



Student

TuGo® Travel Insurance



TRAVEL POLICY
FOR CANADIAN STUDENTS



Platinum member



INTRODUCTION

Thank you for choosing TuGo. Be sure to bring this policy wording, your wallet card and your Policy declaration with you when you travel. These materials contain important contact information, if you need emergency assistance or want to extend your coverage while you're away.

Before you go, take note of these exclusive services:



MyTuGo

Login to my.tugo.com to manage your policy, find assistance using our Clinic Finder, open a claim online, download forms, as well as check your claim's status.



TuGo® Wallet app

Don't want to carry your paper wallet card, while away? Download the "TuGo Wallet" app to your phone or tablet, available from the [App Store](#) or [Google Play](#).

Printing instructions:

To reduce the number of pages, configure your print setup to landscape orientation and select 2-sided printing with 2 pages per sheet or "booklet printing". If you only need to print certain pages, you can choose to just print the current page in view, or a range of pages (i.e. 1-4, 1-10, etc.).

Safe Travels!



ABOUT US

North American Air Travel Insurance Agents Ltd. doing business as TuGo® is a licensed insurance agency in all Canadian provinces and territories.

TuGo is a third-party administrator of travel insurance products and services. We develop and administer a variety of travel insurance plans for Canadian business and leisure travellers, visitors to Canada and international students.

OneWorld Assist Inc. doing business as **Claims at TuGo** is our claims and assistance provider and performs all assistance services and administers claims on our behalf under this policy. **Claims at TuGo** provides ISO 9001:2015 certified service.

At TuGo, our mission is to help travellers have better experiences. TuGo specializes in products and services that enhance and enable travel. Founded in 1964, TuGo understands its customers' needs and is driven to provide top-rated service how, when and where its customers want it.

Our address is 1200-6081 No.3 Road, Richmond, BC V6Y 2B2 Canada



TuGo is a proud member of The Travel Health Insurance Association (THIA). Travel insurance is designed to give all travellers the ability to protect themselves against unexpected medical costs and other expenses associated with the cancellation, interruption or delay of travel arrangements. The Travel Health Insurance Association (THIA) has developed a Travel Insurance Bill of Rights and Responsibilities to ensure travellers know what to expect from their travel insurance policies along with responsibilities they have when purchasing travel insurance. The Travel Insurance Bill of Rights and Responsibilities builds upon the following golden rules of travel insurance:

- Know your health
- Know your policy
- Know your trip
- Know your rights

For more information, visit thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance policy – what's next? We want you to understand (and it is in your best interests to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. Italicized terms are defined in 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 of the eligibility requirements.
- This insurance contains limitations and/or exclusions (i.e. *pre-existing medical conditions* that are not *stable*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase. It is *your* responsibility to review the *pre-existing medical condition* exclusions and stability requirements, understand how they apply *to you* and how they relate to *your* departure date, date of purchase and/or effective date.
- In the event of a claim, *your* prior medical history may be reviewed.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CONTACT *US* or visit tugo.com.

PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL.

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.

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section on page 21 for details.

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CONTACT INFORMATION

Contact *us* anytime by phone or online at tugo.com/claims

Keep these numbers handy when *you* travel.

Claims/Hospitalization

In the event of hospitalization, call *us* immediately:

From Canada & USA

1-800-663-0399

From Mexico

001-800-514-9976 or
800-681-8070

Outside N. America & Mexico (global toll-free)

*800-663-00399

Worldwide (collect)

**604-278-4108

If *you* can't reach *us* using the numbers listed or by making a collect call, call *us* direct at **1-604-278-4108** and *we* will reimburse the charges incurred for making this call.

Notice To Insured, Physicians & Hospitals

In the event of a medical *emergency* due to a *medical condition* which may require or result in *hospitalization*, contact *us* as soon as possible.

Customer Service and Policy Extensions During Business Hours

To extend *your* period of coverage while travelling or to speak with Customer Service, simply call *us*:

From Canada & USA

1-855-929-8846

From Mexico

001-800-514-9976 or
800-681-8070

Outside N. America & Mexico (global toll-free)

*800-663-00399

Worldwide (collect)

**604-276-9900

Written Correspondence

For all correspondence other than claims:

TuGo

1200-6081 No. 3 Road
Richmond, BC
V6Y 2B2
Canada

International Access Codes

This list of access codes is not comprehensive. Codes are subject to change without notice and may not be available from certain phone providers.

Argentina	00	Latvia	00
Australia	0011	Luxembourg	00
Austria	00	Macau	00
Belarus	810	Malaysia	00
Belgium	00	Netherlands	00
Brazil	0021	New Zealand (Aotearoa)	00
Bulgaria	00	Norway	00
China	00	Philippines	00
Colombia	005	Poland	00
Costa Rica	00	Portugal	00
Cyprus	00	Russia	810
Czech Republic	00	Singapore	001
Denmark	00	Slovenia	00
Estonia	00	South Africa	00
Finland	990	South Korea	001 or 002 or 008
France	00	Spain	00
Germany	00	Sweden	00
Hong Kong	001 or 006	Switzerland	00
Hungary	00	Taiwan	00
Iceland	00	Thailand	001
Ireland	00	United Kingdom	00
Israel	00 or 014	Uruguay	00
Italy	00		
Japan	010 or 0061+010 or 001+010 or 0033+010		

* To use the global toll-free service when **you** are travelling outside North America and Mexico, **you** must first dial the international access code shown on page 2 to reach Canada, then enter **our** 11-digit toll-free number. For example, if **you** are in Australia, dial 0011 + 800-663-00399.

** If **you** are unable to use the global toll-free service and international access codes shown on page 2, call **us** collect. To call **us** collect, contact the local operator and let them know that **you** wish to make a collect call to Canada at the following numbers:

- For policy extensions and customer service, call **us** at 604-276-9900
- For claims and *hospitalizations*, call 604-278-4108

10-DAY FULL REFUND PROVISION

You have 10 days starting from the *application date* of the Policy to review this Policy to ensure it meets *your* insurance needs. A full refund is available provided no travel has taken place and the Policy has not expired.

If the Policy is purchased after *your* departure from *your* province/territory of residence, this provision does not apply.

To cancel *your* Policy, *you* must contact *your* agent or *us* during business hours. The request must be received no later than 10 days starting from the *application date* of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan *you* have purchased.

