BMO Travel Insurance Multi-Trip Premium Travel Plan

Insurance Certificate

BMO Bank of Montreal

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This ***certificate*** covers losses arising from sudden and unforeseeable circumstances only. It is important that ***you*** read and understand ***your*** coverage limitations and exclusions outlined in this ***certificate.***

Your certificate may not provide coverage for ***medical conditions*** and/or symptoms that existed before ***your trip***. Check to see how this applies in the ***certificate*** and how it relates to ***your departure date***, date of purchase or ***effective date***.

You must notify Allianz Global Assistance through the ***Operations Centre*** prior to any medical ***treatment***. ***Your*** benefits may be limited if ***you*** don't contact the ***Operations Centre*** at 1-800-661-9060 or collect at 519-741-0782 within the required time period. In the event of an ***accident***, ***injury*** or ***sickness***, ***your*** prior medical history may be reviewed when a claim is reported.

Should any event occur that would likely result in ***you*** submitting a claim for the Trip Cancellation, Trip Interruption, Trip Delay or Flight Delay benefits, ***you*** must contact the ***Operations Centre*** at 1-800-661-9060 or collect at 519-741-0782 within 48 hours of that event.

REFER TO THE HOW TO FILE YOUR CLAIM SECTION FOR FULL DETAILS.

All ***accident*** and ***sickness*** benefits described in this ***certificate*** are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies ("CUMIS") under Group Policy No. FC310000-B referred to as the "Policy" issued to BMO Bank of Montreal (the "Policyholder"). The ***insured person*** and any claimant under this insurance may request a copy of the Group Policy subject to certain access restrictions. All other benefits are offered by CUMIS General Insurance Company to ***you*** under an individual policy of insurance.

This *certificate* contains a provision removing or restricting the right of an *insured person* to designate persons to whom or for whose benefit insurance money is to be payable.

You may contact the plan administrator Allianz Global Assistance at the following address:

Allianz Global Assistance
700 Jamieson Parkway
Cambridge, ON N3C 4N6
1-800-661-9060

Travel Insurance is provided by CUMIS General Insurance Company, a member of The Co-operators group of companies ("CUMIS"), and administered by Allianz Global

Assistance, which is a registered business name of AZGA Service Canada Inc. BMO Bank of Montreal receives compensation from the ***insurer*** for the distribution of this insurance. The ***insured person*** and any claimant under this insurance may request a copy of the application and any other written statements (if any) that have been provided to CUMIS as evidence of insurability, subject to certain access limitations.

All benefits are subject, in every respect, to the terms of the ***certificate,*** as described in this ***certificate,*** which along with ***your*** application, ***your Declaration of Coverage Letter*** and any applicable medical questionnaire will form the entire agreement under which benefit payments are made.

Please review this ***certificate*** before ***you*** travel to ensure it meets ***your*** travel insurance needs. If ***you*** are not completely satisfied, ***you*** may request a full refund of premium only if ***you*** call the ***Operations Centre*** to cancel within 10 days of ***your*** purchase date and if ***you*** have not already departed on a ***trip*** or have incurred a claim.

No person is eligible for coverage under more than one ***certificate*** providing insurance coverage similar to that provided in this ***certificate.*** In the event that any person is recorded by the ***insurer*** as an "insured person" under more than one such ***certificate,*** that person shall be deemed to be insured only under the ***certificate*** which provides that person the greatest amount of insurance coverage. Under no circumstance will a corporation, partnership or business entity be eligible for this insurance coverage. This ***certificate*** supersedes any ***certificate*** previously issued to ***you.***

For more information contact Allianz Global Assistance.
From Canada and the U.S. call 1-800-661-9060.
From elsewhere call collect 519-741-0782.

PLEASE READ THIS *CERTIFICATE* CAREFULLY BEFORE *YOU* TRAVEL

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1 Plan overview – summary of benefits

Benefits

- 10 or 23 day limit per ***trip*** – unlimited number of ***trips*** per 12-month ***coverage period***
- Out-of-Province/Country Medical – $5,000,000
- Trip Interruption/Delay – $3,000 per ***insured person***, per ***trip***
- Trip Cancellation – $1,000 per ***insured person***, to a max of $2,000 per ***certificate***
- Flight Delay – $500 per ***trip***
- Baggage/Personal Effects – $1,000 per ***insured person***, to a max of $3,000 per ***trip*** for all ***insured persons*** combined.
- Flight accident – up to $100,000 per ***insured person***, per ***trip***
- Travel accident – up to $50,000 per ***insured person***
- Trip Assistance

Trip cancellation coverage and the 23 day plan cannot be purchased at the BMO branch. ***You*** must purchase the coverage by calling BMO Travel Insurance (Allianz Global Assistance ***Operations Centre***) at 1-800-661-9060 or online at www.bmo.com/travelinsurance.

Individual coverage **and** ***family coverage*** **is available.** ***Dependent children*** **are automatically covered under the** ***family coverage*** **which is only available to parents who are 59 years of age or under.**

Multi-Trip Premium Travel Plan:

1. provides medical coverage for an unlimited number of ***trips*** per year:
   a. 10 days coverage per ***trip*** under the 10 days plan option
   b. 23 days coverage per ***trip*** under the 23 days plan option
2. coverage also provided for unexpected trip interruption, trip cancellation, flight delay, baggage expenses, flight accident and travel accident
3. this plan can be renewed annually

For full coverage details, applicable exclusions (including a pre-existing condition exclusion for emergency medical coverage) and limitations, of

the above plans, please refer to Section 9 – YOUR COVERAGE DETAILS.

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

2 Defined terms you need to know

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

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

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

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

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

Aggregate limit means the total number or the maximum value of insured losses resulting from any one (1) ***accident*** or event causing loss.

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

Certificate means a summary of the benefits provided under the Group Policy issued to BMO Bank of Montreal covering ***accident*** and ***sickness***, and the policy of insurance for all other benefits.

Common carrier means a licensed airline, bus, taxi (excluding rideshare, carshare, and peer-to-peer carshare programs), car service, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

Coverage period means the time insurance is in effect, as indicated in the various sections of this ***certificate.***

Covered service means a service or supply, specified herein, for which the ***insurer*** provides benefits under this insurance.

Declaration of Coverage Letter means the letter setting out the details of ***your*** coverage under the ***certificate.***

Departure date means the date and time on which ***you*** depart from ***your*** province or territory of residence on ***your trip*** (using local time at ***your*** Canadian address).

Dependent child means an unmarried natural, adopted or stepchild of an ***insured person*** principally dependent on the ***insured person*** for support who is:

- 20 years of age or under; or
- 25 years of age or under and a full-time student attending a recognized college or university; or
- 21 years of age or older and permanently mentally or physically challenged and incapable of self-support and became so while eligible as a dependent child.

Effective date means the following:

For Trip Cancellation Benefits (prior to departure), effective date means the later of:

- the date indicated as the application date on ***your Declaration of Coverage Letter***; or
- the date ***you*** make the initial non-refundable payment for each ***trip***.

For all other benefits, effective date means the later of:

- the date indicated on ***your Declaration of Coverage Letter***; or
- the date ***you*** exit ***your*** province or territory of residence for each ***trip***.

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.

Epidemic means a contagious disease widely occurring in a community at a particular time recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

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

Expiry date means the earlier of:

- the date indicated as the expiry date on ***your Declaration of Coverage Letter***; or
- the date ***you*** reach the maximum number of days permitted for each ***trip***, as selected and paid for at the time ***you*** purchased the coverage; or
- the date and time ***you*** return to ***your*** province or territory of residence.

