Destination
INTERNATIONAL STUDENT INSURANCE

Underwritten by: National Liability & Fire Insurance Company – Canada Branch, trading as Berkshire Hathaway Specialty Insurance (BHSI)
Claims Administration and Assistance Services provided by: Berkshire Hathaway Specialty Insurance (BHSI) has appointed Global Excel Management Inc. as the provider of all assistance and claims services under this policy.
Managed and distributed by: The Destination: Travel Group Inc.

Destination TRAVEL GROUP / LE GROUPE DESTINATION VOYAGE INC.

Welcome to Your Destination: International Student Insurance Plan

Studying internationally can be one of the most rewarding experiences and protecting **Your** health and well-being during **Your** studies is extremely important. Whether you're exploring a new country or settling into campus life, **We**'re here to provide peace of mind with reliable **Emergency** medical coverage - so **You** can focus on what matters most: **Your** education and experience.

Destination: International Student Insurance Plan is designed to protect **Students** and their families while studying in Canada or outside their home province or territory of residence.

Please review this Policy to ensure it meets **Your** needs and contact **Your** broker or Destination: Travel Group Inc. if:

- There is anything that **You** do not understand,
- **You** have questions about this Policy,
- **Your** travel arrangements change,
- **Your** health has changed since **You** first applied for this coverage.

All changes to this Policy must be made prior to the **Effective Date**.

Section 1: Right to Examine the Policy

Please review this Policy when **You** receive it to ensure it meets **Your** needs. If **You** are not completely satisfied with this Policy, **You may cancel it within ten (10) days of purchase for a full refund of the premium paid, provided Your coverage has not begun.** Please refer to ***Section 9: Important Policy Dates*** of this Policy that explains when coverage begins and ***Section 19: Premium Refunds*** for more information on obtaining a refund.

Welcome to BHSI

Thank **You** for choosing this Policy, which is underwritten by National Liability & Fire Insurance Company – Canada Branch, trading as Berkshire Hathaway Specialty Insurance (BHSI) (hereinafter **We**, **Us** or **Our**, as applicable).

Part of Berkshire Hathaway's insurance operations, **We** offer the security of a top-rated balance sheet and the expertise of a worldwide team of professionals with excellent capabilities and character.

In every interaction with **Our** customers, teammates, and business partners, **We** live the BHSI tradition of doing the right thing and earning **Our** reputation for trust, integrity and prudent risk taking.

BHSI is customer-first, through and through. Lean and responsive, **We** choose simplicity over complexity and bring ease, speed, and efficiency to the world of insurance.

Travel Health Insurance Association of Canada

Every travelling Canadian deserves peace of mind that their travel insurance provides reliable protection. While most trips are completed without incident, unexpected situations can occur. That's why the member companies of the Travel Health Insurance Association of Canada (THiA) are committed to ensuring travellers understand their rights when it comes to travel insurance coverage.

BHSI is proud to be a member of THiA. Together, our collective goal is to ensure every claim submitted has the opportunity to be paid. The industry has come together and designed the Bill of Rights and Responsibilities to deliver a clear statement as to what can be expected from travel insurance.

THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know **Your** health
- Know **Your** trip
- Know **Your** policy
- Know **Your** rights

For more information, visit:
https://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html

Emergency Travel Assistance

In an **Emergency**, the **Insured** should contact the **Assistance and Claims Administrator:**

NUMBERS TO CALL	
In Canada and the USA	**1-855-286-7467**
Outside of Canada and the USA	**+1-519-913-8034**

The helpline is available twenty-four **(24)** hours a day, seven **(7)** days a week, and is staffed by bilingual assistance coordinators experienced in managing medical assistance cases.

When contacting the **Assistance and Claims Administrator**, the following information is required:

- Name of the **Insured**;
- The Policy number;
- Telephone contact details for the **Insured** or their representative;
- Address where the **Insured** is located; and
- The nature of the **Emergency** or the assistance required.

Table of Contents

Section 1: Right to Examine the Policy 1
Section 2: Summary of Travel Benefit Limits 5
Section 3: Important Notice 7
Section 4: Claim Information 8
Section 5: How to Contact the Assistance and Claims Administrator 8
Section 6: Coverage Details 11
Section 7: Eligibility - Applicable to International Students Studying in Canada: 12
Section 8: Eligibility - Applicable to Canadian Students Studying outside of their province or territory of residence: 13
Section 9: Important Policy Dates 13
Section 10: Waiting Period 14
Section 11: Insuring Agreement 14
Section 12: Limits on Coverage 15
Section 13: Emergency Medical Benefits - Details of Your Coverages 16
Section 14: Non-Emergency Medical Benefits - Details of Your Coverages 23
Section 15: Exclusions - Details of What You Are Not Covered For 25
Section 16: Definitions – What Our Important Terms Mean 30
Section 17: Legal Information 37
Section 18: Statutory Conditions 46
Section 19: Premium Refunds 48
Section 20: Privacy Information Consent Notice 50
Section 21: Assistance and Claims Administration provided by: 50
Section 22: Underwritten by: 50
Section 23: Managed and Distributed by: 50

Section 2: Summary of Travel Benefit Limits

This Summary of Travel Benefit Limits is for information purposes only. Please refer to ***Section 13: Emergency Medical Benefits – Details of Your Coverage*** and ***Section 14: Non-Emergency Medical Benefits – Details of Your Coverage*** **for full details of coverage.**

Travel Benefit	Maximum Sum Insured
Emergency Medical Benefits	
1. **Emergency** Medical	Up to $2,000,000 per **Insured**, per **Trip**
• Private Duty Nurse:	Up to $15,000
2**. Emergency** Hospitalization	Up to Sum Insured
3. Professional Services	$600 per practitioner for outpatient **Treatment**
4. Drugs or Medications	30-day supply up to $10,000
5. **Emergency** Air Transportation/ Return to **Country of Origin**	Eligible expense when approved by the **Assistance and Claims Administrator**
6. Transportation of Family	$5,000 for round-trip economy class airfare and up to $150 per day to a maximum of $1,500
7. **Accidental** Dental	Up to $5,000
8. Dental **Emergencies**	Up to $600
9. Return of Deceased	a) Up to $15,000 for return of remains; or b) Up to $5,000 for cremation or burial
10. Mental Health Care	a) Inpatient hospitalization up to $25,000 per lifetime; and b) Outpatient services up to $1,000 per twelve **(12)** consecutive months
11. Prescription Glasses, Contact Lenses, and Hearing Aids	Up to $200
12. Tutorial Services	$20 per hour up to $400

13. Trauma Counselling	Up to $500
14. Wisdom Teeth	Up to $150 per impacted tooth for extraction
15. **Accidental** Death and Dismemberment	Up to $10,000 (see schedule)
16. Terrorism Coverage (applies to Canadian Students studying outside Canada)	Maximum aggregate payable up to $35,000,000

Non-Emergency Medical Benefits

1. Maternity Benefit	Up to $25,000
2. Follow-up Visits	Up to $3,000
3. Eye Examination	One visit during twelve **(12)** consecutive months of continuous coverage
4. Physical Examination	One visit during twelve **(12)** consecutive months of continuous coverage, up to $150
5. Tuberculosis Testing and Vaccination	One visit during twelve **(12)** consecutive months of continuous coverage, up to $100

Section 3: Important Notice

It is Your responsibility to understand Your coverage. If You have any questions, call Your agent/broker or Destination: Travel Group Inc. at 1-855-337-3532.