INSURING AGREEMENT

You will become insured once *you* have:

- a Completed the online application, provided by *us* or *your* agent; and,
- b Paid the premium in full for the selected coverages; and,
- c Received a policy number and Policy declaration.

This policy wording along with *your* Policy declaration become *your* insurance contract.

We will provide Insurance for the coverages *you* have selected and paid for according to the terms and conditions as detailed in this policy wording. Refer to each applicable plan or optional coverage for details on the coverages *you* have purchased insurance for.

Unless otherwise stated, all the limits of Insurance under each benefit are *aggregate limits per insured*, per Policy, to a maximum of 365 days (including extensions).

ELIGIBILITY

Applicable to Canadian Students Studying Outside their Province or Territory of Residence

At the time of application, *you* are eligible for coverage if:

- 1 *You* are 40 years and under; and,
- 2 *You* are a *Canadian resident*; and,
- 3 *You* are a student enrolled full-time or part-time in a *school* outside *your* province/territory of residence; or,
- 4 *You* are a student enrolled full-time or part-time in a *school* in Canada but participating in an exchange program at a *school* outside of *your* province/territory of residence; and,
- 5 *You* are not travelling against a *physician* or other registered medical practitioner's advice; and,
- 6 *You* have not been diagnosed with a *terminal condition*.

Applicable to Family Members of Students

At the time of application, *you* are eligible for coverage if:

- 1 *You* are at least 15 days old; and,
- 2 *You* are 40 years and under; and,
- 3 *You* are *Canadian resident*; and,
- 4 *You* are a *family member* of a student who is either insured under a TuGo Student Policy for Canadian students or meets the eligibility requirements for a TuGo Student Policy; and,
- 5 *You* are not travelling against a *physician* or other registered medical practitioner's advice; and,
- 6 *You* have not been diagnosed with a *terminal condition*.

PERIOD OF COVERAGE

Coverage begins on the later of:

- 1 The date and time *you* depart from *your* province/territory of residence or Canada; or,
- 2 The date and time *you* depart from *your* province/territory of residence when travel is within Canada only but outside of *your* province/territory of residence; or,
- 3 The effective date of the Policy.

Coverage ends on the earliest of:

- 1 11:59 PM on the expiry date of the Policy; or,
- 2 On the date and time *you* permanently return to *your* province/territory of residence; or,
- 3 60 days after the date and time *you* are no longer enrolled in a *school* or attending *school* in an exchange program, outside of *your* province/territory of residence. If *you* are a *family member* of a student, coverage ends 60 days after the date and time the student is no longer enrolled in the *school* or no longer attending *school* in an exchange program, outside of their province/territory of residence.

Conditions

- 1 Visits to *your* province/territory of residence are permitted; *your* Policy will not end, however, expenses will not be covered while in *your* province/territory of residence.
- 2 Coverage is available for *school* breaks as long as the student is enrolled as a full-time or part-time student in a *school*.

Top-up

If *you* are covered by another insurance provider for the first part of *your* trip, *you* can purchase this Insurance as a top-up Policy to cover the remaining duration of *your* trip. However, *you* should verify with that provider that they allow their coverage to be topped-up by another insurance provider as they may void or restrict coverage if *you* don't extend or top-up with them.

- 1 When this Policy is purchased to top-up another plan, coverage begins on the day following the expiry date of the insurance plan being topped-up.
- 2 When symptoms or *treatment* by a *physician* or other registered medical practitioner for an *emergency medical condition* begin before the effective date of this top-up

Policy and while *you* are covered by the insurance plan being topped-up, *we* will pay eligible expenses incurred on or after the date this top-up Policy takes effect as if the *emergency medical condition* began under this top-up Policy.

Coverage for *emergency medical conditions* which began before the effective date of this top-up Policy is only provided if there is no lapse between the insurance plan being topped-up and this top-up Policy.

We will not pay for expenses incurred if other insurance policies, plans or contracts, including but not limited to any private or provincial automobile insurance, cover the loss. Coverage is also subject to all other policy terms and conditions.

- 3 Expenses incurred before this top-up Policy takes effect are not covered.
- 4 Coverage for Accidental Death and Dismemberment is only available if the accident occurs while the Policy is in effect.

PLANS

Emergency Medical Insurance

Benefits

Maximum limit—\$2,000,000

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition*. The charges must result from an *emergency* that first occurs after coverage commences and while *you* are travelling outside *your* province/territory of residence.

Eligible medical and related expenses are described below.

Emergency Medical Treatment

- **Hospital Services**

- *Hospitalization* services (limited to a semi-private room). Any coverage related to *hospitalization* terminates upon release from the *hospital* other than what is specified under the Follow-up Visits Benefit.
- Out-patient *treatment* provided by a *hospital*.

- **Physician**

The services of a *physician*.

For out-patient care by a psychiatrist, coverage is only provided under the Other Professional Services benefit. Refer to that benefit for details.

- **Ambulance Services**

The services of a licensed ground, air or sea ambulance and paramedics to the nearest *hospital*. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to *your* medical *emergency*. If an ambulance is medically required but is unavailable, we will reimburse *you* for taxi expenses, but the taxi receipt is required.

- **X-ray Examinations**

X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial *emergency*.

- **Prescription Drugs**

- Up to a maximum supply of 30 days for prescription drugs. All prescriptions must be issued by a *physician* and purchased in the 30 days from the initial date of the *emergency* visit or the *follow-up visits*. While *you* are *hospitalized*, we will pay the total cost of all prescription drugs, in addition to a 30-day maximum supply of related prescription drugs purchased in the 30 days from the release from *hospital*.
- The cost for one 'morning-after pill' once during a 12 consecutive month period, provided *you* have purchased a 365-day policy.

Over the counter medicine (other than the 'morning-after pill' as described above), vitamins, minerals, dietary supplements and contraceptives are not covered. Original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required.

- **Essential Medical Appliances**

The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.

- **Private Duty Nursing**

Up to a maximum of \$20,000 for private duty nursing services, performed by a registered nurse (R.N.) other than a *family member*, when ordered in writing by the attending *physician*.

Follow-up Visits

Up to five *follow-up* visits within the 14 days after the initial *emergency treatment*, provided the *follow-up* visits are required as a direct result of the initial *emergency*.

