

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: Your distributor is required to provide you with this information

Name of insurer: CUMIS General Insurance Company

Name of insurance product: Classic Emergency Medical Plan



IT'S YOUR CHOICE

You are **never required** to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:

CLASSIC EMERGENCY MEDICAL PLAN PRODUCT SUMMARY

INSURER	ADMINISTRATOR	DISTRIBUTOR
CUMIS General Insurance Company 151 North Service Road Burlington, ON L7R 4C2 1-800-263-9120 Registered with the Autorité des marchés financiers under client number 2000383675.	Allianz Global Assistance 700 Jamieson Parkway Cambridge, ON N3C 4N6 1-800-670-4426	Your distributor is required to provide you with this information. Name: Address: Phone:

QUEBEC RESIDENTS

The Autorité des marchés financiers can provide information about your rights and the duties of the insurer, administrator and distributor.

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640, boulevard Laurier, 4e étage
Québec, QC G1V 5C1
1-877-525-0337
lautorite.qc.ca

INTRODUCTION

This Product Summary will provide an overview of the Classic Emergency Medical Plan. It will help you determine if this insurance is right for you without the advice of an insurance advisor. This document highlights the benefits, exclusions, limitations and restrictions that apply to this coverage. Refer to the policy of insurance for the complete terms and conditions. If you have questions about this coverage, contact Allianz Global Assistance.

The policy of insurance can be found at:

<https://www.cumis.com/en/information/Pages/quebec-guides-and-summaries.aspx>



YOUR RIGHT TO EXAMINE

The Right to Examine period gives you 10 days to review your policy and confirm it meets your needs. This 10-day period allows you to return the policy for a full refund if you have not left on your trip and have not filed a claim.

PRODUCT DESCRIPTION

The Classic Emergency Medical Plan provides worldwide coverage for Canadian residents while travelling outside their home province or territory of residence.

Coverage begins on the effective date and ends on the expiry date. These dates are determined at the time of purchase and can be found on your Declaration Page.

COVERAGE SUMMARY

Benefit	Maximum Limit (\$CAD)
Emergency Medical and Dental Coverage	Up to \$5 million (overall policy maximum)



NOTICE

General Exclusions apply to all benefits. Refer to the General Exclusions section in the policy of insurance.

DO YOU QUALIFY FOR THIS COVERAGE? (ELIGIBILITY)

As of the date you apply for this coverage and the date your coverage begins, you must:

- be a Canadian citizen or a permanent resident of Canada;
- be covered by a government health insurance plan for the whole trip;
- be age 84 or younger;
- have completed a medical questionnaire if you are age 65 or older; and
- not be travelling for more than the maximum number of days allowed under your government health insurance plan for travel outside of your province or territory of residence.

EMERGENCY MEDICAL AND DENTAL COVERAGE

Emergency Medical and Dental covers you up to \$5 million (\$CAD) for unexpected emergency illness or injury that happens while travelling outside your province or territory of residence.

Benefits	Exclusions
<p>If you experience an unexpected medical emergency while travelling this insurance provides coverage for the following:</p> <ul style="list-style-type: none"> • Emergency medical and dental expenses • Professional fees • Licensed private duty nurse • Prescription drugs • Medical appliances • Ambulance or ground transport • Accommodation and meals • Bedside visits • Repatriation of remains • Return of travelling companion or children (with escort, if required) • Vehicle return <p><i>Refer to Covered Benefits in the Emergency Medical and Dental Coverage section of the policy of insurance for details.</i></p>	<p>This insurance does not pay for expenses arising from or related to:</p> <ul style="list-style-type: none"> • Pre-Existing Conditions Exclusion: Any medical condition including a heart or lung condition, that was not stable in the: <ul style="list-style-type: none"> - 90 days before the effective date if you are age 64 or younger; or - 180 days before the effective date if you are age 65 or older. • Non-emergency services that can be delayed until your return. • Treatment received in unlicensed facilities, by unlicensed health care providers, family members or travelling companions. • Regular care for a chronic condition. • Travel to seek medical attention. • Treatment for conditions which would reasonably have expected treatment during your trip. • Any condition for which you had symptoms before your effective date. • Travelling against the advice of a physician. • Some matters related to travel to locations that the Canadian Government issued a travel advisory. • Acts of self-harm. • Some pregnancy situations. • Some matters related to mental and emotional disorders. • Abuse of alcohol or drugs including misuse of medication. • Acts of war and terrorism or any nuclear occurrence. • Amateur or professional sports and certain scuba diving activities. • Biological, chemical, seepage or pollution, contamination. • Illegal acts. <p><i>Refer to the Pre-existing Conditions Exclusions and Exclusions in the Emergency Medical and Dental Coverage section of the policy of insurance for details.</i></p>

ADDITIONAL INFORMATION

Automatic Extension of Coverage

Coverage is automatically extended if:

1. your entire trip is within the coverage period on your Declaration Page; and
2. your return is delayed for unforeseen reasons out of our control. This includes a medical condition or impatient hospitalization of you or your travelling companion.

