



TRAVELANCE

YOUR PEACE OF MIND, OUR PROMISE

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TRAVELANCE

YOUR PEACE OF MIND, OUR PROMISE

**Youth Travel
Insurance
Travel Right Insurance Plans**

Effective May 2016

TRAVELANCE YOUTH TRAVEL INSURANCE POLICY

BEFORE YOU DEPART

Take the time to read **Your Policy** and know what **You** are covered for. Pay special attention to bold capitalized words. They have a specific meaning which is explained in the **Definitions** section of this **Policy** on page 37. If **You** have any questions, contact **Your** agent.

This **Policy** covers only the specific situations, events and losses mentioned in this document and only under the conditions **We** describe.

The Plan **You** purchased may not include all the coverage described in this document. The **Schedule of Maximum Benefits By Plan** is outlined on page 7. Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

Coverage under this **Policy** is secondary to all other sources of recovery. Any benefits payable under this **Policy** are in excess of any other coverage **You** may have with any other insurance company or any other source of recovery.

10 DAY RIGHT TO EXAMINE

You may cancel this **Policy** within **10 days** of purchase for a full refund if **You** have not departed on **Your Covered Trip** and there is no claim in process. For refunds beyond the **10 days** of purchase for the **Emergency Medical Plan**, please see our policy on **Refund of Premium** on page 36

IMPORTANT NOTICE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read and understand **Your** Policy before **You** travel as **Your** coverage is subject to certain limitations, conditions or exclusions.
- **Pre-Existing Condition** exclusions may apply to **Medical Conditions** and/or symptoms that existed prior to **Your Covered Trip**. Check page 4 to see how these apply to **Your Policy** and how they relate to **Your** departure date, date of purchase or **Effective Date**.
- In the event of an **Injury** or **Sickness**, prior medical history may be reviewed when a claim is reported.
- This **Policy** provides travel assistance and **You** are required to notify the **Emergency Assistance Provider** prior to **Treatment**. This **Policy** limits benefits should **You** not contact the assistance provider within the specified time period.

TABLE OF CONTENTS

Eligibility Requirements	Page 3
Important Information About Pre-Existing Conditions	Page 4
Period of Coverage	Page 5
Schedule of Maximum Benefits By Plan	Page 7
Travel Assistance	Page 8
When It Applies	Page 8
What We Provide – 24/7	Page 8
What Happens When You Call For Assistance	Page 10
What To Do When You Need Assistance	Page 10
Limitation on Emergency Assistance	
Provider Services	Page 10

Trip Cancellation and Trip Interruption	Page 11
When It Applies	Page 11
Covered Events	Page 11
What We Exclude	Page 14
What We Pay – Trip Cancellation	Page 16
What We Pay – Trip Interruption	Page 16
Limitation of Payment for Trip Cancellation and Interruption	Page 17
Bankruptcy of a Travel Supplier	Page 17
Act of Terrorism	Page 17
What To Do If You Have A Claim	Page 18
The Ultimate Upgrade	Page 19
When It Applies	Page 19
What We Cover	Page 19
What We Exclude	Page 19
What We Pay – Trip Cancellation	Page 20
What We Pay – Trip Interruption	Page 20
What To Do If You Have A Claim	Page 20
Trip Delay	Page 21
When It Applies	Page 21
What We Cover	Page 21
What We Exclude	Page 22
What We Pay	Page 22
What To Do If You Have A Claim	Page 22
Emergency Medical	Page 23
When It Applies	Page 23
What We Cover	Page 26
What We Exclude	Page 28
What We Pay	Page 28
What To Do If You Have A Claim	Page 29
Baggage & Personal Effects	Page 29
When It Applies	Page 29
What We Cover & What We Pay	Page 30
What We Exclude	Page 31
What To Do If You Have A Claim	Page 32
Airflight Accident	Page 32
When It Applies	Page 32
What We Cover	Page 32
What We Exclude	Page 33
What We Pay	Page 33
What To Do If You Have A Claim	Page 34
General Exclusions	Page 35
General Policy Provisions	Page 37
Definitions	Page 40
Claims Information	Page 41
Privacy	Page 41

ELIGIBILITY REQUIREMENTS

If **You** do not meet the requirements and conditions listed below **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid:

- **You** are under **30 years of age** at the time of purchase.
- **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel prior to **Your Effective Date**.
- **You** must not have been diagnosed with a **Terminal Sickness** prior to **Your Effective Date**.
- For full emergency medical coverage **You** must be insured under a valid Canadian federal, provincial or territorial government health insurance plan (GHIP) or Canadian university health insurance plan (UHIP). Otherwise the limit of coverage is **\$25,000**.
- The **Policy** must be purchased prior to departure.
- The **Covered Trip** must not exceed **365 days**.
- There is no coverage for **Emergency Medical** if **You** are travelling to the USA for more than **48 hours** unless the required premium is paid for USA destinations.
- Any child born during the **Covered Trip** is not entitled to coverage under this **Policy**.
- When the **Covered Trip** value exceeds **\$15,000**, **You** must complete the **Travelance Insurance Eligibility Questionnaire**.
- Wherever completion of the **Travelance Insurance Eligibility Questionnaire** is required, if **You** are not eligible for the plan purchased in accordance with the eligibility requirements of the **Travelance Insurance Eligibility Questionnaire**, **We** will declare **Your** coverage null and void from inception and no benefit will be payable under this **Policy**.
- **You** must purchase the **Policy** for the full duration of **Your Covered Trip**.
- For the **Premier Package Plan**, **You** must purchase the **Policy** for the full value of the prepaid non-refundable portion of **Your Covered Trip**.
- **Emergency Medical Plan** can only **Top Up** other coverage that allows **Top Up**.

IMPORTANT INFORMATION ABOUT PRE-EXISTING CONDITIONS

A **Pre-Existing Condition** is a **Medical Condition** other than a **Minor Infection**, which existed prior to **Your Effective Date**. Coverage is provided for a **Pre-Existing Condition** if it was **Stable and Controlled** within the time periods listed below:

- **Trip Cancellation Coverage:**
 1. **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date*** of the **Policy**.
 2. **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date*** of the **Policy**.
- **Trip Interruption and Emergency Medical Coverage:**
 1. **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**.
 2. **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**.
 3. **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

***Effective Date for Trip Cancellation: please see page 5.**

For **Emergency Medical** with regards to **Top Ups**, "prior to **Your Departure Date**" is replaced with "prior to the start date of **Your Top Up** coverage".

For anyone **30 years of age or over**, coverage is not provided for any claims arising from **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

NOTE: For **Covered Trips** where **Your** trip cost is in excess of **\$15,000**, this **Pre-Existing Condition** section pertains to anyone's health irregularity that gives rise to a claim under Trip Cancellation or Trip Interruption.

For the **Premier Package Plan**, if prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day if **We** will:

- a) accept or decline **Your** claim under **Your** Trip Cancellation benefits; or
- b) waive the change in the **Medical Condition** for that condition or related condition for any future claim under the applicable section of **Your Policy**.

PERIOD OF COVERAGE

Effective Date – When Coverage Begins

Coverage	Effective Date
Trip Cancellation	Begins at 12:01 a.m. following the date You purchased this Policy .
Trip Interruption	Begins on the Departure Date of Your Covered Trip .
Emergency Medical	Begins on the Departure Date at the point when You leave Your province or territory of residence on Your Covered Trip . If coverage is purchased as Top Up coverage, this insurance begins when the other coverage expires.
Airflight Accident	Begins when You leave Your home on Your Covered Trip .
All Other Benefits	Begin on the Departure Date as shown on Your Policy Confirmation .

When Coverage Ends

Your coverage ends on the earliest of the following events:

1. The date and time **You** cancel **Your** insurance prior to departure;
2. When **You** cancel **Your Covered Trip**;
3. On **Your Policy Expiry Date** as shown on **Your Policy Confirmation**;
4. On the date **You** return to **Your Departure Point**.

Your coverage will not end if **You** temporarily return to **Your** province or territory of permanent residence. In such a case, **Your Policy** will remain in effect up to **Your Expiry Date** except **We** will apply the **Pre-existing Condition** exclusion based on **Your** new **Departure Date** upon continuing **Your Covered Trip**.

Automatic Extension of Coverage

Your insurance will automatically be extended beyond **Your Expiry Date** as shown on **Your Policy Confirmation** document if:

1. **Your** scheduled **Common Carrier** is delayed or **You** are delayed due to circumstances beyond **Your** control, coverage will be extended for up to **72 hours**; or
2. **You, Your Travelling Companion** or a **Family Member** travelling with **You** are hospitalized on or prior to **Your Expiry Date**. Coverage will be extended for the duration of the **Hospital** stay and for up to **5 days** after discharge from the **Hospital** while outside **Your** province or territory of residence; or
3. **You, Your Travelling Companion** or a **Family Member** travelling with **You** are unable to travel due to a medical reason that does not require hospitalization. Coverage will be extended for up to **3 days** and must be documented by a **Physician** at **Your** destination.

