


BMO Travel Insurance

CERTIFICATE OF INSURANCE



BMO  **Bank of Montreal**
We're here to help.™

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 benefits described in this Certificate are underwritten by Allianz Global Risks US Insurance Company (Canadian Branch) ("Allianz") under Group Policy No. FC310000-B referred to as the "Policy" issued to BMO Bank of Montreal (the "Policyholder").

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 Allianz at the following address:

Allianz Global Risks US Insurance Company
130 Adelaide Street West, Suite 1600
Toronto, ON M5H 3P5

Travel Insurance is provided by Allianz Global Risks US Insurance Company (Canadian Branch) ("Allianz"), and administered by Allianz Global Assistance. 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 Certificate, the application and any other written statements (if any) that have been provided to Allianz 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 have 10 days after purchase to return this Certificate for a full refund, provided you have not departed on Your Trip and a claim has not been incurred.

No person is eligible for coverage under more than one Certificate of insurance providing insurance coverage similar to that provided in this Certificate. In the event that any person is recorded by Us 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 1-519-741-0782.

PLEASE READ CERTIFICATE CAREFULLY *BEFORE* YOU TRAVEL

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1 PLAN OVERVIEW – SUMMARY OF BENEFITS

BENEFITS \ PLAN TYPE	Annual		Single Trip		
	Multi-Trip Travel Medical Plan	Multi-Trip Premium Travel Plan	Travel Medical Plan	Trip Protection Plan*	Premium Travel Plan*
	10 or 23 day limit per Trip – unlimited number of Trips per 12-month Coverage Period		Trip length is subject to a maximum of 183 days (or 212 if you reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario)		
Out-of-Province/ Country Medical	✓	✓	✓		✓
Trip Interruption/ Delay		✓		✓	✓
Trip Cancellation		✓		✓	✓
Flight Delay		✓		✓	✓
Baggage/Personal Effects		✓		✓	✓
Trip Assistance	✓	✓	✓	✓	✓

* In order to add trip cancellation coverage under the Single Trip – Trip Protection Plan or the Single Trip Premium Travel Plan, 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. Trip cancellation coverage of these two plans as well as the 23 day Annual Multi-Trip plan cannot be purchased at the BMO branch.

Individual Coverage and Family Coverage available. Dependent Children are automatically covered under the Family Coverage and is only available to parents who are under the age of 60.

ANNUAL

Multi-Trip Travel Medical Plan:

- provides medical coverage for an unlimited number of Trips per year:
 - 10 days coverage per Trip under the 10 days plan option
 - 23 days coverage per Trip under the 23 days plan option
- coverage is for out-of-province/country medical benefits only
- this plan can be renewed annually

Multi-Trip Premium Travel Plan:

- provides medical coverage for an unlimited number of Trips per year:
 - 10 days coverage per Trip under the 10 days plan option
 - 23 days coverage per Trip under the 23 days plan option
- coverage also provided for unexpected trip interruption, trip cancellation, flight delay and baggage expenses
- 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.

SINGLE TRIP

Travel Medical Plan:

- provides medical coverage for a single Trip up to the maximum of 183 days (or 212 if You reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario)

- coverage is for out-of-province/country medical benefits only
- coverage is for the duration of a single Trip

Trip Protection Plan:

- provides coverage for unexpected trip interruption, trip cancellation, flight delay and baggage expenses on a single Trip up to the maximum of 183 days (or 212 if You reside in British Columbia, Manitoba, Newfoundland Nova Scotia or Ontario)
- coverage is for the duration of a single Trip

Premium Travel Plan:

- provides medical coverage for a single Trip up to the maximum of 183 days (212 if You reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario)
- also provides coverage for unexpected trip interruption, trip cancellation, flight delay and baggage expenses
- coverage is for the duration of a single Trip

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 capitalized throughout this document.

2 DEFINED TERMS YOU NEED TO KNOW

Actual Cash Value means We 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.

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 any land, air or water conveyance used for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there is no legal excuse for refusal.

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 We provide 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 maintenance and 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 depending on the coverage selected and benefit:

- **Annual Multi-Trip Travel Medical** – Effective Date means the date the insurance was requested, approved and paid for (or renewed) as indicated on Your Declaration of Coverage Letter.
- **Annual Multi-Trip Premium Travel** – Effective Date means the date the insurance was requested, approved and paid for (or renewed) as indicated on Your Declaration of Coverage Letter.
- **Trip Cancellation Benefits (prior to departure)** – Effective Date means the date the insurance was requested, approved and paid for as indicated on Your Declaration of Coverage Letter.
- **All other coverage** – Effective Date means Your Departure Date.

