

COMPREHENSIVE TRAVEL COVERAGE

Insurance benefits under this **policy** are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

This insurance is administered by Allianz Global Assistance, a registered business name of AZGA Service Canada Inc.

IMPORTANT NOTICE - READ CAREFULLY BEFORE YOU TRAVEL

- Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances due to an **emergency**.
- It is important that **you** read and understand **your policy** before **you** travel as **your** coverage is subject to certain limitations or exclusions.
- **You** must meet the eligibility criteria on the **policy effective date** and **departure date** of the **trip**. If on the **departure date you** are no longer able to satisfy the eligibility criteria, **you** will not have any coverage.
- **Your** insurance contains **pre-existing conditions** exclusions for travellers of any age. These exclusions apply to **medical conditions** and/or **signs or symptoms** that existed on or before **your effective date** or **departure date**. Check to see how this applies in the **policy** and how it relates to **your departure date** and **effective date**.
- If **you** experience a change in **your** health after the **effective date** stated on **your confirmation of coverage** but prior to **your departure date**, contact Allianz Global Assistance to see how this may affect **your** coverage.
- If **you** are ineligible for coverage, the **insurer's** only liability will be to refund any premium paid. Please check **your confirmation of coverage** to ensure **you** have the coverage options **you** require. **You** will be responsible for any expenses that are not payable by the **insurer**.
- In the event of a medical **emergency**, **you** or someone on **your** behalf must notify the administrator, Allianz Global Assistance (toll free 1-833-324-5946 or worldwide collect (519) 514-1923) within 24 hours of admission to a **hospital** and before any surgery is performed. In the event **your trip** needs to be cancelled or interrupted, **you** must notify Allianz Global Assistance within 24 hours of the **incident date**. Failure to notify Allianz Global Assistance as required will delay the processing and payment of claim and may limit the amount of claim payment.

REFER TO THE CLAIMS FILING PROCEDURES SECTION FOR FULL DETAILS.

- In the event of a **sickness** or **injury**, **your** prior medical history may be reviewed when a claim is reported.
- All benefits are subject, in every respect, to the terms of the **policy**, which along with **your** application and **your confirmation of coverage** forms the entire agreement under which benefit payments are made.
- Please review this **policy** before **you** travel to ensure it meets **your** travel insurance needs. If **you** are not completely satisfied, **you** have 10 days after purchase to return this **policy** for a full refund, provided **you** have not departed on **your trip** and a claim has not been incurred.
- No person is eligible for coverage under more than one **policy** providing insurance coverage similar to that provided in this **policy**. In the event that any person is recorded by the **insurer** as an "insured person" under more than one such **policy**, that person shall be deemed to be insured only under the **policy** which provides that person the greatest amount of insurance coverage.

For more information contact Allianz Global Assistance:

From Canada and the U.S. call 1-833-324-5946

From elsewhere call collect (519) 514-1923

- This **policy** contains the terms and conditions of **your** coverage. This **policy** must be accompanied by a **confirmation of coverage**.
- 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 payable.

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Key Information

To help you better understand your policy

Key terms used in this **policy** are printed in **bold italics** and are defined in the Definitions section on page 3.

What am I covered for?

To find out what is included in **your** coverage, please refer to **your confirmation of coverage** and read the section titled Details of Coverage.

What is not covered?

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

Are the costs of my trip arrangements covered?

The costs of **your** travel arrangements and the benefits payable under this **policy** are limited to prepaid travel costs that are non-refundable and/or non-transferable, to the maximum amount insured as indicated on **your confirmation of coverage**.

The non-refundable amount will be assessed using the **incident date** that the Covered Reason (reason for cancellation) occurred, regardless of the date **you** actually cancelled **your trip** with **your travel supplier**.

How do I make a claim?

Notify Allianz Global Assistance at 1-833-324-5946 as soon as possible in the event a cause for a claim arises.

Where possible, Allianz Global Assistance will arrange to pay the provider directly for approved eligible travel medical insurance expenses.

To submit a claim under this **policy**, send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please ensure to answer all applicable questions on the claim form, as any missing information may cause delay. See Claim Filing Procedures on page 23 for details.

What if my travel plans change?

If **your** travel plans change, this may affect **your** coverage. Please call Allianz Global Assistance at 1-833-324-5946 to make any changes to **your** travel insurance **policy**.

I want to stay longer. Can I extend my coverage?

Your coverage can be extended, if **you** have not departed on **your trip** or **your** current coverage has not reached the **expiry date**.

Please call Allianz Global Assistance at 1-833-324-5946 before coverage under **your** current **policy** expires.

See Extending Your Trip on page 8 for details.

Travel Assistance

Allianz Global Assistance will use its best effort to provide assistance for a medical **emergency** arising anywhere in the world. However, the **insurer**, Allianz Global Assistance and their agents will not be responsible for the availability, quantity, quality, or results of any medical **treatment** received, or for the failure of any person to provide or obtain medical services.

Definitions

In this *policy*, certain terms have defined meanings. Defined terms are in ***bold italics*** throughout this document.

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

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

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

Actual cash value means the ***insurer*** will pay the lesser of the:

- actual purchase price of a similar item;
- actual cash value of the item at the time of the loss, which includes depreciation deduction (for items without receipts, this insurance will pay up to 75% of the determined depreciated value); or
- cost to repair or replace the item.

Baggage means luggage and personal possessions, whether owned, borrowed or rented, and taken by ***you*** on the ***trip***.

Business meeting means a meeting scheduled before the ***effective date*** between companies with unrelated ownership, pertaining directly to ***your*** full-time employment or professional association, and required by ***your*** employment.

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

Caregiver means the person entrusted to care for dependents on a permanent full-time basis who cannot reasonably be replaced in case of their absence.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network but excludes any timeshare properties or arrangements.

Common carrier means a passenger plane, bus, taxi, car service, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

Confirmation of coverage means the document which outlines the plan and coverage ***you*** purchased and the premium paid.

Coverage period means the period from the ***effective date*** to the ***expiry date*** as indicated on ***your confirmation of coverage***.

Default means a complete cessation of operations as a result of a bankruptcy of a contracted ***travel supplier***.

Departure date means the date ***you*** exit ***your*** province or territory of residence.

Dependent child(ren) means ***your*** unmarried natural, adopted, or step, child dependent on ***you*** for support who is:

- 20 years old or under; or
- 25 years old or under and a full-time student attending a recognized college or university; or
- 21 years old and over, permanently mentally or physically challenged and incapable of self-support.

Effective date:

For Trip Cancellation benefits, effective date means the date shown as the effective date on ***your confirmation of coverage***.

For all other benefits, including Trip Interruption & Delay benefits, effective date means the later of:

- the date shown as the effective date on ***your confirmation of coverage***; or
- the date ***you*** exit ***your*** province or territory of residence.

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

Essential items means necessary clothing and/or toiletries purchased during the time period in which checked ***baggage*** has been delayed.