Extending Coverage After Departure

If **You** decide to extend **Your Covered Trip** after departure, call **Your Travelance Travel Insurance** agent.

We will extend **Your** coverage under this **Policy** beyond **Your Expiry Date**, as long as:

1. **You** have not incurred a claim under this **Policy**;
2. **You** have not experienced an **Injury** or **Sickness**, or have not had medical **Treatment** during **Your Covered Trip**;
3. Coverage under this **Policy** is in force at the time **You** request an extension;
4. **You** pay any additional required premium for such extension; and
5. The total **Period of Coverage** for any single **Covered Trip** including the extension requested, will not exceed the period for which **Your** government health insurance plan covers **You** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at the **Company's** discretion. In no event shall coverage be extended for a period exceeding **12 months** from **Your** original **Departure Date**.

Failure to make medical information known will render this coverage extension null and void.

How Do You Become Insured

You become insured and this brochure becomes an insurance **Policy**:

- When **You** are named on a completed insurance application; and
- When **You** pay the required premium on or before **Your** coverage **Effective Date**; and
- If applicable, upon completion and acceptance by the **Company** of the **Travelance Insurance Eligibility Questionnaire**.

SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFIT SECTIONS		PREMIER PACKAGE PLAN	EMERGENCY MEDICAL PLAN
1	TRAVEL ASSISTANCE	INCLUDED	INCLUDED
2	TRIP CANCELLATION & TRIP INTERRUPTION		
	TRIP CANCELLATION	SUM INSURED	—
	TRIP INTERRUPTION	SUM INSURED*	—
	TRIP INTERRUPTION EARLY /LATE RETURN	SUM INSURED*	—
	SUPPLIER BANKRUPTCY/DEFAULT	SEE PAGE 12	—
	ACT OF TERRORISM	SEE PAGE 14	—
	ACCOMMODATION & MEALS	\$300	—
	REPATRIATION OF REMAINS	\$10,000	—
	CREMATION/BURIAL AT DESTINATION	\$5,000	—
3	THE ULTIMATE UPGRADE	OPTIONAL SEE PAGE 19	—
4	TRIP DELAY	\$1,500	—
	ACCOMMODATION & MEALS	\$200	—
5	EMERGENCY MEDICAL		
	HOSPITAL & MEDICAL	\$1,000,000	\$1,000,000
	EMERGENCY MEDICAL EVACUATION/ RETURN HOME	\$1,000,000	\$1,000,000
	ACCOMMODATION & MEALS	\$450	\$150
	HOSPITAL STAY ALLOWANCE	\$500	\$500
	REPATRIATION OF REMAINS	\$10,000	\$5,000
	CREMATION/BURIAL AT DESTINATION	\$5,000	\$3,000
6	BAGGAGE & PERSONAL EFFECTS	\$800	—
	BAGGAGE DELAY	\$100	—
	MAXIMUM PER ITEM	\$300	—
	PERSONAL MONEY	\$100	—
7	AIRFLIGHT ACCIDENT	\$25,000	—

Sum Insured means the amount of insurance coverage **You** have purchased.

* For the **Premier Package Plan** coverage for **Trip Interruption** and **Trip Interruption Early Return** is a base amount of **\$5,000**. Coverage is available for trips over **\$5,000**. Additional charges are applicable and payable at the time of purchase of this **Policy**.

TRAVEL ASSISTANCE

When It Applies

If **You** require **Emergency** medical assistance or other help while travelling on **Your Covered Trip**.

What We Provide – 24/7

A. MEDICAL ASSISTANCE

- Worldwide multi–lingual medical and dental referrals. If **You** need care from a **Physician**, dentist or medical facility while **You** are travelling, **We** can help **You** find one.
- Advance payment to **Hospital**. We will provide advance payment to a **Hospital** if it is required to secure **Your** admission for a covered Sickness or Injury
- Monitoring of **Treatment**. If **You** are hospitalized, **Our** medical staff will stay in contact with **You** and the **Physician** caring for **You**. **We** can also notify **Your** family and **Your Physician** back home of **Your Sickness** or **Injury** and update them on **Your** status.
- Transfer of insurance information to medical providers. If **You** require medical **Treatment** for an **Injury** or **Sickness**, **We** will provide the emergency medical providers with any coverage information that they require.
- Vaccine and blood transfers. If required, **We** will coordinate the transfer of required blood or vaccine to **You**.
- Dispatch of **Physicians** and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.
- Prescription assistance. If **You** have lost, misplaced or forgotten **Your** prescription medication, **We** will assist **You** in contacting **Your Physician** and obtaining a replacement supply.
- Replacement of corrective eyeglasses and medical devices. If **You** have lost, misplaced or forgotten **Your** corrective eyeglasses or medical devices, **We** will assist **You** in obtaining a replacement.
- Transfer of medical records. If and when required for **Emergency** medical **Treatment**, **We** will coordinate the transfer of medical records and related information to the treating **Physician**.
- Updates to family, employer and home **Physician**. If **You** are hospitalized, **We** will provide appropriate **Medical Condition** updates to **Your** family, employer and/or personal **Physician**.
- Hotel arrangements for convalescence. If **You** are hospitalized, **We** will make necessary hotel and related accommodation arrangements for **You** and/or **Your** family travelling with **You** or **Your Travelling Companion** before, during and after **Your** hospitalization.

B. MEDICAL EVACUATION AND REPATRIATION SERVICES

All evacuation and repatriation services must be pre–approved and arranged by Us.

- Emergency** medical evacuations. If **Our** medical team and the local **Physician** caring for **You** agree that the local care facility cannot **Treat Your Sickness** or **Injury**, **We** will provide transport and any necessary accompaniment to transfer **You** to the nearest appropriate facility.

2. Transportation of someone to join **You** if **You** are hospitalized. If **You** are hospitalized for an **Emergency Sickness** or **Injury**, **We** will arrange for the economy class round-trip ticket to bring a friend or **Family Member** to **You** if **You** are alone and a **Physician** recommends that someone travel to join **You**.
3. Return of **Children**. If **You** are confined to **Hospital** for more than **24 hours**, **We** will arrange for the one way **Fare** to return home **Your Children** who have accompanied **You** on **Your Covered Trip**. **We** will also provide an escort for these **Children**.
4. Return of **Travelling Companion**. If, due to a medical **Emergency** covered by this **Policy**, **You** must return to **Your Departure Point**, **We** will arrange for the one way **Fare** to return **Your Travelling Companion** to **Your Departure Point**.
5. Transportation after stabilization. Once **You** are medically stable to return home, **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).
6. Repatriation of mortal remains. **We** will arrange for the reasonable and necessary services to transport **Your** remains to **Your** place of residence. **We** can coordinate between sending and receiving funeral homes.

C. LEGAL ASSISTANCE

1. Transfer of funds. If **Your** cash is lost or stolen or if **You** need extra money to pay for unexpected expenses, **We** can arrange to transfer funds from **Your** family or friends.
2. Legal and bail referrals. **We** can help **You** find local legal advice or a bail bondsman while travelling.

D. TRAVEL & DOCUMENT ASSISTANCE

1. Replacement of lost or stolen passport or other travel documents. If **Your** passport or other travel documents are lost or stolen, **We** can help **You** reach the appropriate authorities, contact **Your** family or friends, and assist **You** in getting **Your** documents replaced.
2. Replacement of lost or stolen travel tickets. If **Your** tickets are lost or stolen, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
3. Assistance with lost or delayed baggage. If **Your** baggage is lost, stolen or delayed, **We** can contact the airline or other carriers and assist **You** with recovering **Your** baggage.

E. OTHER ASSISTANCE SERVICES

1. **Emergency** travel arrangements to return home. If **You** must interrupt **Your Covered Trip** and return home for an **Emergency** reason, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
2. Translation services. **We** will assist **You** in arranging for translation services or referral of the same.
3. Urgent message transmittals. **We** can help **You** get an urgent message to someone back home to **Your** family, employer or personal **Physician** and confirm that **We** were able to reach the person **You** asked us to contact.
4. Vehicle return. If **You** are not physically able to do so due to an **Injury** or **Sickness**, **We** will arrange for the return of **Your** vehicle to the rental agency or to **Your** permanent residence.

What Happens When You Call For Assistance

- **You** will be referred to the most appropriate service provider for **Your** situation.
- **We** will confirm that a **Policy** has been issued.
- Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- Where a claim is payable **We** will arrange, to the extent possible, to have any medical expenses billed directly to the **Company**.

What To Do When You Need Assistance

Have **Your Policy** number or **Policy Confirmation** with **You** at all times. When on the cruise ship, seek the cruise ship's **Physician** and provide the assistance information. Otherwise when on land, contact **Our** assistance provider at the telephone numbers listed below. Access is available **24 hours per day, 365 days per year** at the following numbers listed below. If **You** cannot successfully place a collect call to the **Emergency Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA & Canada	1-800-334-7787
Direct Dial Collect	1-905-667-0587
Email: assistance@oldrepublicgroup.com	

When contacting **Our** assistance provider, please provide **Your** name, **Your** policy number, **Your** location and the nature of the **Emergency**.