IMPORTANT INFORMATION REGARDING YOUR POLICY

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. **Accidents** and **Emergencies**) and typically not follow-up or recurrent care.
- To qualify for this insurance, **You** must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. **Medical Conditions** that are not **Stable**, pregnancy, child born on **Trip**, excessive use of alcohol, high-risk activities).
- This insurance may not cover claims related to **Pre-Existing Medical Conditions**, whether disclosed or not at the time of Policy purchase.
- Contact the **Assistance and Claims Administrator** before seeking **Treatment** or **Your** benefits may be limited.
- In the event of an **Accident**, **Injury**, or **Sickness**, **Your** prior medical history may be reviewed.
- If **You** are ineligible for coverage, **Our** liability will be to refund the premium paid for this Policy and **You** will be responsible for any expenses that are not payable by **Us**.
- If **You** have a change in **Your** health between the date **You** apply for coverage and the **Effective Date**, **You** must contact **Your** broker or Destination: Travel Group Inc. to fully understand how **Your** change in health affects **Your** coverage under this Policy. Failure to do so may limit the amount of **Your** claim payment or result in **Your** claim being denied.

Notice Required by Provincial Legislation

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.

Section 4: Claim Information

What to do if You Have an Emergency or Claim

In a serious medical **Emergency** while travelling, get to a **Hospital** immediately. It is very important that **You**, or someone on **Your** behalf contacts the **Assistance and Claims Administrator** within **twenty-four (24) hours** of admission to a **Hospital**, prior to seeking medical **Treatment** and before any surgery is performed. The **Assistance and Claims Administrator** will guide **You** through **Your** medical **Emergency**, find the best care locally, help manage **Your** care and support **You** throughout.

IMPORTANT NOTE

Absent reasonable cause, if **You** do not contact the **Assistance and Claims Administrator** prior to seeking medical **Treatment**, **You** will be responsible for paying twenty percent **(20%)** of the eligible medical expenses **We** would normally pay under this insurance.

Section 5: How to Contact the Assistance and Claims Administrator

The Assistance and Claims Administrator can be reached twenty-four **(24)** hours a day and seven **(7)** days a week at the numbers below:

NUMBERS TO CALL

In Canada and the USA	**1-855-286-7467**
Outside of Canada and the USA	**+1-519-913-8034**

International operator assistance may be required when calling from outside of Canada and the USA. Collect calls will be accepted.

How to Claim Your Emergency Medical Expenses Paid Out-of-Pocket

The fastest way to claim eligible **Emergency** medical expenses for which **You** have paid out-of-pocket is to submit **Your** original itemized receipts through the secure claims portal at: www.globalexcel.com/bhspecialty

Most of **Our** customers complete their claim forms online and submit their eligible **Emergency** medical expenses through the **Assistance and Claims Administrator** claims portal. Receipts can be submitted electronically in PDF or JPEG formats.

If **You** are unable to submit **Your** claims through the **Assistance and Claims Administrator** claims portal, **You** can reach out directly to the **Assistance and Claims Administrator** to receive the forms. Once completed, mail the completed form and any other supporting documentation to:

Berkshire Hathaway Specialty Insurance
c/o Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec, Canada J1M 0C9

Medical Monitoring and 24/7 Emergency Assistance

You can rely on the **Assistance and Claims Administrator** twenty-four **(24)** hours a day and seven **(7)** days a week. The **Assistance and Claims Administrator** has a best-in-class medical team and a trusted worldwide network of **Hospitals**, clinics, and **Physicians** ready to help should an unexpected medical **Emergency** arise.

The **Assistance and Claims Administrator** will arrange direct billing directly with a **Hospital**, clinic, or **Physician** whenever possible, however, some facilities require payment upfront, and **You** may have to pay for the **Treatment**. **Please make sure that You keep all Your original itemized receipts.**

The **Assistance and Claims Administrator** provide the following services during an unexpected medical **Emergency**:

- From initial contact, **We** ensure that **You** receive the appropriate level of medical care.
- **We** refer **You** to the closest medical provider equipped to handle **Your Emergency**.
- When appropriate, virtual care is provided from qualified **Physicians** in real-time via video or telephone conference.
- Monitoring the status of **Your** medical case.
- Communicating with **You** and others that **You** designate to receive information about **Your** medical care.
- Coordinate **Emergency** repatriation related to **Your** medical **Emergency**.

The **Assistance and Claims Administrator** will make reasonable efforts to provide these services during **Your** unexpected medical **Emergency**.

Notice of Loss

Claims should be reported as soon as reasonably possible or within thirty **(30)** days of occurrence, but no later than one **(1)** year after the date of occurrence.

Proof of Loss

Written proof of loss should be submitted as soon as possible, within ninety **(90)** days of occurrence, but no later than one **(1)** year after the date of occurrence.

All eligible claims must be supported by original itemized receipts from commercial organizations, medical facilities, or medical practitioners regarding **Your** medical **Treatment**. If necessary, the **Assistance and Claims Administrator** may ask for additional documentation to support **Your** claim.

Any costs incurred for documentation or required reports are **Your** or the claimant's responsibility.

It is important to fill out the claim form completely. Incomplete information will cause delays.

Failure to comply with the claims procedures will result in loss of rights to or reduction of benefits available under this Policy.

When Submitting a Medical Claim, Include the Following:

1. A fully completed claim form;
2. Original, itemized bills and invoices;
3. Proof of payment by **You** (receipts);
4. Proof of payment from any other insurance plan or benefit plan;
5. Applicable medical records, including:
   a. Complete diagnosis by the attending **Physician**;
   b. Documentation from the **Hospital** that the **Treatment** was appropriate and consistent with **Your** diagnosis;
   c. Documentation that states the **Treatment** could not be delayed until **You** returned home without adversely affecting **Your** condition and quality of medical care.
6. A letter from the referring **Physician** recommending **Treatment** of any medical professional;
7. Proof of the **Accident** if **You** submit a claim for dental expenses that result from an **Accident**;
8. Proof of travel, including **Your** departure date and return date;
9. **Your** historical medical records if **We** determine they are applicable.

Section 6: Coverage Details

What is Covered?

We will reimburse up to the amount shown in ***Section 2: Summary of Travel Benefit Limits*** for eligible expenses for each **Insured** who suffers a sudden and unforeseen **Accident**, **Injury**, or **Sickness** shown on **Your Coverage Confirmation**.

What is Not Covered?

Travel insurance does not cover everything. **Your** Policy has exclusions, conditions, and limitations. **You** should read **Your** Policy carefully so that **You** understand the limits of **Your** coverage.

If Your Health Changes Between Your Application Date and Your Effective Date?

If **You** have a **change in Your health** between the date **You** apply for coverage and the **Effective Date**, **You** must contact **Your** insurance representative to fully understand how **Your** change in health affects **Your** coverage under this Policy. Failure to do so may limit the amount of **Your** claim payment or result in **Your** claim being denied.

If Your Travel Plans Change?

If **Your** travel plans change, call **Your** agent/broker or Destination: Travel Group Inc. at **1-855-337-3532** and make changes to **Your** insurance.

All changes must be made prior to Your Policy's Effective Date.

Section 7: Eligibility - Applicable to International Students Studying in Canada:

To be eligible for coverage, as of the **Effective Date**, **You** must:

a) be a **Student Enrolled** in a **School** in Canada; and
b) be under age sixty-nine **(69)** at the time of application; or
c) be an accompanying **Dependent** under age fifty-nine **(59)** of an eligible **Student**.