Coverage will end on the earliest of:

- your arrival to your home province or territory of residence, or return destination (based on your travel itinerary); or
- 5 days after your scheduled return date; or
- 72 hours after your discharge.

Refer to the "What do you need to know?" section of the policy of insurance for details.

What if you decide to stay longer?

Before you leave on the trip: Contact your travel supplier or Allianz Global Assistance to purchase additional days of coverage or if your travel dates change.

After you leave on the trip: You can purchase additional days if you have had no medical event that would result in a claim.

If you have experienced a medical event during your trip, you may still qualify for coverage.

Refer to the "What do you need to know?" section of the policy of insurance for details.

Refunds

Full refunds are available if you cancel this insurance within 10 days of purchase and have not departed on the trip.

After the 10-day period you may still request a refund if you have not departed on the trip, but penalties may apply.

The policy of insurance is non-refundable after you have departed on the trip.

Contact Allianz Global Assistance to request a refund.

HOW TO FILE A COMPLAINT

If you submit a claim and are not satisfied with the outcome, you have the right to file a complaint by following the process below.

1. **Contact Allianz Global Assistance**

Appeals must be submitted in writing describing why the outcome of your claim is incorrect along with any new supporting documentation.

Allianz Global Assistance

Appeals Department
P.O. Box 277
Waterloo, ON N2J 4A4
appeals@allianz-assistance.ca

2. **Contact the Ombudsman**

If your complaint remains unresolved after following the appeals process above, you may request additional consideration from the Ombudsman Office.

The Co-operators Group Limited

Ombudsperson
130 Macdonell Street
Guelph ON, N1H 6P8
Phone: 1-877-720-6733
Email: Ombuds@cooperators.ca

3. **External Recourse**

If after submitting an appeal and contacting the insurer's ombudsman you are still unable to resolve your concerns you may contact the General Insurance OmbudService (GIO).

General Insurance OmbudService (GIO)

Phone: 1-877-225-0446
Website: www.giocanada.org

QUEBEC RESIDENTS

You may request in writing that a copy of your file be sent to Autorité des marchés financiers (AMF) within 3 years of your claim being denied.

Autorité des marchés financiers (AMF)

Phone: 1-877-525-0337
Email: renseignement-consommateur@lautorite.qc.ca

4. **The Financial Consumer Agency of Canada (FCAC)**

The Financial Consumer Agency of Canada provides consumers with information about Financial Products and your rights and responsibilities. They ensure compliance with federal consumer protection laws that apply to banks and insurance companies.

Website: <https://www.canada.ca/en/financial-consumer-agency.html>

Classic Emergency Medical Plan

This Classic Emergency Medical Plan provides reimbursement for costs associated with medical and dental emergencies, and for transportation expenses needed to obtain adequate care if *you* are faced with a medical *emergency* while travelling outside of *your* province or territory of residence for the full length of *your trip*.

Trips may be up to the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence.

Benefits per Insured	Benefit Maximums
Emergency Medical and Dental Coverage	Up to \$5,000,000 Canadian (overall <i>policy</i> maximum)
Emergency Medical Transportation	Included in overall <i>policy</i> maximum
Accommodations and Meals	\$150 Canadian/Day – Maximum 10 days
Repatriation of Remains	\$5,000 Canadian
Vehicle Return	\$2,000 Canadian
24-Hour Emergency Travel Assistance	Included

Coverage is for travellers who are age 84 or younger at the time the coverage is purchased.

For complete information, please read the Policy of Insurance below.

Your departure date and *your return date* are both counted and included as separate days when determining the duration of coverage

Policy of Insurance

This product is underwritten by CUMIS General Insurance Company (herein called the “insurer”, “we”, “us”, “our”), a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

We have issued this Policy of Insurance to the person(s) named on the declaration page (herein called “*you*” or “*your*”).

If *you* believe that the declaration page we sent *you* is incorrect, please contact Allianz Global Assistance immediately at the phone number(s) listed on *your* declaration page.

