

EMERGENCY MEDICAL 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. 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 4.

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.

How do I make a claim?

Notify Allianz Global Assistance at 1-833-324-5946 as soon as possible in the event of an ***emergency***.

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 15 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.

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*.

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.

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***.

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 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.

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**.

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.

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**.

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.

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.

IMPORTANT NOTE

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

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days **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.

Limits on Coverage

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**.

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 15.

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 **your** 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.
8. 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.
9. 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.
10. 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**.
11. 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.
12. 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.
13. 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.
 14. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from epidemic, pandemic or organ harvesting surgery.
 15. 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.
 16. 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.
 17. 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**.
 18. 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**.
 19. 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.
 20. 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**.

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:

- 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.

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 9.

8. **Notice and Proof of Claim:** Please refer to the Claim Filing Procedures on page 15.

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
N2C 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