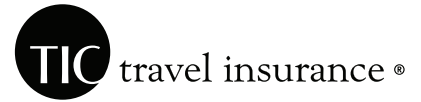


MULTI-TRIP – BASIC EMERGENCY HOSPITAL & MEDICAL INSURANCE



Administered by TIC Travel Insurance Coordinators Ltd. Underwritten by Co-operators Life Insurance Company

IMPORTANT NOTICE

Please read *your* policy carefully before *you* travel.

To help *you* better understand *your* policy

Key terms in this policy are printed in *italics* and are defined in the Definitions section on Page 5.

What am I covered for?

Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

Coverage is different for each plan; to find out what *your* coverage is, please read the section titled Benefits under the name of the plan(s) *you* have purchased.

What is not covered?

Travel insurance does not cover everything. *Your* policy has exclusions, conditions and limitations. *You* should read *your* policy carefully before *you* travel, so that *you* are aware of, and understand, the limits of *your* coverage.

You may not have coverage for costs incurred due to *pre-existing medical conditions* or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

What if I have an emergency?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed.

Limits on Coverage

If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

How do I make a claim?

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills attached) to TIC. Please take care in filling out the form, as any missing information may cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information *we* collect, use and disclose. *Your* personal information, including *your* medical history, will be collected, used and disclosed only for the purpose of providing *you* with the requested insurance services. For a copy of TIC's privacy policy, please contact *us* or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, *you* can, subject to policy terms and conditions. Just call *your* agent or TIC (during business hours) before coverage under *your* policy expires.

To be eligible for further coverage, *you* must be in good health and *you* must not have incurred any losses during the first *period* of coverage.

Travel Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, TIC, Co-operators Life Insurance Company, and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

Extended Absence from Canada

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check *your* province's health plan for details.

If *you* exceed *your* province's limits, *you* will not be eligible for coverage under this policy.

RIGHT TO EXAMINE POLICY

Please review this policy before *you* travel to ensure it meets your needs.

Refunds before the Effective Date

For all plans other than Trip Cancellation & Interruption Plans and the All-inclusive Package Plan, *you* have 10 days after purchase to return this policy for a full refund. Please refer to the sections of this policy that explain when coverage starts.

Refunds after the Effective Date

For refunds after coverage has started, refer to the Refunds section on page 7 of this policy.

SUMMARY OF BENEFITS

Limits

Emergency Hospital & Medical Insurance for Canadians

Hospital confinement and Medical Services \$5 million
Included in the overall maximum of \$5 million:

Accidental Dental	\$3,000
Ambulance Services.....	up to overall maximum
Attendant	up to overall maximum
Chiropractor, osteopath, chiropodist, podiatrist or acupuncturist	\$300 per profession
Cremation at place of death.....	\$4,000
Dental Emergency	\$500
Emergency Transportation	up to overall maximum
Identity Fraud Recovery	\$5,000
Meals and Accommodation	\$3,000
Pet Return.....	\$500
Physiotherapist	\$300
Prescription Medication	\$500
Return of Deceased	\$10,000
Return to Original Trip Destination.....	\$5,000
Return of Travelling Companion	up to overall maximum
Return of Vehicle or Watercraft	\$3,000

Multi-trip Basic Plan

Coverage includes:

Emergency Hospital & Medical for Canadians	\$5 million
--	-------------

Refer to page 2 for details of coverage.

MULTI-TRIP – BASIC EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS POLICY

ELIGIBILITY

- Coverage is NOT AVAILABLE to any individual who:
 - has been diagnosed with a terminal illness;
 - has been diagnosed with or has had an episode of congestive heart failure;
 - has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
 - has Alzheimer's disease or any other type of dementia;
 - has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
 - has been prescribed or used home oxygen *treatment* in the last 12 months;
 - has had a major organ transplant (heart, kidney, liver, lung); or
 - has received kidney dialysis *treatment* in the last 12 months.

2. To be eligible for coverage *you* must:
 - a) be at least 15 days old; and
 - b) be insured for benefits under a Canadian government health insurance plan during the *period of coverage*; and
 - c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
 - d) not reside in a nursing home and receive nursing care; and
 - e) not reside in a convalescent home or rehabilitation centre; and
 - f) not require assistance with *activities of daily living*.