This *policy* and *your* declaration page describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the *policy* carefully to understand the conditions of all coverage for which *you* have paid a premium.

Be sure to take this document and *your* declaration page with *you* on *your trip*.

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.

This *policy* contains a number of exclusions and limitations, including a Pre-Existing Condition Exclusion, which may apply to a *medical condition* or symptoms that existed prior to *your trip*.

PLEASE READ *YOUR POLICY* CAREFULLY BEFORE YOU TRAVEL

IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL ALLIANZ GLOBAL ASSISTANCE AT ONE OF THE PHONE NUMBERS LISTED ON YOUR DECLARATION PAGE BEFORE SEEKING TREATMENT.

Allianz Global Assistance is here to help you 24 hours a day, 365 days a year.

Please have the following information ready for the *Allianz Global Assistance* representative when you call:

- *your* name and Policy Number (per *your* declaration page) and
- *your* location and local phone number.

Please note that Emergency Medical insurance provides a reduction of benefits if you do not call before seeking treatment. If *your medical condition* prevents you from calling before seeking *emergency treatment*, you must call *Allianz Global Assistance* as soon as medically possible. As an alternative, someone else may call on *your* behalf.

Right to Examine this Insurance

If you notify us that you are not completely satisfied with your purchased plan within 10 days of the date of issue of this Policy of Insurance as indicated on your declaration page, we will provide a full refund if you have not already departed on your trip or filed a claim.

Refunds are only available when *Allianz Global Assistance* receives your request for a refund before your departure date.

Insured benefits under this Policy of Insurance include:

- Emergency Medical Transportation
- Emergency Medical Expenses
- Emergency Dental Treatment

Coverage is provided for travellers who are age 84 or younger at the time the coverage is purchased.

Please refer to your declaration page to determine which coverage you purchased and the corresponding maximum amounts of coverage.

What risks are insured?

This insurance covers the *reasonable and customary charges* for *medically necessary* expenses for medical care or surgery that is required as part of the *emergency treatment* arising from a *medical condition* that occurs while you are travelling outside of your province of residence and protects you against situations or losses that result from sudden and unexpected conditions or events. We reserve the right, in our sole discretion, to reject applications for coverage.

These insurance benefits do not cover conditions or events that, on the date of purchase, are either known to you or are likely to occur.

The Emergency Medical and Dental insurance covers only the *medically necessary* expenses you incur once you have left your province of residence. In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under your *government health insurance plan* and by any other insurance or benefit plan under which you are covered.

For more information, please see the terms and conditions within this policy.

What must you do in a medical emergency?

You or someone on your behalf must contact *Allianz Global Assistance* before seeking *emergency treatment*. Failure to call *Allianz Global Assistance* may result in a reduction to the amount reimbursed, or no reimbursement, for the expenses you have incurred. In addition, the medical advisors of *Allianz Global Assistance* must approve all medical procedures (including cardiac procedures and cardiac catheterisation) in advance.

When you contact *Allianz Global Assistance*, they will refer you or may transfer your call, when medically appropriate, to an accredited medical service provider within a network.

Allianz Global Assistance may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to us instead of to you. We will guarantee payments up to the amounts provided under this Policy of Insurance, if needed, to secure your *medically necessary* admission to a hospital.

In this *policy*, certain terms have defined meanings. Those defined terms are as indicated on *your* declaration page, or as below in the section titled “Definitions”, and appear throughout this *policy* in italics.

Definitions

Accident/Accidental - a sudden, unexpected, unintended, unforeseeable external event, occurring during an insured *trip*, arising wholly from accidental means, which independently of any other cause, causes *injury*.

Accidental Bodily Injury – a bodily *injury* caused by an *accident* of external origin occurring during the period of insurance and being the direct and independent cause of the loss.

Allianz Global Assistance – Allianz Global Assistance, *our* administrator for assistance and claims services under this *policy*.

Children - unmarried persons who are dependent on *you* for support and are:

- under 21 years of age; or
- under 26 years of age if a full-time student; or
- mentally or physically incapable of self-support, and became so as a dependent child, and over 20 years of age.

Contamination - the contamination or poisoning of people by nuclear or chemical or biological substances, which causes *illness* or death.

Coverage Period - the time insurance is in effect, beginning on the *effective date* and ending on the *expiry date*.

Departure Date - the date on which *you* are scheduled to start *your trip* as shown on *your* declaration page (using the local time at *your* Canadian address).

Departure Point - the city within Canada, from which *you* depart on *your trip* on *your departure date*

Effective Date –the date and time on which *you* leave from *your departure point*, on or after *your* scheduled *departure date* as shown on *your* declaration page.