Fracture Treatment

Following the initial *emergency treatment* and any covered *follow-up* visits, we will pay up to a maximum of \$1,000 for the following *treatments* related to fractures:

- X-ray examinations; and,
- Re-examination *physician* visits; and,
- Casting and re-casting, if *medically necessary*; and,
- Cast removal

This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

Maternity

Up to a maximum of \$25,000 per pregnancy for:

- a Routine pre-natal care; and,
- b Complications related to pregnancy that arise within the 9 weeks before and after the expected date of delivery, and,
- c Involuntary termination of pregnancy.

This benefit does not provide coverage for:

- a Delivery/childbirth or complications thereof; or,
- b Medical expenses incurred by the newborn child.

The pregnancy must have started while covered by a TuGo Student Policy. If *you* extend this Policy or purchase a new TuGo Student Policy to take effect immediately after coverage under this Policy has ended, and there was no lapse in coverage, *we* will continue to cover *you* for the same pregnancy under this benefit until *you* have reached the maximum limit of \$25,000 under all policies combined, and the Pre-existing Medical Condition Stability Exclusion will not apply to pregnancy-related complications. If a new pregnancy begins during the extension or during the new policy period, then coverage would be available up to another \$25,000 for the new pregnancy.

A separate Insurance Policy can be purchased for newborns once they are 15 days old.

Other Professional Services

- a Up to a maximum of \$600 per incident, per practitioner for the services of the following registered practitioners as a result of an *emergency*:
- Physiotherapist
 - Podiatrist
 - Chiropractor
 - Acupuncturist
 - Chiropodist
 - Naturopath
 - Osteopath
 - Speech therapist
- b Up to a maximum of \$1,000 combined for all practitioners per incident for out-patient services of the following registered practitioners as a result of an *emergency*:
- Psychiatrist
 - Psychotherapist
 - Psychologist
 - Nurse psychotherapist
 - Clinical counsellor
 - Social worker

Rehabilitation Treatment

This benefit is payable only when pre-approved by us

Up to \$250 per day to a maximum of 7 days for *emergency treatment* in a rehabilitation facility when it is *medically necessary* after *hospitalization*.

Dental Services

The services of a dentist or dental surgeon for *emergency dental treatment*, including the cost of prescription drugs and x-rays, as follows:

- a Up to a maximum of \$6,000 for dental expenses for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. *Treatment* must be completed within the 90 days after the *treatment* began and within the period of coverage.
- This benefit does not cover dental *treatment* for veneers or dentures.
- b Up to a maximum limit of \$600 for dental expenses for any dental *emergencies* other than pain caused by an accidental blow to the face. *Treatment* must be completed within the 90 days after the *treatment* began and within the period of coverage.

Impacted Wisdom Teeth

Up to a maximum of \$150 per tooth for the extraction of impacted wisdom teeth when *medically necessary* and performed in a dental or oral surgeon's office.

Annual Physician Visit

Up to a maximum of \$150 for:

- a One visit to a *physician* for a general check-up (or one immigration medical examination in lieu); and,
- b Any preventative screening tests intended to detect *medical conditions* before symptoms are noticed, that are ordered by the *physician* during the general check-up or immigration medical examination.

This benefit is available once during a 12 consecutive month period, provided the minimum term of Insurance purchased is 180 days.

Sexually Transmitted Infection Testing

Up to a maximum of \$100 for elective testing for sexually transmitted infections (STIs).

This benefit is available once during a 12 consecutive month period, provided the minimum term of insurance purchased is 180 days.

Eye Examination

One visit to a licensed optometrist or ophthalmologist for a general eye examination.

This benefit is available once over a 12 consecutive month period, provided the minimum term of Insurance purchased is 180 days.

Prescription Glasses/Contact Lenses/Hearing Aids

Up to a maximum of \$200 for prescription glasses, contact lenses and hearing aids, required as a result of an accident or injury or that required repair as a result of an accident or injury.

Tutorial services

Up to \$20/hour to a maximum of \$400 for a qualified private tutorial service in the event *you* are *hospitalized* for 30 consecutive days or more.

Emergency Air Transportation

This benefit is payable only when pre-approved and arranged by us

At the time of *hospitalization*, medical air evacuation for return to Canada or medical air evacuation between medical facilities when the first facility is not equipped to provide the required *treatment*.

Airfare to Return Home for Treatment

This benefit is payable only when pre-approved by us

The cost of a one-way economy airfare on a commercial flight via the most direct route to return to *your* province/territory of residence for immediate *treatment* as a result of an *emergency*. The *treatment* must be sought in the 10 days from arrival to *your* province/territory of residence and the attending *physician* providing *treatment* outside *your* province/territory of residence must indicate in writing that the *treatment* is required.

The cost of an airline seat upgrade is included if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is also medically required.

For fracture claims, this benefit is only available in lieu of the Fracture Treatment Benefit.

Medical Attendant

This benefit is payable only when pre-approved by us

If *you* are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will pay:

- a The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or a friend or *family member* in lieu) to accompany *you* if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is medically required; and,
- b The cost of an airline seat upgrade for the medical attendant (or a friend or *family member* in lieu) if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is medically required.

Repatriation

In the event of *your* death during a trip covered under the Policy benefits, **we** will pay for:

- a Up to \$35,000 for the preparation and return of *your* body, including the cost of a standard shipping container and one death certificate (excluding the cost of funeral and related expenses or a burial coffin), to *your* province/territory of residence; or,
- b Up to a maximum of \$6,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin) including one death certificate, in the event *your* body is not returned to *your* province/territory of residence; or,
- c Up to a maximum of \$6,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return *your* ashes to *your* province/territory of residence; and
- d Up to \$5,000 for transportation costs of one *family member* to go to the place of *your* death to identify *your* body when it is necessary to be identified before the release of *your* body and up to a limit of \$400 per day to a maximum of \$2,000 for meals and commercial accommodation.

Family Transportation

This benefit is payable only when pre-approved by us

If an attending *physician* considers it necessary, **we** will pay up to \$5,000 for one round trip economy airfare or ground transportation costs for one *family member* or friend to be with *you* while *you* are *hospitalized* if *you* are travelling alone, or for one additional *family member* or friend if *you* are not travelling alone, and \$400 per day to a maximum of \$2,000 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

Accidental Death and Dismemberment

Maximum limit—\$10,000

Refer to section Accidental Death and Dismemberment Insurance for details. The information in that section outlines the terms and conditions of this benefit.