Effective Date

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the following:

- a) the date and time the completed application is accepted by TIC or its representative; or
- b) the date indicated as the *effective date* on *your* confirmation of coverage; or
- c) the date and time *you* exit *your* province or territory of residence; or
- d) for Multi-trip Plans, the date *you* exit *your* province or territory of residence for a new *trip*.

Expiry Date

Coverage ends on the **earliest** of the following:

- a) the date and time *you* return to *your* province or territory of residence (other than as described under the Trip-Break for Single-trip Plans); or
- b) the date indicated as the *expiry date* on *your* confirmation of coverage; or
- c) for Multi-trip Plans, *you* reach the maximum number of days permitted for each *trip*, as selected at the time *you* applied for coverage.

DESCRIPTION OF COVERAGE

1. Subject to the policy terms and conditions, the *insurer* agrees to pay up to \$5 million for *reasonable and customary* costs incurred unexpectedly by an *insured Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital*, *emergency medical*, or other covered costs incurred during the *period of coverage* up to the maximum amounts provided in the Benefits section, due to *sickness* or *injury* occurring during the *period of coverage*. The total *aggregate limit* for all losses under the Emergency Hospital & Medical Insurance for Canadians is \$20 million.

Limits on Coverage

2. For *Canadian residents* not insured under a government health insurance plan, the maximum sum insured is \$3,000.
3. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which *you* are covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to General Provisions on page 6.
4. Coverage is world-wide other than in *your* province or territory of residence.

Coverage for each separate *trip* commences and becomes effective immediately upon *your* departure from *your* province or territory of residence and expires when *you* return to *your* province or territory of residence.

When a planned trip extends beyond the expiration of a Multi-trip Plan, a new Single-trip Plan or Multi-trip Plan must be purchased to assure continuous coverage:

- a) A Single-trip Plan must be purchased **prior** to the date the maximum number of days permitted for each *trip* has been reached or the *expiry date* of the policy.

- b) A Multi-trip Plan must be purchased **prior** to departure from *your* province or territory of residence.

Coverage will be in effect for the maximum number of days *you* selected for each *trip* under the new Multi-trip Plan options outlined below.

The maximum number of days for each *trip* under the Multi-trip Basic Plan is 8, 15, 35, 60 or 105 days, as selected and paid for at the time of application.

BENEFITS

Benefits are payable for the following costs.

1. Emergency Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for *your emergency* care during confinement as a resident in-patient.

2. Emergency Medical

The *insurer* agrees to pay for the following services, supplies or *treatment*, when provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) The services of a legally licensed physiotherapist when ordered by the attending *physician* as *treatment* for a covered *injury*.
Not to exceed \$300 for out-patient *treatment*.
- c) The services of a legally licensed chiropractor, osteopath, chiropodist, podiatrist or acupuncturist for *treatment* of a covered *injury*.
Not to exceed \$300 per profession.
- d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
- f) Rental of crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by TIC.
- g) *Emergency* out-patient services provided by a *hospital*.
- h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply. To a maximum \$500 per *insured person* unless hospitalized as an in-patient.

3. Meals and Accommodation

The *insurer* agrees to reimburse *you* up to a maximum of \$3,000 for additional reasonable living costs, child care costs (for *travelling companions* under age 18 or physically or mentally handicapped and reliant on *you* for assistance), essential telephone calls and taxi fares incurred by *you* or any *insured persons* remaining with *you* while *you* are hospitalized as an inpatient during the *period of coverage*.

4. Transportation of Family or Friend

The *insurer* agrees to reimburse *you* up to a maximum of \$3,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route), and up to a maximum of \$1,000 for the reasonable costs *your family member* or close friend incurs after arrival if:

- a) *you* are hospitalized due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

5. Return of Travelling Companion

If you are transported to Canada by air ambulance or commercial stretcher due to a covered *emergency sickness or injury* that necessitates immediate, ongoing care, then the *insurer* agrees to pay the extra cost of a one-way economy class airfare to return *your travelling companions* (under age 18 or physically or mentally handicapped and reliant on you for assistance) and the extra cost of a one-way economy class airfare to return one of *your accompanying family members* to their province or territory of residence. To be eligible for reimbursement, TIC must pre-approve these costs.