Emergency - an unforeseen event that occurs during the *coverage period* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

Emergency Medical Care/Treatment - the services or supplies provided by a licensed *physician*, *hospital* or other licensed provider (licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath) that are *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected) and which cannot be reasonably delayed until *you* return to *your* home country without endangering *your* health.

Expiry Date - the date on which *your* coverage ends under this insurance as shown on *your* declaration page.

Family Member - includes *your spouse*; parents; *children*, including *children* who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; step-*children*; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with *you*.

Government Health Insurance Plan - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital - an establishment that is licensed as a hospital and is operated for the care and *treatment* of *inpatients*, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. Hospital does not mean any 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.

Illness - a sickness, infirmity or disease occurring during the *coverage period* that requires *emergency medical care*, which did not occur prior to the *effective date*.

Injury - bodily injury occurring during the *coverage period*, resulting directly and independently of all other causes, from an *accident*.

Inpatient - a person who is treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.

Insurer – CUMIS General Insurance Company.

Medical Condition - an *accidental bodily injury* or *illness* (or a condition related to that *accidental bodily injury* or *illness*), including disease, acute psychosis and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medically Necessary - the services or supplies provided by a *hospital, physician*, dentist, or other licensed provider that are required to identify or treat *your illness* or *injury* and that *we* determine are:

- consistent with the symptoms or diagnosis and *treatment* of *your* condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or other provider; and
- the most appropriate supply or level of service that can be safely provided to *you*.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or condition requires that the services cannot be safely provided to *you* as an *outpatient*.

Mountain Climbing - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead or top-rope anchoring equipment.

Outpatient - someone who receives a covered service while not an *inpatient*.

Physician - a person (other than an insured) who is not related to the insured by blood or marriage who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided. A physician does not include a naturopath, a herbalist or a homeopath.

Policy - the entire policy of insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

Prepaid - paid prior to *your departure date*.

Prescription Drug - a drug or medicine that can only be issued upon the prescription of a *physician* or licensed dentist and is dispensed by a licensed pharmacist.

Professional - engaged in a specified activity as *your* main paid occupation.

Reasonable and Customary Charge - a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

Return Date - the date on which *you* are scheduled to return to *your departure point* (using the local time at *your* Canadian address) as shown on *your* declaration page.

Spouse - the person who is:

- legally married or in a legal civil union with *you*; or
- living with *you* in a conjugal relationship and is publicly represented as *your* spouse or *your* domestic partner in the community in which *you* reside. *You* may only have 1 spouse for the purposes of this insurance.

Stable - any *medical condition* or related condition (including any heart condition or lung condition) for which all the following statements for that *medical condition* or related condition (including any heart or any lung condition) are true:

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

Terrorism or Act of Terrorism - an act including, but not limited to, the use of force or violence or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Travel Advisory - a formal written notice issued by the Canadian government to advise travellers not to enter a foreign country or a given region in that country. It does not include travel information reports.

Travelling Companion - a person with whom *you* are sharing travel arrangements and *prepaid* accommodations.

Treatment - the medical advice, care or service provided by a *physician*. This includes, but is not limited to, diagnostic measures and *prescription drugs* (including pills and inhaled or injected medications). It does not include check-ups or cases where *you* have no specific symptoms.

Trip - a defined period of travel that is not for the purpose of obtaining health care or *treatment* of any kind.

We, Us and Our - refers to CUMIS General Insurance Company.

You and Your - refer to all persons listed on *your* declaration page under the plan purchased when the required insurance premium has been paid, for that person, before the *effective date*.

What Do You Need to Know?

Are you eligible for coverage?

To be eligible for any insurance coverage *you* must:

- be a Canadian citizen or be a permanent or temporary resident of Canada;
- be covered under *your government health insurance plan* for the full duration of *your coverage period*;
- be age 84 or younger at the time the coverage is purchased;
- have completed a medical questionnaire if *you* are age 65 or older; and
- not be travelling for more than the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence.

PLEASE NOTE: *You* must meet all of the above eligibility requirements to be insured under this *policy*.

How do you become insured?

You become insured and this *policy* becomes an insurance contract:

- when *you* are named on *your* completed insurance application and named on *your* declaration page; and
- upon payment of the required premium on or before *your effective date*.

When does your insurance start?

Your insurance coverage under this *policy* begins on *your effective date*, which is:

- *effective date* means the time and date on which *you* leave *your* province, or territory of residence (using local time at *your* Canadian address) on or after *your* scheduled *departure date* as shown on *your* declaration page.

