicated are in Canadian currency.

Misrepresentation and Non-Disclosure

The entire coverage under this policy shall be void if the *Insurer* determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning *your* policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insureds* under this contract of insurance.

Applicable Law

This contract of insurance is governed by the laws of the Canadian province or territory of residence of the *insured*. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.

Limitation Periods

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 (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

Sanctions

The *Insurer* is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions ("Sanctions") imposed by the European Union and the United Kingdom and the parties acknowledge that the *Insurer* intends to adhere to the same standard.

The *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach Sanctions imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

Important Notice About Your Personal Information

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from your agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, *insured* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third

parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

Privacy of Information

The *insured* understands that Royal & Sun Alliance Insurance Company of Canada and *Global Excel* Management Inc. will have access to certain personal information and acknowledges that they may be required to exchange all or portions of this personal information with other entities, which may include *TD Insurance Meloche Monnex*, for the evaluation of certain claims.

In addition, the *insured* understands that Royal & Sun Alliance Insurance Company of Canada and *Global Excel* Management Inc. may be required to exchange non-claim related information, which may include personal information, with other entities, including *TD Insurance Meloche Monnex* for the purpose of ensuring efficient and quality client service.

SECTION XIII – STATUTORY CONDITIONS

1. **The Contract** – The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.
2. **Waiver** – The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

3. **Copy of Application** – The *insurer* shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.
4. **Material Facts** – No statement made by the *insured* or a person insured at the time of application for this contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

5. Notice and Proof of Claim

- 1) The *insured* or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall
 - a) give written notice of claim to the *insurer*:
 - i. by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the *insurer* in the province, or
 - ii. by delivery of the notice to an authorized agent of the *insurer* in the province, not later than 30 days after the date a claim arises under the contract on account of an *accident* or *sickness*;
 - b) within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of
 - i. the happening of the *accident* or the commencement of the *sickness*,
 - ii. the loss caused by the *accident* or *sickness*,
 - iii. the right of the claimant to receive payment,
 - iv. the claimant's age, and
 - v. if relevant, the beneficiary's age, and
 - c) if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim is made under the contract and in the case of *sickness*, its duration.

Failure to Give Notice and Proof

- 2) Failure to give notice of claim or furnish proof of claim within the time required by this statutory condition does not invalidate the claim if

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the *accident* or the date a claim arises under the contract on account of *sickness*, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
- b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

6. **Insurer to Furnish Forms for Proof of Claim** – The *insurer* shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.

7. **Rights of Examination** – As a condition precedent to recovery of insurance money under the contract,

- a) the claimant must give to the *insurer* an opportunity to examine the person of the person insured when and as often as it reasonably requires while the claim hereunder is pending, and
- b) in the case of death of the person insured, the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

8. **When Money Payable** – All money payable under the contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

9. **Limitation of Actions** – An action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year (in New Brunswick, Nova Scotia, Newfoundland and PEI), or two years (in Yukon, Northwest Territories and Nunavut), after the date

the insurance money became payable or would have become payable if it had been a valid claim.

In the event of any inconsistency between the statutory conditions or provisions of the Civil Code of Quebec applicable to the *insured* and any other provisions of this policy, the statutory conditions or provisions of the Civil Code of Quebec, as applicable, shall prevail.

IDENTIFICATION OF INSURER

Wide Horizons Solution® Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada.

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