If *you* have also purchased the Optional Accidental Death and Dismemberment coverage, coverage will be increased to the benefit limits specified under that optional coverage.

Pre-existing Medical Condition Stability Exclusion

The Emergency Medical Insurance plan is also subject to the General Exclusions shown on page 14.

The stability requirements for *pre-existing medical conditions* are outlined below:

We will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of any:

- 1 *Medical condition* which is not *stable* on or within the 90 days before the effective date of the Policy.
- 2 Any complications that develop after departure, related to a *pre-existing medical condition* that was not *stable* on or within the 90 days before the effective date of the Policy.

Medical conditions and related complications that do not meet the stability requirements set out above are not covered.

Refer to the following definitions: *alteration*, *medical condition*, *pre-existing medical condition*, *treatment* and *stable*.

Automatic Extensions to Coverage

At the time the period of coverage ends *your* coverage will be automatically extended at no additional premium:

Hospitalization

If *you, your* family travelling with *you* or *your travelling companion* are *hospitalized*. The automatic extension will be provided to *you* for the remaining period of the *hospitalization*, plus up to seven days after *hospital* release to recover and/or travel to *your* province/territory of residence or *your* country of study.

Medically Unfit to Travel

If *you, your* family travelling with *you* or *your travelling companion* are unable to travel on the scheduled *return date* due to a *medical condition* that does not require *hospitalization*. The automatic extension will be provided to *you* for up to seven days to recover and/or travel to *your* province/territory of residence or *your* country of study. In the event of a claim, written documentation must be provided to *us* by the attending *physician* to substantiate the inability to travel to *your* province/territory of residence or *your* country of study as originally scheduled.

Delay of Common Carrier

If *your common carrier* is delayed due to circumstances beyond *your* control, preventing *you* from returning to *your* province/territory of residence or *your* country of study. The automatic extension will be provided to *you* for up to seven days. In the event of a claim, written documentation must be provided to *us* to substantiate the *common carrier* delay.

Quarantine

If *you, your* family travelling with *you* or *your travelling companion* are unable to travel on *your* scheduled return date due to being placed under quarantine after a positive COVID-19 test, the automatic extension will be provided to *you* for up to 14 days. In the event of a claim, written documentation must be provided to *us* to substantiate the quarantine.

Refunds

Refunds after the effective date of the Policy must be requested in writing. Refunds are not available if a claim has been or will be submitted.

Full Refunds

- 1 When the request for refund is received BEFORE the effective date of the Policy, a full refund is available.
- 2 When the request for refund is received AFTER the effective date of the Policy, a full refund is available as follows:
 - a In the 10 days from the *application date* of the Policy when no travel has taken place; or,
 - b If *you* have not arrived in *your* province/territory or country of study, provided *you* were travelling directly to *your* province/territory or country of study (direct travel includes stopovers and layovers); or,
 - c If *your* student visa for entry to *your* country of study was refused; or,
 - d If *you* arrived in *your* country of study but entry into *your* country of study was denied.

Refund requests must be submitted to *us* within the 90 days after the expiry date of the Policy.

Partial Refunds

- 1 When travel has taken place, a partial refund less an administration fee is available. Refunds are calculated as follows:
 - a From the date the cancellation request is submitted to *us*; or,
 - b From the date *you* return to *your* province/territory of residence if a satisfactory proof of return is sent to *us* and the request is received by *us* within the 90 days after the date *you* return to *your* province/territory of residence; or,
 - c From the date *you* are no longer enrolled in a *school* or attending *school* in an exchange program outside *your* province/territory of residence if satisfactory proof that *you* are no longer enrolled in the *school* is sent to *us* and the request is received by *us* within the 90 days after *your* enrollment ended.

OPTIONAL COVERAGE

This optional coverage may only be purchased as an endorsement to the Emergency Medical Insurance plan and it is subject to the terms and conditions of that plan.

The Optional Coverage is also subject to the 10-day Full Refund Provision, Insuring Agreement, Eligibility, Period of Coverage, General Exclusions, General Conditions, Authorized Extensions, Definitions, Statutory Conditions and How to Claim sections of the Policy.

Accidental Death and Dismemberment Insurance

If *you* have purchased this Optional Coverage, coverage under the Accidental Death and Dismemberment benefit in the Emergency Medical Insurance plan will be increased to the benefit limits specified below.

Air Flight/Common Carrier Accident:

Maximum limit—\$100,000

24-hour Accident:

Maximum limit—\$25,000

Covered Risks

Air Flight/Common Carrier Accident

Death or dismemberment as a result of an accident sustained during the period of coverage while riding as a fare-paying passenger, or while entering or leaving a lawfully operated licensed *common carrier*.

Coverage is also applicable to *insured* children under two years accompanied by a fare-paying passenger.

24-hour Accident

Death or dismemberment as a result of an accident sustained during the period of coverage in any other situation not specifically mentioned under Air Flight/Common Carrier above.

Benefits

In the case of *your* accidental death or certain *losses* resulting from an accident, *we* will pay to or on behalf of *you*, *your* estate or other *beneficiary*, the benefits as outlined below, but in no event shall payment exceed the sum insured under this section:

- 1 100% of the sum insured for loss of life, double dismemberment or *loss* of sight in both eyes.
- 2 50% of the sum insured for single dismemberment or *loss* of sight in one eye.

Benefits for *loss* of life, limb or sight are payable for *loss* which occurs in the 90 days from the date of the accident.

Any claim for indemnity for loss of life, dismemberment or *loss* of sight must be substantiated by a certificate from the attending medical *physician* at the place of the accident attesting to the actual injuries sustained.

Limitation

The total *aggregate limit* is \$10,000,000 for any one event under this Policy and all policies administered and issued by *us*. If the total sum of all claims resulting from the same event exceeds the total *aggregate limit*, the \$10,000,000 will be shared proportionately among all *insureds*. The proportionate share for each *insured* will not exceed the maximum limits of their plan. Payment will be processed after *we* have completed the review of all submitted claims related to the same event.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERAGES

In addition to the Pre-existing Medical Condition Stability exclusion, *we* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

- 1 Any claim incurred after a *physician* advised *you* not to travel.
- 2 Any claim incurred after any other registered medical practitioner advised *you* not to travel.
- 3 A trip that is undertaken after the diagnosis of a *terminal condition*.
- 4 A trip that is undertaken while *you* are receiving palliative care or after palliative care has been recommended.
- 5 *Medical conditions* or any related *medical conditions* for which, before the effective date of the Policy, *diagnostic tests* took place, were scheduled to take place or were recommended and for which results had not yet been received on or before the effective date of the Policy. This includes *diagnostic tests* that were scheduled or were recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.