Emergency Dental Care means the services or supplies provided by a licensed dentist, Hospital or other licensed provider that are immediately and Medically Necessary.

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

Expiry Date means:

- the date that is 365 days after the Effective Date of Your Annual Multi-Trip Travel Medical coverage or Annual Multi-Trip Premium Travel coverage; or
- if You renew Your Annual Multi-Trip Travel Medical coverage or Annual Multi-Trip Premium Travel coverage, the subsequent 365 days after each expiry date.
- the final travel date indicated on Your Declaration of Coverage Letter for all Single Trip Plans.

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 an institution which is licensed to provide, on an Inpatient basis, medical care and Treatment of sick and injured persons through medical, diagnostic and major surgical facilities, under the supervision of a staff of Physicians and with 24 hour a day service; however, hospital does not include any institution or part of an institution which is licensed or used principally as a clinic, a continued care or extended care facility, a convalescent home, a rest home, a nursing home or a home for the aged, or a health spa or a treatment centre for drug addiction or alcoholism.

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.

Medical Condition means any Sickness, Injury or symptom.

Medical Emergency means any unforeseen Sickness or Injury, which occurs during a Trip. A medical emergency ends when the Sickness or Injury has been treated such that Your condition has stabilized. Treatment provided when medical evidence indicates You could delay Treatment or return to Canada for such Treatment is not considered a medical emergency and is not covered.

Medically Necessary or Medical Necessity 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 We determine 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, carabineers and lead or top-rope anchoring equipment.

Operations Centre means the operations centre maintained by Allianz Global Assistance. From Canada and the U.S. call 1-800-661-9060. From elsewhere call collect 1-519-741-0782.

Outpatient means someone who receives a Covered Service while not an Inpatient.

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 an Insured Person or member of the Insured Person's family (by blood or marriage), who is a medical practitioner and whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada.

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

Reasonable and Customary Charges means charges which do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable Treatment, services or supplies for a similar Medical Emergency.

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.

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 requiring the immediate medical care or Treatment of a Physician.

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 have been:

- no new Treatment, new medical management, or new prescribed medication; and
- no change in Treatment, change in medical management, or change in medication; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for your symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

Terrorism means the unsanctioned and illegal use of force that causes destruction of property, Injury or death by an individual or group for the express purpose of achieving a political, ethnic or religious goal or result.

Ticket means evidence of full or partial fare paid for travel on a Common Carrier.

Top Up

- means purchasing additional days of medical coverage from Us 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 Us to increase the insured amount for which the trip cancellation insurance applies.

Travel Advisory means a formal statement issued by Global Affairs Canada of the Canadian government, advising Canadians not to travel to that country, region or city during the time of Your insured Trip.

Travel Companion means any person who travels with the Insured Person during the Trip and who is sharing transportation and/or accommodation with the Insured Person.

Treatment means medical advice, care and/or service provided by a Physician. This includes, but is not limited to, diagnostic measures and prescribed drugs (including pills and inhaled or injected medications). It does not include checkups or cases where You have no specific symptoms.

Trip means a single period of travel of definite length outside the Insured Person's province/territory of residence.

We, Our, Us means Allianz Global Risks US Insurance Company (Canadian Branch).

You or Your means the Insured Person.

3 WHEN COVERAGE BEGINS

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

- We receive and approve Your application for insurance;
- full and complete payment is made of the required premium; and
- We issue 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

For Annual Multi-Trip Travel Medical and Annual Multi-Trip Premium Travel, 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.

For all Single Trip Plans, except as otherwise stated herein, coverage under this Certificate ends on the earliest of:

- the date Your Trip is cancelled when cancelled prior to Your Departure Date;
- Your Return Date; or
- at 11:59 p.m. on the last date of coverage as shown on Your Declaration of Coverage Letter except in the circumstances outlined under the Automatic Extension of Coverage heading.

