



**TRAVELANCE**

YOUR PEACE OF MIND, OUR PROMISE

Marketed and Distributed by

**Travelance Inc.**

45 O'Connor St., Suite 1150  
Ottawa, ON, K1P 1A4

Phone: 1-855-566-8555

Fax: 1-888-882-3004

E-mail: [info@travelance.ca](mailto:info@travelance.ca)

Website: [www.travelance.ca](http://www.travelance.ca)

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**TRAVELANCE**

YOUR PEACE OF MIND, OUR PROMISE

**Visitors to Canada  
Emergency Medical Insurance**

Effective October 2015

# TRAVELANCE

## VISITORS TO CANADA

### EMERGENCY MEDICAL INSURANCE POLICY

#### IMPORTANT NOTICE

Please take the time to read **Your Policy** and review all of **Your** coverage. If **You** have any questions, wish to cancel **Your Policy** or apply for a refund, **You** must contact **Your** agent. Bold capitalized words have a specific meaning which is defined in the **Definitions** section of this **Policy** on page 26.

- This **Policy** is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read and understand **Your Policy** upon receipt as **Your** coverage is subject to certain limitations, conditions or exclusions.
- **Pre-existing Condition** exclusions apply to **Medical Conditions** and/or symptoms that existed before **Your Period of Coverage**. Check to see how these apply and how they relate to **Your Start Date**.
- In the event of a **Sickness**, prior medical history will 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.

#### 10 DAY RIGHT TO EXAMINE

**You** may cancel this **Policy** within **10 days** of purchase for a full refund, provided it is before **Your Period of Coverage**. For refunds after the start date of **Your Period of Coverage**, please refer to the **"Refund of Premium"** section on page 23 of this **Policy**.

#### WHAT DOES THIS POLICY COVER?

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

The Plan **You** have purchased may not include all the coverage described in this document. The **Schedule of Maximum Benefits by Plan** is outlined in the chart on page 4. 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 coverages **You** may have with other insurance companies or other sources of recovery.

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## ELIGIBILITY REQUIREMENTS

### Who Is Eligible for Coverage?

All of the following restrictions apply:

- 1) **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel before **Your Period of Coverage**.
- 2) **You** must be over **14 days old** and **under 85 years** of age during the entire **Period of Coverage**.  
**Ages 15 days to under 70 years** of age during the entire **Period of Coverage** may purchase **Plan Limits** of **\$25,000, \$50,000, \$100,000** or **\$300,000**;  
**Ages 70 to under 85 years** of age during the entire **Period of Coverage** may only purchase **Plan Limits** of **\$25,000, \$50,000** or **\$100,000**.
- 3) **You** must not be eligible for benefits under any Canadian federal, provincial or territorial government health insurance plan.
- 4) Prior to **Your Period of Coverage**:
  - a) **You** have not been diagnosed with a **Terminal Sickness**;
  - b) **You** have never been diagnosed with or received **Treatment** for:
    - i) congestive heart failure;
    - ii) Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
    - iii) Alzheimer's or any type of dementia;
    - iv) pancreatic or liver cancer, or any type of metastasized cancer; or
    - v) a condition requiring a bone marrow or organ transplant.
  - c) **You** do not reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre;
  - d) **You** do not require any assistance with **Normal Daily Activities**. This does not apply to children under **12 years** of age.
- 5) In the **12 months** immediately prior to **Your Period of Coverage**, **You** have not been diagnosed with or received **Treatment** for:
  - a) a lung condition requiring the use of home oxygen;
  - b) a kidney condition requiring dialysis.

6) At time of purchase of this **Policy**, **You** are not aware of needing any medical **Treatment** during **Your Period of Coverage**.

If **You** do not meet the eligibility requirements listed above, **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid.

## SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFIT SECTIONS		PREMIER PLAN	ESSENTIAL PLAN
1.	<b>EMERGENCY MEDICAL</b>	Plan Limit	Plan Limit
	Emergency Medical Expenses	Included	Included
	Emergency Return Home	Included	Included
	Emergency Dental	\$4,000	\$2,000
	Follow Up Visits	\$3,000	-
	Repatriation of Remains	\$16,000	\$5,000
	Cremation/Burial at Destination	\$6,000	\$3,000
	Emergency Paramedical Services due to Injury	\$500	-
	Accommodation & Meals	\$1,500	-
	Visit to Bedside	\$4,000	-
	Return/Escort of Children	\$3,000	-
	Hospital Stay Allowance	\$500	-
	Return of Baggage & Personal Effects	\$500	-
2.	<b>Accidental Death &amp; Dismemberment</b>	Up to \$100,000	-
3.	<b>Travel Assistance</b>	Included	Included

**Plan Limit** means the maximum amount of coverage under this **Policy** purchased by **You** as shown on **Your Policy Confirmation**.