This exclusion does not apply to:

- a Tests to monitor an existing *medical condition* if there have been no new or more frequent symptoms, whether or not results have been received; or,
- b Screening tests intended to prevent illness or to detect *medical conditions* before symptoms are noticed, whether or not results have been received.
- 6 The cost of any mandated test required for travel.
- 7 *Medical conditions* or any related *medical conditions* for which, on or before the effective date of the Policy, tests to follow up on the effectiveness or response to a procedure, surgery or *hospitalization* are scheduled to take place or recommended. This includes tests that were scheduled or recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.
- 8 *Medical conditions* or any related *medical conditions* for which before the effective date of the Policy, medical procedures, surgeries and/or referrals to a specialist were scheduled to take place or were recommended but had not yet taken place at the time of the effective date of the Policy.
- 9 Any *medical condition*, related *medical condition* or any subsequent *treatment* related to a *medical condition* for which *you* sought *treatment* and/or were experiencing any symptoms that were new or worsening after *your* departure from *your* province/territory

of residence but before the effective date of this Policy, except as specified under the Maternity benefit and under the heading Period of Coverage, sub-heading Top-up.

- 10 Acute psychosis if drug or alcohol induced.
- 11 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in *remission*) for which *you* received or were recommended to receive **active cancer treatment** on or within the 90 days before the effective date of the Policy. This includes **active cancer treatment** that *you* were recommended to receive but chose to decline.
- 12 Tests and investigation except when performed at the time of initial **emergency medical condition**.
- 13 The continued **treatment**, recurrence or complication of a **medical condition** or related condition, following **emergency treatment** during *your* trip, if *we* determine that *your emergency* has ended, unless otherwise specified in a benefit.
- 14
 - a Any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip.
 - b Any **medical condition** arising during *your* trip from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when *you* have reached a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate *you* were intoxicated and no blood alcohol level is specified.
- 15 Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).
- 16 Any **medical condition** for which *you* are registered on a waiting list for **treatment** or diagnosis either in Canada or in *your* country of study.
- 17 Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by *us*.
- 18 Any **medical condition** or related expenses if *we* determine that *you* should transfer to another facility or could return to *your* province/territory of residence for **treatment**, and *you* choose not to, benefits will not be paid for further **treatment** related to the **medical condition**.
- 19 An official travel advisory issued by a Canadian government stating to "avoid all travel" or "avoid non-essential travel" regarding the country, region or city of *your* destination, before the date *you* travel to that destination (including any stopovers, layovers or any other destinations *you* are transiting through).

If an official travel advisory is issued while *you* are travelling outside of Canada for the country, region or city of *your* destination after *you* have already arrived to that country, region or city, *your* coverage for an **emergency** or a **medical condition** related to the travel advisory will remain in place.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an **emergency** or a **medical condition** unrelated to the travel advisory or to claims incurred for COVID-19.

- 20 A **medical condition** for which symptoms arose or worsened or for which **treatment** by a **physician** or other registered medical practitioner was received during a temporary visit to **your** province/territory of residence during the period of coverage or any **medical condition** wholly or partly, directly or indirectly, related thereto. This exclusion does not apply if the **treatment** was for either:
- The unchanged use of **prescribed** drugs or medication for a **stable medical condition**, symptom or problem; or,
 - A check-up where the **physician** or other registered medical practitioner observes no change in a previously noted **medical condition**, symptom or problem.
- 21 **Treatment** by a **physician** or other registered medical practitioner and expenses incurred while in **your** province/territory of residence.
- 22 Loss, theft, breakage of prescription glasses, contact lenses, prosthetic devices, hearing aids and dentures, except as specified under the Prescription Glasses/Contact Lenses/Hearing Aids benefit.
- 23 Any medical and related expenses in excess of \$50,000, if **you** are not covered by a provincial or territorial government health care plan at the time **your** claim occurred.
- 24 **Your** participation in and/or voluntary exposure to **acts of war** or **acts of terrorism**.
- 25 Death, disablement or injury in any way caused by or contributed by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by **acts of war** or **acts of terrorism**).
- 26 Any **medical condition** that is the result of **you** not following **treatment** as **prescribed** to **you**, including **prescribed** or over the counter medication.
- 27 **Your** participating, training or practicing in any sports or activities as a **professional athlete**, or in any of the following sports or activities (whether as a **professional athlete** or not):
- Hang gliding/paragliding
 - Ice climbing
 - Motorized speed contests
 - Mountaineering
 - Parachuting/skydiving/
tandem skydiving
 - Rock climbing
 - Scuba diving or free diving
over 40 metres
- 28 Any **medical condition** or recognized complication of a **medical condition**, where the purpose of **your** trip is to seek **treatment**, advice or services, and where the medical evidence indicates the **treatment**, advice or services received are related to that **medical condition**.
- 29
- Routine pre-natal or post-natal care, except as specified under the Maternity benefit; or,
 - Pregnancy, delivery, or complications of either, arising within the nine weeks before the expected date of delivery or within the nine weeks after except as specified under the Maternity benefit.
- 30 **Your** voluntary termination of pregnancy or resulting complications.
- 31 **Your** suicide or attempt thereat or self-inflicted injury.
- 32 **Your** commission or attempted commission of a criminal offence or illegal act based on the law where the cause of the claim occurred.

- 33 **Non-emergency**, experimental or elective **treatment** or procedures (including but not limited to ongoing care, chronic care, rehabilitation or check-ups) and their related complications, except as specified under the Rehabilitation Treatment benefit and the Other Professional Services benefit.
- 34
- a Cosmetic surgeries, procedures and/or **treatments**, and,
 - b Complications related to cosmetic surgeries.
- 35 Any **medical condition** or symptoms for which it is reasonable to believe or expect that **treatments** will be required during **your** trip.
- 36 Unless otherwise stated in this Policy (see General Condition, number 3), expenses incurred if other insurance policies, plans or contracts cover the loss. This includes but is not limited to any private or automobile insurance plan. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to Accidental Death and Dismemberment Insurance.