6. Return of Vehicle or Watercraft

If, as a result of a covered *sickness or injury*, you are unable to return to Canada with the vehicle or watercraft used for *your trip*, the *insurer* agrees to reimburse you up to a maximum of \$3,000 for the cost of a commercial agency to return the vehicle or watercraft to your province or territory of residence or to the *commercial rental agency*.

7. Pet Return

If you are returned to Canada under the Emergency Transportation benefit, or if you are hospitalized due to a covered *sickness or injury*, the *insurer* agrees to reimburse you up to \$500 for the cost of returning *your accompanying dog or cat* to Canada.

8. Return of Deceased

In the event of *your death* due to a covered *sickness or injury*, the *insurer* will pay up to \$10,000 for the return of *your remains* in a standard transportation container to *your permanent residence* in Canada; or up to \$4,000 for the cremation or burial of *your remains* at the place of death.

9. Accidental Dental

The *insurer* agrees to reimburse you up to \$3,000 for *emergency treatment or services* to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental blow* to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where you reside.

10. Dental Emergencies

The *insurer* agrees to reimburse you up to \$500 for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which you have previously received *treatment or advice* are not covered. *Treatment* relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to your return to your province or territory of residence.

11. Emergency Transportation

The *insurer* agrees to transport you to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness or injury*. Any *emergency transportation* such as air ambulance, one-way economy airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by TIC.

12. Attendant

If you are returned to Canada under the Emergency Transportation benefit, the *insurer* agrees to pay for the cost of an attendant (not related to you by blood or marriage) plus the attendant's return economy class airfare, to travel with *your accompanying insured travelling companions* (under age 18 or physically or mentally handicapped and reliant on the you for assistance) to their province or territory of residence. This benefit is payable only when approved in advance and arranged by TIC.

13. Act of Terrorism – Limits on Coverage and Aggregate Limit

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.

- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC, including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

14. Return to Original Trip Destination

If you are returned to your province or territory of residence under the Emergency Transportation benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, a maximum of \$5,000 will be paid, only when pre-approved and arranged by TIC, for a one-way economy flight to return you and one insured *travelling companion* to the original *trip destination*. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent recurrence or complication of the condition that resulted in you being returned home is excluded under this policy.

15. Trip-Break for Single-trip Plans

During the *period of coverage* you may return **once** to your province or territory of residence for up to 15 consecutive days without terminating this policy. There is no coverage under this plan in your province or territory of residence. Refunds are not payable for any days you spend in your province or territory of residence during the Trip-Break. If you experience any change in your health during the Trip-Break, you must notify TIC prior to exiting your province or territory of residence for confirmation of continued coverage.

16. Identity Fraud Recovery

The *insurer* agrees to reimburse up to \$5,000 for the following costs incurred within 90 days of the end of the *period of coverage* as a result of *identity fraud* that occurred during the *period of coverage*:

- a) Costs for notarizing affidavits or similar documents for law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- b) Costs for sending certified mail to law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- c) Loan application fees for re-applying for loans due to the rejection of the original application because the lender received incorrect credit information.
- d) Charges for long distance telephone calls or fax transmissions to businesses, law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- e) Earnings lost by you as a result of time away from work to complete affidavits, meet with law enforcement agencies, credit agencies, merchants, or legal counsel, up to \$250 per day, to a maximum of \$2,000.
- f) Reasonable legal counsel fees incurred, with prior notice to and approval by TIC, for:
 - i. your defence against any suit by businesses or their collection agencies;
 - ii. removal of any criminal or civil judgements wrongly entered against you;
 - iii. any challenge to the information in your credit report.

SPECIFIC CONDITIONS

1. TIC must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

Limits on Coverage

If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

2. TIC reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.
3. General Provisions of this policy apply. Refer to page 6.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

EHM1

- i. **If *you* are 59 years of age or under on the *effective date*:** Any *pre-existing medical condition* if that condition was not *stable* in the 90 days immediately before the *effective date*, even if *you* previously disclosed that condition to *us* when applying for coverage under a different or previous TIC policy.
- ii. **If *you* are 60 years of age and over on the *effective date*:** Any *pre-existing medical condition* if that condition was not *stable* in the 180 days immediately before the *effective date*, even if *you* previously disclosed that condition to *us* when applying for coverage under a different or previous TIC policy.