**NOTE:** Please see the appropriate **Policy** section for any specific benefit limits.

## PERIOD OF COVERAGE

### Start Date – When Coverage Begins

Coverage under this **Policy** begins on the latest of the following:

- a) **Your Departure Date**;
- b) **Your Policy** purchase date; or
- c) The effective date shown on **Your Policy Confirmation**.

Benefits under this **Policy** are subject to the following conditions:

- a) if **Your Start Date** is **Your Departure Date**, **You** must be scheduled to arrive in Canada within **48 hours** after **You** leave **Your Home Country**. If **You** are scheduled to arrive in Canada more than **48 hours** after **You** leave **Your Home Country**, coverage only begins on the date and time **You** arrive in Canada;
- b) if **Your Start Date** is after **Your Departure Date**, the following **Waiting Periods** will apply:
  - i) **24 hours** for an **Injury**;
  - ii) **48 hours** for a **Sickness** if **Your Start Date** is within **30 days** of **Your Departure Date**;
  - iii) **48 hours** for a **Sickness** if **You** are continuing coverage from an existing policy with no gap in coverage;
  - iv) **7 days** for a **Sickness** if **Your Start Date** is more than **30 days** from **Your Departure Date**.

### When Coverage Ends

**Your** coverage ends on the earliest of the following:

1. The date and time **You** cancel **Your** insurance;
2. The date **You** become eligible for coverage under any Canadian federal, provincial or territorial government health insurance plan;
3. The date **You** return to **Your Home Country**;
4. The **Expiry Date** as shown on **Your Policy Confirmation**.

### Coverage for Side Trips Outside Canada

This **Policy** covers the **Emergency** medical expenses **You** incur during a side trip outside Canada that begins in Canada during **Your Period of Coverage**. Each side trip is restricted to a maximum of **45 days**.

If **You** have a claim outside Canada, the number of covered days in Canada must be more than **50%** of the total covered days elapsed at the time of the claim. This **Policy** does not provide coverage in **Your Home Country**.

### Automatic Extension of Coverage

**Your** coverage will be extended automatically beyond the **Expiry Date** shown on **Your Policy Confirmation** in the following cases:

1. If **Your** scheduled **Common Carrier** is delayed, then **Your** coverage will be extended for up to **72 hours**; or
2. If **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** are in **Hospital** on or before **Your Expiry Date**, then **Your** coverage will be extended until the **Hospital** stay ends plus up to **5 days** after discharge while outside **Your Home Country**; or
3. If **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** are unable to travel for a medical reason that does not need hospitalization but is documented by a **Physician** in Canada, then coverage will be extended for up to **3 days**.

### Extending Coverage After Arrival In Canada

To extend **Your Period of Coverage** after arrival in Canada, contact **Your** agent.

**We** will extend **Your Coverage** under this **Policy** beyond **Your Expiry Date** if:

1. **You** have not reported a claim;
2. **You** agree that expenses related to **Medical Conditions** present on the date **You** apply for an extension will not be covered;
3. **Your Policy** is in force when **You** request an extension; and,
4. **You** pay the additional required premium.

In all other cases the **Company** must approve **Your** coverage extension. Coverage cannot be extended beyond **18 months** from **Your** original **Start Date**.

**You** must disclose all medical information otherwise the coverage extension is void.

## How Do You Become Insured

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

- When **You** are named on a completed insurance **Policy Confirmation**; and
- When **You** pay the required premium on or before **Your** coverage **Start Date**.

## TRAVEL ASSISTANCE

### When It Applies

If **You** have a medical **Emergency** or need help during **Your Period of Coverage**.

### What We Provide – 24/7

#### A. MEDICAL ASSISTANCE

1. 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.
2. 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**. If **We** determine later that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** made on **Your** behalf.
3. Monitoring of **Treatment**. If **You** are hospitalized, **Our** medical staff will stay in contact with **You** and the attending **Physician** caring for **You**. **We** can also notify **Your** family and **Your** doctor back home of **Your Sickness** or **Injury** and update them on **Your** status.
4. Transfer of insurance information to medical providers. If **You** need medical **Treatment** for an **Injury** or **Sickness**, **We** will obtain and relay coverage information to emergency medical providers, if available.
5. Vaccine and blood transfers. If needed, **We** will coordinate the transfer of required blood or vaccine to **You**.
6. Dispatch of doctors and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.