Expiry date means the earlier of:

- a) the date shown as the expiry date on ***your confirmation of coverage***; or

b) the date and time **you** return to **your** province or territory of residence.

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

Good health means the state of full physical and psychological well-being in which one knows of no reason to seek medical attention and is unaware of any disease, disturbance to bodily or mental functions, or any ailment that impacts one's ability to function physically or mentally.

Heart condition includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

High-risk activity(ies) means:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping or bungee jumping;
- skydiving, sky-surfing or hang-gliding;
- scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters.);
- white water rafting (except grades 1 to 4);
- street luge, skeleton activity;
- rock climbing (includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.);
- mountain climbing (the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.)
- parachuting or parasailing.

High-risk pregnancy means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

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

Incident date means the first date **you** exhibit **signs or symptoms** and/or sought **treatment** for a **medical condition, sickness or injury** or the date the non-medical cause of cancellation, interruption, delay or loss originated.

Injury means any 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.

Insurer means the underwriter, CUMIS General Insurance Company, a member of The Co-operators group of companies.

Lung/respiratory condition includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, pulmonary edema, tuberculosis.

Medical condition means any disease, **sickness or injury** (including symptoms of undiagnosed conditions).

Minor ailment means a **sickness or injury** which ended more than 30 days prior to the **effective date** and which did not require:

- a) **treatment** for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a **physician**; or
- c) hospitalization, surgery, or referral to a specialist.

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

- **Nuclear** means any occurrence causing bodily **injury, sickness**, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical** agent means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Personal effects means property normally worn or designed to be carried on or by **you** solely for private purposes and not used for business.

Physician means a person, other than **you**, a member of **your** family or a **travelling companion**, licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment** including, but not limited to, a physician's assistant and nurse practitioner.

Policy means this document, which outlines the benefits of insurance issued by CUMIS General Insurance Company to **you**.

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

- for which **you** exhibited **signs or symptoms**; or
- for which **you** required or received medical consultation; and
- which existed prior to the **effective date** and/or **departure date**.

Professional means an individual who is considered as such by the governing body of the sport and are paid for participation whether they win or lose.

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**.

Return date means the date and time that **you** return to **your** home province or territory of residence.

Sickness means any illness or disease.

Signs or symptoms means any evidence of disease experienced by **you** or recognized through observation.

Spouse means the person who is legally married to **you** or a person who has been living with **you** in a common-law relationship for a period of at least 12 consecutive months. For the purposes of this insurance **you** may have only one **spouse**.

Stable describes any **medical condition** or related condition, including any **heart condition or lung/respiratory condition**, for which:

- a) there has been no new **treatment**; and
- b) there has been no change in **treatment** or change in **treatment** frequency or type; and
- c) there have been no **signs or symptoms** or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and **you** are not awaiting surgery or the results of investigations performed by any medical professional.

The following are also considered **stable**:

- a) Routine (not prescribed by a **physician**) adjustment of insulin or Coumadin (Warfarin) provided the medication was not first prescribed during the time period specified in the **pre-existing conditions** exclusion shown on **your confirmation of coverage**.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the **pre-existing conditions** exclusion shown on **your confirmation of coverage** and there is no increase or decrease in dosage.
- c) A **minor ailment**.

Stunt applies to an action which is outside the normal range for the activity.

Travel advisory(ies) means a formal written notice issued by the Canadian government instructing travellers to avoid all travel or avoid non-essential travel to a country, region or city. This does not include travel information reports.

Travelling companion means a person with whom **you** have coordinated travel arrangements and with whom **you** intend to travel during the **trip**. Exception: No more than three individuals (including **you**) will be considered travelling companions on any one **trip**.

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of **commercial accommodation** that is contracted to provide travel services to **you** and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

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

Trip means a period of time during which **you** are travelling outside of **your** province or territory of residence and for which coverage is in effect. For Trip Cancellation & Trip Interruption and Delay benefits, a trip begins when **you** leave **your** place of ordinary residence and ends when **you** return to **your** place of ordinary residence.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers; and is either owned or rented by **you**.

You or **Your** means an eligible person named on the **confirmation of coverage**, who is a member of Atlantic Canada Health Care Coalition Society and has paid the required premium.

Assistance Services

Assistance services are available to **you**, 24 hours a day, 7 days a week. Allianz Global Assistance can provide **you** with important information **you** need before **your trip** and **emergency** medical services or non-medical **emergency** services **you** may require during **your trip**.

NOTE: The following assistance services are for **your** convenience only, expenses related to these helpful services may not be covered under this **policy**. Please refer to the benefit wording for details of what is covered.

Pre-Trip Assistance

- Passport and travel visa information
- Health hazards and **travel advisories**
- Inoculation and vaccination requirements
- Weather information
- Currency exchange information
- Consulate and embassy locations
- Coverage questions and inquiries

Medical Emergency Assistance

- Monitoring the status of **your** medical case and communicating between patient, family **physician**, employer, **travel supplier**, consulate, etc.
- Coordinating travel arrangements as follows:
 - **emergency** medical transportation and **treatment** en route, at the request of **you** or **your physician**;
 - escort and transportation home for stranded **dependent children** and/or other extended family members or friends while **you** are in **hospital**;
 - **your** return home if ill or injured;
 - should **you** die away from home, services for the repatriation of **your** remains.

Non-Medical Emergency Assistance

- Cash services – in the event of an **emergency**, Allianz Global Assistance will coordinate a cash transfer between **you** and **your** friend, **family member**, business or credit card company. These funds must come from **you**, **your** friends or family.
- Message services – Allianz Global Assistance will take **emergency** messages from or for **you**.
- Ticket/document replacement – Allianz Global Assistance will help **you** replace lost or stolen airline tickets or travel documents.
- Legal services – Allianz Global Assistance will help **you** contact a local attorney or the appropriate consular officer if **you** are arrested or detained, are in a traffic accident or otherwise require legal help.
- Bail bond services – these can be coordinated for **you** in all locations where they are available.
- Interpretation services – Allianz Global Assistance can connect **you** with an interpreter when required for **emergency** services abroad.

Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this **policy**, the **insurer** will pay **reasonable and customary** costs for eligible expenses incurred during the **coverage period**, up to the amounts specified in this **policy**, in excess of the amount allowed and/or paid for by any other insurance plan(s). Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by Allianz Global Assistance. **You** will be responsible for any expenses that are not payable by the **insurer**.

All amounts stated in this **policy**, including premium, are in Canadian dollars. Benefit amounts are per insured person, per **trip**, except where otherwise indicated.

Eligibility

To be eligible for this coverage **you** must, as of the date **you** apply for coverage and the **effective date**:

- be a **Canadian resident**; and
- be at least 15 days old but no more than 75 years old; and
- have completed the medical questionnaire and qualified for coverage if **you** are 60 to 75 years of age; and
- be covered by a Canadian government health insurance plan for the entire duration of **your trip**; and
- have paid the applicable premium.

The duration of **your trip** cannot exceed the maximum number of days allowed under **your** government health insurance plan for travel outside of Canada.