When does your insurance end?

Your coverage under this *policy* ends on the earliest of:

- the date *your trip* is cancelled when *your trip* is cancelled prior to *your departure date*;
- 23:59 on *your return date* shown on *your* declaration page; or
- upon *your* return to *your* province or territory of residence, except in the circumstances outlined under "When will *your* coverage be automatically extended?"

When will your coverage be automatically extended?

Regardless of *your expiry date*, coverage will be extended, provided:

- *your* entire *trip* falls within the *coverage period*; and
- *your* return is delayed by unforeseeable circumstances beyond *your* control (including the hospitalization as an *inpatient* or *medical condition* of *you* or *your travelling companion*); and
- *you* provide *us* with documentation of *your* reason for the delay that is satisfactory to *us*.

If coverage is extended for the above reasons, coverage will end on the earliest of either:

- *your* arrival at *your* province of residence or return destination based on *your* travel itinerary; or
- 5 days after *your* scheduled *return date*. However, if *you* are hospitalized as an *inpatient*, if medically necessary, we will extend *your* insurance for up to 72 hours from the time *you* are discharged but under no circumstances for more than 3 months from *your* scheduled *return date*.

What must you do if you decide to extend your trip?

If *you* decide to extend *your trip* *you* may purchase an extension of *your* coverage by contacting *your* travel insurance representative or *Allianz Global Assistance*:

- if you have not already departed on *your trip*; or
- if you have already departed on *your trip*, you have not had a *medical condition* during *your trip* and you call before *your scheduled return date*.

If you have already left on *your trip* and have had a *medical condition* during *your trip*, you may still be eligible for an extension of *your coverage* by contacting *Allianz Global Assistance* before *your scheduled return date*. The granting of an extension in this situation is subject to the approval of *Allianz Global Assistance*.

Any extension of coverage is subject to the following conditions:

- the total duration of *your trip* may not exceed the maximum number of days allowed under *your government health insurance plan* for travel outside of *your province or territory of residence*;
- you are covered by *your government health insurance plan* for the entire duration of the *trip*,
- you must pay the required premium on or before *your original scheduled return date*.

Can you obtain a refund?

If you notify us that you are not completely satisfied with your purchased plan within 10 days of the date of issue of this *policy* as indicated on your declaration page, we will provide a full refund if you have not already departed on *your trip* or filed a claim.

Refunds are only available before your *departure date* and *Allianz Global Assistance* must receive your request for a refund before your *departure date*.

Description of Coverage

Emergency Medical and Dental Coverage

Covered benefits

Emergency Medical and Dental Coverage reimburses you for eligible expenses if you require *emergency* medical or dental care during *your trip*. This coverage will also cover expenses for *emergency* medical transportation back to your province of normal residence. In the event of *injury* or *illness* while on a *trip*, during the *coverage period*, we reimburse you for *reasonable and customary charges* for the following *medically necessary* expenses required by you.

Emergency Medical Expenses

We provide coverage up to the *policy* maximum of \$5,000,000 in total, for the following:

Emergency Medical Treatment (including X-rays and lab)

This insurance covers *emergency medical care* or *treatment* of any *medical condition* that is acute (onset is sudden and unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

Emergency Dental Treatment (including x-rays and lab)

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- If you need dental *treatment* to repair or replace your natural or permanently attached artificial teeth because of an *accidental* blow to your face, you are covered for the *emergency* dental expenses you incur during *your trip*. You are also covered up to a maximum of \$1,000 to continue necessary *treatment* after your return to Canada. However, this *treatment* must be completed within 90 days after the *accident*.
- If you need *emergency treatment* to relieve dental pain, you are covered for the *emergency* dental expenses you incur during *your trip*, up to a maximum of \$250, and the complete cost of *prescription drugs*.

Professional Fees

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, to a maximum of \$250 per profession.

Licensed private duty nurse

This insurance covers the cost of licensed private duty nursing services to a maximum of \$5,000 while you are an *inpatient*, when pre-approved by *Allianz Global Assistance*.

Prescription Drugs

This insurance covers the cost of *prescription drugs*, limited to a supply of 30 days, if prescribed because of an *emergency* condition.

Medical Appliances

This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or *hospital*-type beds, if ordered by a licensed *physician*. We will pay the lesser of the rental or the purchase price.

Ambulance/Ground Transport

This insurance covers the cost of local ground transport to a medical service provider in an *emergency*.

