

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**.

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**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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**Reserved for use by the insurer:**

**This fact sheet cannot be modified**

## CLASSIC EMERGENCY MEDICAL PLAN PRODUCT SUMMARY

INSURER	ADMINISTRATOR	DISTRIBUTOR
<b>CUMIS General Insurance Company</b>  151 North Service Road  Burlington, ON L7R 4C2 1-800-263-9120  Registered with the Autorité des marchés financiers under client number 2000383675.	<b>Allianz Global Assistance</b>  700 Jamieson Parkway  Cambridge, ON N3C 4N6  1-800-461-1079	<b>Your distributor is required to provide you with this information.</b>  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  
Toll-free: 1-877-525-0337  
Website: [lautorite.qc.ca](http://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 for the complete terms and conditions. If you have questions about this coverage, contact Allianz Global Assistance.

The policy can be found at:

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



#### YOUR RIGHT TO CANCEL

If you are not completely satisfied with this policy, you may cancel it within 10 days of purchase for a full premium refund as long as you have not left on your trip and have not experienced an event that would cause you to submit a claim before you have left for your trip. To cancel your policy, please contact Allianz Global Assistance.

## PRODUCT DESCRIPTION

The Classic Emergency Medical Plan provides emergency medical coverage for Canadian residents.

The Autorité des marchés financiers classifies the Classic Emergency Medical Plan as Travel Insurance.

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 the Confirmation of Coverage.

## COVERAGE SUMMARY PER PERSON

Coverage	Maximum Limit (\$CAD)
Emergency Medical	Up to \$5 million (overall policy maximum)
Dental	\$5,000
Emergency Medical Transportation	Included
Pet Return	\$500
Return of Vehicle/Watercraft	\$2,000



### NOTE

If a specific benefit is limited to a lower maximum (a sublimit), this will be identified in the benefit descriptions under each coverage.

## DO YOU QUALIFY FOR THIS INSURANCE? (ELIGIBILITY)

To be eligible for coverage, you must:

- a. be age 84 or younger
- b. be a Canadian resident and be covered by a Canadian government health insurance plan during the entire Coverage Period
- c. have completed a medical questionnaire if you are age 65 or older,
- d. not have been advised against travel by a physician
- e. not be travelling to receive medical treatment



### IMPORTANT NOTE ABOUT CHANGES IN YOUR HEALTH

If your health changes in any way before you travel, contact Allianz Global Assistance to see how this may affect your coverage.

## COST OF INSURANCE AND PREMIUM

There are no additional charges, fees or expenses for the insurance policy outlined in this document since all costs are automatically included in the calculation of the premium, save and except applicable taxes. Your premium for this insurance policy is fixed for the period of your coverage.

## EMERGENCY MEDICAL

Emergency Medical covers you up to \$5 million for unexpected sickness or injury that happens during your trip.

Benefits	Exclusions
<p>If you experience a medical emergency while travelling this insurance provides coverage for the following:</p> <ul style="list-style-type: none"><li>• Emergency hospital and medical expenses</li><li>• Dental accident or emergency</li><li>• Emergency transportation</li><li>• Baggage return</li><li>• Return of travelling companion</li><li>• Return to trip destination</li><li>• Transportation of family or friend</li><li>• Pet return</li><li>• Return of vehicle and watercraft</li><li>• Return of deceased</li></ul>	<p>You will not be paid for expenses that arise from, or relate to the following:</p> <ul style="list-style-type: none"><li>• <b>Pre-existing medical condition that is not stable before the effective date.</b> The stability period varies based on your age.</li><li>• Unrepaired aneurysm 4 cm or greater</li><li>• Complications after 31st week of pregnancy, and high-risk pregnancy</li><li>• Elective or experimental treatment</li></ul>

*Refer to the General Exclusions sections of the policy for a complete list of what **is** and what **is not** covered.*



### WARNING

If you do not notify Allianz Global Assistance prior to seeking treatment without reasonable cause, we will only pay 80% of the eligible medical expenses. You will be responsible for paying the remaining 20% of eligible expenses.

## GENERAL EXCLUSIONS

The following general exclusions apply to all benefits:

1. Any loss, condition, or event that was known, or expected when your policy was purchased.
2. Acts of self-harm.
3. Acts committed to cause loss.
4. Abuse of alcohol or drugs.
5. Participating in extreme, high-risk sports and activities.
6. Participating in professional sporting competition.
7. Illegal acts.
8. Epidemic or pandemic, except when covered under the policy.
9. Acts of war and terrorism or any nuclear occurrence.
10. Cyber risk.
11. Act of negligence.
12. Travel against the orders of any government or public authority.