Limitation on Emergency Assistance Provider Services

The **Company** and/or the **Emergency Assistance Provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war; or
- labour disturbances, strikes; or
- nuclear **Accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The **Emergency Assistance Provider** will use its best efforts to provide the required services during any such occurrence.

The **Emergency Assistance Provider's** obligation to provide services described in this **Policy** is subject to the terms, conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the **Emergency Assistance Provider** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or the **Emergency Assistance Provider**. Therefore, neither the **Company** nor the **Emergency Assistance Provider** shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **Treatment** or service **You** may receive or **Your** failure to obtain or receive any medical **Treatment** or service.

TRIP CANCELLATION AND TRIP INTERRUPTION

When It Applies

If **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling.

Covered Events

For insurance coverage to apply, the cancellation or interruption of **Your Covered Trip** must result from any one of the following **unforeseen** events occurring during **Your** coverage period that prevents **You** from travelling:

Health

1. Any **Injury** or **Sickness** occurring to:
 - a) **You**, **Your Travelling Companion**, or a **Family Member** of either, travelling with **You** on **Your Covered Trip**;
 - b) **Your** or **Your Travelling Companion's Family Member** not travelling with **You** on **Your Covered Trip**;
2. **You** or **Your Travelling Companion** are medically unable to receive a vaccination that is required for entry into a country, region or city originally determined to be **Your** destination, provided that such vaccination was not mandatory on **Your Effective Date**.
3. Quarantine of **You** or **Your Travelling Companion**.

You must provide detailed medical documentation from a **Physician** including a statement advising not to travel if the trip cancellation or trip interruption was caused by or resulted from an **Injury**, **Sickness** or quarantine. Failure to do so will result in non-payment of the claim. **We** reserve the right to examine medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the pre-existing time period pertaining to the claim presented. (See the **Pre-existing Condition** exclusion in this section.)

Death

4. **You** or **Your Travelling Companion's** death, the death of **You** or **Your Travelling Companion's Family Member** or **Your** friend which occurs during the coverage period.
 - This does not include travel for the purpose of visiting a person suffering from a **Medical Condition** who dies due to that **Medical Condition** and whose death is the cause of cancellation or interruption of **Your Covered Trip**.

Pregnancy and Adoption

5. **You**, **Your Travelling Companion** or the **Spouse** of either :
 - a) experience complications in the first **26 weeks** of pregnancy resulting in the attending **Physician** advising against travel; or
 - b) has a pregnancy that is diagnosed after the **Effective Date** of this insurance if **Your Covered Trip** is scheduled to take place within the **14 weeks** prior to or after the expected delivery date.

6. The legal adoption of a child by **You** or **Your Travelling Companion** when the notice of adoption was received after the **Effective Date** of this insurance.

Transportation and Accommodation

7. For **Covered Trips** booked through a licensed Canadian travel agency, **Bankruptcy** or **Default** of a **Travel Supplier**, other than the travel agency or organization from whom **You** purchased the travel arrangements. Benefits are provided only for the expenses charged by the **Travel Supplier** whose **Bankruptcy** or **Default** results in loss covered by this **Policy** and which stops service after **Your Effective Date**.
 - **You** must purchase **Your Policy** within **7 days** of the date **You** make **Your** first payment on **Your Covered Trip** to have coverage for this benefit.
 - Payment is limited to the conditions described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 17.
 - No coverage is provided for the total cessation or complete suspension of operations by a **Travel Supplier** caused by fraud or negligent misrepresentation by such **Travel Supplier**.
 - No coverage is provided if the **Travel Supplier** is a United States of America airline, except when the airline tickets are issued by a tour operator and are one component of an inclusive package booked through a licensed Canadian travel agency.
 8. **You** or **Your Travelling Companion's** place of business is made unsuitable for the transaction of business by fire, vandalism or **Natural Disaster**.
 9. **You** or **Your Travelling Companion's** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism, burglary or **Natural Disaster**.
 10. Burglary of **You** or **Your Travelling Companion's** principal residence or place of business within **7 days** of **Your Departure Date** or during **Your Covered Trip**.
 11. Death, hospitalization or quarantine of **Your Host at Destination**.
 12. **You** or **Your Travelling Companion's** destination accommodations made uninhabitable for the period of **Your Covered Trip** due to fire, vandalism, burglary or **Natural Disaster**.
 13. As the result of a cancellation of a cruise or tour included in **Your Covered Trip** for reasons beyond **Your** control except for **Bankruptcy** or **Default**, **We** will reimburse **You** up to **\$1,000**:
 - a) prior to departure from **Your Departure Point** for **Your** non-refundable prepaid airfare that is not part of **Your** cruise or tour package; or
 - b) after departure from **Your Departure Point** but prior to departing on **Your** cruise or tour, **We** will reimburse **You** for the added expense resulting from the lower of a change fee or one way **Fare** to return to **Your Departure Point**.
- ### Weather
14. Weather conditions causing the scheduled carrier, on which **You** or **Your Travelling Companion** are booked to travel, to be delayed for a period of at least **30%** of **Your Covered Trip** duration. If **You** experience a delay which results in **You** losing less than **30%** of **Your Covered Trip**, there may be coverage under **Trip Delay**. See page 21.

Employment or Educational Obligations

15. The requirement that **You** or **Your Travelling Companion** attend a high school, university or college course examination on a date that occurs during **Your Covered Trip**, provided that the examination date which was published prior to **Your Effective Date** was subsequently changed after the **Effective Date**.
16. The rescheduling of high school, university or college classes of **You** or **Your Travelling Companion** to a date that occurs during **Your Covered Trip** due to unusual circumstances beyond **You** or **Your Travelling Companion's** control and the control of the high school, university or college provided that both the unusual circumstances and the resulting rescheduling occurred after **Your Effective Date**.
17. **Your** parent's involuntary termination or layoff of permanent employment not including contract or self-employment, when actively employed with the same employer for at least **6 months** prior to the **Effective Date** of this insurance.
18. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **You** or **Your Spouse** when actively employed with the same employer for at least **6 months** prior to the **Effective Date** for this insurance.
19. Relocation of a principal residence due to a job transfer by **You** or **Your Spouse**. The person who must relocate must be a full time active employee with that same employer for this benefit to apply.
20. **You** or **Your Spouse** is called to emergency service as a member of a police force, armed forces, reserves or fire fighting unit as a result of a **Natural Disaster**.
21. The cancellation of **Your Covered Trip** by the school board due to a teachers' labour strike or the school board determining there is a risk of harm to **You** due to an event directly affecting **Your** destination during **Your Covered Trip**.

Legal & Government

22. The non-issuance of a travel visa, excluding an immigration or employment visa required for **Your Covered Trip**, provided **You** or **Your Travelling Companion** were eligible to make such an application, for reasons beyond **You** or **Your Travelling Companion's** control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.
23. The non-issuance of **Your** or **Your Travelling Companion's** Canadian passport if required for **Your Covered Trip** provided:
 - i. **You** and **Your Travelling Companion** are eligible for a Canadian passport
 - ii. Proper application and all required documents have been received by Passport Canada at least **30 days** prior to **Your Departure Date**.

24. The loss or theft of **Your** or **Your Travelling Companion's** valid passport or travel documents causing **You** to misconnect with a portion of **Your Covered Trip**.
 - Benefits are limited to the lesser of **\$800** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**
 - Excluded is any loss or theft as a result of:
 - a) Property left unattended; or
 - b) Destruction or damage from confiscation or detention by customs officials or other officials or authorities.
25. **You** or **Your Travelling Companion** is called for jury duty, or are subpoenaed as a witness or required to appear as a defendant in a civil suit in a case being heard during the **Period of Coverage**.

Terrorism, Hijacking, & Travel Warnings

26. Hijacking of **You** or **Your Travelling Companion**.
27. An event including, **Act of Terrorism**, war, impending war, or health issue which causes Foreign Affairs Canada to issue a travel warning advising Canadians not to travel to a country, region or city originally ticketed for a period that includes **Your Covered Trip**. The travel warning must be issued after the **Effective Date** of this insurance. This benefit is limited to the amount described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 17.
 - This benefit is not payable if the **Act of Terrorism** is caused by the use of nuclear, chemical, or bio-chemical material.
 - This benefit is not payable if the cruise company changes its itinerary due to a travel warning.