Family coverage means coverage is provided for the ***insured person***, the ***insured person's spouse*** and ***dependent children***.

GHIP means the Government Health Insurance Plan of ***your*** Canadian province or territory of residence.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident ***inpatients***, 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.

Immediate family member means the ***insured person's spouse***, child including adopted children and stepchildren, parent, sibling, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

Individual coverage means coverage is provided for the ***insured person*** named in the ***certificate.***

Injury means any bodily harm caused by an ***accident*** which results in a covered loss and which requires the immediate medical care or ***treatment*** of a ***physician***.

Inpatient means 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.

Insured person means the eligible person(s) named on the ***Declaration of Coverage Letter*** for whom the required insurance premium has been paid.

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

Loss, with reference to loss of life, means death, including clinical death determined by the local governing medical authorities. Loss means, with reference to a hand or foot, complete and permanent severance through or above the wrist or ankle joint; with reference to arm or leg means complete and permanent severance through or above the elbow or knee joint; with reference to thumb and index finger means complete and permanent severance of the thumb and index finger of the same hand. With reference to hearing, loss means the permanent and irrecoverable total loss of hearing in both ears, as determined by a ***physician***; with reference to sight, loss means the permanent and irrecoverable loss of the entire sight, meaning that the remaining vision must be no better than 20/200 using a corrective aid or device as determined by a ***physician***; with reference to speech, loss means the permanent and irrecoverable total loss of the capability of speech without the aid of mechanical devices, as determined by a ***physician***.

Medical condition means any ***sickness***, ***injury*** or symptom.

Medically necessary means the services or supplies provided by a ***hospital***, ***physician***, licensed dentist or other licensed provider that are required to identify or treat ***your sickness*** or ***injury*** and that the ***Operations Centre*** determines are:

- consistent with the symptom or diagnosis and ***treatment*** of ***your*** condition, ***sickness***, ailment or ***injury***;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of ***you***, a ***physician*** or other licensed 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 require that the services cannot be safely provided to ***you*** as an ***outpatient***.

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

Operations Centre means the Operations Centre maintained by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc.

Outpatient means an ***epidemic*** that occurs over a wide geographic area and is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.

Pandemic means an ***epidemic*** that occurs over a wide geographic area and is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.

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

Physician means a person other than ***you***, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to ***you*** by blood or marriage.

Political risk means any type of event, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to nationalization; confiscation; expropriation (including selective discrimination and forced abandonment); deprivation; requisition; revolution; rebellion; insurrection; civil commotion assuming to proportion of or amounting to an uprising and military and usurped power.

Professional sport means participation in, training for or practice in a sporting event for remuneration or financial gain.

Quarantine means mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, a ***physician***, or the captain of a commercial vessel on which ***you*** are booked to travel during ***your trip***, which is intended to stop the spread of a contagious disease to which ***you*** or a ***travel companion*** has been exposed.

Reasonable and customary charges 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***.

Recurrence means the appearance of symptoms caused by or related to a ***medical condition***, which was previously diagnosed by a ***physician*** or for which ***treatment*** was previously received.

Refunds means cash, credit, or a voucher for future travel that ***you*** are eligible to receive from a travel supplier, or any credit, recovery, or reimbursement ***you*** are eligible to receive from ***your*** employer, another insurance company, or any other entity.

Return date means the date and time that ***you*** return to ***your*** province or territory of residence (using the local time at ***your*** Canadian address).

Sanctions means any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

Sickness means any sudden illness or disease.

Speed contest means participation in an illegal/legal motorized race contest including training or practice for the same.

Spouse means the person who is legally married to ***you***; or if there is no such person, the person who has been living with ***you*** in a conjugal relationship and who resides in the same household as ***you*** and is publicly represented as ***your*** spouse. For the purposes of this insurance ***you*** may have only 1 spouse.

Stable means any ***medical condition*** or related condition (including any heart condition or any lung condition) for which:

- there has been no new ***treatment***; and
- there has been no change in ***treatment*** or change in ***treatment*** frequency or type; and
- there have been no signs or symptoms or new diagnosis; and
- there have been no test results showing deterioration; and
- there has been no hospitalization; and
- 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.

Top up

- means purchasing additional days of medical coverage from the ***insurer*** to increase the amount of days for which out-of-province/country medical insurance applies.
- means purchasing a higher insured maximum for trip cancellation coverage from the ***insurer*** to increase the insured amount for which the trip cancellation insurance applies.

Travel companion means any person who travels with the ***insured person*** during the ***trip*** and who is sharing transportation and accommodation with the ***insured person***.

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. It does not include checkups or cases where ***you*** have no specific symptoms.

Trip means a a period during which the ***insured person*** is travelling outside of their province or territory of residence and for which coverage is in effect.

You or ***Your*** means the ***insured person***.

3 When coverage begins

Except as otherwise stated herein, coverage under this ***certificate*** begins when:

- the ***insurer*** receives and approves ***your*** application for insurance;
- full and complete payment is made of the required premium; and
- the ***insurer*** issues a ***certificate*** number on a ***Declaration of Coverage Letter*** where ***you*** are named as an ***insured person***, or ***you*** are a spouse or a ***dependent child*** of the named ***insured person***.

4 When coverage ends

Coverage under this ***certificate*** ends on the earliest of:

- the date the ***insured person*** is no longer eligible for insurance provided under the Group Master Policy and this ***certificate*** of insurance;
- the date the Group Master Policy is terminated; or
- at 11:59 p.m. of ***your expiry date***.

NOTE: Period of coverage will vary according to the specific benefit as described under "Coverage Period" within each benefit.

5 Renewal of your annual coverage

If ***you*** have chosen the automatic renewal option, ***your*** coverage will automatically be renewed on the ***expiry date*** for an additional 12-month period if, on the ***expiry date***:

- ***you*** are a resident of Canada;
- ***you*** are a BMO Financial Group customer;
- ***you*** are under age 60;
- ***you*** have selected the automatic renewal option on ***your*** original application;
- the ***insurer*** has a valid credit card on file for ***you*** ; and
- this plan continues to be available for purchase.

If ***you*** are over the age of 60, ***you*** must complete a medical questionnaire and if ***you*** qualify a new ***certificate*** will be issued to ***you*** for another 12 month period. Please contact the ***Operations Centre*** at 1-800-661-9060.

If ***you*** have chosen the automatic renewal option and ***you*** do not want ***your*** coverage to automatically renew, ***you*** must contact the ***Operations Centre*** prior to ***your expiry date***.

NOTE: If the credit card information the ***insurer*** has on file for ***you*** is not valid, ***your*** coverage will not be automatically renewed.

6 How your premium is calculated

Premiums are calculated based on the type of coverage selected. Criteria that may be used in the calculation include age, health, ***trip*** duration, number of ***insured persons***, cost of ***trip*** and taxes in the province or territory of residence (if applicable). The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect, which is subject to change from time to time in accordance with the terms of this ***certificate.***

7 Your right to obtain a refund

Your right to examine

Please review this ***certificate*** before ***you*** travel to ensure it meets ***your*** travel insurance needs. If ***you*** are not completely satisfied, ***you*** may request a full refund of premium only if ***you*** call the ***Operations Centre*** to cancel within 10 days of ***your*** purchase date and if ***you*** have not already departed on a ***trip*** or have incurred a claim.

Your right to obtain a refund

You may request a full refund of premium only if ***you*** call the ***Operations Centre*** to cancel within 10 days of ***your*** purchase date and if ***you*** have not already departed on a ***trip*** or have incurred a claim.