GENERAL CONDITIONS APPLICABLE TO ALL COVERAGES

Provisions & Conditions

- 1 This Policy is issued on the basis of information in *your* Policy declaration or provided in connection with *your* application. When completing the application, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. Coverage under this Policy will be void if *you* do not meet the eligibility requirements for the plan selected as set out at the time of application.
- 2 *We* will not pay a claim if *you*, any person insured under this Policy or anyone acting on *your* behalf fails to disclose any material fact or makes a fraudulent, false or exaggerated statement or claim.
- 3 **Subrogation**—*We* will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently \$100,000 or less. If the lifetime maximum limit under that plan is greater than \$100,000, *we* may exercise *our* right to subrogate, but, if applicable, *we* will limit *our* subrogated claim to the extent required to preserve \$50,000 of the lifetime limit available under that plan, except in the event of *your* death.
If compensation is or will be available from a third party for any payments made by *us* under this Policy, *we* have the right to subrogate to recover those payments. *We*, at *our* own expense, can file a suit in *your* name for that purpose and *you* authorize *us* to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if *you* make any claim against a third party related to payments that *we* made under this Policy, *you* will include the amount of those payments in *your* claim against the third party.
If *you* obtain compensation for a portion or all of the included payments *we* made, *you* must immediately remit that compensation to *us*. *You* understand that *you* shall do nothing to prejudice *our* rights of subrogation, which includes not releasing third parties from liability without *our* express written agreement.
- 4 **Coordination of Benefits**—Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, *we* will coordinate benefits of all eligible expenses with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.
- 5 *You* may not claim or receive more than 100% of *your* total covered expenses. This general condition does not apply to Accidental Death and Dismemberment.
- 6 **Misstatement of Age**—If *your* age has been misstated to *us*, the coverage and/or premium may be adjusted in accordance with the correct age as of the date *you* became covered. Any premium adjustment is payable upon receipt of a premium notice.
- 7 *You* must be accurate and complete in *your* dealings with *us* at all times.
- 8 **Currency**—Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by *us* to be in Canadian currency, unless otherwise stated.
- 9 **Duplication of Coverage**—If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Benefits are paid under the one Policy, Plan or Optional Coverage with the greatest benefit limit.

- 10 In the case of duplicate benefits in this Policy, claims are payable under the one benefit with the greatest benefit limit.
- 11 The date and time of commencement and termination of coverage is based on the time zone of the province or territory the Policy was purchased in.
- 12 Premium and coverage are based on factors including but not limited to age, trip length, travel destination and answers to the Medical Questionnaire, if applicable.
- 13 The availability, quality, results or effects of any *treatment*, assistance, *hospitalization*, transportation or *your* failure to obtain any of the above, is not *our* responsibility or the responsibility of any company or agency providing services on *our* behalf.
- 14 *We* reserve the right to accept or to decline any person as an *insured*.
- 15 In the event of *your treatment* by a *physician* or other registered medical practitioner or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any *hospital*, *physician* or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide *us* that information and authorize *us* to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.
- 16 If requested by *us*, *you* must furnish or consent to the release of *your* medical records for the relevant period before the effective date of the Policy and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate *your* claim.
- 17 In the event of a claim, upon request, *you* will establish the date and time of departure and initially planned date of return of the trip.
- 18 *You* shall be responsible for the verification of any *hospital* and medical expenses incurred and shall obtain itemized accounts of all *hospital* and medical services which have been provided.
- 19 *We* shall not reimburse any expense incurred after a period of 365 days has elapsed following the date on which the loss first occurred or the relevant *emergency* first occurred.
- 20 *We* shall comply with all applicable privacy legislation and regulations. *You* can learn about *our* privacy policy at tugo.com/en/privacy.
- 21 If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.
- 22 In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.
- 23 The law of the province or territory of Canada in which *you* ordinarily reside will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province/territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.

- 24 This Insurance provides no coverage and no *insurer* shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that *insurer* to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
- 25 *We* shall not reimburse any interest charges accrued by *you*.
- 26 If *you* are a US citizen, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.
- If *you* are a US citizen or US resident, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.
- 27 When a premium is not paid, *we* reserve the right to terminate the Policy with notice, except as otherwise provided by law.

AUTHORIZED EXTENSIONS

You can extend *your* period of coverage before *your* Policy expires provided the total policy trip length does not exceed a maximum of 365 days. To extend your Policy, you can contact *your* agent or *us* during business hours. Please refer to Contact Information on page 1.

If *you* extend *your* coverage, the following condition applies:

If *you* had a claim, sought medical attention or experienced any symptoms during the previous policy term, for the extension period, there will be no further coverage with respect to the *medical condition*, related *medical condition*, or for any subsequent *treatment* related to the *medical condition*, except as specified under the Maternity benefit.

Under the Maternity benefit, we will continue to provide coverage during an extension for the same pregnancy up to the maximum limit of \$25,000 under all policies combined, provided there has not been a lapse in coverage. Refer to the Maternity benefit for details.

DEFINITIONS

Active cancer surveillance

Also known as 'watchful waiting' is a *treatment* plan that involves monitoring cancer without giving any other form of *treatment*. It is used to monitor changes in test results to see if the cancer is getting worse and whether other forms of *active cancer treatment* might also be needed. This method of *treatment* is often used when the cancer is newly diagnosed and before it's clear what types of *treatment* would be most effective, for conditions that progress slowly and/or when the risks of *active cancer treatment* are greater than the possible benefits.

Active cancer treatment

Treatment that is not limited to but includes chemotherapy, radiation therapy, surgery, medication, experimental treatment or *active cancer surveillance*.

Acts of terrorism

An act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Acts of war

War, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

Acute

Initial or *emergency* short course (not chronic) *treatment* by a *physician* phase of a *medical condition*.

Aggregate limit

The maximum amount of coverage available, regardless of the number of separate claims.

Alteration

The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been *prescribed*.

Alteration does not include:

- a Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,
- b Routine dosage adjustments within *prescribed* parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the *medical condition* must remain unchanged; or,
- c Routine dosage adjustments within *prescribed* parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the *medical condition* must remain unchanged; or,
- d A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,
- e Usage changes due to the combination of several medications into one; the *medical condition* must remain unchanged.