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

5 RENEWAL OF YOUR ANNUAL MULTI-TRIP COVERAGE

If You have purchased Annual Multi-Trip Travel Medical or Annual Multi-Trip Premium Travel coverage and 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;

- We have a valid credit card on file for You; and
- the Annual Multi-Trip Travel Medical or Annual Multi-Trip Premium Travel coverage option continues to be made available.

If You have chosen the automatic renewal option and You do not want Your Annual Multi-Trip Travel Medical or Annual Multi-Trip Premium Travel coverage to automatically renew, You must contact Us prior to Your Expiry Date.

NOTE If the credit card information We have on file for You is not valid, Your Annual Multi-Trip Travel Medical or Annual Multi-Trip Premium Travel 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 HOW YOU CAN OBTAIN A REFUND

Please review this Certificate before You travel to ensure it meets Your travel insurance needs. If You are not completely satisfied, You have 10 days after purchase to return this Certificate for a full refund, provided you have not departed on Your Trip and a claim has not been incurred.

ANNUAL PLANS

Multi-Trip Travel Medical: You may request a full refund of premium only if You call the Operations Centre to cancel within 10 days of Your Effective Date and if You have not already departed on a Trip.

Multi-Trip Premium Travel: You may request a full refund of premium only if You call the Operations Centre to cancel within 10 days of Your Effective Date and if You have not already departed on a Trip or have incurred a claim.

SINGLE TRIP PLANS

Travel Medical: You may request a full refund of premium only if You call the Operations Centre and cancel the insurance prior to Your Departure Date.

Trip Protection: You may call the Operations Centre to request a refund of premium only if Your Trip is cancelled prior to Your Departure Date and:

- You cancel Your Trip before any cancellation penalties are chargeable for Your Trip; or
- the travel supplier (airline, tour operator, etc.) cancels Your Trip and all penalties are waived; or
- the travel supplier (airline, tour operator, etc.) changes the travel dates and You are not able to travel on these dates and all penalties have been waived.

Premium Travel: You may call the Operations Centre to request a refund of premium only if Your Trip is cancelled prior to Your Departure Date and:

- You cancel Your Trip before any cancellation penalties are chargeable for Your Trip; or
- the travel supplier (airline, tour operator, etc.) cancels Your Trip and all penalties are waived; or
- the travel supplier (airline, tour operator, etc.) changes the travel dates and You are not able to travel on these dates and all penalties have been waived.

Partial Refund for Single Trip Travel Medical due to early return: You are eligible to receive a partial refund of premium should You have to return to Your province or territory of residence prior to Your original Return Date, and no event that may result in a claim has occurred. Partial refunds are calculated based on the postmarked date of Your request for refund less an administration fee of \$25. Please contact the Operations Centre.

8 ARE YOU ELIGIBLE FOR THIS COVERAGE?

You are eligible for the **Annual Multi-Trip Travel Medical** or **Annual Multi-Trip Premium Travel** plans 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.

The Annual Multi-Trip Travel Medical or Annual Multi-Trip Premium Travel plans provide 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.

You are eligible for **Single Trip Travel Medical** or **Single Trip Premium Travel** insurance if You meet all of the following conditions:

- You are a resident of Canada;
- You are a BMO Financial Group customer;
- You are covered by a Canadian Government Health Insurance Plan to be eligible for the Out-of-Province/Country Emergency Medical Benefits;
- You have completed the medical questionnaire and have qualified for coverage if You are 60 years of age or older;
- You purchase the Travel Medical or Premium Travel plan prior to Your Departure Date; and
- You have paid the applicable premium for the full duration of Your Trip.

You are eligible for **Single Trip – Trip Protection** insurance if You meet all of the following conditions:

- You are a resident of Canada;
- You are a BMO Financial Group customer;
- You purchase the Trip Protection plan prior to Your Departure Date; and
- You have paid the applicable premium for the full duration of Your Trip.

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) Available to Annual Multi-Trip Premium Travel, Single Trip – Trip Protection, Single Trip Premium Travel Plans

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/or non-transferable to another travel date up to:

- For Single Trip plans, the sum insured to an overall maximum of \$20,000 per Certificate, providing no cancellation penalty or claim has been incurred.
- For the Annual Multi-Trip Premium Travel plan*, up to \$1,000 per Insured Person and \$2,000 per Certificate, providing no cancellation penalty or claim has been incurred.

*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.