What We Exclude

In addition to the **General Exclusions** (page 34) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims:

1. **A. If Your Covered Trip has a maximum Sum Insured of up to \$15,000:** claims caused by **You** or **Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** as follows:
 - a) **Trip Cancellation:**
 - i) **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date** of this **Policy**;
 - ii) **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date** of this **Policy**.
 - b) **Trip Interruption:**
 - i) **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**;
 - ii) **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**;
 - iii) **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

For anyone **30 years of age or over**, coverage is not provided for any claims arising from **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

B. If Your Covered Trip has a Sum Insured in excess of \$15,000: claims caused by **Your Pre-Existing Condition** or the **Pre-existing Condition** of any person who is the cause of a claim for Trip Cancellation or Trip Interruption that was not **Stable and Controlled** as follows:

- a) **Trip Cancellation:**
 - i) **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date** of this **Policy**;
 - ii) **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date** of this **Policy**.
- b) **Trip Interruption:**
 - i) **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**;
 - ii) **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**;
 - iii) **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

For anyone **30 years of age or over**, coverage is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

NOTE: For 1. "A" and "B" on page 14 and above: if prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and, any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day if **We** will:

- a) accept or decline **Your** claim under **Your** Trip Cancellation benefits; or
 - b) waive the change in the **Medical Condition** for that condition or related condition for any future claim under **Your Policy**.
2. Where coverage for the non-refundable travel arrangements is increased, resulting in an increase in the **Sum Insured** and the required **Policy** premium paid, the **Effective Date** for this increased amount with respect to trip cancellation benefits is the date the coverage is increased.
 3. Caused by **Your** failure to disclose a **Material Fact** regarding either **Your** or **Your Spouse's Medical Condition** on the **Travelance Insurance Eligibility Questionnaire**, if applicable. This exclusion applies to the total **Sum Insured**.
 4. A return delayed more than **10 days** beyond **Your** scheduled date of return, unless **You**, a **Family Member** travelling with **You** or a **Travelling Companion** were hospitalized for at least **24** consecutive hours within this **10 day** period.

What We Pay – Trip Cancellation

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 11 to 14 causes **You** to cancel **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. For trip cost payments and deposits **You** made before **Your Covered Trip** was cancelled, less any refunds or credits **You** are entitled to receive;
2. The expenses incurred by **You** for the next occupancy level, if **Your Travelling Companion** with whom **You** had booked prepaid shared accommodation cancels their travel arrangements for a Covered Event outlined on pages 11 to 14 and **You** elect to travel as originally planned. If this occurs **You** are advised to upgrade the amount of insurance on **Your Covered Trip**;
3. The change fee charged by **Your** originally booked travel supplier of **Your** prepaid **Covered Trip** when such an option is made available by **Your** licensed Canadian travel agency;
4. The cost to catch up to **Your** trip if **You** qualify to cancel but choose instead to continue on **Your Covered Trip**, providing the cost to catch up is less than the cost to cancel **Your Covered Trip**;
5. Published cancellation penalties imposed by hotels for unused accommodation.

What We Pay – Trip Interruption

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 11 to 14 causes **You** to interrupt **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. The unused part of **Your** prepaid cruise or covered land arrangements, less any refunds **You** receive;
2. The lesser of a one way **Fare** or change fees on existing tickets, less any refunds, to return to **Your Departure Point** or to continue on **Your Covered Trip**;
3. The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares up to **\$150 per day** to a maximum of **\$300**;
4. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return;
5. Published cancellation fees imposed by hotels for unused accommodations;
6. In the event of **Your** death from a covered **Injury** or **Sickness** while on **Your Covered Trip**, reimbursement will be made, up to the maximum amount specified in the **Schedule Of Maximum Benefits By Plan**, for the reasonable expenses:
 - a. incurred for preparing and transporting **Your** remains or ashes back to **Your Departure Point** ; or
 - b. incurred for the cremation or burial of **Your** remains at the location where death occurs.

No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.

Limitation of Payment for Trip Cancellation and Interruption

Benefits payable are in excess of all other sources of recovery including other insurance and replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers.

Bankruptcy of a Travel Supplier

- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** as a result of the financial **Default** of any one contracted travel supplier is **\$1,000,000** regardless of the number of claims. Where the aggregate limit of **\$1,000,000** is exceeded, claims will be paid on a pro-rata basis.
- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** for financial **Default** of a travel supplier is limited to **\$5,000,000** per calendar year regardless of the number of incidents of **Default** of contracted travel suppliers. Where the aggregate eligible claims in a calendar year exceed **\$5,000,000** claims will be paid on a pro-rata basis and will be paid after the end of the calendar year.
- If a contracted travel supplier or carrier ceases operations, the amount payable under this **Policy** for actual financial loss to **You** is limited to the amount in excess of the amount recoverable from a provincial compensation fund up to the **Sum Insured** to a maximum of **\$10,000**. This **Policy** will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

Act of Terrorism

- In the event of an **Act of Terrorism**, benefits will be paid out of a fund limited to **\$1,000,000** per **Act of Terrorism** or a series of **Acts of Terrorism** occurring within a **72 hour** period and applying to all policies issued by the **Company**.
- Regardless of the number of **Acts of Terrorism** the maximum liability of the fund under this **Policy** and all other policies issued by the **Company** is limited to **\$2,000,000** per calendar year.
- If in **Our** opinion the total number of claims payable due to one or more **Acts of Terrorism** may exceed the available fund limit, **Your** pro-rated claim will be paid after the end of the calendar year.
- This coverage is in excess of all other potential sources of recovery, even if other potential sources of recovery are described as excess coverage. **We** will not apply this coverage until after **You** have exhausted all other potential sources.

What To Do If You Have A Claim

All cancellations must be reported to **Your** travel agent within **72 hours** following the **unforeseen event** that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our** 24 hour assistance line as directed on page 10 of this **Policy**.

In order to qualify for reimbursement under this provision, **You must** submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

THE ULTIMATE UPGRADE

Optional All Events Upgrade Rider Applicable Only to Trip Cancellation and Trip Interruption Coverages

When It Applies

This upgrade rider is applicable if **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling. This is only available for **Covered Trips** that have a maximum Sum Insured of up to **\$15,000** per person. This upgrade rider is only available in conjunction with the **Premier Package Plan**. Both the **Premier Package Plan** and this rider must be purchased within **7 days** of the date you make **Your** first payment on **Your Covered Trip**.

What We Cover

Whenever **You** or **Your Traveling Companion** are prevented from taking or completing **Your Covered Trip** due to an **unforeseen event** that occurs after the **Effective Date** of this upgrade that is not otherwise covered by this **Policy**.

What We Exclude

Only the following exclusions are applicable to this upgrade rider. There is no coverage and no benefits will be payable for any claim arising from:

1. **Your** or **Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** on the purchase date of this **Policy**.

Coverage is not provided for any claims arising from **Your** or **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
 - b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).
2. Any event giving rise to a claim which is foreseen at the time of purchasing this insurance;
 3. Voluntary cancellation or interruption of travel for any reason, including loss of enjoyment;
 4. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance;
 5. Participation in a crime, malicious act, riot or insurrection.

What We Pay – Trip Cancellation

We will reimburse **You** to a maximum of **95%** of the **Sum Insured** for the following expenses:

1. **95%** of any unused non-refundable prepaid expenses for travel arrangements; and
2. **95%** of any published penalties **You** incur as a result of a **Trip Cancellation**.

What We Pay – Trip Interruption

We will reimburse **You** to a maximum of **95%** of the **Sum Insured** for the following expenses:

1. **95%** of any unused non-refundable prepaid expenses for travel arrangements;
2. **95%** of the same class transportation as **Your** original **Covered Trip** to return to the **Departure Point** or to continue on **Your Covered Trip**; and
3. **95%** of additional reasonable expenses incurred for an unplanned overnight stay.

What To Do If You Have A Claim

All cancellations must be reported to **Your** travel agent within **72 hours** following the **unforeseen event** that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our 24 hour** assistance line as directed on page 10 of this **Policy**.

In order to qualify for reimbursement under this provision, **You must** submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

TRIP DELAY

When It Applies

If **You** travel is delayed on or after **Your** scheduled **Departure Date**.

Special Note: Trip Delay coverage is intended to help **You** with the extra expenses **You** incur to catch up to **Your Covered Trip**. If **You** experience a delay **You** need to make reasonable efforts to continue on **Your Covered Trip**.

What We Cover

The delay of **Your Covered Trip** must directly result from any one of the following **unforeseen events** occurring on or after **Your Departure Date**:

1. **You** are delayed for at least **6 hours** in arriving at **Your Covered Trip** destination or returning to **Your Departure Point** due to the delay, schedule change or cancellation of **Your** or **Your Travelling Companion's Common Carrier**.
 - Delays, schedule changes and cancellations caused by strike, labour disruptions, **Bankruptcy, Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
2. A delay of the private automobile in which **You** are travelling as a result of:
 - a) a traffic **Accident** documented by a police report;
 - b) mechanical failure;
 - c) weather conditions; or
 - d) emergency road closure by police documented by a police reportproviding that **You** left enough travel time to comply with the **Travel Supplier's** required check-in procedure.
3. A delay in clearing customs and security controls due to **Your** mistaken identity.
4. Cancellation of a domestic Canadian common air carrier that is providing a portion of **Your Covered Trip**. **We** will reimburse **You** up to **\$1,000** for the non-refundable prepaid airfare of a domestic carrier that is no longer useful for **Your Covered Trip**.