To obtain coverage for a *pre-existing medical condition* that was not *stable* in the applicable period immediately before the *effective date*, a new *Detailed Medical Questionnaire* must be completed and submitted to *us*, be approved in writing by TIC and *you* must pay the required premium.

- iii. **If *you* have chosen not to have coverage for any and all *pre-existing medical conditions* on your application for insurance:** Any *pre-existing medical condition*.

EHM2 Any fraudulent, dishonest or criminal act by *you*, or any person acting with *you*, or *your* authorized representative, whether acting alone or in collusion with others.

EHM3 Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide, attempted suicide; or
- intentional self-inflicted injury.

EHM4 *Act of war*; kidnapping; *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

EHM5 The participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

EHM6 Any *sickness, injury* or medical condition for which a diagnosis need not have been made where a *trip* is undertaken for the purpose of securing medical *treatment* or advice.

EHM7 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with prescribed *treatment* or medical therapy;
- the use of medication or drugs that have not been approved by the appropriate government authority; or
- the misuse of medication.

EHM8 Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.

EHM9 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

EHM10 Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *sickness* or *injury*.

EHM11 Any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by TIC.

EHM12 A recurrence or complication of the *sickness, injury* or medical condition that resulted in *you* being returned home if *you* elect to resume *your trip* after being returned to Canada.

EHM13 Any rehabilitation or convalescent care.

EHM14 *Injury* resulting from training for or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

EHM15 Routine or elective *treatment* for pregnancy, including *high-risk pregnancy*, within the first 32 weeks of the pregnancy.

EHM16 Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.

EHM17 *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

EHM18 Dental or cosmetic surgery.

EHM19 *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

EHM20 Naturopathic or holistic *treatment*.

EHM21 Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

EHM22 Any nuclear occurrence, however caused.

EHM23 Any loss incurred in a city, region, or country when, prior to the *effective date*, the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid all travel, or to avoid non-essential travel, to that city, region, or country.

EHM24 Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Transportation benefit.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their *trip*.

Dependent children means *your* unmarried children who are:

- a) financially dependent on *you*;
- b) at least 15 days of age; and
- c) age 21 or under.

Detailed Medical Questionnaire means the form entitled Detailed Medical Questionnaire which contains detailed questions about *your* health. This form must be completed correctly and accurately, signed and dated by *you*, and submitted with *your* application. *Your* answers at the time of completion determine the terms of coverage and/or the premium that apply to *you*.

Effective date means the date and time coverage starts, as indicated under the Effective Date provision of each plan purchased.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue the *trip* or return to *your* place of ordinary residence in Canada or *country of origin*.

Expiry date means the date and time coverage ends as indicated under the Expiry Date provision of each plan purchased.

Family member means *your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

High-risk activity(ies) mean(s) heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

High-risk pregnancy means a pregnancy involving a medical condition that 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. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Identity fraud means the act of someone knowingly transferring or using, without lawful authority, *your* means of identity which constitutes a violation of federal law or a crime or offence under any applicable federal, provincial, state, territorial or local law.

Injury means sudden bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insured person means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company, except in respect of all property insurance, where the insurer is The Sovereign General Insurance Company.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

Mountaineering means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

Pre-existing medical condition means a *sickness*, *injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Spouse means a person who is legally married to *you*, or has been living in a common-law relationship (either opposite sex or same sex) with *you* for a continuous period of at least one year and who resides in the same household as *you*.

Stable means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a change in type or dosage of medication.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Travelling companion means a person who has prepaid shared accommodation or transportation with *you*. (Maximum of 5 persons including *you*.)

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

Trip means a period during which *you* are travelling outside of *your* province or territory of residence, or *country of origin*, and for which coverage is in effect.

We, us and our means TIC Travel Insurance Coordinators Ltd., The Sovereign General Insurance Company and Co-operators Life Insurance Company.

You or Your means the *insured person*.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by *you*.