IMPORTANT NOTE

Coverage for **Dependents** is only available to International **Students** age fifty-nine **(59)** or younger.

Section 8: Eligibility - Applicable to Canadian Students Studying outside their Home Province or Territory of Residence:

To be eligible for coverage, as of the **Effective Date**, **You** must,:

a) be a **Student** under age forty **(40)** at the time of application, **Enrolled** in a **School** outside of **Your** Canadian province or territory of residence; or
b) be an accompanying **Dependent** under age forty **(40)** of an eligible **Student**; and
c) be covered by the government health insurance plan of **Your** Canadian province or territory of residence for the entire duration of **Your Trip**.

Section 9: Important Policy Dates

Coverage Start Date

Effective Date means the date and time coverage starts.

When an application has been made and the premium has been paid, coverage begins on the latest of the following:

1. the date and time the completed application and premium are accepted by Destination: Travel Group Inc. or its agent/broker; or
2. the date indicated as the **Effective Date** in **Your Coverage Confirmation**:
    a. For International **Students**: the date and time **You** arrive in Canada;
    For Canadian **Students** studying outside their home province or territory of residence: the date and time **You** arrive in either **Your** Canadian province or territory of study, or **Your** country of study.

Coverage End Date

Expiry Date means the date and time coverage ends. Coverage ends on the earliest of:

1. the date indicated as the **Expiry Date** on **Your Coverage Confirmation**; or
2. three hundred and sixty-five **(365)** days after the **Effective Date** for this Policy; or
3. the date **You** no longer meet this Policy's definition of **Student**; or
4. sixty **(60)** days after **You** are no longer **Enrolled** in a **School**; or

5. if **You** are a Canadian **Student** studying outside **Your** home province or territory of residence, the date **You** are no longer covered by a Canadian government health insurance plan; or
6. the date **You** cease to be a **Dependent** as defined in this Policy.

Section 10: Waiting Period

The following waiting period shall apply and no claims shall be payable for any **Sickness** for which **Signs or Symptoms** occurred within:

- Forty-eight **(48)** hours after the **Effective Date**.

Any **Sickness** that manifests itself during the above waiting period is not covered even if the related expenses are incurred after the waiting period.

Provided, however, the waiting period shall be waived if this insurance is purchased:

- before **Your** arrival date in Canada or **Your** country of study; or
- before the date **Your** existing Destination Plan expires, and there is no lapse or gap in coverage; or
- before the date any other existing health insurance coverage expires, and there is no lapse or gap in coverage.

IMPORTANT NOTE

In the event of a claim, **You** must provide satisfactory proof of **Your** previous insurance coverage in order to have the waiting period waived.

Section 11: Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this Policy, if **You** incur eligible expenses for **Emergency Hospital** and **Emergency** medical care or services as the result of a **Medical Condition** occurring during the **Coverage Period**, the **Insurer** agrees to pay up to the sum insured. Benefits will be paid up to the amounts specified in this Policy for the **Reasonable and Customary** costs for eligible expenses, in

excess of any amount allowed and/or paid for by any other insurance plan(s). **You** must, at all times while **You** are covered under this Policy, act in a prudent manner so as to minimize costs to **Us**.

Section 12: Limits on Coverage

You will be responsible for any expenses that are not payable by the **Insurer**. The specific details of **Your** Policy are outlined in **Your Coverage Confirmation** which forms part of **Your** Policy.

You must call the Assistance and Claims Administrator at **1-855-286-7467** toll-free from the USA and Canada or **+1-519-913-8034 collect** where available before obtaining Emergency **Treatment**, so that **We** may:

- confirm coverage; and
- provide pre-approval of **Treatment**.

If it is medically impossible for **You** to call prior to obtaining **Emergency Treatment**, **We** ask that someone call on **Your** behalf as soon as possible. Otherwise, if **You** do not call the **Assistance and Claims Administrator** before **You** obtain **Emergency Treatment**, **You** will have to pay percent **(20%)** of the eligible medical expenses **We** would normally pay under this insurance.

The **Insurer** reserves the right, as reasonably required, to transfer **You** to any **Hospital** or to transport **You** to **Your** province or territory of residence or **Country of Origin** 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 **Coverage Period**.

The **Assistance and Claims Administrator**, the **Insurer**, Destination: Travel Group Inc., and its agents/brokers will not be responsible for any and all liability regarding, the following:

1. the quality of any medical **Treatment** or services, or of any facility providing such **Treatment** or services;

2. the availability of medical **Treatment**, services, or any facility to provide such **Treatment** or services;
3. any failure or inability of an **Insured** to obtain or seek medical **Treatment**; or
4. any results of the medical **Treatment** received, or for failure to obtain medical service.

Subject to the terms, conditions, limitations and exclusions of this Policy, benefit payable for such costs are addressed in ***Section 13: Emergency Medical Benefits – Details of Your Coverages*** and ***Section 14: Non-Emergency Medical Benefits – Details of Your Coverages***.

Section 13: Emergency Medical Benefits - Details of Your Coverages

We will pay for the following eligible expenses incurred for **Sickness** or **Injury** in the event of an **Emergency**, up to the sum insured and subject to the Policy's maximums, limitations, and exclusions. Coverage is provided for up to $2,000,000 CAD for the **Reasonable and Customary** expenses related to the medical care **You** require during **Your Trip** due to an **Emergency**.

We will pay for the following eligible expenses incurred for acute **Emergency Sickness** or **Injury** that occurs during the **Coverage Period**:

a) **For International Students studying in Canada:** coverage applies while **You** are travelling worldwide, other than in **Your Country of Origin**, provided **You** spend at least fifty-one percent **(51%)** of the **Coverage Period** within Canada.

b) **For Canadian Students studying outside their home province or territory of residence:** coverage applies while **You** are travelling worldwide, provided **You** spend at least fifty-one percent **(51%)** of the **Coverage Period** in **Your** country of study. If you are a Canadian Student studying in Canada, **You** must spend at least fifty-one percent (**51%**) of the coverage period in **Your** province or territory of study.

Coverage will be provided during scheduled **School** breaks, as long as the Policy remains in force during those periods.

Your Dependents are covered only when **Dependent** coverage is selected and paid for at the time of application. Newborns will be covered from fifteen **(15)** days of age, provided they meet the eligibility requirements, following written approval by **Us**.

1. Emergency Medical

We agree to pay for the following services, supplies, or **Treatment** resulting from a covered **Injury** or **Sickness** when performed and authorized by a health practitioner who is not related to **You** by blood or marriage:

a) the **Reasonable and Customary** costs for services of a licensed **Physician**, surgeon or anesthetist;
b) diagnostics, lab tests and/or x-ray examinations as ordered by a **Physician** for the purpose of diagnosis. **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 pre-approved by the **Assistance and Claims Administrator**;
c) the use of a licensed local land or sea ambulance to the nearest **Hospital**. If an ambulance is unavailable, **We** will reimburse up to **$150** for taxi expenses;
d) private duty nursing services of a Registered Nurse up to **$15,000**;
e) rental of crutches, wheelchair or **Hospital**-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances;
f) oxygen and rental of equipment for its administration; and
g) blood and blood plasma, except when donated.

IMPORTANT NOTE

Expenses under paragraph 1. Emergency Medical, must be pre-approved by the **Assistance and Claims Administrator**.