For items 1 to 4 above, if **Your** travel arrangements were not made through a licensed Canadian travel agency, travel delay benefits will apply provided **Your** travel arrangements meet the following connection times:

- a) **2 hours** between domestic airline connectors;
- b) **3 hours** between international or Canada/USA connections;
- c) **6 hours** between mixed connections such as an airline connecting to a land tour or cruise.

What We Exclude

The exclusions that apply to this coverage are listed in the **General Exclusions** section of this **Policy** on page 34.

What We Pay

1. **You** are covered up to the maximum amount shown on the **Schedule of Maximum Benefits By Plan** for **Trip Delay** for the following applicable expenses incurred by **You**:
 - a) The change fee or the additional **Fare** incurred by **You** while **You** are travelling to:
 - i) continue on **Your Covered Trip**; or
 - ii) return to **Your Departure Point**;
 - b) The unused, non-refundable insured portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source, less the value of the unused travel ticket;
 - c) Up to **\$100** for additional pet care expenses **You** incur as long as the delay in **Your** return is **24 hours** or more;
2. In addition, **You** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay for up to a maximum of **\$200**.

The **Maximum Benefit Amount** for **Trip Delay** will be reduced by any amounts paid or payable by any **Common Carrier** responsible for **Your Covered Trip**.

What To Do If You Have A Claim

To qualify for reimbursement under this provision, **You must** submit to **Us** with **Your** claim:

1. A statement documenting the circumstances surrounding the trip delay from the **Common Carrier** upon which **You** were travelling or any other party responsible for the trip delay;
2. Original receipts for any expenses, charges or costs incurred by **You** as a result of the trip delay; and
3. Any other information **We** deem necessary to properly adjudicate **Your** claim.

If **You** require assistance to make alternative travel arrangements **You** may call **Our 24 hour** assistance line at the number shown on page 10 of this **Policy**.

When It Applies

If **You** experience a medical **Emergency** while on **Your Covered Trip**.

What We Cover

1. **Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment** of **Your Emergency Sickness** or **Injury**:
 - a) the services of a **Physician**, surgeon or in–**Hospital** duty nurse;
 - b) **Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
 - c) transportation furnished by a professional ambulance company to and from a **Hospital**;
 - d) up to **\$50** each way if a local taxi service is required to get **You** to and from the nearest medical service provider for a minor **Emergency**;
 - e) **Your Emergency** evacuation from a remote location to the nearest appropriate **Hospital** that can provide the necessary **Emergency** medical **Treatment** as determined and arranged by **Our Emergency Assistance Provider**;
 - f) diagnostic procedures, laboratory procedures and **Treatment**, subject to prior approval by **Us**;
 - g) medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
 - h) prescription medications required to **Treat** any **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
 - With respect to all **Emergency** medical expenses, **You** or someone acting on **Your** behalf are required to immediately contact **Our 24 hour** assistance line at the telephone numbers provided on page 10 of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ–threatening **Emergency**. Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred.
 - The **Company** reserves the right to return **You** to **Canada** or to **Your Departure Point** before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to **Canada** without endangering **Your** life or health.
 - If **You** elect not to return to **Canada** following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all benefits will end.
2. **Prescription Drugs:** up to **\$50** for prescription drugs lost, stolen or damaged during **Your Covered Trip**. Up to **\$75** will be allowed if the services of a local **Physician** are required to secure the replacement prescription. **You** must contact **Our Emergency Assistance Provider**.
3. **Emergency Dental:** treatment ordered by a licensed dentist or dental surgeon as follows:
 - a) **Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Injury** to the head or mouth. Up to **\$1,500** will be paid for continuing dental **Treatment** completed within **90 days** after **You** return to **Canada**, provided the **Treatment** is related to the **Injury**;
 - b) up to **\$300** to relieve acute pain and suffering not related to an **Injury**.
4. **Emergency Paramedical Services:** performed by a chiropractor, chiroprapist, physiotherapist, osteopath or podiatrist for **Emergency Treatment** up to **\$300** per category of practitioner. Services performed by a **Family Member** are not covered.
5. **Accommodation and Meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** if one of you is relocated to receive **Emergency** medical **Treatment** or one of you is delayed beyond **Your Expiry Date** due to **Sickness** or **Injury**.
 - This benefit is limited to **\$150 per day** to a maximum of **\$450** under the **Premier Package Plan** and **\$50** per day to a maximum of **\$150** under the **Emergency Medical Plan**. Original receipts and the local attending **Physician's** written diagnosis of the **Sickness** or **Injury** must be submitted for this benefit to qualify for payment.
6. **Medical Evacuation or Return Home:** in response to an **Emergency Sickness** or **Injury** as follows:
 - a) the extra cost of a one way **Fare** on a commercial airline via the most direct route to return **You** to **Your** place of residence in **Canada**; or
 - b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **Your** place of residence in **Canada** or to the most appropriate medical facility closest to **Your** home in **Canada**, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **You** if it is deemed **Medically Necessary**; or
 - c) air ambulance transportation when it is **Medically Necessary**.
 - Benefits must be pre–approved and arranged by **Us** in consultation with **Our** medical advisors, the local treating **Physician** and **Our Emergency Assistance Provider** for coverage to apply. If **Your** unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
7. **Beside Visit:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** and the local attending **Physician** recommends that a relative or close friend should visit at **Your** bedside, remain with **You**, or accompany **You** home, **We** will reimburse the cost of a round–trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure the accompanying **Family Member** or friend for **Emergency Medical** coverage under this **Policy** until **You** are medically stable to return to **Canada**, subject to the eligibility, limitations, conditions, & exclusions of this **Policy**.
 - These benefits are subject to prior approval by **Us**.

8. **Return and Escort of Children:** This benefit is payable if **You** are confined to a **Hospital** for more than **24 hours** or **You** must return to **Your** home because **You** have a medical **Emergency** which is covered by this **Policy** or in case of **Your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any **Children** who are accompanying **You**. **We** will also pay the extra cost of a round trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **Your** child home. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
9. **Child Care Cost:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** during **Your Covered Trip** and need to be relocated to receive **Emergency medical Treatment** or are delayed beyond **Your Expiry Date**, **We** will reimburse **You** up to **\$50 per day** to a maximum of **\$500** for the professional child care cost incurred during **Your Covered Trip** to care for children travelling with **You**.
- Original receipts from the professional child care provider are required.
10. **Return of Travelling Companion:** If **You** must return to **Your Departure Point** because of a medical **Emergency** covered by this **Policy**, **We** will reimburse **You** for the extra cost of a one way **Fare** on a commercial flight via the most direct route to return **Your Travelling Companion** back to **Your Departure Point**. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged.
11. **Repatriation of Remains:** If **You** die during **Your Covered Trip**, **We** will reimburse the reasonable expenses incurred up to the maximum amount specified in the **Schedule of Maximum Benefits By Plan** for:
- a) preparing and transporting **Your** remains or ashes back to **Your Departure Point**; or
 - b) the cremation or burial of **Your** remains at the location where death occurs.
- No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
Benefits under this section shall not duplicate any benefits available under any other section of this **Policy**.
12. **Identification of Remains:** If someone is legally required to identify **Your** remains before **Your** body is released, **We** will reimburse the cost of one person to travel to the place where **Your** remains are located via a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure this person for **Emergency Medical** coverage under this **Policy** for not more than **3 days** until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**,
- This benefit must be pre-arranged and approved by **Us**.
13. **Vehicle Return:** **We** will pay the expenses associated with returning **Your** vehicle to **Your** home or **Your** rental vehicle to the appropriate rental agency if **You** are unable to do so because of a medical **Emergency**. Return of commercial vehicles is not covered.
14. **Return of Baggage and Personal Effects:** In the event of **Your** medical evacuation or repatriation of remains arranged by the **Company**, if there is insufficient space to accommodate **Your Baggage and Personal Effects** aboard the transport provided, **We** will reimburse **You** up to **\$200** to cover the cost of shipping these items to **Your Departure Point**.
15. **Incidental Hospital Allowance:** If **You** are required to stay in a **Hospital** for **Treatment** of an **Emergency Sickness** or **Injury** as an in-patient while on **Your Covered Trip**, **We** will pay **You \$50** for each **24 hours** of continuous stay up to a limit of **\$500**. This benefit begins after the initial **48 hours** of continuous stay has concluded.
16. **Eyeglasses Replacement:** In the event **Your** eyeglasses are damaged as a result of a covered **Injury**, **We** will reimburse **You** up to **\$200** to replace them during **Your Covered Trip**.
17. **Return to Destination:** If, following **Your Emergency** medical evacuation arranged by the **Company** to **Your** province/territory of residence, **You** wish to return to **Your** destination, **We** will reimburse **You** for the cost of a one way **Fare** to the city from where the medical evacuation occurred.
- This benefit is available only if :
 - a) **Your** attending **Physician** at **Your** place of residence determines that **You** require no further **Treatment**,
 - b) **You** receive prior approval by **Us**,
 - c) **You** choose this benefit instead of benefit #13, **Vehicle Return**, and
 - d) **Your** return must be prior to **Your Expiry Date**.
 - Once **You** return to **Your** destination, a **Recurrence** of the **Medical Condition** which necessitated **Your Emergency** medical evacuation or related **Medical Condition** will not be covered under this **Policy**.
 - This benefit can only be used once during **Your Covered Trip**. Upon return to **Your** destination, the **Effective Date** of coverage is the day **You** leave **Your Departure Point** to return to **Your** destination.