Medical Assistance Services

Medical Assistance

If you have a medical problem or *emergency*, you or someone on your behalf must contact *Allianz Global Assistance*, who will refer you to a local *physician*, dentist, *hospital*, medical facility, or other appropriate resource.

Medical Consultation and Monitoring

If you are hospitalized, *Allianz Global Assistance's* medical staff will keep in contact with you and your treating *physician* to get information on the care you are receiving and determine the need for further assistance. *Allianz Global Assistance* will also contact your personal *physician* and family at home, if necessary.

Emergency Medical Transportation

We will arrange and pay for medical transportation services as specified below, which are required by you as a result of an *injury* or *illness* that occurs during the *coverage period* that requires transportation to an appropriate medical facility or return to your province of residence.

All *emergency* medical transportation services must be authorized in advance and organized by *Allianz Global Assistance*. Such transportation services not pre-authorized will not be covered.

Transportation to an Appropriate Medical Facility

If our consulting *physician* and the local attending *physician* determine that adequate *treatment* is not available locally and that *treatment* is *medically necessary*, you will be transported to the nearest appropriate medical facility.

Return to your Province of Residence

Once you have received *emergency medical care* and our consulting *physician* determines you are able to and recommends that you return home, we will arrange for you to return to your province of residence.

We will arrange and pay, up to the amount included in the overall *policy* maximum, for the following services and expenses to evacuate you to your province of residence:

- the cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return-trip tickets. If *medically necessary* or required by the airline, we will also pay the expenses for a qualified medical attendant to accompany you.
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to your province of residence, if a stretcher is *medically necessary*.
- the cost of air ambulance transportation to the most appropriate facility in your province of residence, if the use of an air ambulance is required and *medically necessary*.

Accommodation and Meals

A maximum benefit of up to \$150 per day (up to a total of 10 days) will be provided to cover hotel expenses, meals and taxi fares, if you or your travelling companion, because of receiving a covered *emergency treatment*:

- are delayed beyond the initial *return date*; or
- have to relocate to receive the medical attention.

Bedside Visits

If you are travelling alone and will be hospitalized during your trip as an *inpatient* for more than 3 consecutive days, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a *family member* or a close personal friend to your bedside. We will also pay up to \$150 per day (up to a total of 10

days) for that person's reasonable accommodation, taxi fares and meals. Verification from the attending *physician* that the situation is serious enough to warrant the visit will be required.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

Repatriation of Remains

In the event of *your* death during *your trip* from a *medical condition* covered under this insurance, the insurance covers a maximum benefit of up to \$5,000 in total for:

- the cost for reasonable and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence; or
- the burial or the cremation of *your* remains where *your* death occurred. The cost of a burial coffin or urn is not a covered expense.
- If someone is legally required to identify *your* remains, this *policy* covers the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for that person. Meals and accommodations for that person are covered up to a maximum of \$150 per day, up to a maximum of 3 days.

Return of Travelling Companion

If *you* are travelling with a *travelling companion*, this insurance covers them for the extra cost of the transfer fees of a one-way return economy air fare on a commercial flight via the most cost-effective route to their *departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

Return of Children and Escort for Children to their Departure Point

If *children* insured under one of *our* emergency medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those *children* to their *departure point*; and
- the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

Vehicle Return

If, as a result of a covered medical *emergency*, *you* are unable to return *your* vehicle or *your* rented vehicle to its point of origin, this insurance covers the reasonable costs up to \$2,000 in total to return the vehicle to *your* residence or to the rental agency, when pre-authorized by *Allianz Global Assistance*.

Conditions and Limitations

1. *You* or *someone on your behalf* must contact *Allianz Global Assistance* before seeking care. If *you* do not notify *Allianz Global Assistance* or if *you* choose to receive *treatment* from a service provider other than that suggested by *Allianz Global Assistance*, *you* may be responsible for 30% of *your* medical expenses under this insurance. If *your medical condition* prevents *you* from calling *Allianz Global Assistance* before seeking *emergency treatment*, *you* must call as soon as medically possible.
2. As an alternative, someone else (*family member*, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
3. The medical staff of *Allianz Global Assistance* must approve all cardiac procedures, including cardiac catheterization, angioplasty and cardiovascular surgery in advance.

24-Hour Emergency Travel Assistance Services

Travel Document and Ticket Replacement Assistance

If *your* passport or other travel documents are lost or stolen, we will provide *you* with information and assistance to obtain replacing documents. We will also help *you* to replace lost airline and other travel tickets and assist *you* in obtaining money for this purpose. These funds will come from *you*, *your* family or friends. We will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

Legal Assistance

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor. If *you* require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from *your* family or friends.