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 death, Sickness, Injury, or quarantine of You, Your Immediate Family Member, Your Travel Companion or Your Travel Companion's Immediate Family Member. Sickness and Injury must require the care and attendance of a Physician and the Physician must recommend in writing cancellation of Your Trip.

2 The unexpected death, Sickness or Injury of 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 then recommend in writing cancellation of Your Trip.

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 A Travel Advisory is issued by the Canadian Government for Your ticketed destination after You book Your Trip and this coverage has been activated.

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.

- NOTE** 1. You are not covered for circumstances which You were aware of at time of purchasing this Certificate.
2. 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 9.4 for applicable exclusions and limitations.

9.2.2 TRIP INTERRUPTION/TRIP DELAY BENEFITS (POST DEPARTURE) Available to Annual Multi-Trip Premium Travel, Single Trip – Trip Protection, Single Trip Premium Travel Plans

COVERAGE PERIOD Under this benefit, coverage begins on Your Departure Date and ends on Your Return Date.

COVERAGE BENEFITS You will be reimbursed for the extra cost of a one-way economy airfare to Your departure point or to the destination point and any unused non-refundable land arrangements up to a maximum of \$2,000 per Insured Person. Trip Interruption or Trip Delay benefits are payable when a covered event listed below occurs before Your scheduled Return Date:

- 1 The unexpected death, Sickness, Injury or quarantine of You, Your Immediate Family Member, Your Travel Companion or Your Travel Companion's Immediate Family Member. Sickness and Injury must require the care and attendance of a Physician and the Physician recommend in writing that You interrupt or delay Your Trip.
- 2 The unexpected death, Sickness or Injury of 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 then recommend in writing that You interrupt or delay Your Trip.
- 3 Complications of You, 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 A Travel Advisory is issued by the Canadian Government for Your ticketed destination after You depart on Your Trip.

If for one of the reasons listed above You must interrupt an insured Trip already commenced or if You must delay Your return beyond the scheduled Return Date, Your expenses will be reimbursed up to a maximum of \$2,000 per Insured Person for:

- 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
- if Your existing Ticket cannot be changed, the cost of a one-way economy fare by regular scheduled transportation to the departure point; and
 - the non-refundable portion of any unused prepaid travel arrangements if Your insured Trip is interrupted; and
 - if Your Travel Companion's Trip is interrupted for any of the reasons stated under the Trip Interruption/Trip Delay benefits, You will be reimbursed for the cost incurred to adjust Your prepaid accommodations to a single supplement.
- if You must delay the return portion of Your insured Trip beyond the scheduled Return Date as the result of a Medical Emergency, We will also pay the necessary and reasonable costs of commercial accommodation and meals up to \$150 a day, per Insured Person.

Expenses will be reimbursed when You provide, at Our 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** 1. You are not covered for circumstances which You were aware of at time of purchasing this Certificate.
2. 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 section 9.4 for applicable exclusions and limitations.

9.2.3 FLIGHT DELAY BENEFITS Available to Annual Multi-Trip Premium Travel, Single Trip – Trip Protection, Single Trip Premium Travel Plans

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 9.4 for applicable exclusions and limitations.

9.2.4 BAGGAGE AND PERSONAL EFFECTS BENEFITS

Available to Annual Multi-Trip Premium Travel, Single Trip – Trip Protection, Single Trip Premium Travel Plans

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 \$750 per Insured Person up to a maximum amount of \$2,000 per Trip 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 \$200 will be reimbursed for the purchase of Essential Items as a result of Your checked Baggage being delayed by the carrier for 12 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.

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 We shall not be liable beyond the Actual Cash Value of the property at the time any loss occurs. We reserve 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 9.4, 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; 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 TRAVEL MEDICAL

9.3.1 OUT-OF-PROVINCE/COUNTRY EMERGENCY MEDICAL BENEFITS Available to Annual Multi-Trip Travel Medical, Annual Multi-Trip Premium Travel, Single Trip Travel Medical, Single Trip Premium Travel Plans

COVERAGE PERIOD For Annual Multi-Trip Travel Medical and Annual Multi-Trip Premium Travel, Your Coverage Period under this benefit begins on Your Departure Date and will end on the earliest of:

- at 11:59 p.m. on the 10th or 23rd day after Your Departure 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.