2. Emergency Hospitalization

We agree to pay for semi-private **Hospital** accommodation and for **Reasonable and Customary** costs for services and supplies for **Your Emergency** care during confinement as a resident inpatient, including drugs and medications administered during **Your** hospitalization.

3. Professional Services

The services of a licensed physiotherapist, chiropractor, chiropodist, osteopath, podiatrist, acupuncturist, naturopath and speech therapist (all of whom are not related to **You** by blood or marriage). A referral from a **Physician** is required for acupuncturist and naturopath. This benefit is limited to **$600** per practitioner per calendar year.

4. Drugs or Medications

Drugs and/or medications prescribed by a **Physician** are subject to a one-time thirty **(30)** day supply per prescription and up to a maximum of **$10,000**. This benefit shall not cover the following: charges for vitamins, vitamin preparations, over-the-counter drugs or medications; drugs, serums and injectables needed to control a **Medical Condition** that continues or persists over an extended period of time and is usually long lasting and does not easily or quickly go away; or a **Medical Condition** which **You** had before **Your Trip**.

5. Emergency Air Transportation / Return to Country of Origin

If a covered **Sickness** or **Injury** necessitates **Your** immediate transportation or return to **Your Country of Origin**, **We** agree to pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance, one-way economy class airfare, stretcher and/or a qualified medical attendant (other than a **Family Member** or close friend) if deemed medically necessary by the **Assistance and Claims Administrator**, to the nearest appropriate medical facility or to **Your Country of Origin**. To be eligible for reimbursement, the **Assistance and Claims Administrator** must pre-approve and arrange these costs

6. Transportation of Family

We agree to reimburse up to a maximum of **$5,000** for the cost to transport one **(1) Family Member** by round-trip economy class airfare (using the most direct route), and **$150** per day up to a maximum of **$1,500** for the **Reasonable and Customary** costs incurred by **Your Family Member** after their arrival if:

a) **You** are hospitalized due to a covered **Sickness** or **Injury,** and the attending **Physician** advises the necessary attendance by such a person; or

b) local authorities legally require the attendance of such person to identify **Your** remains in the event of **Your** death due to a covered **Sickness** or **Injury**.

IMPORTANT NOTE

Expenses must be pre-approved by the **Assistance and Claims Administrator**.

7. Accidental Dental

We agree to pay **Reasonable and Customary** costs up to **$5,000** for **Emergency Treatment** or services to whole or sound natural teeth (including capped or crowned teeth) caused by an **Accidental** direct blow to the face. **Treatment** relating to any dental claim must begin and end within ninety **(90)** consecutive days from the onset of the **Accident** and prior to **Your** return to **Your Country of Origin**.

8. Dental Emergencies

We agree to pay up to **$600** for the immediate relief of acute dental pain caused by a dental **Emergency** other than a direct blow to the face. Dental conditions for which **You** have previously received **Treatment** or advice shall not be covered. **Treatment** relating to any dental claim must begin and end within ninety **(90)** consecutive days from the onset of the **Emergency** and must be completed within the **Coverage Period** and prior to **Your** return to **Your Country of Origin**.

9. Return of Deceased

In the event of death due to a covered **Sickness** or **Injury**, **We** agree to reimburse up to:

a) **$15,000** for the costs incurred to prepare and return **Your** remains in a standard transportation container to **Your Country of Origin**; or

b) **$5,000** for the cremation or burial of **Your** remains at the place of death.

IMPORTANT NOTE

The cost of a coffin, urn, headstone, flowers, reception expenses and funeral service are not covered.

10. Mental Health Care

We agree to reimburse the expenses incurred for **Treatment** of mental, nervous or emotional disorders, as follows:

a) inpatient hospitalization, up to a lifetime maximum of **$25,000**; and

b) outpatient services, up to a maximum of **$1,000** in any twelve **(12)** consecutive months of coverage.

11. Prescription Glasses, Contact Lenses, and Hearing Aids

We will pay up to a maximum of **$200** for prescription glasses, contact lenses and hearing aids required as a result of **Accidental Injury**. This benefit does not cover the repair or replacement of prescription glasses, contact lenses and/or hearing aids.

IMPORTANT NOTE

Expenses must be supported by original itemized receipts from commercial organizations.

12. Tutorial Services

We will pay up to **$20** per hour to a maximum of **$400** for the costs of a qualified private tutorial service in the event **You** are hospitalized for thirty **(30)** consecutive days or more.

13. Trauma Counselling

We will pay up to a maximum of **$500** for trauma counselling within ninety **(90)** days from the date of **Your Emergency** covered under this Policy. **Our** maximum liability is **$5,000** per event under this Policy and all other policies issued by the Insurer within one **(1)** calendar year. Where the aggregate eligible claims within a calendar year exceed this limit, the eligible claims will be reduced on a pro-rata basis and will be paid at the end of the year.

14. Wisdom Teeth

We agree to pay **Reasonable and Customary** costs up to **$150** per tooth for dental and/or oral surgical procedures which are necessary for the extraction of impacted wisdom teeth.

15. Accidental Death and Dismemberment

We agree to pay up to a maximum sum insured of **$10,000**, for loss of life, limb or sight resulting directly from an **Accidental Injury** occurring during the **Coverage Period**. The total aggregate limit for all losses under this **Accidental** Death and Dismemberment benefit is **$10** million per event under this Policy and all other policies issued by **Us** within one **(1)** calendar year. Where the aggregate eligible claims within a calendar year exceed this limit, the eligible claims will be reduced on a pro-rata basis and will be paid at the end of the year.

a) **Flight Accident and Common Carrier**

As a result of an **Accident** sustained during the **Coverage Period** while entering, riding, or leaving an airplane or helicopter flight lawfully operated by a licensed public air common carrier as a fare-ticket passenger; or

b) **Twenty-four (24)-Hour Accident**

As a result of an **Accident** during the **Coverage Period** in any other situation not specifically mentioned under a) above.
Benefits are payable according to the following schedule of losses.

Only one **(1)** amount is payable (the largest) if **You** suffer more than one of these losses.

A. **100%** of sum insured resulting from the same **Accidental Injury** for loss of:
   (i) life; or
   (ii) entire sight of both eyes; or
   (iii) both hands; or
   (iv) both feet; or
   (v) one hand and entire sight of one eye; or
   (vi) one foot and entire sight of one eye.

B. **50%** of sum insured resulting from the same **Accidental Injury** for loss of:
   (i) entire sight of one eye; or
   (ii) one hand; or
   (iii) one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

16. Terrorism Coverage (applies to Canadian Students studying outside Canada)

When an **Act of Terrorism** directly or indirectly causes an eligible loss under this Policy, coverage is available for up to two **(2) Act(s) of Terrorism** within a calendar year and up to a maximum aggregate payable limit of **$35** million for all eligible **Emergency** medical in-force policies issued and administered by **Us**.

The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum 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**.

Section 14: Non-Emergency Medical Benefits - Details of Your Coverages

Coverage for Non-Emergency Medical Benefits is provided under this Policy up to $2,000,000 CAD (combined with the Emergency Medical Benefits in Section 13.) for the **Reasonable and Customary** expenses for the following benefits.

1. Maternity Benefit

We agree to reimburse up to **$25,000** for the following costs, provided that the pregnancy commenced during the **Coverage Period** and the costs are incurred in the country of study, for:

a) pre-natal care (including but not limited to tests and prescribed medication), and
b) involuntary termination of pregnancy or resulting complications.