Automatic Extension of Coverage

If **you** cannot return home as originally scheduled, **your** coverage will be automatically extended without additional premium under the following circumstances:

- a) Delay of transportation (a vehicle, airline, bus, train, or government-operated ferry system): Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond **your** control, of the transportation in which **you** are riding or are scheduled to ride as a passenger. The delay must occur before the **expiry date** and the transportation must have been originally scheduled to arrive before the **expiry date**.
- b) Medically unfit to travel: Coverage will be automatically extended for up to five days, if medical evidence supports that **you** or **your travelling companion** are medically unfit to travel due to a covered **sickness** or **injury** on or before the coverage **expiry date**.
- c) Hospitalization: Coverage will be automatically extended during the period of **hospital** confinement, plus five days after release to travel home, if **you** or **your travelling companion** are hospitalized at the end of **your trip** as a result of a covered **sickness** or **injury**.

Extending Your Trip

If **you** decide to apply for additional coverage before **you** have left **your** province or territory of residence, contact Allianz Global Assistance toll-free at 1-833-324-5946 or collect at (519) 514-1923.

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 prior to the **expiry date** of **your** current coverage; 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, Allianz Global Assistance will review **your** file before deciding on granting additional coverage.

The duration of **your trip** cannot exceed the maximum number of days allowed under **your** government health insurance plan for travel outside of Canada.

Each **policy** or term of coverage is considered a separate contract and all limitations and exclusions will apply. Allianz Global Assistance reserves the right to decline any request for new terms of coverage.

Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, provided **you** have not departed on **your trip** and a claim has not been incurred.

Comprehensive Travel Coverage is refundable prior to the **departure date** only when:

- a) **you** are unable to travel following cancellation of the insured **trip** by the **travel supplier**, provided all penalties are waived; or
- b) **you** are unable to travel following rescheduling of an insured **trip** by the **travel supplier**, provided all

- penalties are waived; or
c) **you** cancel the **trip** before any penalties come into effect.

IMPORTANT NOTE

There will be no refund of premium if a claim has been made. No refund will be payable for any portion of the premium if a claim has been made against any benefit included in the package. Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days **you** were out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid. The refund will be calculated based on the date the refund request is received by Allianz Global Assistance.
Refund amounts less than \$20 will not be issued.

Emergency Procedures

In the event of a medical **emergency**, **you** or someone acting on **your** behalf must notify Allianz Global Assistance as soon as possible upon admission to a **hospital** and before any surgery is performed.

In the event **you** have reason to file a non-medical claim, **you** or someone acting on **your** behalf must notify Allianz Global Assistance as soon as possible. **You** must contact **your travel supplier** as soon as possible following a trip cancellation or trip interruption as **you** may be eligible for reimbursement from **your travel supplier**.

Limits on Coverage

Emergency Medical Claims: If Allianz Global Assistance is not notified at an early stage in the claim, **you** may receive inappropriate or unnecessary medical **treatment**, which may not be covered by this insurance. **You** will be responsible for any expenses that are not payable by the **insurer**.

Trip Cancellation or Trip Interruption/Delay Claims: If Allianz Global Assistance and **your travel supplier** are not notified at an early stage in the claim, the amount payable may be reduced. **You** will be responsible for any expenses that are not payable by the **insurer**.

From Canada and the United States call: 1-833-324-5946

From elsewhere call collect: (519) 514-1923

Fax: (519) 742-9471

Allianz Global Assistance is here to help with service 24 hours a day, 7 days a week. Allianz Global Assistance will assist in finding and arranging medical care; provide claims management and payment assistance under this insurance; pay **hospitals** and other medical providers directly whenever possible; and coordinate claims with **your** government health insurance plan whenever possible.

If the covered medical expense is relatively small, the **hospital** or **physician** may ask **you** to pay. **You** will be reimbursed for covered expenses upon submission of a claim. Please refer to Claim Filing Procedures on page 23. Subject to the limitations of this insurance, Allianz Global Assistance will offer to all **hospitals**, which provide **you** with medically necessary **treatment**, a guarantee of coverage for covered services. If the guarantee is not accepted, Allianz Global Assistance will assist in arranging and coordinating payment wherever possible.

Please call Allianz Global Assistance at 1-833-324-5946 or (519) 514-1923 if **you** have any questions regarding what is not covered.

Out-of-Province/Out-of-Country Emergency Medical Coverage

Coverage Period

Coverage begins on the **effective date**.

Coverage ends on the **expiry date**.

Benefits

The **insurer** agrees to cover the **reasonable and customary** charges up to a maximum of \$5 million incurred by **you** for medical **treatment** and covered services arising from a medical **emergency** when the **incident date** occurs during the **coverage period**. Coverage is worldwide other than in **your** province or territory of residence.

The following are eligible expenses covered by this insurance, subject to all exclusions and limitations described in this **policy**. Any **treatment** or service not listed below is not covered. Neither the **insurer**, nor Allianz Global Assistance, nor Atlantic Canada Health Care Coalition Society are responsible for the availability, quality or results of any medical **treatment** or transportation, or **your** failure to obtain medical **treatment**.

Emergency Hospital, Ambulance & Medical Expenses

1. If **you** are confined as a resident in-patient, the **insurer** agrees to provide coverage for **hospital** accommodation, including private or semi-private room, and for **reasonable and customary** services and supplies necessary for **your emergency** care, including drugs or medications prescribed by a **physician**.
2. If, during **your trip**, **you** require the following services, supplies or **treatment**, by a health practitioner who is not related to **you** by blood or marriage, the **insurer** agrees to provide coverage for:
 - a) the services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse.
 - b) up to \$5,000 for private duty services of a registered nurse, when approved in advance by Allianz Global Assistance.
 - c) the services of the following legally licensed practitioners for **treatment** of a covered **injury**, up to \$150 per profession:
 - chiropractor
 - osteopath
 - chiropodist
 - podiatrist
 - acupuncturist
 - physiotherapist
 - d) when performed at the time of the initial **emergency**, lab tests and/or X-ray examinations as ordered by a **physician** for the purpose of diagnosis.
 - e) the use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), or taxi to and from the nearest **hospital** when reasonable and necessary.
 - f) rental of crutches, wheelchairs or hospital-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
 - g) **emergency** outpatient services provided by a **hospital**.
 - h) drugs or medications that require a **physician's** written prescription, other than those required to continue to stabilize a **medical condition** or related condition which **you** had before **your trip**, up to a 30 day supply, except during hospitalization as an in-patient.

Emergency Transportation

3. If required due to a covered **emergency sickness** or **injury**, Allianz Global Assistance, on the **insurer's** behalf, agrees to arrange **your** transportation to the nearest appropriate medical facility or to a Canadian **hospital**.