Emergency Cash Transfer

If *your* cash or traveller's cheques are lost or stolen, or if *you* need funds for the immediate payment of unexpected expenses, we will help arrange for emergency cash (in currency, traveller's cheques or any other form acceptable to us) to be transmitted to *you* in a timely fashion. These funds will come from *you*, *your* family or friends. *Our* assistance coordinators will make all the necessary arrangements for *you*.

Emergency Message Centre

In an *emergency*, call *Allianz Global Assistance*, identify *yourself* by name and *your policy* number, and give the assistance coordinator *your* message. We will make at least 3 attempts in 24 hours to reach *your* requested party, and we will provide *you* with an update on the results of *our* efforts to deliver the message. We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for *trips* anywhere in the world.

Exclusions

Pre-Existing Conditions Exclusion

If *you* are age 64 or younger when *you* purchase this insurance, the following pre-existing condition exclusion applies to *you*.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 90 days before *you* depart on *your trip*:
 - any heart condition has not been *stable*; or
 - *you* have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 90 days before *you* depart on *your trip*:
 - any lung condition has not been *stable*; or
 - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

If *you* are age 65 up to and including 84 years of age when *you* purchase this insurance, the following pre-existing condition exclusion applies to *you*.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition, if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - any heart condition has not been *stable*; or
 - *you* have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - any lung condition has not been *stable*; or
 - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

General Exclusions

These exclusions apply to all *policy* benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Coverage is not provided for:
 - any *treatments*, services, supplies, or charges we determine are non-emergent or can be reasonably delayed until *your* return to *your* province or territory of residence;
 - any *treatment* received in unlicensed facilities or given by unlicensed health care providers, or given by a *family member* or a *travelling companion*, whether or not a licensed provider;
 - regular care of a chronic condition;
 - any *treatment* received if the purpose of the travel is to receive medical care, medication or *treatment*;
 - any *medical condition* for which it was reasonable to expect *treatment* or hospitalization during *your trip*;
 - any condition for which *you* had symptoms before *your effective date* that would have caused a prudent person to seek diagnosis or *treatment* (including *emergency treatment*), recurrence or complication of any *medical condition* following medical *treatment* during *your trip* where *Allianz Global Assistance* determined and recommended *you* should return home and *you* chose not to do so;
 - *treatment* or surgery for a specific condition, or a related condition, which:
 - had caused *your physician* to advise *you* not to travel; or
 - *you* contracted in a country during *your trip* when, before *your effective date*, a *travel advisory* was issued advising Canadians not to travel to that country, region, or city;
2. Intentionally self-inflicted harm, suicide or attempted suicide;
3. Routine pre-natal care, fertility *treatments*, elective abortion, a child born during *your trip*, complications of *your* pregnancy when they occur in the 9 weeks before or after the expected date of delivery;
4. Mental, nervous or emotional disorders that do not require immediate hospitalization;
5. Abuse of any medication or non-compliance with prescribed medical *treatment* or therapy;
6. Any *injury* or *accident* occurring while *you* are under the influence of illicit drugs or alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when *you* illustrate a visible impairment due to alcohol or illicit drugs and any chronic *illness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
7. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism*;
8. Amateur or *professional* sports, or other athletic activities, which are organized or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, parachuting, *mountain climbing* (where ropes or guides are normally used), caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an insured person solely for leisure, recreational, entertainment or fitness purposes;
9. Scuba diving, unless *you* hold a basic SCUBA designation from a certified school or other licensing body or *you* are accompanied by a dive master or are diving in water not deeper than 10 metres;
10. Nuclear reaction, radiation or radioactive *contamination*;
11. Biological or chemical *contamination*;
12. Seepage, pollution or *contamination*;
13. Any unlawful acts committed by *you*, *family members*, or *travelling companions*, whether they are insured or not;
14. Cosmetic or any other elective surgery;
15. Organ harvesting surgery;
16. Air travel except while *you* are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled trip or charter;
17. Any *medical condition* or related condition when *you* knew prior to *your trip* that *you* would require or seek *treatment* or surgery for that condition;

18. *Your* travel to a country, region or city for which the Canadian government has issued a written warning prior to *your departure date* to:

- avoid all travel, or
- avoid non-essential travel,

to that city, region, or country, and *your* claim is related to or due to the reason for the warning;

This includes written warnings to avoid non-essential travel, or to avoid all travel, on a *common carrier*.