IMPORTANT NOTE

No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy, or post-natal care.

2. Follow-up Visits

The **Insurer** agrees to pay up to **$3,000** to have **You** re-examined to monitor the effects of earlier **Treatment** directly related to an initial **Emergency**, except while hospitalized, provided the initial **Emergency** has been reported to the **Assistance and Claims Administrator**.

Follow-up visits shall not include continuous or ongoing **Treatment** or further diagnostic, or investigative testing related to the initial **Emergency**.

3. Eye Examination

When a minimum of twelve **(12)** consecutive months of coverage has been purchased, **We** agree to reimburse the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system.

IMPORTANT NOTE

Limited to one visit in any twelve **(12)** consecutive months of coverage.

4. Physical Examination

When a minimum of twelve **(12)** consecutive months of coverage has been purchased, **We** agree to reimburse the cost of one **(1)** routine physical examination or one **(1)** consultation and prescription for the "morning-after pill" in any twelve **(12)** consecutive months of coverage, to a maximum of **$150**.

5. Tuberculosis Testing and Vaccination

We will pay up to a maximum of **$100** for tuberculosis testing and vaccination or immunization during twelve **(12)** consecutive months of coverage, provided the minimum term of insurance purchased is one-hundred and eighty **(180)** days with no lapse in coverage. Coverage for tuberculosis testing is not payable if testing is mandated by the **School** board or **School** as a requirement for program enrolment.

Section 15: Exclusions - Details of What You Are Not Covered For

This Policy will not provide any insurance or benefits for any losses or expenses that are incurred as a result of, in connection with, or in any way associated with or arising out of, any of the following:

1. Any **Pre-Existing Medical Condition** that was not **Stable** within the ninety **(90)** consecutive days immediately before the **Effective Date**.

2. Any **Pre-Existing Medical Condition** or any related conditions for which, prior to **Your** arrival date in Canada or country of study, **You** had, were scheduled or recommended for a **Medical Consultation** for the purpose of establishing a diagnosis, and for which results had not yet been received at the time of departure from **Your Country of Origin**.

3. Any **Sickness** for which **Signs or Symptoms** occurred before or during the following waiting period:
   a) Forty-eight **(48)** hours after the **Effective Date**.

   The above waiting period will be waived when this insurance is purchased:
   (i) before **Your** arrival date in Canada or **Your** country of study; or
   (ii) before the date **Your** existing Destination Plan expires, and there is no lapse or gap in coverage; or
   (iii) before the date any other existing health insurance coverage expires, and there is no lapse or gap in coverage.

   You must provide satisfactory proof of **Your** previous insurance coverage.

4. Test and investigative consultation including, but not limited to, biopsies, except when performed at time of an **Emergency Sickness** or **Injury**, except as specified under the **Follow-up Visits** benefit set forth in ***Section 14: Non-Emergency Medical Benefits - Details of Your Coverages***.

5. Except as provided under the Mental Health Care benefit set forth in ***Section 13: Emergency Medical Benefits – Details of Your Coverages***, losses incurred due to:

(i) any loss resulting from **Your Minor Mental or Emotional Disorder**; and/or

(ii) **Your** self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

6. Medical **Treatment** and expenses incurred while in **Your Country of Origin**.

7. A **Medical Condition** which originated while visiting **Your Country of Origin** during the **Coverage Period** or any condition wholly or partly, directly or indirectly, related thereto.

8. If **You** are Canadian, any **Act of Terrorism** directly or indirectly caused by, resulting from, arising out of or that is in connection with biological, chemical, nuclear or radioactive means.

9. For an inbound insured, an **Act of Terrorism**.

10. An **Act of War**.

11. Losses incurred due to **Your** participation in:

a) protests; or

b) armed forces activities; or

c) a commercial sexual transaction; or

d) the commission or attempted commission of any criminal offence or illegal act; or

e) the contravention of any statutory law or regulation in the area where the loss occurred.

12. Any **Medical Condition**:

a) when **You** knew, or for which it was reasonable to expect, before **You** left **Your Country of Origin**, that **You** would need or be required to seek **Treatment** for that **Medical Condition**; or

b) when the purpose of **Your Trip** was to seek medical **Treatment** for that **Medical Condition**.

13. Loss, death or **Injury**, if evidence supports that **You** were affected by, or the **Medical Condition** was in any way contributed to by, arising from, or in any way related to:

a) **Your** use of alcohol, prohibited drugs or any other intoxicant, either before or after the **Effective Date**; or

b) **You** not following **Treatment** as prescribed to **You**, including prescribed or over-the-counter medication; or

c) **Your** non-compliance with medical therapy either before or after the **Effective Date**; or

d) **Your** use of medication or drugs that have not been approved by the appropriate government authority, either before or after the **Effective Date**.

14. Any **Treatment**, investigation or hospitalization which is a continuation of, or subsequent to, an **Emergency**, except as specified under the **Non-Emergency Treatment** benefits set forth in ***Section 14: Non-Emergency Medical Benefits - Details of Your Coverages***.

15. Any **Treatment**, investigation or hospitalization which exceeds thirty **(30)** days following the initial day that outpatient **Treatment** began, unless approved in advance by the **Assistance and Claims Administrator**.

16. 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.

17. **Injury** resulting from training for, competing or participating in:

a) rock or mountain climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;

b) any skiing or snowboarding out of bounds, heliskiing, ski jumping;

c) white water sports (except grades one **(1)** to four **(4)**);

d) street luge or skeleton activity;
e) any rodeo activity;
f) hang-gliding, parachuting, bungee jumping, skydiving, or sky-surfing;
g) any form of BASE jumping (ie: wingsuit flying);
h) any speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, whether on approved tracks or elsewhere;
i) a professional sport, if that sport is **Your** main paid occupation; or
j) scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed thirty **(30)** meters).

18. Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the **Maternity Benefits** set forth in ***Section 14: Non-Emergency Medical Benefits - Details of Your Coverages***.

19. Medical expenses incurred by an infant fourteen **(14)** days old or less.

20. **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.

21. Cosmetic surgery, including any expenses for directly or indirectly related complications unless such cosmetic surgery is a result of a covered **Sickness** or **Injury**.

22. Any **Medical Consultation** that is elective or related to a prior elective procedure.

23. Dental care, services or supplies, except as specifically provided under the **Accidental Dental, Dental Emergencies or Wisdom Teeth** benefit set forth in ***Section 13: Emergency Medical Benefits – Details of Your Coverages***.

24. **Treatment** or services that contravene, or are prohibited by, legislation under a provincial or territorial **Hospital** or medical plan.

25. Costs that exceed the **Reasonable and Customary** rate for the area where the **Treatment** or services are being performed.

26. Loss, repair of, or damage to eyeglasses, contact lenses, hearing aids /or prescriptions for any of these items.

27. Any learning or educational assessments for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnosis.

28. General assessments or checkups, or any services requested by a third-party.

29. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the **Emergency Air Transportation/Return to Country of Origin** benefit set forth in ***Section 13: Emergency Medical Benefits – Details of Your Coverages***.