Any emergency transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

Attendant / Return of Travelling Companion

4. If **you** are returned to Canada under the Emergency Transportation benefit, the **insurer** agrees to cover the extra cost of a one-way economy class airfare to return **your dependent children** and/or **travelling companion** to their province or territory of residence. If required, the cost of an attendant (not related to **you** by

blood or marriage) and the attendant's return economy class airfare, to travel with **your dependent children** or **your travelling companion** who is physically or intellectually disabled and reliant on **you** for assistance, to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

Emergency Dental Care Expenses

5. If **you** whole or sound natural teeth (including capped or crowned teeth) are damaged as a result of an **accidental** blow to the face, the **insurer** agrees to cover up to a maximum of \$2,000 per person for **emergency treatment**. Chewing accidents are not covered. To be eligible for coverage, dental **treatment** must take place during the **trip**.

Treatment for the **emergency** relief of dental pain caused by other than a direct blow to the face, and for which **you** have not previously received **treatment** or advice, is covered to a maximum of \$150 per person.

Transportation to Bedside

6. The **insurer** agrees to reimburse up to \$2,500 for the cost of one round-trip economy airfare using the most direct route, for any one **family member** or friend to:
 - be with **you**, if **you** are admitted to a **hospital** due to a covered **sickness** or **injury** as an in-patient. **You** must be expected to be an in-patient for at least seven days outside **your** home province or territory of residence and have verification from the attending **physician** that the situation is serious enough to require the visit; or
 - identify **you** remains in the event of death due to a covered **sickness** or **injury** and the local authorities legally require the attendance of a **family member** or close friend before the release of the body.In addition, the **insurer** agrees to reimburse up to a maximum of \$200 per day to a maximum of 10 days for **commercial accommodation** and meals incurred by **your family member** after arrival.

Return of Deceased (Repatriation)

7. If during **your trip** a covered **sickness** or **injury** results in death, the **insurer** agrees to reimburse up to \$5,000 for the preparation (including cremation) and transportation of **your** remains to **your** province or territory of residence.

The cost of a coffin, urn or funeral service is not covered.

Meals and Accommodation

8. If **you** are hospitalized as an in-patient during **your trip**, or **you** are delayed beyond the end of **your trip** because **you** or **your travelling companion** require **emergency treatment** due to a covered **sickness** or **injury**, the **insurer** agrees to reimburse costs incurred by **you** for **commercial accommodation** and meals up to \$200 per day to a maximum of 10 days. Original receipts must be submitted to receive reimbursement.

Return of Vehicle

9. If, as a result of a covered **sickness** or **injury**, **you** are unable to return to Canada with the **vehicle** used for **your trip**, the **insurer** will reimburse up to \$1,000 for the cost of a commercial agency to return the **vehicle** to its point of origin.

Benefits will only be payable when the return of the **vehicle** is pre-approved and/or arranged by Allianz Global Assistance and the **vehicle** is returned to **your** normal place of residence or the nearest appropriate rental agency within 30 days of **your** return to Canada.

Original itemized receipts must be submitted to receive reimbursement.

Out-of-Province/Out-of-Country Emergency Medical Exclusions

1. The **pre-existing conditions** exclusion that applies to **your** coverage will be stated on **your confirmation of coverage**. Every person insured under this coverage will be subject to one of the **pre-existing conditions** exclusions listed below. Please refer to **your confirmation of coverage** for the exclusion that applies to **you**.

PRE-EXISTING CONDITIONS EXCLUSION #1

Benefits are not payable for costs incurred due to, contributed by, or resulting from:

- a) **your medical condition** or related condition, other than a **minor ailment**, that was not **stable** at any time during the 90 days immediately before the **effective date**; or
- b) any **heart condition** if **you** have used nitroglycerine in any form for a **heart condition** during the 90 days immediately before the **effective date**; or
- c) any **lung/respiratory condition** if **you** have an active prescription for or used home oxygen or prednisone for a **lung/respiratory condition** during the 90 days immediately before the **effective date**.

PRE-EXISTING CONDITIONS EXCLUSION #2

Benefits are not payable for costs incurred due to, contributed by, or resulting from:

- a) **your medical condition** or related condition, other than a **minor ailment**, that was not **stable** at any time during the 180 days immediately before the **effective date**; or
- b) any **heart condition** if **you** have used nitroglycerine in any form for a **heart condition** during the 180 days immediately before the **effective date**; or
- c) any **lung/respiratory condition** if **you** have an active prescription for or used home oxygen or prednisone for a **lung/respiratory condition** within the 180 days immediately before the **effective date**.

PRE-EXISTING CONDITIONS EXCLUSION #3

Benefits are not payable for costs incurred due to, contributed by, or resulting from:

- a) **your medical condition** or related condition, other than a **minor ailment**, that was not **stable**, or for which **you** received **treatment**, during the 180 days immediately before the **effective date**; or
- b) any **heart condition** if **you** have used nitroglycerine in any form for a **heart condition** during the 180 days immediately before the **effective date**; or
- c) any **lung/respiratory condition** if **you** have an active prescription for or used home oxygen or prednisone for a **lung/respiratory condition** within the 180 days immediately before the **effective date**.

2. Benefits are not payable for any costs incurred from any **medical condition** if any answer **you** provided in **your** medical questionnaire is incorrect. If **you** have completed **your** medical questionnaire incorrectly, the **insurer** may, at its option, void the **policy** and refund any premium paid.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - continued **treatment** or recurrence or complication of the **sickness, injury or medical condition** for which **you** refused to be transferred or transported when declared medically fit to travel; or
 - any **treatment**, investigation or hospitalization that is a continuation of, or subsequent to, any previous **emergency treatment** of a **sickness or injury** for the same diagnosis.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **treatment** that is non-**emergency** or elective.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following not approved in advance by Allianz Global Assistance:

- surgery except in extreme circumstances where performed on an **emergency** basis immediately following **hospital** admission; or
 - MRI (Magnetic Resonance Imaging); or
 - CAT (Computer Axial Tomography) scans; or
 - sonograms, ultrasounds, biopsies.
6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
- routine pre-natal or post-natal care; or
 - pregnancy, childbirth, or complications thereof after the 31st week of pregnancy; or
 - high-risk pregnancy.
 - In no event will a child born during a **trip** be covered under this **policy**.
7. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any:
- act of war; or
 - kidnapping; or
 - act of terrorism; or
 - riot, strike or civil disorder; or
 - committing or attempting to commit a criminal offence; or
 - rebellion or revolution; or
 - service in the armed forces.
 - Benefits are not payable for costs or losses incurred due to, contributed by, or resulting from:
 - nuclear reaction/radiation; or
 - nuclear, chemical or biological occurrence, however caused; or
 - radioactive, seepage, pollution or contamination.
 - Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from:
 - mental or nervous disorders that do not require immediate hospitalization; or
 - intentional self-injury; or
 - suicide or attempted suicide.
8. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from:

- your intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that you have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that you were intoxicated and no blood alcohol level is specified); or
 - your abuse or chronic use of alcohol, or
 - your use of prohibited drugs or any other intoxicant; or
 - your non-compliance with prescribed treatment or medical therapy before or after the effective date; or
 - your misuse of medication before or after the effective date.
 - Benefits are not payable for any costs incurred due to, contributed to by, or resulting from:
 - drugs or medications commonly available without a prescription; or
 - drugs or medications which are not legally registered and approved in Canada; or
 - prescription refills.
9. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **injury** as a result of training for, competing or participating in:
 - motorized speed contests; or
 - **high-risk activities**; or
 - **stunt** activities; or
 - full contact bodily sports; or
 - **professional** sport activities.
 10. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a flight accident, except as a passenger on a commercially licensed airline.
 11. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from epidemic, pandemic or organ harvesting surgery.
 12. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **treatment** which can be reasonably delayed until **you** return to **your** province or territory of residence, unless approved in advance by Allianz Global Assistance.
 13. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury or medical condition** if **you** undertake **your trip** with the prior knowledge that **you** will require or seek **treatment**, palliative care or alternative therapy of any kind.
 14. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a **trip** commenced or continued against the advice of **your physician**.
 15. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury or medical condition** for which future investigation or **treatment** (other than routine monitoring) is planned or recommended before **your effective date**.
 16. Benefits are not payable for costs incurred if Allianz Global Assistance recommended that **you** return to Canada following **your emergency treatment** and **you** chose not to return.
 17. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **sickness or injury** when such **sickness or injury** occurs in a city, region, or country with a published formal **travel advisory** issued by the Canadian government, prior to the **departure date**, advising to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such **sickness or injury** is due to, contributed to by, or resulting from the reason for the **travel advisory**.

Trip Cancellation Coverage

IMPORTANT NOTE: If **you** need to cancel **your trip** before the scheduled **departure date**, **you** must cancel the **trip** with the **travel supplier** within 48 hours of the **incident date**. Failure to do so may reduce the amount payable. The benefit amount is calculated based on the date of the event that resulted in the cancellation, not the date **you** cancelled the **trip** with the **travel supplier**. **You** are not covered for circumstances which **you** were aware of at time of purchasing this coverage.

Coverage Period

Coverage begins on the **effective date**.

Coverage ends on the earlier of:

- the time **you** depart on **your trip**; or
- the **incident date**.

Benefits

If **your trip** is cancelled due to a Covered Reason listed below, the **insurer** agrees to reimburse the prepaid portion of the **trip** which is non-refundable or non-transferable, up to the sum insured as indicated on **your confirmation of coverage** to an overall maximum of \$20,000 per **policy**.

Covered Reasons

Covered Reasons 1 and 2 are applicable only to you.

Health

1. The death of **your** friend.
2. The death or hospitalization of **your** host at the destination.

For Covered Reasons 3 and 4, “you/your” includes you, your spouse, your dependent children, your travelling companion, or your travelling companion’s spouse or dependent children.

Pregnancy

3. Pregnancy initially confirmed after the later of the date **you** booked **your trip** or the date **you** purchased this insurance, if:
 - a) the departure or **return date** falls within 8 weeks before the expected delivery date; or
 - b) a **physician** advises against travel.
4. Complications of pregnancy, including early delivery, occurring within the first 31 weeks.

For Covered Reasons 5 through 7, “you/your” includes you, your spouse, your travelling companion or your travelling companion’s spouse.

Work

5. Cancellation of a **business meeting** that **you** are required to attend by **your** employment or a conference arranged by **your** professional association, and the cancellation is beyond **your** control, or the control of **your** employer or association. A copy of the original event schedule and the notice of cancellation must accompany any claim submission.
6. A job transfer by **your** employer, within 30 days of **your** scheduled **departure date** that requires relocation of **your** principal residence (not applicable to self-employed persons).
7. Unforeseeable, involuntary termination without just cause of **your** permanent employment, provided **you** were actively employed by the same employer for at least one year (excluding self-employment or contract work).

For Covered Reasons 8 through 19, “you/your” includes you and your travelling companion.

Health

8. **Your sickness, injury**, quarantine or death.
9. **Sickness, injury** or death of **your**:
 - a) **family member**, or
 - b) **caregiver**, or
 - c) person or persons with whom arrangements were made for the care of dependents living in **your** household.
10. A **medical condition** which prevents **you** from being immunized or taking preventative medication which is unexpectedly and suddenly required after the **effective date** by the government for entry into that country, region or city that is originally part of **your trip**.

Transportation

11. A covered situation* causing the delay of a **common carrier** or automobile that in turn causes **you** to miss a departure, provided **your** travel plans included enough time to meet the **travel supplier's** check-in procedure.
***Covered situation** means weather conditions, volcanic eruption, natural disaster, mechanical failure, strike or lockout lasting more than 24 hours, traffic accident, or emergency road closure (police report required, if available).
12. **Default** of a Canadian **travel supplier** ceasing operations as a result of bankruptcy, up to \$3,500. The maximum amount payable for all losses resulting from the **default** of one Canadian **travel supplier** is \$1 million under all policies issued by the **insurer** and administered by Allianz Global Assistance. The maximum amount payable for all losses resulting from all **defaults** of all Canadian **travel suppliers** during any one calendar year is \$3 million under all policies issued by the **insurer** and administered by Allianz Global Assistance.

Environmental

13. A disaster which:
 - a) renders **your** principal residence uninhabitable; or
 - b) does not permit the operation of **your** primary business if **you** are self-employed.
14. Adverse weather, volcanic eruption, or a natural disaster which will cause **you** to miss 25% or more of **your trip**.

Other

15. Being called to jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, and the court proceeding is scheduled to be heard during the period of the **trip** (excluding law enforcement officers).
16. A **travel advisory** issued by the Canadian government for **your** destination after the **trip** was booked.
17. Being called to service in the case of reservists, active military, police, essential medical and fire personnel.
18. Failure to obtain a valid passport or travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the **trip**, for reasons beyond **your** control.
19. The legal adoption of a child when the actual date the child is to be placed in **your** care is scheduled to take place during the **trip** and this date was not known until after the **trip** was booked.

Trip Interruption & Trip Delay Coverage

Coverage Period

Coverage begins on the **effective date**.

Coverage ends on the **expiry date**.

Benefits

If for one of the covered reasons listed below **you** must interrupt a **trip** already commenced or delay **your** return beyond the scheduled **return date**, expenses will be reimbursed up to a maximum of \$2,000 per person for:

- the extra cost to change **your ticket** to a one-way economy fare, via the most cost-effective route, by regular scheduled transportation back to **your** departure point or the next destination on **your trip**; or
- if **your** existing **ticket** cannot be changed, the cost of a one-way economy fare by regular scheduled transportation to **your** departure point or the next destination on **your trip**; and
- the non-refundable portion of any unused prepaid travel (excluding **your** originally scheduled return tickets) if **your trip** is interrupted; and
- the cost incurred to adjust **your** prepaid accommodations to a single supplement if **your travelling companion's trip** is interrupted for any of the covered reasons listed below, and
- the necessary and reasonable costs of **commercial accommodation** and meals up to \$150 a day, per person to a maximum of three days, when the return portion of a **trip** is delayed beyond the scheduled **return date**.