8 Are you eligible for this coverage?

You are eligible for coverage if ***you*** meet all of the following conditions:

- ***you*** are a resident of Canada;
- ***you*** are a BMO Financial Group customer;
- ***you*** are age 74 or younger;
- ***you*** have completed the medical questionnaire and have qualified for coverage if ***you*** are 60 years of age or older;
- ***you*** are covered by a Canadian Government Health Insurance Plan to be eligible for the Out-of-Province/ Country Emergency Medical Benefits; and
- ***you*** have paid the applicable premium.

Your plan provides coverage for the first 10 or 23 days of ***your trip*** only. Additional Travel Medical coverage may be purchased to ***top up your*** coverage for the entire duration of ***your trip***, up to the maximum of 183 days (or 212 days if ***you*** reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario). Additional Travel Medical coverage must be purchased prior to 11:59 p.m. on the 10th or 23rd day of ***your trip***, depending on the existing number of days covered under ***your*** selected plan.

IMPORTANT: Failure to meet any of the above eligibility requirements applicable to the insurance ***you*** have purchased will void ***your*** coverage under this ***certificate.***

9 Your coverage details

9.1 Trip assistance

9.1.1 Travel assistance services

Coverage benefits

1. **Emergency Cash Transfer** – When ***you*** are travelling away from home, the ***Operations Centre*** will help ***you*** to obtain an emergency cash transfer. Funds for such transfer will be ***your*** responsibility.
2. **Lost Document and Ticket Replacement** – The ***Operations Centre*** will help ***you*** replace lost or stolen travel documents. The cost of obtaining replacement documents will be ***your*** responsibility.
3. **Lost Luggage Assistance** – The ***Operations Centre*** will help ***you*** locate or replace lost or stolen luggage and ***personal effects***. The cost of obtaining replacement luggage and ***personal effects*** will be ***your*** responsibility.
4. **Pre-trip Information** – ***You*** can call the ***Operations Centre*** to obtain information regarding passport and visa regulations and vaccination and inoculation requirements for the country to which ***you*** are travelling.

9.1.2 Legal assistance services

Coverage benefits

If while travelling ***you*** require legal assistance, ***you*** can call the ***Operations Centre*** for referral to a local legal advisor and/or for assistance in making the arrangements for the posting of bail and the payment of legal fees, to a maximum of $5,000. Payment of the legal fees incurred and the posting of bail will be ***your*** responsibility.

9.2 Trip protection

9.2.1 Trip cancellation benefits (prior to departure)

Coverage period

Under this benefit, coverage begins on ***your effective date*** and ends on ***your departure date***.

Coverage benefits

You will be reimbursed for the prepaid portion of ***your trip*** which is non-refundable and non-transferable to another travel date up to:

- $1,000 per ***insured person***, and $2,000 per ***certificate,*** less any available ***refunds***.

Top Up for Trip Cancellation is available subject to additional premium, by calling Allianz Global Assistance ***Operations Centre*** at 1-800-661-9060.

IMPORTANT: Failure to notify ***your*** travel provider and the ***Operations Centre*** within 48 hours of a claim event may reduce the amount payable.

Covered reasons

Trip Cancellation benefits are payable if ***you*** cancel an insured ***trip*** when a covered event listed below occurs during the ***coverage period***:

1. The unexpected ***sickness*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19), ***injury*** or death of ***you***, ***your immediate family member***, ***your travel companion***, ***your travel companion's immediate family membe***r or a caregiver with whom ***you*** have contracted to care for a dependent in ***your*** absence. ***Sickness*** and ***injury*** must require the care and attendance of a ***physician*** and the ***physician*** must recommend in writing cancellation of ***your trip***.
2. ***Quarantine*** of ***you*** or ***your travel companion***.
3. Complications of ***your,*** or ***your travel companion's*** pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.
4. Side effects and/or adverse reactions to vaccinations required for ***your trip***.
5. Hospitalization or death of the host at ***your*** principal destination.
6. Cancellation of a planned business meeting due to death or hospitalization of the person with whom the ***insured person*** is to meet, or cancellation of a conference (for which the ***insured person*** has paid registration fees) due to circumstances beyond the control of the ***insured person*** or their employer. Benefits are only payable to ***insured person(s)*** who are attending the meeting. Proof of registration will be required in the event of a claim.

7. ***You***, or ***your travel companion***, are selected for jury duty or subpoenaed to appear as a witness in court when the date of the hearing conflicts with the ***trip***.
8. A disaster renders ***your***, or ***your travel companion's***, principal residence uninhabitable or ***your,*** or ***your travel companion's***, place of business unusable.
9. A transfer by ***your*** employer necessitates a change of ***your*** permanent residence.
10. A call to service of the ***insured person(s)*** by the Canadian Government with respect to reservists, military, police or fire personnel.
11. Refusal of ***your,*** or ***your travel companion's***, visa application for the destination country provided that documentation shows ***you*** are eligible to apply, that refusal is not due to late application, and that the application is not a subsequent attempt for a visa that had been previously refused.
12. Involuntary loss of ***your*** principal employment provided a letter of termination or official notice of layoff is produced and provided ***you*** had no knowledge of this loss at the time of ***trip*** payment.
13. The Canadian government issues a travel advisory, after ***your effective date***, to avoid non-essential travel or to avoid all travel to ***your*** ticketed destination, for a period that includes ***your*** scheduled ***trip***. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.
14. Default when a contracted travel supplier stops all service completely as a result of bankruptcy or insolvency.
15. As a result of the delay of a connecting vehicle, ***you*** miss the scheduled departure as ticketed due to: inclement weather; mechanical failure or accident of a ***common carrier***; a traffic accident; or an emergency police-directed road closure. Such delay due to traffic accident or emergency police-directed road closure must be substantiated by an official police report. All such missed connections are subject to the connecting vehicle arriving at the point of departure not less than 2 hours prior to scheduled departure time. In the event of a missed connection this insurance covers the entire ***trip***, up to the coverage limits, as originally ticketed or the cost of a one-way economy fare via the most cost-effective route, to catch up to the tour.
16. Weather conditions delay ***your*** connecting scheduled carrier for 30% or more of the total duration of the ***trip*** and ***you*** elect not to continue with the ***trip***.

17. ***You*** miss ***your*** connecting flight as a result of a schedule change of the airline carrier that is providing transportation for a portion of ***your*** insured ***trip***.

NOTE:

Should ***you*** have to cancel a ***trip*** before ***your*** scheduled ***departure date***, ***you*** must cancel ***your trip*** with the travel provider and notify the ***Operations Centre*** within 48 hours of the event that caused ***you*** to cancel ***your trip***.

Please see section 9.5 for applicable exclusions and limitations.

9.2.2 Trip interruption/trip delay benefits (post departure)

Coverage period

Under this benefit, coverage begins on ***your departure date*** and ends on ***your return date***.