What We Exclude

In addition to the **General Exclusions** (page 34) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. **Pre-Existing Conditions** or related **Medical Conditions** as follows:
 - a) For **ages 59 and under** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **60 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.

- b) For **ages 60 to 74** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **90 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
- c) For **ages 75 and over** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.

NOTE: For anyone **30 years of age or over**, coverage is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

NOTE: With regards to **Top Ups**, for items 1. “a)”, “b)” and “c)” above “prior to **Your Departure Date**” is replaced with “prior to the start date of **Your Top Up** coverage”.

2. Expenses incurred for medical care or services where **Your Covered Trip** was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**.
3. Any **Treatment**:
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until **You** return to **Your** province or territory of residence;
 - c) for follow-up **Treatment, Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or **Hospital** stay for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**.
4. Transplants of any kind.
5. Unless prior approval is obtained from **Us**, any **Emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.
6. Expenses incurred for all medical care or services including those related to an **Accident** when this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your** province or territory of residence, whether or not recommended by a **Physician**.
7. Any expenses related to an HIV infection or related condition or AIDS (Acquired Immune Deficiency Syndrome).
8. Any expenses related to sexually transmitted diseases.
9. Any expenses related to an **Injury** or **Sickness** that occurred when another insurance was in force during the period of **Your Covered Trip** for which **Top Up** coverage was purchased.
10. Expenses incurred for ongoing or recurring **Medical Conditions**. Once **Emergency Treatment** and care is completed, no further

benefits for the same or related **Medical Conditions** will be covered.

11. All medical and emergency evacuation costs associated with child birth that occurs after 26 weeks gestation or voluntarily induced abortion.
12. All neo natal, medical care and evacuation costs related to a baby born during the **Covered Trip**.

What We Pay

You will be reimbursed for the **Reasonable and Customary** charges in excess of any government health insurance plan (GHIP) allowance or **Your** Canadian university health insurance plan (UHIP) allowance for the eligible **Emergency** medical expenses listed above up to the maximum benefit amount described on the **Schedule of Maximum Benefits By Plan**.

If **You** have other insurance that may provide the same benefits **You** must notify **Us** of that insurance, cooperate with **Our** efforts to co-ordinate benefits payable by another insurer, and reimburse **Us** for any payment that **We** have made that **You** receive from another insurer.

What To Do If You Have A Claim

If **You** are hospitalized:

Contact the **Emergency Assistance Provider** at the telephone numbers provided on page 10 of this **Policy**. **You** must do this before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**.

You or someone acting on **Your** behalf, must authorize **Us** to access all medical documentation from the treating facility at **Your** location and **Your** attending **Physician(s)** at home for the applicable pre-existing time period. (See the **Pre-Existing Condition** exclusion in this section.)

Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.

In order to qualify for coverage under this provision, **You** must submit to **Us** with **Your** claim:

1. The completed Medical Claim Form;
2. Original receipts or other proofs of payment;
3. Detailed medical documentation; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

BAGGAGE & PERSONAL EFFECTS

When It Applies

If **Your Baggage and/or Personal Effects** are lost, stolen, damaged or delayed during **Your Covered Trip**. Coverage is available under the **Premier Package Plan** up to the maximum amount of **\$800** in the aggregate.

What We Cover & What We Pay – Baggage & Personal Effects – Lost, Stolen or Damaged

When **Baggage and/or Personal Effects** are lost, stolen, or damaged during **Your Covered Trip**, **We** will reimburse **You** up to the Maximum Benefit Amount as shown on the **Schedule of Maximum Benefits By Plan** for the plan **You** purchased.

We will pay the lesser of:

1. The replacement or repair cost, after an allowance is made for wear and tear or depreciation; or
2. The original purchase price.

A maximum of **\$300** is payable for any single item.

A combined maximum limit of **\$300** will be paid for: jewellery; watches; cameras, including related equipment; binoculars; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones; computers and other digital or electronic items provided that original receipts accompany the claim.

The liability of the **Company** with respect to any one claim under this benefit shall not exceed the lesser of the sum insured at the time of application or **\$2,000** in the aggregate under all **Travelance** insurance policies purchased for any one **Covered Trip** with respect to a single insured person.

For this benefit to apply **You** must:

- provide a police report if applicable
- take all reasonable steps to protect, save or recover **Your Baggage and/or Personal Effects**;
- promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any **Common Carrier** or third party who had custody of **Your Baggage and/or Personal Effects** at the time of loss and supply **Us** with a copy of the written report.

What We Cover & What We Pay – Baggage Delay

If **Your** checked baggage is misdirected or delayed more than **12 hours** by the **Common Carrier** while on **Your Covered Trip**, **We** will pay up to an aggregate total of **\$100** for:

1. The purchase or rental of essential items of personal clothing and necessary toiletries while on **Your Covered Trip**; and
2. The rental of sporting equipment if the purpose of **Your Covered Trip** was to participate in a sporting event and **Your** sporting equipment was included in the delayed checked baggage.
3. The rental of a wheelchair for use during **Your Covered Trip**.

This benefit does not apply to baggage delayed after **You** have returned to **Your Departure Point**.

What We Cover & What We Pay – Personal Money

If **Your** personal money is lost or stolen while on **Your Covered Trip**, the **Company** will reimburse **You** up to **\$100**.

What We Cover & What We Pay – Passport/Travel Visa Replacement

If **Your** passport and/or travel visa are lost or stolen while travelling outside **Your** country of permanent residence on **Your Covered Trip** **We** will pay the **Reasonable and Customary** cost to reimburse **You** for the replacement of **Your** passport and/or travel visa and/or required entry documents up to maximum of **\$300**.

What We Exclude

In addition to the **General Exclusions** (page 34) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section when reimbursed:

- By the **Common Carrier**, hotel or **Travel Supplier**, including any services rendered by such **Common Carrier**, hotel or **Travel Supplier**; or
- As specified under any other insurance coverage **You** may have for the loss of or damage to property.

No coverage is provided under this section for any loss or damage to:

1. Any animals;
2. Automobile and automobile equipment; aircraft; bicycles, except when checked as baggage with a **Common Carrier**; boats or other vehicles or conveyances; trailers; motors;
3. The following personal items:
 - a) sunglasses (prescription or non-prescription), contact lenses;
 - b) artificial teeth, dental bridges, dental retainers, hearing aids, prosthetic limbs, prescribed medications;
 - c) keys, money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), stamps, securities;
 - d) sporting equipment if the loss/damage results from the use thereof;
 - e) travel tickets for **Your Covered Trip**, except for administrative fees required to reissue such tickets;
4. Household effects and furnishings, antiques and collector's items;
5. Perishable or consumable items, including any tobacco products;
6. Property used in trade, business or for the production of income;
7. Computer software, including any expenses incurred for the restoration of any lost or corrupted data;
8. Property shipped as freight or property shipped prior to **Your Departure Date**;
9. Property stolen from an unattended vehicle that was not locked in the trunk or property left in view where a secure trunk is not available;
10. Property caused by defective materials or craftsmanship, normal wear and tear, gradual deterioration, inherent vice or mechanical breakdown;
11. Property caused by electrical current, including electric arcing, that damages or destroys electrical devices or appliances;

12. Property caused by the confiscation, detention, requisition or destruction of **Your Baggage and Personal Effects** by customs or other authorities;
13. Articles purchased during **Your Covered Trip** without original receipts attached to the claim;
14. Jewellery, precious stones, watches; cameras, including related equipment; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones, computers and other digital or electronic items that are placed in the possession of a **Common Carrier**;
15. Property caused by breaking or scratching of fragile articles other than cameras or binoculars, unless caused by fire or **Accident** to the vehicle in which they are being carried;
16. Property insured under any homeowner's or tenant's package policy;
17. Any baggage or property left unattended;
18. Shortages due to error, omission or depreciation in value;
19. Mysterious disappearance.

What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, for loss, theft, damage or delay to **Your Baggage and Personal Effects**, **You** must submit to **Us**:

1. proof of ownership and original receipts for each item being claimed;
2. reports or other documentation from the **Common Carrier** or any other parties responsible for such loss, damage or delay;
3. a detailed signed and sworn statement as to proof of such loss;
4. the original receipts for the necessary purchases, or reimbursements;
5. any police or any other reports documenting any loss covered under this provision; and
6. any other information **We** deem necessary to properly adjudicate **Your Claim**.