Covered Reasons

Covered Reasons 1 and 2 are applicable only to **you**.

Health

1. The death of **your** friend.
2. The death or hospitalization of **your** host at the destination.

For Covered Reasons 3 and 4, “**you/your**” includes **you**, **your spouse**, **your dependent children**, **your travelling companion**, or **your travelling companion's spouse or dependent children**.

Pregnancy

3. Complications of pregnancy, including early delivery, occurring within the first 31 weeks.

For Covered Reasons 4 through 12, “**you/your**” includes **you** and **your travelling companion**.

Health

4. **Your sickness, injury**, quarantine or death.
5. **Sickness, injury** or death of **your**:
 - a) **family member**, or
 - b) **caregiver**, or
 - c) person or persons with whom arrangements were made for the care of dependents living in **your** household.

Transportation

6. A covered situation* causing the delay of a **common carrier** or automobile that in turn causes **you** to miss a departure, provided **your** travel plans included enough time to meet the **travel supplier's** check-in procedure.

***Covered situation** means weather conditions, volcanic eruption, natural disaster, mechanical failure, strike or lockout lasting more than 24 hours, traffic accident, or emergency road closure (police report required, if available).

7. **Default** of a Canadian **travel supplier** ceasing operations as a result of bankruptcy, up to \$3,500. The maximum amount payable for all losses resulting from the **default** of one Canadian **travel supplier** is \$1 million under all policies issued by the **insurer** and administered by Allianz Global Assistance. The maximum amount payable for all losses resulting from all **defaults** of all Canadian **travel suppliers** during any one calendar year is \$3 million under all policies issued by the **insurer** and administered by Allianz Global Assistance.

Environmental

8. A disaster which:
 - a) renders **your** principal residence uninhabitable; or
 - b) if **you** are self-employed, does not permit the operation of **your** primary business.

Other

9. A **travel advisory** issued by the Canadian government for **your** travel destination after departure on **your trip**.
10. Being called to service in the case of reservists, active military, police, essential medical and fire personnel.
11. The legal adoption of a child by **you** or **your travelling companion**, when the actual date the child is to be placed in **your** or **your travelling companion's** care is scheduled to take place during the **trip** and this date was not known until after the **trip** was booked.

Trip Cancellation, Trip Interruption & Trip Delay Exclusions

1. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - a) any **pre-existing medical condition** that was not **stable** within the 90 days immediately before the **effective date**; or
 - b) any **heart condition** if **you** have used nitroglycerine in any form for a **heart condition** within the 90 days immediately before the **effective date**; or
 - c) any **lung/respiratory condition** if **you** have an active prescription for or used home oxygen or prednisone for a **lung/respiratory condition** within the 90 days immediately before the **effective date**.

The stability period is the 90 days immediately before the effective date for you, your spouse, your dependent children and your travelling companion(s).
2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - any event which, prior to **your departure date**, might have reasonably been expected to necessitate **your** immediate return or delayed **your** return; or
 - any event which, on the **effective date**, could have reasonably been expected to prevent **you** from travelling as booked.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **treatment** that is non-**emergency** or elective.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - routine pre-natal or post-natal care; or
 - pregnancy, childbirth, or complications thereof after the 31st week of pregnancy; or
 - **high-risk pregnancy**

In no event will a child born during a **trip** be covered under this **policy**.
5. Benefits are not payable for costs incurred due to **you** being refused entry at customs, border crossing or security checkpoint for any reason.
6. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any:
 - **act of war**; or
 - kidnapping; or
 - **act of terrorism**; or
 - riot, strike or civil disorder; or
 - committing or attempting to commit a criminal offence; or
 - rebellion or revolution; or
 - service in the armed forces.
7. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:
 - **nuclear** reaction/radiation; or
 - **nuclear, chemical** or **biological** occurrence, however caused; or
 - radioactive, seepage, pollution or contamination.
8. Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from:
 - mental or emotional disorders not requiring immediate hospitalization; or
 - suicide or attempted suicide; or
 - intentional self-inflicted injury.
9. Benefits are not payable for costs or losses due to, contributed to by, or resulting from:
 - **your** intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that **you** have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that **you** were intoxicated and no blood alcohol level is specified); or
 - **your** abuse or chronic use of alcohol, or
 - **your** use of prohibited drugs or any other intoxicant; or
 - **your** non-compliance with prescribed **treatment** or medical therapy before or after the **effective date**; or
 - **your** misuse of medication before or after the **effective date**.
10. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **injury** as a result of training for, competing or participating in:
 - motorized speed contests; or

- **high-risk activities**; or
 - **stunt** activities; or
 - full contact bodily sports; or
 - **professional** sport activities.
11. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a flight **accident**, except as a passenger on a commercially licensed airline.
 12. Benefits are not payable for costs incurred due to, contributed to by, or resulting from epidemic, pandemic or organ harvesting surgery.
 13. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a **trip** undertaken for the purpose of visiting or attending to an ailing person whose **medical condition** or ensuing death is the cause of cancellation or interruption of the **trip** or delays **your** return home.
 14. Benefits are not payable for costs incurred due to losses arising as a result of the **default** of a **travel supplier** if, at the time of booking and/or application, the **travel supplier** is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.
 15. Benefits are not payable for costs incurred due to failure to obtain a valid travel visa as a result of a late or previously denied application or non-presentation of travel documents (passport, visa, vaccination reports).
 16. Benefits are not payable when **you** booked, commenced or continued a **trip** against the advice of a **physician**.
 17. Benefits are not payable for costs which can be reimbursed by any other source, including trustees or any government or industry compensation fund.

Baggage & Personal Effects Coverage

Coverage Period

Coverage begins on the **effective date**.

Coverage end on the **expiry date**.

Benefits

The **insurer** agrees to reimburse the **actual cash value** of **baggage** and **personal effects** up to \$750 per person, to a combined maximum of \$2,000 per **trip**. Coverage is limited to a maximum of \$500 per item. **Baggage** and **personal effects** must accompany **you** on the **trip**. Benefits are payable in the event of:

1. Loss or damage to **baggage** and **personal effects** worn or used by **you** during the **trip**.
2. Theft, burglary, fire or transportation damage to **your baggage** or **personal effects** while on **your trip**.
3. Loss or damage to camera equipment during the **trip**. Camera equipment is considered one item.
4. Loss or damage to jewelry during the **trip**. Jewelry is considered one item.
5. If **your** luggage or personal items are delayed for 24 hours or more, while en route and before returning to the original point of departure, the **insurer** will reimburse up to \$100 per day, up to a maximum of three days for **essential items**. Purchases must be made within 72 hours of arrival at **your** destination and before **you** receive **your baggage**. The cost of items purchased under this benefit will reduce the overall maximum for **baggage** and **personal effects** if it is later determined that **your baggage** has been lost, stolen or damaged.