30. The purchase of:

a) medications or drugs not approved for use by the appropriate government authority; or
b) patent or proprietary medications; or
c) vitamins or vitamin preparations; or
d) drugs or medications which can be purchased without a prescription; or
e) acne medications; or
f) nicotine resin products; or
g) dietary supplements or weight loss products; or
h) quantities of any drug or medication which exceed a thirty **(30)** day supply within one **(1)** month prior to the Policy **Expiry Date**; or
i) contraceptives prescribed for any purpose, with the exception of the "morning-after pill", which is limited to one per **Coverage Period**; or
j) contraceptive consultation or testing, except as specifically provided under the **Physical Examination** benefit set forth in ***Section 14: Non-Emergency Medical Benefits - Details of Your Coverages***; or
k) fertility drugs or testing; or

l) drugs, medications, or other costs paid for by any other agency; or

m) experimental drugs, preventative medications or vaccines (except as specifically stated under the **Tuberculosis Testing and Vaccination** benefit set forth in ***Section 14: Non-Emergency Medical Benefits - Details of Your Coverages.***

31. Any loss incurred outside of **Your** country of study, except for loss due to acute **Emergency Hospital** and other covered **Emergency** costs due to **Sickness** or **Injury** occurring during the **Coverage Period** while **You** are travelling, other than **Your Country of Origin**, provided **You** spend the majority of the **Coverage Period** within **Your** country of study.

32. Any **Act of Terrorism** or **Medical Condition You** suffer or contract when the Government of Canada issues a travel advisory to Avoid all travel or Avoid all non-essential travel to the region, city, or country of **Your** destination and the travel advisory is issued before the **Effective Date**. **You** can read all travel advisories on the Government of Canada Official Global Travel Advisory website.

IMPORTANT NOTE

This exclusion does not apply to claims for an **Emergency** or a **Medical Condition** unrelated to the travel advisory.

Section 16: Definitions – What Our Important Terms Mean

The following defined terms each have a specific meaning unique to this Policy (including the **Coverage Confirmation** and any memoranda or endorsements attached thereto). When these terms are shown in bold type the specific meaning contained in the definition for that term will apply. These definitions shall apply whether the defined term is used in this Policy in the plural form or the singular form.

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

Act(s) of Terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

a) instill fear in the general public;
b) disrupt the economy;
c) intimidate, coerce or overthrow a sitting government or occupying power; or
d) promote political, social, religious or economic objectives.

Act(s) of War means any loss or damage arising directly or indirectly from, occasioned by, happening through, or in 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.

Assistance and Claims Administrator mean the company set forth in ***Section 21: Assistance and Claims Administration by*** of this Policy that provides **Emergency** travel assistance benefits under this Policy.

Change in Medication means the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are been prescribed; provided, however, **Change in Medication** shall not include:

1. regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or
2. changing from a brand name medication to the same dose of a generic medication.

Country of Origin means:

a) **For International Students studying in Canada:** the country in which **You** maintained a permanent residence prior to entry into Canada or, if different, the country which issued **Your** passport.

b) **For Canadian Students studying outside their home province or territory of residence:** means the province or territory **You** reside .

If **You** have more than one passport, **Country of Origin** will be the country **You** indicated as such when applying for this insurance.

Coverage Confirmation means the document(s) that **You** receive from Destination: Travel Group Inc. as a confirmation of the coverage **You** have purchased, which may be a **Coverage Confirmation** letter, an application form, or an internet purchase confirmation page.

Coverage Period means the period from the **Effective Date** to the **Expiry Date** as indicated on the **Coverage Confirmation** and for which premium has been paid for at the time of application. The maximum **Coverage Period** per **Trip** cannot exceed one **(1)** year.

Dependent means **Your** legally married spouse or a person with whom **You** have been cohabitating in a common-law relationship for at least twelve **(12)** consecutive months prior to the date of application; and

a) any unmarried children residing with **You** who are:
    i. more than fifteen **(15)** days of age and age twenty-five **(25)** or under and dependent upon **You** for their sole means of support; or
    ii. more than fifteen **(15)** days of age and who are mentally or physically disabled; and
b) **Your** parent, step-parent, legal guardian, brother, sister, step-brother, or step-sister who are living with the **Student** while in the country of study.

Dependents are covered only when **Dependent** coverage is selected and paid for at the time of application.

Effective Date means the date and time on which the coverage under this Policy first begins as, described in ***Section 9: Important Policy Dates*** and indicated in ***Section 7: Eligibility - Applicable to International Students Studying in Canada*** or ***Section 8: Eligibility - Applicable to Canadian***

Students Studying outside their Home Province or Territory of Residence titled **Effective Date.**

Emergency means a sudden and unforeseen **Sickness** or **Injury** occurring during the **Coverage Period** while outside **Your Country of Origin** that requires immediate **Treatment** by a **Physician** or licensed dentist and cannot be reasonably delayed. An **Emergency** no longer exists when the evidence reviewed by the **Assistance and Claims Administrator** indicates that no further **Treatment** is required, and **You** are able to continue **Your Trip** or return to **Your** place of ordinary residence or **Country of Origin**.

Enrolled means someone who is registered as a **Student** in a **School's** administration records with a valid proof of enrolment in the **School**. A letter of acceptance from a **School** does not qualify as proof of enrolment.

Students registered in a language program for immigration purposes (including but not limited to francisation programs) are not considered international **Students Enrolled** in a **School** in Canada.

Expiry Date means the date coverage ends as indicated in ***Section 9: Important Policy Dates***.

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, and ward, natural or adopted child.

Hospital means an institution that is licensed as an accredited **Hospital** that is staffed and operated for the care and **Treatment** of inpatients and outpatients. **Treatment** must be supervised by **Physicians** and there must be registered nurses on duty twenty-four **(24)** hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A **Hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **Treatment** centre, convalescent, rest or nursing home, home for the aged or health spa.

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

Insurer means National Liability & Fire Insurance Company – Canada Branch.

Medical Condition means **Sickness**, **Injury**, disease, or **Symptom**.

Medical Consultation means any medical services obtained from a **Physician** for any **Medical Condition**, including but not limited to any or all of the following: history taking, medical examination, investigative testing, advice or **Treatment**, and for which a diagnosis of the **Medical Condition** need not have been definitively made. This does not include routine annual medical check-ups where no medical **Signs or Symptoms** existed or were found during the check-up.

Minor Mental or Emotional Disorder means**:**

1. having anxiety or panic attacks; or
2. being in an emotional state or in a stressful situation. A **Minor Mental or Emotional Disorder** is one where **Your Treatment** includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

Physician means a person:

1. who is not **You**, an immediate **Family Member** or **Your** travel companion; and
2. licensed in the jurisdiction where the services are provided, to prescribe and administer medical **Treatment**.

Pre-Existing Medical Condition means any **Medical Condition**, whether or not diagnosed by a **Physician**:

1. for which **You** exhibited **Signs or Symptoms**, or
2. for which **You** required or received **Medical Consultation**; or
3. 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**.

School means a **School**, university, college or other recognized institution of learning that is accredited by the local authorities.

Sickness means any illness or disease.

Signs or Symptoms means any evidence of **Sickness** experienced by **You** or recognized through observation.

Stable means a **Medical Condition** that is considered **Stable** when all of the following statements are true:

1. there has not been any new **Treatment** prescribed or recommended, or change(s) to existing **Treatment** (including a stoppage in **Treatment**); and
2. there has not been any **Change in Medication** (including increase or decrease of dosage), or any recommendation or starting of a new prescription drug; and
3. the **Medical Condition** has not become worse; and
4. there have not been any new, more frequent or more severe **Signs or Symptoms**; and
5. there has been no hospitalization or referral to a specialist; and
6. there have not been any tests, investigation or **Treatment** recommended, but not yet complete, nor any outstanding test results; and
7. there is no planned or pending **Treatment**.