Application date

The date when premium for this Insurance is paid.

Beneficiary

Estate unless otherwise requested in writing.

Canadian resident

An *insured* who is eligible for or has a provincial or territorial government health care plan in place and:

- a Is a Canadian citizen with a primary permanent residence in Canada; or,
- b Has landed immigrant status in Canada and a primary permanent residence in Canada.

Common carrier

A boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

Dependent children

Unmarried children who are dependent on a parent or guardian who is a student eligible under this Policy and are:

- a Up to and including 21 years; or,
- b Up to and including 40 years, if they have a cognitive, developmental or physical disability.

Diagnostic tests

Tests required to:

- a Assess, identify or investigate a symptom or a *medical condition*; or,
- b Follow up on abnormal test results.

Emergency

An unforeseen *medical condition*, which requires immediate *treatment* to alleviate existing danger to life or health. An emergency no longer exists, when the medical evidence indicates that *you* are able to continue the trip or return to *your* province/territory of residence. Once such emergency ends, no further benefits are payable in respect of the *medical condition* which caused the emergency, unless otherwise specified in a benefit.

Family member

The student's legal or common-law *spouse*, parent(s), step-parent(s), legal guardian(s), brother(s), sister(s), step-brother(s), step-sister(s) and their unmarried *dependent children* who are living with the student.

Follow-up

Re-examination of *you* to monitor the effects of earlier *treatment* related to the initial *emergency*, except while *hospitalized*. Follow-up does not include *diagnostic tests* and/or continued *treatment* (as determined by *us*).

Hospital

An institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 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.

Hospitalization or hospitalized

Formal admission to the in-patient services of a *hospital*. This does not include visits to the emergency room unless they result in the formal admission to the in-patient services of a *hospital*.

Ice climbing

The act of climbing or rappelling from vertical or nearly vertical ice formations such as ice falls, frozen waterfalls or cliffs or rock slabs that are covered with ice from flows of water freezing over. Ice climbing requires the use of specialized equipment including but not limited to ice axes, crampons or ice screws. Glacier hiking is not ice climbing. If the glacier hike is on a mountain, it is considered *mountaineering*.

Insured or insured persons

The person named in the Policy declaration for whom the applicable premiums have been paid.

Insurer

The insurers listed under the definition of *us, we, our*.

Loss

For Accidental Death and Dismemberment Insurance

In respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

Medical condition

Any disease, illness or injury (including symptoms of undiagnosed conditions).

Medically necessary

The medical service or product in question is necessary to preserve, protect or improve *your medical condition* and well being.

Motorized speed contest

Any motorized vehicle race or timed event by land, air or water.

Mountaineering

The act of climbing or descending a mountain using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment.

Non-emergency

Any *treatment*, investigations or surgery either:

- a not required for the immediate relief of *acute* pain and suffering; or,
- b which reasonably could be delayed until *you* return to *your* province/territory of residence; or,
- c which *you* elect to have during a trip following *emergency treatment* by a *physician* or other registered medical practitioner of a *medical condition* or the diagnosis of a *medical condition*, which on medical evidence would not prevent *you* from returning to *your* province/territory of residence before such *treatment* or surgery.

Physician

A medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than *you* or a *family member*.

Pre-existing medical condition

Any *medical condition* that exists on or before the effective date of the Policy.

Prescribed

Treatment ordered or recommended by a *physician* and/or any other registered medical practitioner, as documented in *your* medical records.

Professional athlete

At the time the claim occurred, an athlete who is participating, training or practicing in a sport or activity and:

- a Has received the majority of their income from that sport or activity; or,
- b Is considered professional by the governing body of the sport or activity they participate in.

Scholarships are not considered income.

Reasonable and customary charges

Charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Remission

The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by *your physician* and noted in *your* medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

Rock climbing

The sport of climbing rock faces, especially with the aid of ropes and special equipment. Rock climbing includes the following activities: bouldering, traditional climbing, free soloing, top-rope, sports climbing, canyoning/canyoneering, but does not include indoor wall rock climbing.

School

An elementary or secondary school, university, college or other recognized institution of learning that is accredited by the local authorities. An accredited school has undergone a validation and/or quality assurance process where the school has been evaluated by an external authority, to determine if the applicable standards are met. If the standards are met, accredited status is granted by the appropriate agency.

Spouse

The person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your* spouse.

Stable

A *medical condition* is considered stable when all of the following statements are true:

- a There has been no deterioration of the *medical condition* as determined by a *physician* or other registered medical practitioner, and
- b There have been no new symptoms or findings or more frequent or severe symptoms or findings, and
- c There has been no change in *treatment* by a *physician* or other registered medical practitioner or any *alteration* in any medication related to the *medical condition*, and
- d There has been no new *treatment* received, *prescribed* or recommended by a *physician* or other registered medical practitioner.

Terminal condition

A *medical condition* for which, before the effective date of the Policy, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

Travelling companion

A person who has prepaid shared commercial accommodation or transportation with *you* for the same period of travel.

Treatment, treat, treated

A procedure *prescribed*, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to *prescribed* medication, investigative testing and surgery.

Us, we, our

OneWorld Assist Inc. doing business as **Claims at TuGo** and North American Air Travel Insurance Agents Ltd. doing business as TuGo. TuGo is a third party administrator for the following insurer: Industrial Alliance Insurance and Financial Services Inc.

You or your

The same as *insured* or *insured persons*.

STATUTORY CONDITIONS

The Contract

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

Waiver

The insurer is 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.

Copy of Application

The insurer must, upon request, furnish to insured or to a claimant under the contract a copy of the application.

Material Facts

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to Give Notice or Proof

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

Insurer to Furnish Forms for Proof of Claim

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance moneys under the contract,

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

When Moneys Payable

All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the limitation period specified in the Insurance Act, Limitations Act, Civil Code of Quebec or other relevant legislation of the applicable jurisdiction.

Applicable to Quebec Residents

Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

Action Against Company

Service of legal proceedings to enforce the obligations under this Policy to the *insurer* listed in the definition of *us* may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.

Notice To Company

Notice under this Policy to the *insurer* listed in the definition of *us* may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be referred to Industrial Alliance Insurance and Financial Services Inc. at 400-988 West Broadway, P.O. Box 5900, Vancouver BC V6B 5H6, Canada, solutions@ia.ca or toll-free at 1-800-266-5667.