Baggage and Personal Effects Exclusions

1. Benefits are not payable for costs incurred due to, contributed to by, or resulting from normal wear and tear, deterioration, insects or vermin.
2. Benefits are not payable for loss of or damage to:
 - animals; or
 - souvenirs, fragile or collectible items; or
 - consumable or perishable goods; or
 - household effects, furnishings; or
 - contact lenses, prescription eye glasses; or
 - artificial teeth, prostheses, hearing aids or other medical equipment and appliances; or
 - securities; or
 - forms of money and currency; or
 - tickets, documents; or
 - property pertaining to a business, profession or occupation; or
 - personal computers, tablet computers, software and cellular phones.
3. Benefits are not payable for loss of or damage to:
 - automobiles (including equipment and contents), trailers, motorcycles, bicycles, boats, motors, other vehicles, and their accessories.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from loss or damage to the following items while in the custody of an airline or **common carrier**:
 - jewelry, gems, watches; or
 - garments trimmed with fur; or
 - camera equipment.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from loss or damage to:
 - items while being repaired; or
 - confiscation by any government authority; or
 - contraband or illegal trade.
6. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any:
 - **act of war**; or
 - **act of terrorism**; or
 - **nuclear, chemical** or **biological** occurrence, however caused; or
 - radioactive, seepage, pollution or contamination.

- epidemic or pandemic.
7. Benefits are not payable for costs incurred due to, contributed to by, or resulting from performing negligent acts or criminal acts.
 8. Benefits are not payable for items specifically or otherwise insured.

Baggage and Personal Effects Conditions

1. In the event of a loss, damage or theft of an article which is part of a set, the loss will be calculated at a reasonable and fair portion of the total value of the set. The loss of a portion of the set will not be considered loss of the total set.
2. The **insurer** will not be liable beyond the **actual cash value** of the property at the time of the loss.
3. The **insurer** reserves the right to repair or replace damaged or lost property with property of like quality and to require submission of the property for appraisal of damage.

Flight Delay Coverage

Coverage Period

Coverage begins on the **effective date**.

Coverage ends on the **expiry date**.

Benefits

If **your** scheduled arrival or departure flight is delayed for more than six hours, the **insurer** agrees to reimburse additional meals, **commercial accommodations** and travelling expenses up to a maximum of \$500 per **trip**. **You** must incur the additional expenses as a result of the flight delay.

Original itemized receipts will be required upon submission of a claim.

Flight Delay Exclusions

Benefits are not payable for costs incurred due to, contributed to by, or resulting from any event which on the booking date could reasonably have been expected to prevent **you** travelling as scheduled.

Claim Filing Procedures

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms. Please contact 1-833-324-5946 or (519) 514-1923 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim. **You** shall be responsible for providing Allianz Global Assistance with the following:

- a) receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
- b) any payment made by any other insurance plan or contract, including a government health insurance plan; and supporting medical documentation, at the request of Allianz Global Assistance. If the required supporting documentation is not provided, the claim may not be paid.

Satisfactory proof of loss (proof satisfactory to the **insurer**) must be submitted and includes but is not limited to the following:

Emergency Medical Claims

- a fully completed claim form signed by **you**;
- documentation showing the **departure date**;
- the **incident date** of the **injury** or **sickness**;
- the cause or nature of the **injury** or **sickness**;
- the loss, expense or service for which benefits are being claimed (original itemized receipts);
- **your** age;
- the claimant's age; and
- the right of the claimant to receive payment; and
- any other documentation that may be required to process **your** claim.

Trip Cancellation Claims

- a fully completed claim form signed by **you**;
- medical reasons: a **physician** form completed by the **physician** stating the diagnosis that caused the cancellation and **incident date**;
- non-medical reasons: documentation supporting the cause of cancellation and **incident date**;
- documentation showing the **departure date**;
- travel itinerary with passenger names, dates of travel and cost;
- any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare;
- itemized receipts and proof of payment for any travel expenses including hotels; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Trip Interruption / Delay Claims

- a fully completed claim form signed by **you**;
- medical reasons: a **physician** form completed by the **physician** stating the diagnosis that caused the interruption or delay and the **incident date**;
- non-medical reasons: documentation supporting the cause of interruption or delay and the **incident date**;
- documentation showing the **departure date** and **return date**;
- original travel itinerary showing the passenger names, dates of travel and cost;
- any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare;
- itemized receipts and proof of payment for any travel expenses including hotels; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Flight Delay Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- documentation from the airline confirming the flight delay including the date, length of delay and reason for the delay;
- itemized receipts for accommodation, meals and additional travel expenses;
- documentation showing any refunds provided to **you** from any other insurance or the airline; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Baggage Delay Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- documentation from the airline confirming the **baggage** delay including date, length of delay, and the date and time the **baggage** was returned to **you**;
- itemized receipts for the **essential items** purchased as a result of the **baggage** delay;
- documentation showing any refunds provided to **you** from any other insurance and/or the airline; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Baggage & Personal Effects – Damage & Loss Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- a loss, theft or damage report from the airline or other authority detailing the damage, loss or theft;
- itemized receipts for the purchases being submitted for reimbursement;
- documentation showing any refunds provided to **you** from any other insurance, **common carrier** or any other source;
- Claims Over \$500: a copy of **your** homeowners insurance or other personal insurance including the policy deductible amount;
- Damage Claims: a repair bill or repair estimate including the description of the damage and the cost of repair or confirmation the item is non-repairable; and
- any other information requested by Allianz Global Assistance to support **your** claim.

General Provisions

1. **Assignment:** Any benefits payable or which may become payable under this **policy** cannot be assigned by **you**, and the **insurer** is not responsible for and will not be bound by any assignment entered into by **you**.
2. **Benefit Payments:** Unless otherwise stated, all provisions in this **policy** apply to **you** during a **trip**. Benefits are only payable to **you** under one policy during a **trip**.

If more than one policy issued by the **insurer** is in effect at the same time, benefits will only be paid under one insurance policy, the one with the highest amount of insurance. Benefits are only payable for the plans and the specific amount of insurance selected, paid for and accepted by Allianz Global Assistance acting on the **insurer's** behalf at the time of application, and shown on **your confirmation of coverage**.

Any benefits payable do not include interest charges.

Benefits payable as a result of **your** death will be payable to **your** estate.

3. **Conformity with Law:** Any **policy** provision in conflict with any law to which this **policy** is subject is hereby deemed to be amended to conform thereto.
4. **Co-operation:** **You** agree to cooperate fully with the **insurer**, and as a condition precedent to the payment of benefits, Allianz Global Assistance reserves the right to obtain all pertinent records or information from any **physician**, dentist, practitioner, **hospital**, clinic, **insurer**, individual or institution to assess the validity of a claim submitted by or on **your** behalf. Failure to provide the requested documentation to substantiate a claim under this **policy** of insurance will invalidate the claim.
5. **Coordination of Benefits:** Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to **you**.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

Allianz Global Assistance, on the **insurer's** behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to **you** under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which **you** receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

You may not claim or receive in total more than 100% of the loss caused by the insured event.