IMPORTANT NOTE

All of the above conditions set forth from 1. through 7. must be met for a **Medical Condition** to be considered **Stable**.

Student means a person:

a) who regularly attends **School**; and
b) who is **Enrolled** in a minimum of sixty percent **(60%)** of the usual course requirements for the program in which they are **Enrolled**; or
c) who remains in their country of study for up to sixty **(60)** days immediately after completion of studies as described under a) and b) of this definition.

Terminal means a **Medical Condition** for which, prior to the **Effective Date**, a **Physician** gave a prognosis of eventual death within twenty-four **(24)** months or palliative care was received.

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

IMPORTANT NOTE

Any reference to testing, tests, test results, or investigations excludes Genetic Tests. "Genetic Test" means a test or tests that analyzes DNA, RNA, or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip means a period during which **You** are travelling outside **Your Country of Origin**, beginning with the **Effective Date** and ending with the **Expiry Date**, as shown on **Your Coverage Confirmation**.

We, Us, Our means the **Insurer**.

You or **Your** means the **Insured**.

Section 17: Legal Information

General Provisions

Assignment

The **Insured** cannot assign the Policy, or any rights under the Policy, without **Our** prior written consent by way of endorsement to this Policy. Neither the insurance provided under this Policy nor any benefits payable under this Policy may be assigned.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in **Your** province or territory of residence respecting contracts of **Sickness** and **Accident** insurance.

Automatic Extension of Coverage

1. **Delay in conveyance:** This coverage shall be automatically extended for up to seventy-two **(72)** hours in the event of a delay, during the **Coverage Period**, beyond **Your** control of the conveyance in which **You** are riding or are scheduled to ride as a passenger. The delay must occur prior to the **Expiry Date**. **Conveyance** means an airline, train, bus, vehicle, or ferry.
2. **Medically unfit to travel:** 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**, coverage will be automatically extended for up to five **(5)** days.
3. **Hospitalization:** If **You** are hospitalized at the end of the **Coverage Period**, as a result of a covered **Sickness** or **Injury**, coverage will be extended for **You** and one **(1)** insured travelling companion remaining with **You**, when reasonable and necessary, during the period of **Hospital** confinement, plus seventy-two **(72)** hours after release to travel home. Coverage for **Your** travelling companion will only be extended under their respective Policy when issued by **Us**.

IMPORTANT NOTE

Additional premium will not be required for an automatic extension of coverage.

Benefit Payments

Unless otherwise stated, all provisions in this Policy apply to each eligible **Insured** during one **Coverage Period**.

Benefits are only payable under one policy, for each **Insured** during the **Coverage Period**. If the **Insured** has more than one Policy with National Liability & Fire Insurance Company - Canada Branch, the one with the greater sum insured will be used.

Benefits are only payable for the plans and the specific sum insured selected, paid for, and accepted by the **Insurer**, at the time of application, and indicated in **Your Coverage Confirmation** letter.

Any benefits payable do not include interest charges.

Benefits payable as a result of **Your** death will be payable to **Your** Estate.

Claim Submission

You or the claimant, if other than **You**, shall be responsible for providing the **Assistance and Claims Administrator** with the following:

1. itemized receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services that have been provided; and
2. any payment made by any other insurance plan or contract, including a government **Hospital**/medical plan; and
3. substantiating medical documentation at the request of the **Assistance and Claims Administrator**.

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

Conformity with Law

Any provision of the Policy that is in conflict with any federal, provincial, territorial or other applicable law of any **Insured's** place of residence is hereby amended to conform to the minimum requirements of that law.

The **Insurer** will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the **Insurer**, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

Contract

The application, **Coverage Confirmation**, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon in writing after this Policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Destination: Travel Group Inc., on behalf of the Insurer, reserves the right to decline any request for new terms 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 and signed by **Us**.

Coordination of Benefits

Amounts payable under this Policy are in excess of any or all existing coverage concurrently in force held by or available to **You**, including but not limited to, homeowners' insurance, tenant's insurance, multi-risk insurance, any credit card, third-party liability, group or individual basic or extended health insurance, Government or provincial health insurance plan, or any private or legislative plan of motor vehicle insurance providing **Hospital**, medical or therapeutic coverage.
If an **Insured** is covered under more than one insurance plan that provides for medical expenses, the **Assistance and Claims Administrator**, on behalf of the **Insurer**, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. In no event will the combined payments from all plans exceed one hundred percent **(100%)** of the eligible expenses.

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 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 until such benefits are exhausted.

The **Insured** must disclose all other insurance coverage at the time of claim submission. Failure to provide such information may result in delays or denial of benefits.

If **You** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to **$100,000**, the **Assistance and Claims Administrator**, on behalf of the **Insurer**, will not coordinate benefits with that provider, except in the event of **Your** death.

Currency

All amounts stated in the Policy, including premium, are in Canadian dollars.

If currency conversion is necessary, the **Assistance and Claims Administrator** will use the exchange rate on the date the service was rendered to **You**.

At the option of the **Assistance and Claims Administrator**, benefits may be paid in the currency of the country where the loss occurred.

Endorsements

This Policy will not be modified except by written amendment or endorsement attached hereto and signed by the **Insurer's** authorized representative. The Policy can be changed or amended without the consent of any **Insured**.

Extending Your Trip

Applicable to International Students studying in Canada:

If **You** decide to apply for additional coverage before **You** have left **Your Country of Origin**, contact **Your** broker or **Destination: Travel Group Inc.** at **1-855-337-3532**.

If **You** decide to apply for additional coverage after **You** have left **Your Country of Origin**, **You** may apply for a new term of coverage if **You**:

a) purchase additional coverage before the **Expiry Date**; and
b) are in good health; and
c) have no reason to seek **Treatment** during the new term of coverage.

If **You** have incurred a claim, Destination: Travel Group Inc. and the **Insurer** will review **Your** file before deciding on granting a new term of coverage.

Each policy or **Coverage Period** is considered a separate contract and all **new terms, limitations and exclusions will apply**.

Destination: Travel Group Inc., on the **Insurer's** behalf reserves the right to decline any request for new terms of coverage.

Applicable to Canadian Students studying outside their home province or territory of residence:

If **You** decide to apply for additional coverage before **You** have left **Your** province or territory of residence, contact **Your** broker or **Destination: Travel Group Inc.** at **1-855-337-3532**.

If **You** decide to apply for additional coverage after **You** have left **Your** province or territory of residence, **You** may apply for a new term of coverage if **You**:

a) purchase additional coverage before the **Expiry Date**; and
b) are in good health; and
c) have no reason to seek **Treatment** during the new term of coverage.

If **You** have incurred a claim, the Destination: Travel Group Inc. and the **Insurer** will review **Your** file before deciding on granting a new term of coverage.

Each Policy or **Coverage Period** is considered a separate contract and all **new terms, limitations and exclusions will apply**.

Destination: Travel Group Inc., on the **Insurer's** behalf reserves the right to decline any request for new terms of coverage.

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice. This Policy is non-participating. **You** are not entitled to share in the surplus or profits of the **Insurer**.

Governing Law

This Policy will be governed by the laws of the Canadian province or territory where **You** reside.

Limit on Liability

The **Insurer's** liability under this Policy is limited to the amounts payable in accordance with the terms, conditions, and limitations in this Policy. The **Insurer** shall not be liable for any indirect, consequential, or punitive damages arising from any claim under this Policy. It is a condition precedent to liability under this Policy that at the time of application and on the **Effective Date**, **You** know of no reason to seek medical attention.