7. Transfer of medical records. If and when needed for **Emergency Treatment**, **We** will coordinate the transfer of available medical records and related information to the attending **Physician**.
8. 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 doctor.

#### B. MEDICAL EVACUATION AND REPATRIATION SERVICES

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

1. **Emergency** medical evacuations. If **Our** medical team and the local attending **Physician** agree that the local care facility cannot treat **Your Sickness** or **Injury**, **We** will transport **You** to the nearest appropriate facility with accompaniment if needed.
2. Transportation after stabilization. If **You** are medically stable and **We** determine that **You** should return to **Your Home Country** for continued medical **Treatment**, then **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).
3. Repatriation of mortal remains. **We** will arrange for the reasonable and necessary services to transport **Your** remains to **Your** place of 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** was issued.
- Before receiving all relevant medical information, **We** will handle **Your Emergency** as if **You** were eligible for benefits under this **Policy**. If **We** determine later that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** made on **Your** behalf.
- **We** will remind **You** that any services rendered are subject to the terms and conditions of this **Policy**. If **We** determine later that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- If **Your** claim is payable **We** will arrange to have medical expenses billed directly to the **Company** where possible.

## What To Do When You Need Assistance

Always have **Your Policy** number or **Policy Confirmation** with **You** when **You** travel. Use the information below to contact **Our** assistance provider anytime, **24 hours a day, 7 days a week**. If **You** place a collect call to the **Emergency Assistance Provider** as instructed below and it does not work, please dial direct and submit the charges incurred along with **Your** claim documents.

USA & Canada 1-800-334-7787

Elsewhere Operator Assisted Collect 905-667-0587

Direct Dial 1-905-667-0587

Email: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

When **You** contact **Our** assistance provider, please give **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.



# EMERGENCY MEDICAL

## When It Applies

If **You** have a medical **Emergency** while **You** are visiting Canada.

## What We Cover

**You** are covered up to the **Plan Limit** which is the overall benefit limit for the entire **Period of Coverage**. Certain sections below have a specified benefit limit for an eligible **Emergency** medical expense as described.

1. **Emergency Medical Expenses:** a **Physician** orders or prescribes the following as **Medically Necessary** for the diagnosis or **Treatment of Your Emergency Sickness or Injury**:
  - a) the services of a **Physician**, surgeon or in-**Hospital** duty nurse;
  - b) **Hospital** semi-private accommodation where available;
  - c) transportation by a professional ambulance **Company** to and from a **Hospital**;
  - d) diagnostic testing including but not limited to sonograms, electrocardiograms, computerized axial tomography (CAT scan) and magnetic resonance imaging (MRI). The **Company** must pre-authorize all diagnostic tests;
  - e) medical equipment purchased or rented for therapeutic purposes. The **Company** must pre-authorize this benefit;
  - f) prescription medications dispensed by a licensed pharmacist. Coverage after an **Emergency Treatment** includes up to a **30 day** supply of this prescribed medication up to a maximum of:.

**Premier Plan \$5,000;**

**Essential Plan \$1,000;**

g) under the **Premier Plan** only, if the attending **Physician** prescribes follow-up visits after an eligible **Emergency Treatment**, this benefit includes up to **three (3)** follow-up visits to a maximum of **\$3,000**. The **Company** must pre-authorize this benefit,

- With respect to the **Emergency** medical expenses described above, **You** or someone acting on **Your** behalf are required to immediately contact the **Emergency Assistance Provider** at the telephone numbers provided on page 9 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 **20%** of any eligible expenses incurred.
- The **Company** must pre-authorize all diagnostic laboratory procedures, x-rays, surgeries, and rental or purchase of therapeutic supplies.