*Refer to the General Exclusions section of the policy for the full list of General Exclusions.*

## LEGAL INFORMATION

**Benefit Payment** - This insurance only pays amounts that are beyond amounts payable from your government health insurance plan (if applicable), and any other insurance plan or source.

**Currency** - All amounts in the policy are in Canadian currency and reimbursements will be provided in Canadian currency.

**Misrepresentation and Nondisclosure** - If you provide incorrect or incomplete information when you make a claim, or at any time before you make a claim, the insurer may choose to void your coverage and refuse to pay your claim.

**Limitation of Action** – A proceeding against the insurer must begin within the timeline determined by the Insurance Act or Limitations Act of your home province or territory of residence. For Quebec residents this is in the Quebec Civil Code.

**Right to be Reimbursed (Subrogation)** – You agree to reimburse the insurer any amounts from a third party (in whole or in part) that is paid under a judgement or settlement agreement.

If you incur expenses due to a third party, the insurer may take legal action against the third party and you agree to cooperate fully with the insurer's right to recover funds.

*Refer to the Legal Information section of the policy for details.*

## COVERAGE CONDITIONS

### Automatic Extension of Coverage

Your coverage may be automatically extended beyond the expiry date stated on your Confirmation of Coverage for the following reasons:

**Medically unfit to travel:** Coverage automatically extends during hospitalization until you are deemed fit to travel, if medical evidence shows you are medically unfit to travel due to a covered sickness. Plus, an additional 5 days to travel to your province or territory of residence when deemed fit to travel.

**Transportation Delay:** If you are delayed due to a mechanical breakdown or accident of your travel carrier, coverage automatically extends for up to 72 hours.

*Refer to Automatic Extension of Coverage in the Coverage conditions section of the policy for details.*

## MAKING CHANGES TO YOUR COVERAGE

### What if you decide to stay longer?

*Before you leave on the trip:* Contact Allianz Global Assistance.

*After you leave on the trip:* Contact Allianz Global Assistance before the expiry of your existing coverage. You can apply if you are in good health and have no reason to seek medical attention or submit a claim during the new coverage period.

### Refunds

A full refund will only be given within 10 days of purchase or partial refund after 10 days of purchase if:

- you have not departed on a trip; and
- you have no reason to submit a claim.

## HOW TO FILE A CLAIM

If you require medical care, please contact Allianz Global Assistance before seeking treatment. If you are experiencing a medical emergency, please have a family member or friend contact Allianz Global Assistance on your behalf within 24 hours of hospital admission and before any surgery is performed.

Claims for out-of-pocket expenses can be submitted through the secure Allianz Global Assistance claims Portal: <https://www.allianzassistanceclaims.ca> for the most efficient claims experience.

**Notice of Claim:** Claims should be reported as soon as reasonably possible, within 30 days of occurrence, and no later than one (1) year after the date of occurrence.

**Proof of Loss:** Written proof of loss should be submitted as soon as reasonably possible, within 90 days of occurrence, and in no later than one (1) year after the date of occurrence.

## 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

Email: [appeals@allianz-assistance.ca](mailto:appeals@allianz-assistance.ca)

### 2. **Contact the Office of Fair Client Practices**

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

### 3. **Office of Fair Client Practices**

The Co-operators Group Limited

101 Cooper Drive

Guelph, ON N1C 0A4

Phone: 1-877-720-6733

Email: [fairpractices@cooperators.ca](mailto:fairpractices@cooperators.ca)

Website: <https://www-cumis.cooperators.ca/en/cumis/compliment-concerns/>

### 4. **External Recourse**

If after submitting an appeal and contacting the insurer's Office of Fair Client Practices, you are still unable to resolve your concerns you may contact the General Insurance Ombud Service (GIO).

#### **General Insurance Ombud Service (GIO)**

Phone: 1-877-225-0446

Website: [www.giocanada.org](http://www.giocanada.org)

#### **QUEBEC RESIDENTS**

You may request in writing that a copy of your file be sent to Autorité des marchés financiers (AMF). **Autorité des marchés financiers (AMF)**

Phone: 1-877-525-0337

Email: [renseignement-consommateur@lautorite.qc.ca](mailto:renseignement-consommateur@lautorite.qc.ca)

### 5. **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.

**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](http://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)