AIRFLIGHT ACCIDENT

When It Applies

If **You** sustain an **Injury** while **You** are travelling on **Your Covered Trip**.

What We Cover

You are covered for bodily **Injury** sustained during **Your Covered Trip** while riding as a passenger (not as a pilot, operator or crew member) on, boarding or alighting from any:

- a) aircraft maintained by a **Scheduled Airline**;
- b) transport type aircraft operated by the: i) Air Mobility Command (AMC) of the United States; ii) Royal Canadian Air Force Transport Command; or iii) Royal Air Force Air Transport Command of Great Britain;
- c) land conveyance licensed for the transportation of passengers for hire which takes **You** directly to or immediately from airports used by a **Scheduled Airline**; or
- d) land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **Policy**.

EXPOSURE AND DISAPPEARANCE

Loss from exposure to the elements by reason of a covered **Accident** will be covered if such loss is otherwise payable under this **Policy**.

If **You** are not found within one year after:

- a) the disappearance, sinking or wrecking of a conveyance in which **You** are riding during **Your Covered Trip**; or
- b) the destruction of a building which **You** are in during **Your Covered Trip**;

You will be presumed to have suffered loss of life resulting from **Injury** caused by an **Accident**.

What We Exclude

In addition to the **General Exclusions** (page 34) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. Disease or any physical defect, infirmity or **Sickness** which existed prior to the commencement of **Your Covered Trip**; or
2. Any **Act of Terrorism**.

What We Pay

You are covered up to the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or as otherwise specified in the benefit when a covered loss occurs. A percentage of the maximum benefit will be payable as listed below for the following injuries:

Loss of	Percentage of Maximum Benefit Payable
Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes.....	100%
One Hand & One Foot	100%
One Hand & Entire Sight of One Eye	100%
One Foot & Entire Sight of One Eye	100%
Complete & Irrecoverable Loss of Speech or Hearing	100%
One Hand or One Foot	50%
Entire Sight of One Eye.....	50%

For a benefit to be payable under this coverage, the **Accident** must happen on **Your Covered Trip** and the resulting **Injury** or death must occur within **365 days** of the **Accident**.

Loss as used above with reference to:

1. Hand or foot: means that the hand or foot is completely and permanently severed at or above the wrist or ankle joint;
2. Sight: means the total and irrecoverable loss of entire sight.

If more than one loss results from any one **Accident**, **We** will only pay the one largest benefit as listed above. No benefit is payable for a loss which is not shown above.

Regardless of how many valid policies **You** have purchased with **Our Company**, the maximum amount for which **You** can be covered under all policies issued for **Travel Accident/Airflight Accident** by **Our Company** as a result of any one incident is limited to an aggregate amount of **\$500,000**. Any amount purchased in excess of **\$500,000** shall be refunded upon request.

The Company's maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident** Insurance policies issued by the **Company** with respect to any one incident is limited to **\$12,000,000** in the aggregate, which will be shared proportionately among all claimants entitled to claim. In addition, the **Company's** maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident Insurance** policies issued by the **Company** under this benefit with respect to more than one incident occurring during a calendar year is limited to **\$24,000,000** in the aggregate.

What To Do If You Have A Claim

In order to qualify for coverage under this provision, **You** or someone on **Your** behalf must submit to **Us**:

1. The completed Medical Claim Form;
2. Detailed medical documentation;
3. A detailed signed and sworn statement as to proof for such loss; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

GENERAL EXCLUSIONS

These exclusions apply to all sections of this **Policy**. This insurance does not cover and no benefit will be payable for any claim arising from:

1. Any event that might cause **Your Covered Trip** to be cancelled or abandoned, which **You** or **Your Travelling Companion** had knowledge of at the time of purchasing this insurance;
2. Consequential loss of any kind including loss of enjoyment of **Your Covered Trip** from any cause;
3. **Your** mental or emotional disorders including, but not limited to stress, anxiety and depression unless hospitalized. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Any elective medical **Treatment**;
5. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
6. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
7. **Your** participation in **Extreme Activities**;
8. **Your** participation in organized professional sporting activities;
9. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid Canadian driver's license);
10. **Your** riding, driving or participating in races of speed or endurance;
11. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
12. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
13. **Your** participation in a crime or malicious act;
14. Participation in a riot or insurrection;
15. Except as provided under Trip Cancellation (#27 **Act of Terrorism** page 14), war or act of war (whether declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military uprising or usurped power;
16. **Act of Terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
17. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Covered Events page 13 item #20;
18. Events related to travel warnings issued by Foreign Affairs Canada prior to **Your Effective Date** that were or continue to be in effect for any country, region or city of destination on **Your Covered Trip**, as reflected in **Your** travel itinerary;
19. Orbital and sub-orbital flights;
20. A condition that is directly or indirectly related to any **Medical Condition** for which **You** have declined or delayed recommended **Treatment**, diagnostic testing or prescription medication in the **2 years** prior to the date it gives rise to a claim under this **Policy**;
21. **Contamination** resulting from radioactive material or nuclear fuel or waste; or

22. Any trip outside **Your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

GENERAL POLICY PROVISIONS

Assignment of Benefits: Where the **Company** has paid expenses or benefits to **You** or on **Your** behalf under this **Policy**, the **Company** has the right to recover, at its own expense, those payments from any applicable source or any insurance **Policy** or plan that provides the same benefits or recoveries. This **Policy** also allows the **Company** to receive, endorse and negotiate eligible payments from those parties on **Your** behalf. When the **Company** receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer, or any other source of recovery to the **Company**, the respective payer is released from any further liability with respect to the claim.

Autopsy: In the event of **Your** death, the **Company** may request an examination or autopsy subject to any applicable laws relating to autopsies.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any **Material Fact** or circumstance relating to this **Policy** has been concealed or misrepresented.

Conformity With Existing Laws: Any provision of this **Policy** which is in conflict with any federal, provincial or territorial law where this **Policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **Policy** shall apply.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

Contract Changes: This **Policy** is a legal contract between **You** and **Us**. It, including any endorsements and attached papers are the entire contract. No change in this **Policy** is valid unless approved in writing by one of **Our** officers. No agent has the right to change this **Policy** or to waive any of its provisions.

Coordination of Benefits: The **Company** will coordinate benefits payable under this **Policy** with benefits available to **You** under any other policy or plan, so that payments made under this **Policy** and from all other sources will not exceed **100%** of the eligible expenses incurred. Coordination of Benefits of **Emergency Medical Expenses** will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses. However, if **You** are covered as an active or retired employee under **Your** current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

1. **\$50,000** or less, Coordination of Benefits will not apply to such amount; or
2. More than **\$50,000**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$50,000**.

Currency: All premiums and benefits under this **Policy** are payable in Canadian currency based on a) the rate of exchange set by any chartered bank in Canada on the last date of service, or b) on the date the payment is issued to the provider of service.

Limitation of Liability: The **Company's** liability under this **Policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

Medical Examination: The **Company** reserves the right to have **You** medically examined in the event of a claim.

Medical Records: In the event of a claim, **You** agree to provide access to and **We** reserve the right to review any and all medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **Your** claim.

Refund of Premium: Other than the "**10 Day Right to Examine**" on page 1, premium refunds are only available for the **Emergency Medical Plan**. If **You** return to **Your Departure Point** before **Your Expiry Date**, **You** may request a refund of the premium **You** paid for the unused days provided that:

1. **You** submit proof of **Your** date of return; and
2. **You** have not incurred a claim for benefits under the **Policy**.

- A request for a premium refund must be submitted to **Your Travelance Travel Insurance** agent.
- If a claim is received after a request for premium refund has been processed, **You** will be financially responsible for paying the claim and the **Company** will forward the claim to **You** for settlement.

Right of Recovery: In the event that **You** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **Policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **Policy** provision, the **Company** has the right to collect from **You** any amount which it has paid on **Your** behalf to medical providers or other parties or seek reimbursement from **You**, **Your** estate, any institution, insurer or person to whom the payment was made.

Subrogation: If **You** suffer a loss caused by a third party, the **Company** has the right to subrogate **Your** rights of recovery against the third party for any benefits payable to or on **Your** behalf, and will, at its own expense and in **Your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice the **Company's** rights to such recovery.

Sworn Statements: **We** have the right to request that claims documents be sworn under oath and have **You** examined under oath in respect to any claim documents submitted.

DEFINITIONS

Accident means a happening due to external, violent, sudden or fortuitous causes beyond **Your** control which occurs during **Your Period of Coverage**.

Act of Terrorism or Terrorism means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and act of war (declared or undeclared) or the intentional release of a biological material), which caused destruction of property, **Injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

Baggage and/or Personal Effects means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling.