2. **Emergency Return Home:** if **You** have a medical **Emergency**, the **Company**, in consultation with its medical advisors, the **Emergency Assistance Provider** and the local attending **Physician**, may determine that **You** should be transported back to **Your Home Country** for continued **Treatment**. The **Company** will then arrange to transport **You** there with proper medical supervision if needed and will pay the following expenses up to the maximum benefit amount:

a) the extra cost of a one way **Fare** via a commercial airline by the most direct route back to **Your Home Country**; or

b) the cost to accommodate a stretcher to transport **You** on a commercial airline by the most direct route back to **Your Home Country**, if a stretcher is **Medically Necessary** plus the cost of a round-trip **Fare**, reasonable meal and overnight accommodation expenses and professional fees for the services of a qualified medical attendant (other than a **Family Member**) to accompany **You**, if **Medically Necessary** or required by the airline; or

c) the cost of transportation by air ambulance if **Medically Necessary**.

- **Emergency Return Home** – this **Policy** will cover the cost to transport **You** via a licensed airline, with accompaniment if medically necessary. The **Company** must pre-authorize all transportation costs for **Emergency** return home.

With respect to items #1 and #2 above, the **Company** reserves the right to return **You** to **Your Home Country** 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 that **You** are able to return to **Your Home Country** without endangering **Your** life or health. If **You** decide not to return to **Your Home Country** after the **Company** recommends it, **Your Policy** will no longer cover any **Emergency** expenses and all coverage will end.

3. **Emergency Dental:** a licensed dentist or dental surgeon orders the following:

a) **Treatment** or repair of natural or permanently attached artificial teeth which become damaged due to **Accidental Injury** to the head or mouth. **We** will reimburse **You** for **Reasonable and Customary** expenses up to a maximum of:

**Premier Plan \$4,000** for any one **Injury**,  
**Essential Plan \$2,000** for any one **Injury**;

b) **Treatment** to relieve acute pain and suffering not related to an **Accidental Injury** up to a maximum of:.

**Premier Plan \$500**;  
**Essential Plan \$300**;

4. **Repatriation:** in the event of **Your** death during **Your Period of Coverage**, the **Company** will reimburse the reasonable costs actually incurred:

a) for the preparation and repatriation of **Your** body or ashes to **Your Home Country** up to:

**Premier Plan \$16,000**;  
**Essential Plan \$5,000**;

b) for the cremation or burial at the place of death up to

**Premier Plan \$6,000**;  
**Essential Plan \$3,000**;

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

5. **Identification of Remains:** in the event of **Your** death during **Your Period of Coverage**, if someone is legally required to identify **Your** remains before **Your** body is released, expenses will be reimbursed for:

a) a round-trip economy airfare for someone to travel via the most direct route to the place where **Your** remains are located; plus

b) up to **\$450** for commercial accommodation and meals.

- The **Company** must pre-authorize and arrange this benefit.

6. **Emergency Paramedical Services Due To Injury (Premier Plan Only):** a acupressurist, acupuncturist, chiroprapist, chiropractor, naturopath, osteopath, physiotherapist, or podiatrist performs **Medically Necessary Emergency Treatment** up to **\$500** per category of practitioner. Expenses for general health examinations for check-up purposes, cosmetic treatments, or services performed by a **Family Member** are not covered.

7. **Accommodation and Meals (Premier Plan Only):** **We** will reimburse up to **\$150 per day** to a maximum of **\$1,500** for commercial accommodation and meals, essential telephone calls and taxi fares if **You** are relocated to receive **Emergency Treatment** or delayed beyond the **Expiry Date** shown on **Your Policy Confirmation** for this insurance due to a **Sickness** or **Injury** to **You**, **Your Travelling Companion** or a **Family Member** who is travelling with **You** during **Your Period of Coverage**.

- Support **Your** claim with original receipts for eligible expenses and the local attending **Physician's** written diagnosis of the **Sickness** or **Injury**.



8. **Visit to Bedside (Premier Plan Only):** if **You** are hospitalized due to a **Sickness** or **Injury** and the local attending **Physician** recommends in writing that a relative or close friend should visit at **Your** bedside, stay with **You** or accompany **You** back to **Your Home Country**, subject to prior approval by the **Company**, expenses will be reimbursed up to **\$4,000** for:
- a) up to **\$3,000** for the cost of a round-trip **Fare** via the most direct route for the relative or close friend; plus
  - b) up to **\$1,000** for commercial accommodation and meals.
9. **Return and Escort of Children (Premier Plan Only):** If **You** are hospitalized for more than **24 hours**, if **You** must return home because of a covered medical **Emergency** or in case of **Your** death **We** will pay up to a maximum of **\$3,000** for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any dependent **Children** who are accompanying **You**. If **Your** child is too young to travel alone, **We** will also pay the extra cost of a round trip air **Fare** 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**.
10. **Hospital Stay Allowance (Premier Plan Only):** If **You** are hospitalized for **Treatment** of an **Emergency Sickness** or **Injury** during **Your Period of Coverage**, **We** will pay **You** **\$50** for each **24 hours** of continuous stay up to a limit of **\$500**. This benefit begins after an initial continuous period of **48 hours** ends.
11. **Return of Baggage and Personal Effects (Premier Plan Only):** If **You** are medically evacuated or repatriated by the **Company** and there is not enough room for **Your** baggage and personal effects aboard the transport provided, **We** will reimburse **You** up to **\$500** to cover the cost of shipping **Your** baggage to **Your** departure point.