Coverage benefits

If for one of the reasons listed below ***you*** must interrupt an insured ***trip*** already commenced or if ***you*** must delay ***your*** return beyond the scheduled ***return date***, ***you*** will be reimbursed up to a maximum of $3,000 per ***insured person***, less any available ***refunds***, for:

a) the extra cost to change ***your*** return ticket to a one-way economy fare, via the most cost-effective route, by regular scheduled transportation back to ***your*** departure point or the next destination on ***your trip***; or

b) the cost of a one-way economy fare by regular scheduled transportation back to ***your*** departure point or the next destination on ***your trip***, if ***your*** existing ticket cannot be changed; and

c) the non-refundable and non-transferable, portion of ***your*** unused prepaid travel arrangements, excluding the cost of unused prepaid transportation back to ***your*** departure point, if ***your*** insured ***trip*** is interrupted; and

d) the cost incurred to adjust ***your*** prepaid accommodations to a single supplement, if ***your travel companion's trip*** is interrupted for any of the reasons stated under the trip interruption/trip delay benefits; and

e) if ***you*** must interrupt an insured ***trip*** already commenced, due to an ***emergency***, the ***insurer*** will also pay the necessary and reasonable costs of commercial accommodation and meals up to $350 per day to a maximum $700 for all ***insured persons*** combined; or

f) if ***you*** must delay the return portion of ***your*** insured ***trip*** beyond the scheduled ***return date*** due to an ***emergency***, the ***insurer*** will also pay the necessary and reasonable costs of commercial accommodation and meals up to $250 per day to a maximum of 10 days, per ***insured person*** (maximum of $5,000 for all ***insured persons*** combined).

NOTE:

With respect to any one covered event, meals and accommodation expenses are payable under either Trip Interruption/Travel Delay benefits or Out-of-province/country emergency medical benefits, but not both.

Covered reasons

Trip interruption or trip delay benefits are payable when a covered event listed below occurs before ***your*** scheduled ***return date***.

1. The unexpected ***sickness*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19), ***injury*** or death of ***you***, ***your immediate family member***, ***your travel companion***, ***your travel companion's immediate family membe***r or a caregiver with whom ***you*** have contracted to care for a dependent in ***your*** absence. ***Sickness*** and ***injury*** must require the care and attendance of a ***physician*** and the ***physician*** must recommend in writing that ***you*** interrupt or delay ***your trip***.
2. ***Quarantine*** of ***you*** or ***your travel companion***.
3. Complications of ***your,*** or ***your travel companion's***, pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.
4. Side effects and/or adverse reactions to vaccinations required for ***your trip***.
5. Hospitalization or death of the host at ***your*** principal destination.
6. Cancellation of a planned business meeting due to death or hospitalization of the person with whom the ***insured person*** is to meet, or cancellation of a conference (for which the ***insured person*** has paid registration fees) due to circumstances beyond the control of the ***insured person*** or their employer. Benefits are only payable to ***insured person(s)*** who are attending the meeting. Proof of registration will be required in the event of a claim.
7. ***You***, or ***your travel companion***, are selected for jury duty or subpoenaed to appear as a witness in court when the date of the hearing conflicts with the ***trip***.

8. A call to service of the ***insured person(s)*** by the Canadian Government with respect to reservists, military, police or fire personnel.
9. A disaster renders ***your,*** or ***your travel companion's***, principal residence uninhabitable or ***your,*** or ***your travel companion's***, place of business unusable.
10. Weather conditions delay ***your*** connecting scheduled carrier for 30% or more of the total duration of ***your trip*** and ***you*** elect not to continue with ***your trip***.
11. Hijacking of ***your common carrier*** while en route to ***your*** scheduled destination point.
12. The Canadian government issues a travel advisory, after ***you*** depart on ***your trip***, to avoid non-essential travel or to avoid all travel to ***your*** ticketed destination, for a period that includes ***your*** scheduled ***trip***. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.
13. ***You***, or ***your travel companion***, are denied boarding based on a suspicion that ***you*** or ***your travel companion*** have a contagious medical condition (this does not include ***your*** or ***your travel companion's*** refusal or failure to comply with rules and requirements to travel or of entry to ***your*** or ***your travel companion's*** destination).
14. ***You*** miss ***your*** connecting flight as a result of a schedule change of the airline carrier that is providing transportation for a portion of ***your*** insured ***trip***. **NOTE:** Reimbursement under this covered reason is limited to $1,000 per insured person, less available ***refunds***.

Expenses will be reimbursed when ***you*** provide, at the ***Operations Centre*** request, any of the following when applicable:

- a statement completed by the attending ***physician*** in attendance where the ***sickness*** or ***injury*** occurred, stating the diagnosis and the complete reason for the necessity of ***your trip*** interruption or delay (if applicable);
- documentary evidence of the ***emergency*** situation which caused the interruption or delay;
- any tickets or receipts for any extra transportation costs incurred.

NOTE:

Should ***you*** have to delay or change ***your*** scheduled ***return date***, ***you*** must notify the ***Operations Centre*** within 48 hours of the event forcing ***your*** delay, to enable

the ***Operations Centre*** to assist ***you*** in making alternative travel arrangements. Failure to notify the ***Operations Centre*** within 48 hours may reduce the amount payable.

Please see 9.5 for additional applicable exclusions and limitations.

9.2.3 Flight delay benefits

Coverage period

Under this benefit, coverage begins at the time of ***your*** scheduled ***departure date*** and ends on ***your return date***.

Coverage benefits

Flight Delay benefits are payable in the event of a delay of more than 6 hours in the arrival or departure of ***your*** regularly scheduled airline flight. ***You*** will be reimbursed up to $500 per ***trip*** for reasonable, additional accommodation and travelling expenses. Expenses must be incurred by ***you*** as a result of the delay. ***You*** will be required to submit original, itemized receipts for any expense that ***you*** incur in this regard. Prepaid expenses are not covered.

Please see section 9.5 for applicable exclusions and limitations.

9.2.4 Baggage and personal effects benefits

Coverage period

Under this benefit, coverage begins on ***your departure date*** and ends on ***your return date***.

Coverage benefits

This ***baggage*** and ***personal effects*** insurance covers the actual cash value of ***baggage*** and ***personal effects*** up to a total loss of $1,000 per ***insured person*** per ***trip*** (maximum of $3,000 per ***trip***, for all ***insured persons*** combined) for:

1. Loss or damage of ***baggage*** and/or ***personal effects*** worn or used by ***you*** when accompanying ***you*** during the ***trip***. Coverage is limited to $500 per item.
2. Theft, burglary, fire or transportation hazards to ***baggage*** and/or ***personal effects*** worn or used by ***you*** during the ***trip***. Coverage is limited to $500 per item.
3. Loss or damage to camera equipment during the ***trip***. Camera equipment is collectively considered one item. Coverage is limited to $500 per item.

4. Loss or damage to jewelry during the ***trip***. Jewelry is collectively considered one item. Coverage is limited to $500 per item.
5. Up to $500 will be reimbursed for the purchase of ***essential items*** as a result of ***your*** checked ***baggage*** being delayed by the carrier for 6 hours or more, during the ***trip*** en route to ***your*** destination and before returning to ***your*** original point of departure. Proof of delay of checked ***baggage*** from the ***common carrier*** along with receipts of purchases must accompany ***your*** claim. Purchases must be made within 36 hours of ***your*** arrival at ***your*** destination. The costs of items purchased under this benefit will reduce the maximum amount payable under the ***baggage*** and ***personal effects*** benefit, if it is later determined that ***your*** personal ***baggage*** has been lost, stolen or damaged.
6. The replacement cost of any of the following documents due to loss or theft, when supported by a police report: passport, driver's licence, birth certificate or travel visa. Coverage is limited to $250 per ***insured person***, per ***trip***, for all documents combined.

Additional conditions specific to baggage and personal effects benefits

1. In the event of loss of an article which is part of a pair or set, the measure of loss shall be at a reasonable and fair proportion of the total value of the pair or set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the pair or set.
2. The ***insurer*** shall not be liable beyond the ***actual cash value*** of the property at the time any loss occurs. The ***insurer*** reserves the right to repair or replace any damaged or lost property with property of like quality and value, and to require submission of property for appraisal of damage.