19. *Your* travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations; or

20. Cyber risk.

Cyber Risk means any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following:

- Any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any computer system,
- Any error or omission involving access to, or the processing, use, or operation of any computer system,
- Any partial or total unavailability or failure to access, process, use, or operate any computer system, or
- Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Computer System means any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.

Claim Filing Procedures

Please note that Emergency Medical coverage provides for a reduction of benefits if *you* do not call before seeking *emergency treatment*. If *your medical condition* prevents *you* from calling before seeking *emergency treatment*, *you* must call *Allianz Global Assistance* as soon as medically possible. As an alternative, someone else may call on *your* behalf.

Claims Portal

For the most efficient claims experience, claims for out-of-pocket expenses can be submitted through the secure *Allianz Global Assistance* Claims Portal: www.allianzassistanceclaims.ca

IMPORTANT:

Notice of Claim

Claims should be reported as soon as reasonably possible, within 30 days of the incident date, and in no event later than one (1) year after the incident date.

Proof of Loss

- Written proof of loss should be submitted as soon as reasonably possible, within 90 days of the incident date, and in no event later than one (1) year after the incident date.
- All eligible claims must be supported by receipts from commercial organizations and medical documentation regarding *your treatment*. Other documentation may be required or requested by *Allianz Global Assistance*.
- Any expenses for documentation or required reports are *your* responsibility.
- Incomplete information when submitting *your* claim will cause delay.

General Provisions

Assignment

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

Benefit Payment

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; specifically the one with the highest amount of insurance.

Benefits are only payable for the plans and the specific amount of insurance selected, paid for by *you*, and accepted by *Allianz Global Assistance* acting on the *insurer's* behalf at the time of application, and shown on *your* declaration page.

Any benefits payable do not include payment for interest charges.

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

Conformity with Law

Any *policy* provision that conflicts with any applicable law is hereby amended to conform to the minimum requirements of that law.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force and held by or available to *you*.

Other coverage includes but is not limited to:

Your provincial or territorial health insurance plan of *your* province or territory of residence,

- 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, that has 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.

Currency

All benefit limits stated in *your policy* and declaration page are in Canadian dollars.

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.

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.

Governing Law

This will be governed by the laws of the Canadian province or territory in which *you* normally reside.

Language

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

Limit on Liability

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

Limitation of Action

Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws 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*.

Misrepresentation or Nondisclosure

Your failure to disclose or misrepresentation of any material fact, or fraud, 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.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates on the *effective date* of this *policy* as shown on *your* declaration page.

Right to be Reimbursed (Subrogation)

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

- 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 illness whether such amounts are paid under a judgment or settlement agreement,
- whenever reasonable, initiate a legal action against the third party to recover *your* damages, including *emergency* medical and *hospital* costs paid under the *policy*,
- act reasonably, including in any settlement agreement, to preserve the *insurer's* rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the *policy*, and
- keep the *insurer* informed of the status of any legal action against the third party.

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.

Sanctions

Benefits are not payable under this 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.

Time

This will be governed by the local time of the Canadian province or territory in which you normally reside.

Statutory Conditions

Contract

The application, this *policy*, any document (including but not limited to the completed medical questionnaire, declaration page) 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.

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*.

Copy of Application

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

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.

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.

Notice and Proof of Claim

You or the claimant, if other than *you*, shall be responsible for providing *Allianz Global Assistance* with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. 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.

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.

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.

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.

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

Privacy Information Notice

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 Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about *you* including *your* name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about *you*
- records that reflect *your* business dealings with and through us

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 Certificate or Policy 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 investigate 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 only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the 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”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify *Allianz Global Assistance*. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder’s, insured’s or claimant’s file that we establish and maintain in the offices of *Allianz Global Assistance*. 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. 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.

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 Parkway
Cambridge, ON N3C 4N6
Canada

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

Questions?

If *you* have any questions or concerns about *our* products, services, *your policy*, or claim please feel free to contact *Allianz Global Assistance* at the phone number(s) listed on *your* declaration page or email questions@allianz-assistance.ca

Administered by:

AZGA Service Canada Inc.
o/a Allianz Global Assistance
700 Jamieson Parkway
Cambridge, Ontario N3C 4N6
Canada

Underwritten by:

CUMIS General Insurance Company
P.O. Box 5065, 151 North Service Road
Burlington, Ontario L7R 4C2
Canada

Sample

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To :

(name of insurer)

(address of insurer)

Date:

(date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on:

(date of signature of contract)

In:

(place of signature of contract)

(name of client)

(signature of client)