For Single Trip Travel Medical and Single Trip Premium Travel, Your Coverage Period under this benefit begins on Your Departure Date and will terminate on the earliest of the following:

- Your Return Date; or
- at 11:59 p.m. on the last date of coverage as shown on Your Declaration of Coverage Letter except in the circumstances outlined under the Automatic Extension of Coverage heading.

Your Coverage Period can be extended provided no event has occurred that would give rise to a claim under this insurance and provided You request an extension by phone 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 Allianz Global Assistance 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, evidence 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 a Medical 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 plane, bus, ship or train 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 Medical 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 a Medical 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 We, nor the Operations Centre, nor the Policyholder, 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 a Medical Emergency to an Insured Person occurring 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 or purchase of minor medical appliances such as wheelchairs and crutches.

PRIVATE DUTY NURSING EXPENSES Benefits are payable to a maximum of \$5,000 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 Air ambulance to the nearest appropriate medical facility or to a Canadian Hospital;
- 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.

OTHER PROFESSIONAL SERVICES Where the professional services of a physiotherapist, chiropractor, osteopath, chiroprapist or podiatrist are Medically Necessary, coverage will be provided to a maximum of \$150 per Insured Person per discipline.

EMERGENCY DENTAL EXPENSES 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. Chewing accidents are not covered. To be eligible for coverage, dental Treatment must take place during Your Trip. Treatment for the emergency relief of dental pain is covered to a maximum of \$150 per Insured Person.

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 \$250, for any 1 Immediate Family Member to:

- 1 Be with an Insured Person who is travelling alone and has been confined to a Hospital. The Insured Person must be expected to be an Inpatient for at least 7 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 up to \$5,000 for the preparation (including cremation) and transportation of the deceased's remains to his/her province or territory of residence. The cost of a burial coffin or urn is not covered.

ADDITIONAL HOTEL AND MEAL EXPENSES If Your Return Date is delayed due to a Medical 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.

RETURN OF VEHICLE If neither You nor anyone travelling with You is 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 \$1,000 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.

9.3.2 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 Hospitals, 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 a Medical Emergency, the Operations Centre can help to relay important messages to or from Your family, business or Physician.

9.3.3 EXCLUSIONS AND LIMITATIONS FOR OUT-OF-PROVINCE/ COUNTRY EMERGENCY MEDICAL BENEFITS

In addition to all applicable exclusions or limitations in Section 9.4, this insurance does not cover, provide services or pay claims resulting from:

- 1 Treatment, Recurrence or complication of a Medical Condition following emergency Treatment of that Medical Condition during Your Trip, if the medical advisors of the Operations Centre determine that the Insured Person is able 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 9.4 for additional applicable exclusions and limitations.

9.4 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:

<p>PRE-EXISTING CONDITION EXCLUSION #1</p> <p><i>Where the Medical Condition was Stable for at least 90 days before your Coverage Period began.</i></p>	<p>This insurance will not pay for expenses incurred during the Coverage Period related to:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
<p>PRE-EXISTING CONDITION EXCLUSION #2</p> <p><i>Where the Medical Condition was Stable for at least 180 days before your Coverage Period began</i></p>	<p>This insurance will not pay for expenses incurred during the Coverage Period related to:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
<p>PRE-EXISTING CONDITION EXCLUSION #3</p> <p><i>Where the Medical Condition was present 180 days before your Coverage Period began.</i></p>	<p>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:</p> <ul style="list-style-type: none"> • 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 Pregnancy, miscarriage, childbirth or complications of any of these conditions occurring within 9 weeks of the expected date of birth.
- 3 Riot or civil disorder; committing or attempting to commit a criminal offence.
- 4 Intentional self-injury, suicide or attempted suicide while sane or insane.
- 5 Abuse of any medication or non-compliance with prescribed medical Treatment or therapy.
- 6 Mental, nervous or emotional disorders.
- 7 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.
- 8 The Insured Person voluntarily and knowingly exposing himself/herself to risk from: an act of war whether declared or undeclared; rebellion; revolution; hijacking or Terrorism; and any service in the armed forces.
- 9 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.
- 10 Nuclear reaction or radiation.
- 11 Radioactive, biological or chemical contamination.
- 12 Seepage, pollution or contamination.
- 13 Epidemic or pandemic.
- 14 Any Trip commenced or continued against the advice of the Insured Person's Physician.
- 15 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.
- 16 Non-presentation of required travel documents, i.e., visa, passport, inoculation/vaccination reports.
- 17 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.
- 18 Your travel to a country, region or city for which the Canadian government has issued a Travel Advisory in writing prior to Your Departure Date.
- 19 Your travel to a Sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade Sanction law or regulations.