If **you** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, Allianz Global Assistance will not coordinate benefits with that provider on the **insurer's** behalf, except in the event of **your** death.

6. **Currency:** At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate in effect on the date the service was supplied to **you** will be used.
7. **Emergency Assistance:** Allianz Global Assistance will use its best efforts to provide assistance for a medical **emergency** arising anywhere in the world. However, Allianz Global Assistance, CUMIS General Insurance Company, and their agents will not be responsible for the availability, quantity, quality, or results of any medical **treatment** received, or for the failure of any person to provide or obtain medical services.
8. **General Terms:** Insurance terms and conditions are subject to change with each new **policy** purchased, without prior notice, to reflect actual experience in the marketplace.
9. **Governing Law:** This **policy** will be governed by the laws of the Canadian province or territory in which **you** normally reside.
10. **Language:** The parties request that the **policy** and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.
11. **Limit on Liability:** It is a condition precedent to liability under this **policy** that at the time of application and on the **effective date**, **you** are in **good health** and know of no reason to seek medical attention.

12. **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 of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions 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*.
13. **Misrepresentation or Nondisclosure:** **Your** failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application, at the time of claim or at any time, shall render the entire contract null at the **insurer's** option, 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.
14. **Patient Transfers:** In consultation with **your** attending **physician**, the **insurer** reserves the right to transfer **you** to another **hospital** or to return **you** to **your** province or territory of residence. **Your** refusal to comply will release the **insurer** of any liability for expenses incurred after the proposed transfer date.
15. **Premiums:** The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for **your** age on the **effective date** of this **policy** as shown on **your confirmation of coverage**.
16. **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 **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** rights 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 restrict 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.
17. **Sanctions:** Benefits are not payable under this **policy** for any losses or expenses incurred due to or as a result of **your** travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.
18. **Time:** This **policy** will be governed by the local time of the Canadian province or territory in which **you** normally reside.
19. **Unauthorized Payments:** **You** must repay to the **insurer** amounts paid or authorized for payment on their behalf if later determined that the amount is not payable under this insurance.

Statutory Conditions

1. Payment of Benefits: Benefits payable under this **policy** of insurance will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the **insurer** to the extent of this claim.
2. When Money Payable: All money payable under this contract shall be paid by the **insurer** within 60 days after the **insurer** has received proof of claim.
3. Contract: The application, this **policy**, any document (including but not limited to the completed medical questionnaire, **Confirmation of Coverage**) 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 the authority to change the contract or waive any of its provisions.
4. 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**.
5. Copy of Application: The **insurer** shall, upon request, furnish **you** or a claimant under the contract a copy of the application.
6. Material Facts: No statement made by **you** or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
7. 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.
Refer to Premium Refunds on page 8.
8. Notice and Proof of Claim: Please refer to the Claim Filing Procedures on page 23.
You or the claimant, if other than **you**, shall be responsible for providing Allianz Global Assistance with the following:
 - a) receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
 - b) any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
 - c) supporting medical documentation, at the request of Allianz Global Assistance.
- If **you** do not provide the required supporting documentation, **your** claim will not be paid.
9. 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 the limitation period set out in *The Limitations Act* 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 the limitation period set out in *The Limitations Act* after the date a court makes the declaration.
10. Insurer to Furnish Forms for Proof of Claim: Claims forms are available by contacting Allianz Global Assistance's Claims Department and shall be furnished to **you** upon request, and no later than 15 days after receiving notice of claim.
11. Rights of Examination: The claimant shall provide the **insurer** with the opportunity to examine **you** when and so often as it reasonably requires while a claim is pending. In the case of **your** death, the **insurer** may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The **insurer** shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the **insured** or the **insured's** representative.

Privacy Information Notice

Protecting your personal information

Protecting **Your** personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed.

PLEASE READ THIS NOTICE CAREFULLY.

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the insurer's agents, representatives and reinsurers (for the purpose of this Privacy Notice collectively "We" "Us" and "Our") require **Your** personal information.

Personal Information We collect

We will collect **Your** personal information including but not limited to:

- Surname, First name
- Address
- Date of birth
- Telephone numbers
- Email addresses
- Credit/debit card and bank account information
- Sensitive personal information such as: Medical information relating to **Your** health status, excluding genetic test results.

How will we obtain and use your personal information?

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with **You**
- To consider any application for insurance
- If approved, to issue a Policy or Certificate of Insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses
- To adjudicate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law

We reserve our right to collect personal information, necessary for insurance purposes, from the following individuals:

- Individuals who apply for insurance products
- Certificate holder and/or Policyholders
- Insureds and/or Claimants
- Family Members, spouses, or as a last resort friends or travelling companions of a Certificate or Policyholder, Insured or Claimant, in cases where the proper individual is unable, for medical or other reasons, to communicate directly with Us.

Who will have access to Your personal information?

We disclose information for insurance purposes, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends/travelling companions of the Certificate holder or Policyholder, Insured or Claimant and agencies. We may also use and disclose information from Our existing files for insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file. Upon **Your** request and authorization, We may also disclose this information to other persons. From time to time, and if permitted by applicable law, We may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes"). In some instances We may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions.

What are Your rights in respect of Your personal data?

When permitted by applicable law and regulations **You** have the right to:

- Access **Your** personal data held about **You**
- Withdraw consent at any time where **Your** personal data is processed

- Update or correct **Your** personal information so that it is always accurate
- Delete **Your** personal information from our records, if it is no longer needed for the purposes indicated above
- File a complaint with Us and/or relevant data protection authority

You may exercise these rights by contacting the Privacy Officer at privacy@allianz-assistance.ca.

How long do We keep Your personal data?

We will retain the personal information We collect for a specified period of time and in a storage method appropriate with legal and Our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information We have on file by contacting the Privacy Officer at privacy@allianz-assistance.ca or by writing to:

Privacy Officer
Allianz Global Assistance
700 Jamieson Pkwy
Cambridge, ON
N3C 4N6
Canada

How can You contact Us?

For information about how to obtain access to written information about Our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca.

For a complete copy of Our Privacy Policy please visit www.allianz-assistance.ca.

CONTACT INFORMATION

ALLIANZ GLOBAL ASSISTANCE

Please contact Allianz Global Assistance with any questions or claims.

Toll-free: 1-833-324-5946 (In Canada & U.S.)

How often do We update this privacy notice?

We regularly review this Privacy Notice. We will ensure the most recent version is available on Our website, www.allianz-assistance.ca.

Contact Information

Administered by:

AZGA Service Canada Inc. o/a Allianz Global Assistance
P.O. Box 277
Waterloo, Ontario N2J 4A4
1-833-324-5946

Call Allianz Global Assistance for policy inquiries or claim inquiries.

Travel insurance is underwritten by:

CUMIS General Insurance Company
P.O. Box 5065, 151 North Service Road,
Burlington, ON L7R 4C2
1-800-263-9120