## What We Pay

**You** will be reimbursed for the **Reasonable and Customary** charges to treat an **Emergency Sickness** or **Injury**, less any applicable **Deductible**. **Your Policy Confirmation** shows the maximum benefit payable for this insurance.

## What To Do If You Have A Claim

To receive **Treatment**:

Contact the **Emergency Assistance Provider** using the information in the Travel Assistance section on page 9. **You** or someone on **Your** behalf must do this before receiving **Treatment** for **Your** medical **Emergency**. Failure to do so will result in **You** being responsible for **20%** of any eligible expenses incurred.

**You** or someone acting on **Your** behalf, **must** authorize **Us** to access all medical documentation from the **Treatment** provider at **Your** location and **Your** personal **Physician(s)** at home for the applicable pre-existing time period.

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.

# ACCIDENTAL DEATH & DISMEMBERMENT

## When It Applies

If **You** purchase the **Premier Plan** and sustain an **Injury** during **Your Period of Coverage**.

## What We Cover

**You** are covered for a sudden bodily **Injury** caused by a happening due to external, violent, sudden or unexpected events beyond **Your** control which occurs during **Your Period of Coverage**.

### EXPOSURE AND DISAPPEARANCE

**You** are covered if **You** are exposed to the elements due to an **Accident** which 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 Period of Coverage**; or
- b) the destruction of a building which **You** are in during **Your Period of Coverage**;

**We** will assume that **You** have suffered loss of life resulting from **Injury** caused by an **Accident**.

## 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 & Entire Sight of One Eye	100%
One Foot & Entire Sight of One Eye	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 during **Your Period of Coverage** 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 the **Company**, the maximum amount for which **You** can be covered under all policies issued for **Accidental Death & Dismemberment/Travel Accident/Airflight Accident** by the **Company** as a result of any one incident is limited to an aggregate amount of only the one plan with the highest **Plan Limit**.

**The Company's** maximum liability under this **Policy** and all other **Accidental Death & Dismemberment/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 **Accidental Death & Dismemberment/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.

## POLICY EXCLUSIONS

### Exclusions only Applicable to the Emergency Medical section of this Policy:

There is 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 the **Premier Plan**:

i) For **ages 69 and under** on the **Start Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day** period immediately prior to **Your Start Date**.

ii) For **ages 70 to 79** on the **Start Date**:

A) any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day** period immediately prior to **Your Start Date**; and,

B) any of the following **Pre-existing Conditions** that were present on **Your Start Date**:

- Any heart condition including but not limited to heart attack, angina, arrhythmia or cardiac surgery;
- Any brain condition including but not limited to stroke, transient ischemic attack (TIA), mini-stroke, aneurysm or seizure;
- Any lung condition including but not limited to chronic obstructive pulmonary disease (COPD), asthma, chronic bronchitis or emphysema.

iii) For **ages 80 and over** on the **Start Date**, any **Pre-Existing Condition** or **Medical Condition** that was present on **Your Start Date**.

b. For the **Essential Plan for all ages**, any **Pre-Existing Condition** or **Medical Condition** that was present on **Your Start Date**;

2. Expenses related to a **Sickness, Injury, or Medical Condition** that in the opinion of **Our** medical director would have caused **You** to seek medical advice, diagnosis, care or **Treatment**, during the **180 day** period immediately prior to **Your Start Date**;

3. Any expenses incurred outside the **Period of Coverage**;

4. Any expenses incurred outside Canada except for:

a) if coverage is purchased prior to arrival in Canada, **Emergency** expenses incurred en route to Canada after the date and time **You** leave **Your Home Country** provided **You** are scheduled to arrive in Canada within **48 hours** of departure;

b) **Emergency** expenses incurred during any side trip outside of Canada as described in **Coverage for Side Trips Outside Canada** on page 5