Bankruptcy or Default means the travel supplier is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, c. B-3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C-36. For non-Canadian travel suppliers, bankruptcy or default means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without the filing of a Bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other travel supplier.

Caregiver means the person with whom arrangements were made to care for **Your** dependent(s) during the period of **Your Covered Trip** and who cannot reasonably be replaced.

Children (for the purpose of the "Return & Escort of Children" benefit) means **Your** child who is unmarried and, is travelling with **You** or who joins **You** during **Your Covered Trip**.

Common Carrier means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

Company, We, Our, Us means Old Republic Insurance Company of Canada (in Quebec, Reliable Life Insurance Company and/or Old Republic Insurance Company of Canada), Hamilton, Ontario.

Contamination means poisoning of people by nuclear, chemical and/or biological substances that cause **Sickness** or death.

Covered Trip means travel arrangements insured by this **Policy** commencing on the **Departure Date** and ending on the **Expiry Date**, both as shown on the **Policy Confirmation**.

Departure Date means the later of the date shown as such on the **Policy Confirmation** or the date **You** actually depart on **Your Covered Trip**.

Departure Point means the city/province/territory or country **You** depart from on **Your Covered Trip**.

Effective Date means the date **Your** insurance coverage under this **Policy** or a specific benefit of this **Policy** begins. (See page 5)

Emergency means an unforeseen **Sickness** or **Injury** that requires immediate **Treatment** to prevent or alleviate existing danger to life or health. An **Emergency** no longer exists when medical evidence indicates that the person is able to return to his or her province or territory of residence, or continue with **Your Covered Trip**.

Emergency Assistance Provider provides the **Emergency** service 24 hours a day, 7 days a week, during **Your Period of Coverage**. (See page 10)

Expiry Date means the date coverage under this **Policy** ends as shown on **Your Policy Confirmation**.

Extreme Activities means participating in any of the following: bungee jumping, hang-gliding, hunting, **Mountain Climbing** parachuting, paragliding, rock climbing (not mountaineering) scuba diving (unless qualified and not diving deeper than 130 feet), skydiving, spelunking, tall ship crewing.

Family Member means **Spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, or nephew.

Fare means the lowest single seat fare from any International Air Transportation Association carrier.

Hospital means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, drug and alcohol treatment centres, health spas or clinics or any facility not operated **24 hours** per day under the supervision of a **Physician**.

Host at Destination means the person with whom **You** have arranged overnight accommodation for the majority of **Your Covered Trip** at their usual place of residence, not including commercial facilities.

Injury means sudden bodily damage caused by an **Accident** during **Your Period of Coverage** causing **You** to seek medical **Treatment**.

Material Fact means any fact that would cause **Us** to decline **Your** application for insurance or charge more premium than **You** have paid for the insurance **Policy**.

Medical Condition means an irregularity in a person's health which exhibited symptoms, required or requires medical advice, consultation, investigation, **Treatment**, care, service or diagnosis by a **Physician**.

Medically Necessary means **Treatment** or services that are appropriate for the relief of **Sickness** or **Injury** in an **Emergency**, based on generally accepted professional medical standards.

Minor Infection means an infection that ends **30 days** prior to the **Effective Date** of coverage and does not require: use of medication for a period greater than **15 days**; more than one follow-up visit to a **Physician**; hospitalization; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a minor infection.

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-rope or top-rope anchoring equipment.

Natural Disaster means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

Physician means a person, other than **You**, a **Travelling Companion** or a **Family Member**, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery within the scope of their licence in the place where the medical services are rendered.

Policy means this document and **Your Policy Confirmation** issued at the time the required premium has been paid.

Policy Confirmation confirms the insurance coverage **You** have purchased indicating **Your Policy** number, **Your** purchase date, **Your Departure Date** and **Your Expiry Date** along with a brief summary of benefits. This document sets out **Your Period of Coverage** and forms an integral part of the **Policy** contract.

Pre-Existing Condition means a **Medical Condition** other than a **Minor Infection**, which existed, prior to **Your Effective Date** and includes a medically recognized complication or **Recurrence** of a **Medical Condition**.

Reasonable and Customary means charges that are usually made by other providers of similar standing for residents in the locality where the charges are incurred, for 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.

Scheduled Airline means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

Sickness means an acute illness, acute pain and suffering or disease that requires **Emergency** medical **Treatment** or hospitalization due to the sudden onset of symptoms during **Your Period of Coverage**.

Spouse means the person who is legally married to **You**, or if not married to **You**, has been living in a conjugal relationship with **You** for a continuous period of at least one year.

Stable and Controlled means the **Medical Condition** is not worsening and there has been no alteration in any medication for the **Medical Condition** or its usage or dosage, nor any **Treatment**, prescribed or recommended by a **Physician** or received within the time period specified in this **Policy**, prior to **Your Effective Date**.

Sum Insured means the amount of insurance coverage **You** have purchased as noted on **Your Policy Confirmation**. The **Sum Insured** cannot exceed the actual cost of **Your Covered Trip**.

Terminal Sickness means a **Medical Condition** from which no recovery is expected and which carries a prognosis of death within **12 months** of **Your Effective Date**.

Top Up means medical only coverage commencing on the expiration of another plan of insurance.

Travel Supplier means any entity or organization that coordinates or supplies travel services for **You**.

Travelling Companion means someone who shares travel arrangements and accommodations with **You** on **Your Covered Trip** up to a maximum of five persons, including **You**.

Treat, Treated or Treatment means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Physician** including but not limited to prescribed medication, investigative testing and surgery.

You or Your means a person who is eligible and named on the application for insurance under this **Policy** and for whom the required premium has been paid.

In this **Policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

If **You** experience an emergency or require assistance while **You** are travelling at any time call the numbers listed below. If **You** cannot successfully place a collect call to the **Emergency Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA & Canada 1-800-334-7787
Direct Dial Collect 1-905-667-0587
Email: assistance@oldrepublicgroup.com

How To Submit A Claim

You can download a claim form directly from **Our** website:
www.oldrepublicgroup.com/TAI

or **You** can contact **Us** toll free at: 1-888-526-0111

To make a claim for benefits under this **Policy**:

- Submit **Your** claim forms within **30 days** after the expense or loss is incurred or as soon as is reasonably possible;
- Written proof of the claim must be submitted within **90 days**, but not later than **12 months** after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of any claim forms furnished by the **Company**;
2. original receipts;
3. a written report, complete with the diagnosis by the attending **Physician**, if applicable, and any other form of documentation deemed necessary by the **Company** to validate **Your** claim;
4. documentation required by the **Company** to substantiate cancellation, interruption, trip delay or schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required. For example, a letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided, however, the **Company** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **Policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the **Company**.

Claim Payments

We will pay covered claims within **30 days** of receiving all of the necessary information required to accurately assess **Your** claim.

Benefit payments will be made to **You** or to any person or entity having a valid assignment to such benefits. In the event of **Your** death, any balance remaining or benefits payable for loss of life will be paid to **Your** estate, unless otherwise indicated.

CLAIMS INFORMATION

Contact Us

Travel Claims Department
P.O. Box 557, Hamilton, Ontario L8N 3K9

Toll Free Fax: 1-866-551-1704
Telephone: 905-667-3391
Toll Free in Canada & USA: 1-888-526-0111

Limitation of Action

If **You** have a claim in dispute under this **Policy**, **You** must begin any legal action or proceeding against the **Company** within **24 months** following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **Policy** was issued, **You** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **You** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **Company** is located.

PRIVACY

The **Company** is committed to protecting **Your** privacy. Collecting personal information about **You** is essential to **Our** ability to offer **You** high-quality insurance products and service. The information provided by **You** will only be used for determining **Your** eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **We** must share **Your** information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep **Your** personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** Privacy Officer at 905-523-5587 or by email at: privacy@oldrepublicgroup.com.

Underwritten by:

Old Republic Insurance Company of Canada
In Quebec, certain coverages underwritten by
Reliable Life Insurance Company



Paul M. Field, CPA, CA
President and Chief Executive Officer
April 2016
TAYE0416a

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EMERGENCY MEDICAL INFORMATION REQUIRED

When contacting the Emergency Assistance Provider concerning a medical emergency, the following information will be required:

1. Information concerning the Insured:

Name: _____

Policy Number: _____

Date of Birth: _____

Permanent Address: _____

Telephone Number in Canada: _____

Other Travel Insurance Info: _____

2. Where can the Insured be reached?

Location of Insured: _____

Telephone Number: _____

If in Hospital, Room #: _____

Hospital Telephone Number: _____

3. Summarize the circumstances (What happened? When?)

4. Attending Physician at destination

Name: _____

Telephone Number: _____

Fax: _____

5. Insured's medical history and current medications.

6. Family physician

Name: _____

Telephone Number: _____

Fax: _____

7. Information about the caller:

Name: _____

Relationship to Insured: _____

Telephone Number where you can be reached: _____