9.2.5 Exclusions for baggage and personal effects benefits

In addition to all applicable exclusions and limitations in Section 9.5, this insurance does not cover, provide services for or pay claims resulting from:

1. Loss caused by normal wear and tear, gradual deterioration, insects, or vermin.
2. Animals; automobiles (including equipment and contents), trailers, motorcycles, bicycles, boats, motors, other vehicles or their accessories; souvenirs; fragile or collectible items; consumable or perishable

goods; household effects and furnishings; contact lenses, non-prescription sunglasses; artificial teeth and prostheses, medical equipment and appliances; money, securities; tickets, documents; any property pertaining to a business, profession or occupation; personal computers, tablet computers, software; or cellular phones.

3. Loss or damage to jewelry, gems, watches and furs or garments trimmed with fur and camera equipment while in the custody of an airline or ***common carrier***.
4. Loss of covered and non-covered items sustained due to any process or while being worked upon; confiscation by any government authority; ***act of war*** (declared or undeclared); contraband or illegal transportation or trade.
5. Loss incurred while ***you*** are performing a negligent act(s) or criminal act(s).
6. Items specifically or otherwise insured.

9.3 Flight accident & Travel accident

9.3.1 Flight accident & Travel accident benefits

Coverage period

Under this benefit, coverage begins on ***your effective date*** and ends on ***your expiry date***.

Coverage benefits

Flight accident and Travel accident benefits are payable in the event ***you*** suffer a ***loss*** as a result of an ***accidental injury*** that occurs during ***your trip***.

For Flight Accident Insurance, the following conditions must be met:

- ***loss*** is sustained as the result of an ***accident*** occurring while ***you*** are a ticketed passenger on, or while ***you*** are entering or exiting, any licensed passenger plane during ***your trip***; and
- the passenger plane must be a certified passenger conveyance on a regularly scheduled route on which ***you*** are a ticketed passenger.

For Travel Accident Insurance, the following condition must be met:

- ***loss*** results directly from ***accidental injury***, occurring during a ***trip***, except while ***you*** are a ticketed passenger on, or while ***you*** are entering or exiting, a passenger plane

The following benefit amounts are payable for ***your loss*** resulting from an ***accidental injury*** that occurs during ***your trip***. The ***loss*** must occur within one (1) year from the date of the ***accident***:

Loss	Benefit Amount	
	Flight Accident	Travel Accident
Loss of Life	$100,000	$50,000
Loss of Both Hands and/or Both Feet	$100,000	$50,000
Loss of One Foot or One Hand and the Entire Sight of One Eye	$100,000	$50,000
Loss of Entire Sight of Both Eyes	$100,000	$50,000
Loss of One Hand and One Foot	$100,000	$50,000
Loss of Speech and Hearing	$100,000	$50,000
Loss of One Hand or One Foot	$50,000	$25,000
Loss of Entire Sight of One Eye	$50,000	$25,000
Loss of Speech or Hearing	$50,000	$25,000
Loss of Thumb and Index Finger on the Same Hand	$25,000	$12,500

The ***insurer*** will not pay for covered ***losses*** caused by the same event under more than one of: Flight Accident benefits or Travel Accident benefits. In the event a ***loss*** is eligible for payment under both the Flight Accident benefit and the Travel Accident benefit, or if ***you*** suffer multiple covered ***losses*** as the result of one ***accident***, ***you*** will be eligible for the single largest benefit amount applicable to all covered ***losses***.

Exposure and disappearance

If by reason of an ***accident*** covered under this ***certificate***, ***you*** are unavoidably exposed to the natural elements and it causes a ***loss*** shown in the table above, ***you*** will be paid accordingly.

If by reason of an ***accident*** covered under this ***certificate***, ***you*** disappear and ***your*** body has not been found within twelve (12) months after the date of ***accident***, it will be presumed that ***you*** suffered ***loss*** of life unless evidence indicates otherwise.

Beneficiary

Any loss of life benefit payable under this ***certificate*** will be paid to ***your*** estate, unless a beneficiary designation has been filed with Allianz Global Assistance. All other benefits are payable to ***you***. If ***you*** wish to designate a specific beneficiary, please contact the ***Operations Centre*** at 1 800 661-9060 or 519 741-0742.

Aggregate Limit

The total ***aggregate limit*** for all Flight accident and Travel accident claims is $10 million.

9.3.2 Exclusions and limitations for flight accident and travel accident benefits

In addition to all applicable exclusions and limitations in Section 9.5, this insurance does not cover, provide services for or pay claims resulting from:

a) **Sickness** – ***Sickness***, illness, bodily or mental infirmity or disease of any kind.

b) **Treatment** – Medical or surgical ***treatment*** or complications arising therefrom, except when required as a direct result of an ***accidental injury***.

c) **Operating or Learning to Operate an Aircraft** – ***Your*** operating, learning to operate or serving as a member of the crew of any aircraft.

9.4 Travel medical

9.4.1 Out-of-province/country emergency medical benefits

Coverage period

Your coverage period under this benefit begins on ***your effective date*** and will end on the earliest of:

- at 11:59 p.m. on the 10th or 23rd day after ***your effective date*** (refer to ***your Declaration of Coverage Letter*** for ***trip*** duration purchased) except in the circumstances outlined under the Automatic Extension of Coverage heading; or
- if ***you*** have purchased additional days of coverage as a ***top up***, ***your*** coverage will end at 11:59 p.m. on the last date of coverage as indicated on ***your top up Declaration of Coverage Letter***; or
- ***your return date***.

How to extend coverage

Your coverage period can be extended prior to or after departure, provided no event has occurred that would give rise to a claim under this insurance and ***your*** request for an extension is received prior to ***your*** scheduled ***return date***. ***Your*** total ***trip*** length including extensions cannot exceed the maximum of 183 days (212 days if ***you*** reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario). To arrange for a ***top up*** call the ***Operations Centre*** at 1-800-661-9060 while in North America, or if elsewhere, call collect 519-741-0782. Premium payment must be charged to a valid credit card issued by a financial institution.

When making a claim, proof of ***your departure date*** from, and ***your*** scheduled and actual ***return dates*** to ***your*** province or territory of residence will be required.

Automatic extension of coverage

When ***you*** are in ***hospital*** due to an ***emergency*** on ***your*** scheduled ***return date***, ***your*** coverage will remain in force for as long as ***you*** are in ***hospital*** plus a further period of 3 days following ***your*** discharge from ***hospital***.

The ***coverage period*** is also automatically extended for 3 days when:

- the delay of a ***common carrier*** in which ***you*** are a passenger causes ***you*** to miss ***your*** scheduled ***return date***;
- the personal means of transportation in which ***you*** are travelling is involved in an ***accident*** or mechanical breakdown that prevents ***you*** from returning on or before ***your*** scheduled ***return date***; or
- ***you*** must delay ***your*** scheduled ***return date*** due to the ***emergency*** of another ***insured person***.

This insurance covers the ***reasonable and customary charges*** up to a maximum of $5,000,000 **(unless specified otherwise below for a specific benefit)** incurred by an ***insured person*** for the medical ***treatment*** and ***covered services*** listed below arising from an ***emergency*** which occurs during the ***coverage period***.

The following are eligible expenses covered by this insurance, subject to all exclusions, limitations and conditions described in this ***certificate***. Any ***treatment*** **or service not listed below is not covered.** Neither the ***insurer***, nor the ***Operations Centre***, are responsible for the availability, quality or results of any medical ***treatment*** or transportation, or the failure of an ***insured person*** to obtain medical ***treatment***.