5. **Treatment**:

a) not required for the immediate relief of acute pain and suffering;

b) which can reasonably be delayed until **Your Policy** expires or **You** return to **Your Home Country**;

c) for follow-up **Treatment** (other than subsequent follow-up visits per benefit 1. g) on page 12), **Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or hospitalization for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Period of Coverage**;

6. Transplants of any kind;

7. Expenses incurred whereby this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your Home Country** whether or not recommended by **Your** attending **Physician**;

8. The cost of replenishing any medication that was in use on **Your Departure Date** or for the maintenance of any course of **Treatment** that commenced prior to **Your** date of arrival in Canada;
9. Unless the **Company** pre-approves it, **Emergency** air transportation; surgery; diagnostic testing; cardiac procedures including but not limited to cardiac catheterization, angioplasty or surgery;
10. **Your** mental, emotional or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
11. Any **Treatment** or services performed by a **Family Member**;
12. Any elective medical **Treatment**; or
13. Pregnancy, childbirth, complications of pregnancy or childbirth, or voluntarily induced abortion; or a child born during **Your Period of Coverage**.

**Exclusions only Applicable to the Accidental Death & Dismemberment section of this Policy:**

There is 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 before the commencement of **Your Period of Coverage**;
2. Any Injury sustained as a result of any type of employment or employment related activities; or
3. Any **Act of Terrorism**.

**Exclusions Applicable to all sections of this Policy:**

There is no coverage and no benefits will be payable for claims resulting from:

1. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
2. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;

3. **Your** participation in **Extreme Activities**;
4. **Your** participation in organized professional sporting activities;
5. **Your** 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);
6. **Your** riding, driving or participating in races of speed or endurance;
7. **Your** 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**;
8. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
9. **Your** participation in a crime or malicious act;
10. **Your** participation in a riot or insurrection;
11. 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;
12. **Act of Terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
13. **Your** participation in the armed forces;
14. Orbital or sub-orbital flights;
15. Events related to travel warnings issued by Foreign Affairs Canada prior to **Your Start Date** that were or continue to be in effect for **Your** country, region or city of destination during **Your Period of Coverage**, as reflected in **Your** travel itinerary;

16. **Contamination** resulting from radioactive material or nuclear fuel or waste; or
17. Any trip outside Canada 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

### Administration Fees:

- A. **Refund of Premium:** Other than the “**10 Day Right to Examine**” on page 1, and provided that **You** have not reported a claim under this **Policy**, a refund for unused days will be allowed. The following administration fees will be deducted from **Your** refund if **You**:
  - a) cancel **Your** policy due to a denial of **Your** travel visa (no fee will be deducted);
  - b) cancel **Your Policy** before **You** leave **Your Home Country** for other than “a)” above (\$250 fee will be deducted);
  - c) cancel **Your Policy** before **Your Expiry Date** to return to **Your Home Country** or if **You** become insured under a Canadian federal, provincial or territorial health/medical plan (\$50 fee will be deducted); or
  - d) cancel **Your Policy** and decide to stay in Canada (\$250 fee will be deducted).

A request for refund must be submitted to **Your** agent within **30 days** from the requested cancellation date. All requests for refunds must be accompanied with the following applicable documentation:

- a) evidence that **You** have been denied a travel visa;
- b) evidence that **Your** trip was cancelled before **You** departed **Your Home Country**;
- c) evidence to prove **Your** date of return to **Your Home Country**;

- d) evidence that **You** have become insured under a Canadian federal, provincial or territorial health/medical plan;
- e) evidence that **You** have decided to seek alternative health protection while staying in Canada.

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.

- B. **Date Changes:** Any requests for a date change after **Your Start Date** other than an extension of **Your Period of Coverage** may incur an administration fee of \$50.

**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 other insurer, or any other source of recovery to the **Company**, the respective payor 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 Canadian 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.

**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.

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.

**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 stated in this **Policy** 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.

**Right of Recovery:** In the event that **You** are found to be ineligible for coverage, a 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 the **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.

**Caregiver** means the permanent full-time person entrusted with the well-being of **Your** dependent(s) and whose absence cannot reasonably be replaced.

**Children** means any insured unmarried person who is dependent upon **You** for support, is travelling with **You** or who joins **You** during **Your Period of Coverage** and is either: i) under **21 years** of age; ii) under **26 years** of age if a full-time student; or iii) of any age who is mentally or physically handicapped.