Limitation of Action

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 at Alberta and British Columbia), the Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for transactions or proceedings governed by the laws of Ontario), the Limitations Act (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or

proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Every action or proceeding against the **Insurer** for the recovery of a claim under this contract shall not be commenced more than one **(1)** year after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island).

Every action or proceeding against the **Insurer** for the recovery of a claim under this contract shall not be commenced more than two **(2)** years after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of Yukon, Northwest Territories and Nunavut).

Misrepresentation or Nondisclosure

We will not pay a claim if **You**, any **Insured** under this Policy or anyone acting on **Your** behalf attempts to deceive **Us** or makes a fraudulent, false, exaggerated statement, or claim.

You must be accurate and complete in **Your** dealings with **Us** at all times.

A failure to disclose or misrepresentation of any material fact by **You**, fraud or attempted fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the **Insurer**, and any claim submitted thereunder shall not be payable.

Where there is an error as to **Your** age, provided that **Your** age is within the insurable limits of this Policy, the premiums will be adjusted according to **Your** correct age.

Reasonable Precautions

The **Insured** must take and have taken all reasonable care to prevent an **Accident** or medical **Emergency** giving rise to a claim under the Policy, including complying with any applicable law, bylaw, ordinance or regulation that concerns the safety of persons or property.

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the Policy, **You** agree to:

a) reimburse the **Insurer** for all **Emergency** medical and **Hospital** costs paid under the Policy from any amounts **You** receive from a third-party responsible (in whole or in part) 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 the **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 the **Insurer's** right to be reimbursed for any **Emergency** medical or **Hospital** costs paid under the Policy;
e) keep the **Insurer** informed of the status of any legal action against the third-party; and
f) advise **Your** counsel of the **Insurer's** right to reimbursement under the Policy.

Your obligations under this section of the Policy in no way restricts the **Insurer's** right to bring a subrogated claim in **Your** name against the third-party and **You** agree to cooperate with the **Insurer** fully should the **Insurer** choose to exercise its right of subrogation.

Time

Applicable to International Students studying in Canada: This Policy will be governed by the local time of the Canadian province or territory in which the Policy was issued.

Applicable to Canadian Students studying outside their home province or territory of residence: This Policy will be governed by the local time of the Canadian province or territory in which **You** normally reside.

Section 18: Statutory Conditions

Copy of Application

The **Insurer** shall, upon request, furnish **You** or a claimant under the contract a copy of the application.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed 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 **(1)** year from the date of the **Accident** or the date a claim arises under the contract on account of **Sickness** or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or

b) in the case of **Your** death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one **(1)** year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting the **Assistance and Claims Administrator** and shall be furnished to **You** upon request.

Material Facts

No statement made by **You**, or a person insured at the time of application for the contract shall be used in defense 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.

Notice and Proof of Claim

Please refer to ***Section 4: Claim Information*** in this Policy for full details. If **You** do not provide the required supporting documentation, **Your** claim will not be paid.

Rights of Examination

For the purposes of determining the validity of a claim under this Policy, **We** may obtain and review the medical records of **Your** attending **Physician(s)**, including the records of **Your** regular **Physician(s)** from **Your** province or territory of residence or **Your Country of Origin**. These records may be used to determine the validity of a claim, whether or not the contents of the medical records were made known to **You** before **You** incurred a claim under this Policy. In addition, **We** have the right, and **You** shall afford **Us** the opportunity, to have **You** medically examined when and as often as may reasonably be required while benefits are being claimed under this Policy. If **You** die, **We** have the right to request an autopsy, if not prohibited by law.

Termination

You may at any time request that this contract be terminated, and the **Insurer** shall, as soon as practical after **You** make the request, refund the amount of premium actually paid by **You** that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the **Insurer** at the time of the termination.

For a full description of the procedures and details, **We** direct **Your** attention to ***Section 19: Premium Refunds*** of this Policy.

We may terminate this contract in whole or in part at any time by giving written notice of termination to **You** and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to **You**, or it may be sent by registered mail to **Your** latest address on record. Where notice of termination is delivered to **You**, five **(5)** days' notice of termination will be given; where it is sent by registered mail to **You**, fifteen **(15)** days' notice will be given, and the fifteen **(15)** days will begin on the day the registered letter is delivered to **Your** postal address.

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**.

When is Money Payable?

All money payable under this contract shall be paid by the **Insurer** within sixty **(60)** days after the **Insurer** has received proof of claim.

Section 19: Premium Refunds

A full refund will be provided for policies which are returned within ten **(10)** days of purchase provided that **Your** coverage has not begun as described in ***Section 1: Right to Examine the Policy***.

Premium Refunds are Only Considered When:

a) the **Student** fails to meet visa entry eligibility requirements.
b) **You** return to **Your Country of Origin** thirty **(30)** days or more prior to the **Expiry Date** of coverage without intending to return to Canada.
c) the **Student** is no longer **Enrolled** in a **School** within Canada or the country of study.
d) **You** become covered under a Canadian provincial or territorial health/medical plan.

When submitting a premium refund request, please send a written request to Destination: Travel Group Inc. By fax, mail or email **before** **Your Coverage Period** ends, and include:

a) a copy of **Your Coverage Confirmation**; and
b) confirmation of **Your** early departure such as boarding pass or itinerary, or any other written proof of **Your** early return to **Your Country of Origin**; and
c) any other documentation to support **Your** refund request.

Important Premium Refund Notes

Premium refund requests, regardless of method of payment, must be obtained from the agent/broker where coverage was originally purchased and submitted to Destination: Travel Group Inc.

IMPORTANT NOTE

Under no condition will a refund be made if a claim has been incurred, paid, or is pending.

Refunds are calculated as follows:

a) from the date of permanent return to **Your Country of Origin**; or
b) if **You** become eligible for coverage under a Canadian provincial or territorial government health or medical plan, **We** will consider **Your** cancellation request from the date **We** receive acceptable proof of **Your** provincial or territorial government health care coverage (inbound **Students** only). Such requests cannot be backdated because this insurance Policy provides covered services and other benefits that are not provided by Canadian provincial or territorial government health care; or
c) the day **You** are no longer **Enrolled** in a **School** within Canada or **Your** country of study.

Premiums which are one hundred percent **(100%)** refundable are subject to a **$10** administration fee, except when cancelled during the ten **(10)** day examination period.

Partial cancellations are charged a **$25** administration fee. These fees are deducted from the net premium to be refunded. Refunds will not be provided for amounts less than the minimum required premium for the plan purchased.

Under no condition will a refund be made if a claim has been incurred, paid, or is pending under the Policy.

Section 20: Privacy Information Consent Notice

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 the **Insurer's** privacy policy, please contact **Us** or visit **Our** website. www.bhspecialty.com/privacy-policy/privacy-policy-canada/

Section 21: Assistance and Claims Administration provided by:

Berkshire Hathaway Specialty Insurance
c/o Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec, Canada J1M 0C9

Section 22: Underwritten by:

National Liability & Fire Insurance Company - Canada Branch
18 York Street, Suite 1700
Toronto, Ontario, Canada M5J 2T8

Section 23: Managed and Distributed by:

Destination: Travel Group Inc.
304-155 Gordon Baker Road
Toronto, Ontario, Canada M2H 3N5
Tel: 1-855-337-3532