Automatic Extension of Coverage

1. Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*. Additional premium will not be required.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the *coverage expiry date*.
3. If *you* are hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, this coverage will be extended to *you* and *your travelling companion(s)* remaining with *you* when reasonable and necessary, during the period of *hospital confinement*, plus 72 hours after release to travel home.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*. Benefits are only payable under one policy for each *insured person* during the *period of coverage*. If more than one TIC policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

Claim Submission

You or the claimant, if other than *you*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by a provincial or territorial hospital/ medical plan, or, if *you* are not covered or are not eligible for coverage, verification of any payment that would have been made.
3. Any payment made by any other insurance plan or contract.
4. Providing substantiating medical documentation from *your* province, territory or country of residence, at the request of TIC.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to *you*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance, or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance. *You* may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, TIC will not coordinate benefits with that provider.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which *you* normally reside, or in the case of visitors to Canada, the Canadian province or territory where the policy was issued.

Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable. Where there is an error as to *your* age, provided that *you* are within the insurable age limits, the premiums will be adjusted according to *your* correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the *effective date*.

A family rate is available. Family includes the applicant, age 59 and under, the applicant's *spouse* age 59 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Right to be Reimbursed

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse *us* for all *emergency* medical and hospital costs paid under the *policy* from any amounts *you* receive from a third party responsible for *your* *injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include emergency medical and hospital costs paid under the *policy*;
- c) include all emergency medical and hospital costs paid under the *policy* in any settlement agreement you reach with the third party;
- d) act reasonably to preserve our right to be reimbursed for any emergency medical or hospital costs paid under the *policy*;
- e) keep us informed of the status of any legal action against the third party; and
- f) advise *our* counsel of *our* right to reimbursement under the *policy*.

Your obligations under this section of the *policy* in no way restricts *our* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with *us* fully should *we* choose to exercise *our* right of subrogation.

Time

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

REFUNDS

When submitting *your* refund request, please include:

1. a fully completed and signed Refund Request Form; and
2. a copy of confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to Canada; and
4. any other documentation to support *your* refund request.

Emergency Hospital & Medical Multi-trip Plans are not refundable after the *effective date*.

Important Notes

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC.

A full refund will be provided for policies which are recovered within 10 days of purchase, as described in the section titled Right To Examine Policy.

There will be no refund of premium if a claim has been made.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the *insured* was out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than \$10 will not be issued.

CLAIMS PROCEDURES

Claims forms are available online at www.travelinsurance.ca or by calling TIC Claims Department.

Claims can be reported on *our* website at: www.travelinsurance.ca

SEND YOUR CLAIMS TO:

TIC Claims Department

2100 – 250 Yonge Street

Toronto, Ontario, Canada M5B 2L7

Collect worldwide: 416-340-8809

Toll free Canada/USA: 1-800-869-6747

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations

When submitting *your* Emergency Hospital & Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Completed appropriate provincial government health insurance plan forms; see claim form for details.
5. For Multi-trip Plans, proof of original departure from and return to *your* province or territory of residence.
6. Any other documentation that may be required and/or requested by TIC.

Important Note

- In the event of a medical *emergency*, TIC must be notified prior to any surgery being performed or within 24 hours of admission to *hospital*.

Limits on Coverage

- If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this *policy* by 20%.

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.

Administered by:

TIC Travel Insurance Coordinators Ltd.
2100 – 250 Yonge Street
Toronto, Ontario, Canada M5B 2L7

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan, Canada S4P 1C4

Property risks are underwritten by:

The Sovereign General Insurance Company
500 – 6700 Macleod Trail S.E.
Calgary, Alberta, Canada T2H 0L3

EMERGENCY PROCEDURES

In the event of a medical *emergency*, you must notify TIC Emergency Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

Limits on Coverage

If you fail to do so without reasonable cause, then TIC will reduce the benefits payable to you under this policy by 20%.

We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your trip.

TIC EMERGENCY ASSISTANCE

Toll free Canada/USA: 1-800-995-1662

**Toll free worldwide:
800-842-0842 or 00-800-842-0842**

If unable to contact us through the toll free numbers
call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate
your claim and we will contact you.