Coverage benefits

This Out-of-Province/Country Emergency Medical insurance covers ***reasonable and customary charges*** for the following ***covered services*** arising from an unexpected ***sickness*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) or ***injury*** occurring to an ***insured person*** during the ***coverage period***.

Emergency *hospital*, ambulance & medical expenses

1. Hospital room and board charges, up to semi-private or the equivalent. If ***medically necessary***, expenses for ***treatment*** in an intensive or coronary care unit are covered;

2. ***Treatment*** by a ***physician***;
3. X-rays and other diagnostic tests;
4. Use of an operating room, anesthesia and surgical dressings;
5. The cost of licensed ambulance service;
6. Emergency room charges;
7. Prescription drugs and medication, limited to a 30 day supply;
8. The cost for rental (not exceeding the purchase price) or purchase of minor medical appliances such as wheelchairs and crutches.

Incidental Expenses while hospitalized

When supported by receipts, this insurance covers for the following incidental ***reasonable and customary charges*** incurred by ***you*** or any person insured under this ***certificate*** staying with ***you***:

1. Phone calls;
2. TV rental or internet rental fees; and
3. Local transportation and parking.

There is a maximum of $50 per day, up to a maximum of $500 per ***trip*** for this benefit.

Private duty nursing expenses

Benefits are payable to a maximum of $15,000 per ***insured person*** for the professional services of a registered nurse (not related to ***you*** by blood or marriage) while hospitalized, provided it is ***medically necessary*** and prescribed by the attending ***physician***.

Emergency air transportation or evacuation

The following are covered expenses provided they are approved and arranged in advance by the ***Operations Centre***:

1. The use of a licenced local air, land or sea ambulance (including mountain or sea evacuation) to the nearest appropriate medical facility or to a Canadian ***hospital*** when reasonable and necessary;
2. Transport on a licensed airline for ***emergency*** return to the ***insured person's*** province or territory of residence for immediate medical attention; and
3. A medical attendant to accompany ***you*** on the flight back to Canada.

All air transportation expenses must be approved and arranged in advance by the *Operations Centre*.

Baggage Return
Covers up to $1,000 to ship ***your*** baggage to ***your*** primary residence if it cannot be returned with ***you*** under the Emergency Air Transportation or Evacuation benefit.

Other professional services
Where the professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist are ***medically necessary***, coverage will be provided to a maximum of $300 per ***insured person*** per discipline.

Dental accident
Covers the cost of repair or replacement of natural teeth or permanently attached artificial teeth required as the result of an ***injury*** to the mouth, to a maximum of $2,000 per ***insured person***. In addition, this insurance covers up to a maximum of $1,000, per ***insured person***, for continued ***treatment*** following ***your*** return to Canada. Continued ***treatment*** must be completed within 90 days after the onset of the ***emergency***. Chewing accidents are not covered.

Dental emergency
Covers up to a maximum of $300 per ***insured person*** for ***emergency treatment*** for the relief of dental pain. ***Treatment*** must begin within 48 hours after the onset of the ***emergency*** and must be completed within the ***coverage period*** and prior to ***your*** return to ***your*** province or territory of residence.

Transportation to the Bedside
Covers one round-trip economy airfare by the most direct and cost-effective route from Canada, plus lodging and meals up to a maximum of $500, for any 1 ***immediate family member*** to:

1. Be with an ***insured person*** who has been confined to a ***hospital***. The ***insured person*** must be expected to be an ***inpatient*** for at least 3 days outside their province or territory of residence and have verification from the attending ***physician*** that the situation is serious enough to require the visit; or
2. Identify a deceased ***insured person*** prior to release of the body, where necessary.

Return of deceased
In the event of the death of an ***insured person*** while on a ***trip***, this insurance covers:

a) up to $10,000 for the preparation (including cremation) and transportation of the deceased's remains to his/her province or territory of residence; or

b) up to $5,000 for cremation/burial at place of death.

The cost of a burial coffin or urn is not covered.

Additional hotel and meal expenses

If ***your return date*** is delayed due to an ***emergency***, this insurance covers the cost for hotel and meal expenses incurred after ***your*** scheduled ***return date*** up to a maximum amount of $200 per day to a maximum of 10 days. **To receive reimbursement, original itemized receipts must be submitted.**

NOTE: With respect to any one covered event, meals and accommodation expenses are payable under either Out-of-province/country emergency medical benefits or Trip Interruption/Travel Delay benefits, but not both.

Return of Vehicle

If ***you*** or anyone travelling with ***you*** is not able to operate ***your*** owned or rented vehicle due to ***sickness***, ***injury*** or death while travelling outside ***your*** province or territory of residence, ***you*** will be reimbursed up to a maximum of $2,000 for the costs associated with the return of the vehicle. Eligible for reimbursement is the cost of the return performed by a professional agency; or the following necessary and reasonable expenses incurred by an individual returning the vehicle by a direct route and in a reasonable time frame on behalf of the ***insured person***: fuel, meals, overnight accommodation, and one-way economy airfare. Benefits will only be payable when the return of the vehicle is pre-approved and/or arranged by the ***Operations Centre*** 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. **To receive reimbursement, original itemized receipts must be submitted.** Any other expenses are not covered. Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

Call the *Operations Centre* at 1-800-661-9060 or collect at 519-741-0782 if *you* have any questions regarding what is, or is not, covered.

9.4.2 Out-of-province/country emergency medical assistance services

In addition to the ***emergency*** medical insurance benefits, the following Assistance Services are provided:

Medical Assistance and Consultation

You will be directed to the nearest appropriate medical facility wherever possible.

Payment Assistance

Subject to the terms and conditions of this ***certificate,*** the ***Operations Centre*** will offer to all ***hospital***s, which provide an ***insured person*** with ***medically necessary treatment***, a guarantee of coverage for ***covered services***. If the guarantee is not accepted, the ***Operations Centre*** will assist in arranging and coordinating payment wherever possible.

NOTE: If ***you*** do not contact the ***Operations Centre*** as soon as possible, and ***you*** receive medical attention, ***you*** may be responsible for paying the bills and submitting a claim after ***you*** return to ***your*** province or territory of residence.

Emergency Message Centre

In case of an ***emergency***, the ***Operations Centre*** can help to relay important messages to or from ***your*** family, business or ***physician***.

9.4.3 Exclusions and limitations for out-of-province/country emergency medical benefits

In addition to all applicable exclusions or limitations in Section 9.5, this insurance does not cover, provide services or pay claims resulting from:

1. ***Treatment***, ***recurrence*** or complications following ***emergency treatment*** during ***your trip***, if the medical advisors of the ***Operations Centre*** determine that the ***insured person*** is medically fit to travel to return to Canada and the ***insured person*** chooses not to return.
2. A ***medical condition*** for which ***you*** delayed or refused further ***treatment*** or investigation, which was recommended by ***your physician*** before ***your departure date***.
3. Surgery, including but not limited to angioplasty and/or cardiac surgery, and any associated diagnostic charges, which are not approved by the ***Operations Centre*** prior to being performed except in extreme circumstances where surgery is performed on an ***emergency*** basis immediately following admission to a ***hospital***.
4. The following procedures, including any associated charges, which are not authorized in advance by the ***Operations Centre***: MRI (Magnetic Resonance Imaging); CAT (Computer Axial Tomography) scans; sonograms; ultrasounds; and biopsies.