**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), Hamilton, Ontario.

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

**Deductible** means the amount of covered expenses per **Emergency**, under the **Emergency Medical** section of this **Policy** that **You** are responsible for paying before any remaining covered expenses are paid under this **Policy**. The amount of the **Deductible** for which **You** are responsible, if any, is shown on **Your Policy Confirmation**. If **You** have purchased the **Premier Plan** and if **You** are **Hospitalized** for **72 consecutive hours**, we will waive the first **\$1,000** of any **Deductible**.

**Departure Date** means the date **You** actually leave **Your Home Country**.

**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 **You** are able to return to **Your Home Country** or continue with **Your** visit in Canada.

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

**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, nephew or an employed **Caregiver** for unmarried dependent **Children** under **16 years** of age.

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

**Home Country** means **Your** country of permanent residence.

**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**.

**Injury** means sudden bodily damage caused by an **Accident** during the **Period of Coverage**.

**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 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.

**Normal Daily Activities** means eating, bathing, use of a toilet, getting in and out of a bed or chair, and dressing.

**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.

**Plan Limit** means the maximum amount of coverage under this **Policy** purchased by **You** as shown on **Your Policy Confirmation**.

**Policy** means this document and **Your Policy Confirmation**, which is issued in consideration of payment of the required premium.

**Policy Confirmation** confirms the insurance coverage **You** have purchased, sets forth **Your Policy** purchase date, **Your** effective date and the **Expiry Date** of **Your Period of Coverage** and forms an integral part of the **Policy** contract.

**Pre-Existing Condition** means a **Medical Condition** for which **Treatment** has been received or taken or which exhibited symptoms, prior to **Your Start Date** and within the period specified, 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.

**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 the **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 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 Start Date**.

**Start Date** means the date **Your** insurance coverage under this **Policy** begins (See **Period of Coverage** page 5).

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

**Travelling Companion** means the person who is travelling with **You** during **Your Period of Coverage** 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.

**Waiting Period** means the period of time after the **Start Date** of **Your Policy** during which **You** are ineligible for benefits. If **You** become sick or injured during this period of time, **Your Policy** will not cover any expenses resulting from or related to this condition even if the **Waiting Period** is over.

**You** or **Your** means a person who is eligible and named on the **Policy Confirmation** 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.

## CLAIMS INFORMATION

### Contact Us

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

Toll Free Fax: 1-866-551-1704

Toll Free Telephone

Canada & USA: 1-888-526-0111

Direct Dial Telephone 905-667-3391

If **You** experience an emergency or require medical assistance while **You** are travelling at any time call:

USA & Canada 1-800-334-7787

Elsewhere Operator Assisted Collect 905-667-0587

Direct Dial 1-905-667-0587

Email: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

### How To Submit A Claim

**You** can download a claim form directly from **Our** website:

[www.oldrepublicgroup.com/TAI](http://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** claims 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.

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, less any applicable **Deductible**, within **30 days** of receiving all of the information **We** need to assess **Your** claim accurately.

**We** will pay eligible benefits 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.

### 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. All legal actions or proceedings must be brought in the province of Ontario 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, 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, Reliable Life Insurance Company



Paul M. Field, CPA, CA  
President and Chief Executive Officer  
October 2015

TAPEVCE1015

## 24 HOUR TRAVEL ASSISTANCE

If **You** need medical **Treatment** for a **Sickness** or **Injury** as outlined in this **Policy** during **Your Period of Coverage**, **You** must contact the **Emergency Assistance Provider** using the information below. If **You** place a collect call as instructed below and it does not work please dial direct and submit the charges incurred along with **Your** claim documents.

USA & Canada	1-800-334-7787
Elsewhere Operator Assisted Collect	905-667-0587
Direct Dial	1-905-667-0587

Email: assistance@oldrepublicgroup.com

If **You** have an **Emergency** and need help, medical **Treatment** or hospitalization, **You** must contact the **Emergency Assistance Provider** within the specified time before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**, unless **You** are unconscious or physically unable. If **You** cannot, then someone else such as a family member, **Travelling Companion**, friend, **Hospital** or medical staff person may call on **Your** behalf. If **You** do not contact the **Emergency Assistance Provider** within the specified time, **You** will be responsible for paying **20%** of any eligible medical expenses incurred.