CODE OF CONSUMER RIGHTS & RESPONSIBILITIES

This following information is from the Insurance Bureau of Canada.

Insurance companies selling home, auto and business insurance are committed to protecting your rights. These include the right to be informed fully, to be treated with respect, to timely claims handling and complaint resolution, and to privacy.

Insurance is a two-way contract, and you have a role to play. You are responsible for understanding your needs, asking questions and providing accurate, up-to-date information to your insurer. For more information about your role, speak to your insurance representative and read your policy.

Right to Be Informed

You have the right to an easy-to-understand explanation of how insurance works and how insurers calculate price based on relevant facts. You can expect to access clear information about your policy, your coverage and the claims settlement process. Under normal circumstances, insurers will advise an insurance customer of changes to, or the cancellation of, a policy at least 30 days prior to the expiration of the policy. Your insurer is required to provide you with the renewal terms of your policy at least 30 days prior to the expiration of the policy.

You have the right to know how your broker or agent is compensated, and if they have any conflicts of interest.

Right to Timely and Transparent Claims Handling

You can expect qualified staff to respond to your claim in a timely manner. You have the right to be informed of procedures and timelines for settling your claim, as well as the status of your claim. If your claim is denied, you have the right to be informed why.

Right to Complaint Resolution

You can access your company's complaint resolution process. Your insurer, agent or broker can provide you with information about how you can ensure that your complaint is heard and promptly handled. You may also contact your provincial insurance regulator or the independent General Insurance OmbudService (www.giocalcanada.org).

Right to Privacy

You have the right to understand how your personal information will be used. All insurers have privacy statements and are subject to Canada's privacy laws. Ask your insurer to provide you with a copy of its privacy statement.

Responsibility to understand your needs

You are responsible for asking questions and educating yourself about your policy. Visit www.ibc.ca for information about questions you should ask your insurance provider. Make sure you ask all relevant questions and give your insurance provider a detailed explanation of your circumstances to help him or her make informed recommendations on what your policy should include. This will ensure that you have the right insurance coverage.

You are responsible for making premium payments as required by your insurer. Failure to do so could result in a lapse of coverage or cancellation of your policy.

Responsibility to Provide Accurate Information

You are required to provide all relevant information in your application for insurance and you must ensure that the information is accurate. If you have questions about the application or policy, contact your insurance representative and have him or her explain it to you to ensure that you understand your and the insurer's obligations.

Responsibility to Update Your Information

To maintain your protection against loss, you must promptly inform your insurance company, broker or agent of any change in your circumstances, such as renovations to your home, the purchase of a big-ticket item that may require additional insurance coverage or having a home-based business.

Responsibility to Report the Facts

You must report an accident or claim, providing complete and accurate details, as soon as possible following the accident or incident giving rise to the claim.

PRIVACY

Privacy Notice

The protection of your personal information is very important to us. TuGo is committed to the protection of your personal information. TuGo fully complies with Canada's privacy laws. TuGo's privacy policy determines our responsibilities on the collection and use of your personal information. You can review TuGo's entire Privacy Policy at tugo.com/en/privacy.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with your agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. Your information may need to be shared with or by organizations located outside of Canada, such as the country you are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage you to review TuGo's Privacy Policy occasionally as it could be amended.

Upon written request, you may also review your personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 1200-6081 No. 3 Road, Richmond BC, Canada, V6Y 2B2. Email: privacy@tugo.com Fax: (604) 276-9409.

Notice on Privacy & Confidentiality

PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you.

To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers,

third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400 - 988 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets.

Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

In witness whereof this Policy has been signed as authorized by the *insurer* listed in the definition of *us*.

K. Starko, Executive Director

HOW TO CLAIM

Claims Procedures & Payment of Benefits

For information on how to contact us, please refer to Contact Information at the beginning of this policy wording booklet.

- 1 Any notices of claim or correspondence concerning a claim should be promptly sent to:

Claims at TuGo
1200-6081 No. 3 Road
Richmond, BC V6Y 2B2 Canada
- 2 Claims for medical and dental can be opened online at tugo.com/claims, although some restrictions apply.
- 3 Any cost incurred to obtain documentation required to confirm eligibility of *your* claim, other than medical records requested by *us* is the responsibility of the claimant.
- 4 To receive benefits, any requested supporting documentation must be provided by the claimant. Claim Forms will be provided to the claimant to complete and return to *us*. It is the claimant's responsibility to complete and/or produce any documentation that *we* require to process and confirm the eligibility of the claim.
- 5 All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.
- 6 To qualify for reimbursement, original itemized receipts must be provided as support for all eligible expenses. If original, itemized receipts are not provided, the expense will not be reimbursed.
- 7 If the claim is the result of a death, the following documents are required:
 - a A copy of the death certificate
 - b A copy of the Will or Power of Attorney
 - c A police report, if applicable

The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.
- 8 Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate *your* claim.
- 9 Only bills from *physicians, hospitals* and other medical care provider(s) that are original itemized and which state *insured's* name, diagnosis, date(s) of service and type of *treatment* or service will be considered. Only original official pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

INTERNATIONAL ASSISTANCE SERVICES

The following services will be provided to all insureds:

- 1 Toll-free help line 24 hours a day, every day (for medical emergencies only).
- 2 Vital communications link between claimant/hospital regarding insurance coverage and procedures.
- 3 Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.
- 4 Monitoring of progress during treatment and recovery.
- 5 Establishing contact with family, personal physician and/or employer as appropriate.
- 6 Multilingual capabilities.
- 7 Coordination of payments.
- 8 Special assistance respecting claims.
- 9 Management, arrangement and authorization of emergency medical evacuation.
- 10 Arrangement and coordination of repatriation of remains.
- 11 Interpretation of policy wordings.
- 12 Assistance in locating the nearest and most appropriate medical care.
- 13 Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.
- 14 Travel arrangements assistance for family members.
- 15 Provision of medical assistant to travel with claimant when necessary.
- 16 Assistance on how to contact:
 - Consulates
 - Travel Agents
 - Embassies
 - Tour Guides
 - Airlines
 - Police
 - Foreign Affairs Department
- 17 Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information section at the beginning of this policy wording



tugo.com

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