5. Emergency air transportation, which is not approved in advance by the ***Operations Centre***.
6. ***Treatment*** not performed by or under the supervision of a ***physician*** or dentist.
7. Organ harvesting surgery.
8. Drugs and medication, which are commonly available without a prescription or which are not legally registered and approved in Canada.
9. Prescription refills.
10. Replacement of lost or damaged eyeglasses, contact lenses or hearing aids.
11. Any ***treatment*** or surgery, where the ***insured person*** can return to his/her province or territory of residence for such ***treatment*** without adversely affecting his/her ***medical condition***.
12. Any ***treatment*** or surgery during the ***trip***, when the ***trip*** is undertaken for the purpose of securing or with the intent of receiving medical or ***hospital*** services, whether or not such ***trip*** is on the advice of a ***physician***.

Please see 9.5 for additional applicable exclusions and limitations.

9.5 General exclusions and limitations

The insurance does not cover, provide services for or pay claims resulting from:

1. Pre-Existing Conditions as described in ***your*** declaration page and will be one or more of the following:

PRE-EXISTING CONDITION EXCLUSION #1 Where the ***medical condition*** was ***stable*** for at least 90 days before ***your coverage period*** began.	This insurance will not pay for expenses incurred during the ***coverage period*** related to: • ***treatment***, ***recurrence***, or medically recognized complication relating directly or indirectly to a ***medical condition*** for which ***you*** consulted, investigated, were diagnosed or for which ***treatment*** was taken by ***you*** during the 90 day period immediately before ***your coverage period*** began; and • The ***treatment*** of, or relating to, a ***medical condition*** which exhibited any symptom during the 90 day period immediately before ***your coverage period*** began for which a reasonable person would have made enquiries regarding their ***medical condition***, regardless of whether or not such enquiries were made. **NOTE** This exclusion does not apply to a ***medical condition*** controlled by the consistent use of medication(s) taken as prescribed by a ***physician*** provided that during the 90 day period before ***your coverage period*** began there has been no change in any medication(s) and no other ***treatment*** has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication.

PRE-EXISTING CONDITION EXCLUSION #2 Where the ***medical condition*** was ***stable*** for at least 180 days before ***your coverage period*** began.	This insurance will not pay for expenses incurred during the ***coverage period*** related to: • ***treatment***, ***recurrence***, or medically recognized complication related directly or indirectly to a ***medical condition*** for which ***you*** consulted, investigated, were diagnosed or for which ***treatment*** was taken by ***you*** during the 180 day period immediately before ***your coverage period*** began; and • The ***treatment*** of, or relating to, a ***medical condition***, for which a person exhibited any symptom during the 180 day period immediately before ***your coverage period*** began for which a reasonable person would have made enquiries regarding their ***medical condition***, regardless of whether or not such enquiries were made. **NOTE:** This exclusion does not apply to a ***medical condition*** controlled by the consistent use of medication(s) taken as prescribed by a ***physician*** provided that during the 180 day period before ***your coverage period*** began there has been no change in any medication(s) and no other ***treatment*** has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication.
PRE-EXISTING CONDITION EXCLUSION #3 Where the ***medical condition*** was present 180 days before ***your coverage period*** began.	Regardless of whether the ***medical condition*** has been ***stable*** or has not been stable, this insurance will not pay for expenses incurred during the ***coverage period*** related to: • ***treatment***, ***recurrence***, or medically recognized complication relating directly or indirectly to a ***medical condition*** for which ***you*** consulted, investigated, were diagnosed or for which ***treatment*** was sought, taken by ***you*** during the 180 day period immediately before ***your coverage period*** began.

2. Any reason, circumstance, event or ***medical condition*** which on ***your effective date***, could reasonably have been expected to prevent ***you*** from travelling as booked (applies to Trip Cancellation Benefits only).

3. Any reason, circumstance, event or ***medical condition*** which prior to ***your departure date***, might reasonably have been expected to necessitate ***your*** immediate return or delayed return (applies to Trip Interruption/Trip Delay Benefits only).
4. Pregnancy, miscarriage, childbirth or complications of any of these conditions occurring within 9 weeks of the expected date of birth.
5. Riot or civil disorder; committing or attempting to commit a criminal offence.
6. Intentional self-injury, suicide or attempted suicide.
7. Abuse of any medication or non-compliance with prescribed medical ***treatment*** or therapy.
8. Mental, nervous or emotional disorders.
9. Any ***injury*** or ***accident*** occurring while the ***insured person*** is under the influence of illicit drugs or alcohol (where the concentration of alcohol in the ***insured person***'s blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the ***insured person*** illustrates 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.
10. An ***epidemic*** or ***pandemic***, except when and to the extent that an ***epidemic*** or ***pandemic*** is expressly referenced in and covered under Trip Cancellation benefits, Trip Interruption/Delay benefits and Emergency Medical benefits.
11. An ***act of war*** whether declared or undeclared; rebellion; revolution; hijacking or an ***act of terrorism***; ***political risk***; and any service in the armed forces.
12. Participation in ***professional sports***; any ***speed contest***; SCUBA diving, unless the ***insured person*** holds a basic SCUBA designation from a certified school or other licensing body; hang-gliding; sky diving; parachuting; bungee jumping; parasailing; spelunking; ***mountain climbing***; rock climbing; or a flight ***accident***, except as a passenger in a commercially licensed airline.
13. Nuclear reaction or radiation.
14. Radioactive, biological or chemical contamination.
15. Seepage, pollution or contamination.
16. Any ***trip*** commenced or continued against the advice of the ***insured person's physician***.

17. Failure of any travel supplier from whom ***you*** contract for services if this supplier is, at the time of booking, in bankruptcy, insolvency or receivership; or in the case of U.S. Air Carriers, under Chapter 11 in the U.S. Bankruptcy Code. No protection is provided for failure of travel agent, agency or broker.
18. Non-presentation of required travel documents, i.e., visa, passport, inoculation/vaccination reports.
19. The death or serious and/or terminal illness of a person when the purpose of the ***trip*** is to provide support and physical care for that person.
20. ***Your*** travel to a country, region or city with a published formal travel advisory issued by the Canadian government, before ***your effective date***, advising travellers to avoid all travel, or to avoid non-essential travel, and ***you*** have an ***emergency*** or ***medical condition*** related to the travel warning, ***your*** claim will not be paid. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***. To view the advisories, visit the Government of Canada Travel site. Please be advised that events in such locations could restrict our ability to assist ***you***.
21. ***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
22. 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.

10 What you should do in a medical emergency

Contact the ***Operations Centre*** directly when an ***emergency*** arises.

From Canada and the United States call: 1-800-661-9060
From elsewhere call collect: 519-741-0782
Fax: 1-519-742-8553

Assistance coordinators are available 24 hours a day, every day of the year. The ***Operations Centre*** 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 GHIP*** whenever possible.

If the expense related to a ***covered service*** is relatively small, the ***hospital*** or ***physician*** may ask ***you*** to pay. ***You*** will be reimbursed for these expenses upon submission of a claim. In order to benefit from payment assistance and other assistance services, ***you*** or someone acting on ***your*** behalf must notify the ***Operations Centre*** before seeking medical ***treatment*** or as soon as medically possible after being admitted to a ***hospital***. If ***you*** do not notify the ***Operations Centre*** at an early stage in ***your*** claim, ***you*** may receive inappropriate or unnecessary medical ***treatment***, which may not be covered by this insurance.

NOTE: Failure to contact the ***Operations Centre*** could result in ***your*** expenses not being covered, denial or a delay in the settlement of ***your*** claim.