10 WHAT YOU SHOULD DO IN A MEDICAL EMERGENCY

Contact the Operations Centre directly when a Medical Emergency arises.

From Canada and the United States call: 1-800-661-9060

From elsewhere call collect: 1-519-741-0782

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 must notify the Operations Centre before seeking medical Treatment or as soon as medically possible after being admitted to a Hospital. As an alternative, someone else may call on Your behalf. 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 Travel Insurance
 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, We reserve 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 Us 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 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.
- 4 In the event of a payment under this Certificate, We have 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. We have full rights of subrogation. The Insured Person will execute and deliver such documents, and fully cooperate with Us, so as to allow Us to fully assert Our right to subrogation. The Insured Person will not do anything after the loss to prejudice such rights.
- 5 You must repay to Us amounts paid or authorized for payment on Your behalf if We later determine the amount is not payable under this insurance.

6 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.

7 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.

8 You agree to cooperate fully with Us, 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.

9 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 Us/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 Us to the extent of this claim.

4 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), 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 We and/or Allianz Global Assistance choose.

5 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 Us.

6 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.

7 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.

8 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.

9 From time to time We 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 We and the Policyholder approve it. You will be given prior written notice of any changes in the Certificate. We will send this notification to You at Your address as it appears on Our records.

13 HOW TO FILE YOUR CLAIM

Please contact Us at 1-800-661-9060 or 1-519-741-0782 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, We 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

- Receipts and itemized bills for all expenses.
- 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

- Any appropriate documentation that officially explains the cause of Your Trip cancellation, delay or interruption.
- 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.
- Certified death certificate in the event of a death.
- 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.
- Documentation of refunds received from the travel supplier(s) and/or Common Carrier(s).
- Copy of the supplier's literature that describes penalties.
- 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

- Original police, Common Carrier or other report that verifies the cause and duration of the delay.
- Original, itemized receipts.

4 Baggage and Personal Effects Benefits

- Original claim determination from the Common Carrier, if applicable.
- Original police report or other report of local authorities.
- Original receipts and list of stolen, lost or damaged items.
- Statement of loss providing amount of loss, date, time and cause of loss.

5 Out-of-Province/Country Emergency Medical Benefits

- Any explanation of diagnosis(es) along with Your original itemized bills and receipts.
- The claimant's enrollment in his/her provincial or territorial GHIP, and valid health card number.
- The provision of an authorization to secure medical records.
- The provision of any forms or authorizations required to pursue reimbursement from Your GHIP, any other insurance and/or any third parties.
- Your Departure Date and Your scheduled and actual dates of return.

14 PROTECTING YOUR PERSONAL INFORMATION

Allianz Global Risks US Insurance Company (Canadian Branch) (the "insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "We" "Us" and "Our") require personal information including:

- details about You including Your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about You
- records that reflect Your business dealings with and through Us

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

- To identify and communicate with You
- To consider any application for insurance
- If approved, to issue a 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 investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policyholders, insureds and claimants. In some cases We also collect personal information from members of a Certificate or Policyholder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with Us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policyholder or claimant. We may also use and disclose information from Our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file. Upon Your request and authorization, We may also disclose this information to other persons. From time to time, and if permitted by applicable law, We may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of Our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their

personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance We will likely be unable to provide insurance and related services. Personal information is maintained in the Certificate or Policyholder's, insured's or claimant's file that We establish and maintain in the offices of Allianz Global Assistance. In some instances We may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about Our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca.

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

Privacy Officer
Allianz Global Assistance
4273 King Street East
Kitchener, ON
N2P 2E9

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

CONTACT INFORMATION

ALLIANZ GLOBAL ASSISTANCE

Please contact Allianz Global Assistance with any questions or claims.

Toll-free: 1-877-704-0341 (In Canada & U.S.)

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Apply on-line at [bmo.com/travelinsurance](https://www.bmo.com/travelinsurance) – it's quick and easy to do



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

Travel Insurance is provided by Allianz Global Risks US Insurance Company - Canadian Branch (Allianz), and administered by Allianz Global Assistance. BMO Bank of Montreal receives compensation from the Insurer for the distribution of this insurance.

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