How do I claim if the *Operations Centre* was not contacted? ***You*** must first submit the original receipts to ***your GHIP*** and any other applicable insurance plan. If any expenses remain unpaid, submit copies of all receipts with ***your*** claim form to:

BMO Insurance Travel Coverage
c/o Allianz Global Assistance
P O Box 277
Waterloo, ON N2J 4A4

11 Conditions

1. In consultation with the ***insured person's*** attending ***physician***, the ***insurer*** reserves the right to transfer the ***insured person*** to another ***hospital*** or to return the ***insured person*** to his/her province or territory of residence. Refusal to comply by the ***insured person*** will release the ***insurer*** of any liability for expenses incurred after the proposed transfer date.
2. Due Diligence: The ***insured person*** shall use diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by this insurance.
3. ***You*** must repay to the ***insurer*** amounts paid or authorized for payment on ***your*** behalf if the ***insurer*** later determines the amount is not payable under this insurance.
4. ***You***, or someone acting on ***your*** behalf, must give written notice of a claim to the ***Operations Centre*** not later than 30 days from the date the claim arises. The ***Operations Centre*** must be provided by ***you*** or someone acting on ***your*** behalf with satisfactory proof of loss no later than 90 days from the date the claim arises.
5. Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate ***your*** claim under this ***certificate*** will invalidate ***your*** claim.
6. ***You*** agree to cooperate fully with the ***insurer***, and as a condition precedent to the payment of benefits, the ***Operations Centre*** 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 behalf of any ***insured person***. Failure to provide the requested documentation to substantiate ***your*** claim under this ***certificate*** will invalidate ***your*** claim.
7. Physical Examination: The ***Operations Centre*** has the right to investigate the circumstances of loss and to require a medical examination; and in the event of death to require an autopsy if not prohibited by law.

12 General provisions

1. The Out-of-Province/Country Emergency Medical Insurance provided in this ***certificate*** is supplemental in that it pays for covered expenses in excess of ***your GHIP*** and any other insurance plan. Benefits payable under any other insurance plan under which ***you*** may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows the ***insurer***/the ***Operations Centre*** to receive in ***your*** name, and endorse and negotiate on ***your*** behalf, these eligible payments. When ***GHIP*** and other insurance payments have been made, this releases ***GHIP*** and the other insurers from any further liability in respect of that eligible claim.
2. All amounts stated in the ***certificate*** are in Canadian currency unless otherwise indicated. This insurance does not reimburse interest charges. If ***you*** have paid a covered expense, ***you*** will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.
3. Payment of Benefits: Benefits payable under this ***certificate*** 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.
4. False Claim: If an ***insured person*** makes any claim knowing it to be false or fraudulent in any respect, coverage under this ***certificate*** shall cease and there shall be no payment of any claim made under this ***certificate.***
5. In the event of a payment under this ***certificate,*** the ***insurer*** has the right to proceed in the name of any ***insured person*** against third parties who may be responsible for giving rise to a claim under this insurance. The ***insurer*** has full rights of subrogation. The ***insured person*** will execute and deliver such documents, and fully cooperate with the ***insurer***, so as to allow the ***insurer*** to fully assert the right to subrogation. The ***insured person*** will not do anything after the loss to prejudice such rights.
6. Legal 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*. In addition ***you, your*** heirs and assigns consent to the venue of any action or arbitration being only in the province or territory where the Certificate of Insurance was issued and at a venue the ***insurer*** and/or Allianz Global Assistance choose.

7. Notwithstanding anything to the contrary, no provision of this ***certificate*** shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by the ***insurer***.
8. The benefits, terms and conditions of this ***certificate*** shall be governed by the insurance laws of the province or territory in Canada where the ***insured person*** normally resides.
9. Any provision of this ***certificate,*** which is in conflict with any federal, provincial or territorial law of the ***insured person's*** place of residence, is hereby amended to conform to the minimum requirements of that law.
10. The ***certificate*** does not provide any cover for any business or activity to the extent that such cover would violate any applicable national economic or trade ***sanction*** law or regulations.
11. From time to time the ***insurer*** and the policyholder may agree to make changes to the benefits or premiums through an amendment to the ***certificate.*** The amendment is not valid unless both the ***insurer*** and the policyholder approve it. ***You*** will be given prior written notice of any changes in the ***certificate.*** The ***insurer*** will send this notification to ***you*** at ***your*** address as it appears on the ***insurer*** records.
12. Statutory Conditions: Despite any other provision contained in the contract, this contract is subject to the statutory conditions in *The Insurance Act* respecting contracts of accident insurance. For Québec residents, notwithstanding any other provision, this contract is subject to the mandatory provisions of the *Civil Code of Québec* respecting contracts of accident insurance.

13 How to file your claim

Please contact the ***Operations Centre*** at 1-800-661-9060 or 519-741-0782 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, the ***Operations Centre*** will need certain information from ***you*** if ***you*** need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

1. **General Documentation**
   a. Receipts and itemized bills for all expenses.
   b. Original of all refunds or expense allowances received from ***your*** tour operator, travel agency, ***common carrier*** or other entity.
2. **Trip Cancellation, Trip Interruption/Trip Delay Benefits**
   a. Any appropriate documentation that officially explains the cause of ***your*** trip cancellation, delay or interruption.
   b. The report of ***your*** physical examination (if applicable), and any explanation of diagnosis along with original itemized bills, receipts, and proof of other insurance payments.
   c. Certified death certificate in the event of a death.
   d. Original unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the trip cancellation, delay or interruption.
   e. Documentation of refunds received from the travel supplier(s) and/or ***common carrier(s)***.
   f. Copy of the supplier's literature that describes penalties.
   g. A letter from the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the ***trip*** costs.
3. **Flight Delay Benefits**
   a. Original police, ***common carrier*** or other report that verifies the cause and duration of the delay.
   b. Original, itemized receipts.

4. **Baggage and Personal Effects Benefits**
   a. Original claim determination from the ***common carrier***, if applicable.
   b. Original police report or other report of local authorities.
   c. Original receipts and list of stolen, lost or damaged items.
   d. Statement of loss providing amount of loss, date, time and cause of loss.
5. **Flight Accident & Travel Accident Benefits**
   a. The police report including any witness statements.
   b. The coroner's report in the event of death.
   c. Certified death certificate in the event of a death.
   d. A copy of flight itinerary.
   e. A copy of incident report from airline or airport.
   f. The Medical Certificate completed by the attending ***physician*** or hospital medical records.
   g. Any other documentation that may be required to process ***your*** claim.
6. **Out-of-Province/Country Emergency Medical Benefits**
   a. Any explanation of diagnosis(es) along with ***your*** original itemized bills and receipts.
   b. The claimant's enrollment in his/her provincial or territorial ***GHIP***, and valid health card number.
   c. The provision of an authorization to secure medical records.
   d. The provision of any forms or authorizations required to pursue reimbursement from ***your GHIP***, any other insurance and/or any third parties.
   e. Proof of ***your departure date*** and ***your scheduled*** and actual dates of return.

14 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, a member of The Co-operators group of companies (the"insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the group policyholder, 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, other Allianz group companies, 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 Parkway
Cambridge, ON
N3C 4N6

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 www.allianz-assistance.ca.

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:
Allianz Global Assistance

Please contact Allianz Global Assistance with any questions or claims.

700 Jamieson Parkway
Cambridge, ON
N3C 4N6

Toll-free: 1-800-661-9060 (In Canada & U.S.)
Collect: 519-741-0782 (from elsewhere)

Underwritten by:
CUMIS General Insurance Company

P.O. Box 5065, 151 North Service Road
Burlington, Ontario L7R 4C2
1-800-263-9120
www.cumis.com

BMO Travel Insurance Coverage
(Allianz Global Assistance Operations Centre)
1-800 661-9060

Learn more
bmo.com/travelcoverage

BMO Bank of Montreal

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