



TRAVELANCE

YOUR PEACE OF MIND, OUR PROMISE

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TRAVELANCE

YOUR PEACE OF MIND, OUR PROMISE

Travel Insurance
24/7 LITE
Travel Right Insurance Plans

Effective November 2017

TRAVELANCE TRAVEL INSURANCE

24/7 LITE 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 22. 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.

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. Premiums are not refundable outside this **10 day** period.

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 3 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.
- This **Policy** contains a **Deductible**. The amount of the **Deductible** is shown on **Your Policy Confirmation**.

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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** 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**.
 - You** must be under **70 years** of age on **Your** purchase 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 within **48 hours** of the date **You** make **Your** first payment on **Your Covered Trip**.
 - Any child born during the **Covered Trip** is not entitled to coverage under this **Policy**.
 - The maximum value of a **Covered Trip** is **\$15,000**.
 - For anyone age **60 and over**, the **Effective Date** of this **Policy** must be greater than **13 days** from any previous policy expiry date.
 - The maximum length of a **Covered Trip**:
 - For ages 59 and under** is **365 days**
 - For ages 60 to 69** is **60 days**

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 **180 days** prior to and including the **Effective Date** of the **Policy**.

Coverage is not provided for any claims arising from:

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

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:

- certified medical information from **Your Physician** for the required period and the change as stated above;
- signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- 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:

- accept or decline **Your** claim under **Your** Trip Cancellation benefits; or
- 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 .
All Other Benefits	Begin on the Departure Date as shown on Your Policy Confirmation for this insurance.

When Coverage Ends

Your coverage ends on the earliest of the following events:

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

Your coverage will not end if **You** temporarily return to **Your** province/territory of 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** scheduled **Expiry Date** as shown on **Your Policy Confirmation** if:

- 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
- You** 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
- You** 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:

- You** have not incurred a claim under this **Policy**;
- You** have not experienced an **Injury** or **Sickness**, or have not had medical **Treatment** during **Your Covered Trip**;
- Coverage under this **Policy** is in force at the time **You** request an extension;
- You** pay any additional required premium for such extension; and
- 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**;

SCHEDULE OF MAXIMUM BENEFITS

BENEFIT SECTIONS		MAXIMUM SUM INSURED
1	TRAVEL ASSISTANCE	INCLUDED
2	TRIP CANCELLATION & TRIP INTERRUPTION	
	TRIP CANCELLATION	SUM INSURED
	TRIP INTERRUPTION	SUM INSURED
	TRIP INTERRUPTION EARLY/LATE RETURN	SUM INSURED
	ACT OF TERRORISM	SEE PAGE 10
	ACCOMMODATION & MEALS	\$350
3	TRIP DELAY	\$800
	ACCOMMODATION & MEALS	\$350
4	EMERGENCY MEDICAL	
	HOSPITAL & MEDICAL	\$250,000
	ACCIDENTAL DENTAL	\$250,000
	EMERGENCY MEDICAL EVACUATION	\$250,000
	ACCOMMODATION & MEALS	\$1,750
	REPATRIATION OF REMAINS	\$250,000
	CREMATION/BURIAL AT DESTINATION	\$10,000

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

TRAVEL ASSISTANCE

When It Applies

If **You** require **Emergency** medical 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 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.
- 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**.
- 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 if these Children are under **18 years of age**.
- 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**.
- 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).
- 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

- 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.
- 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 a 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 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:

1. Any **Injury** or **Sickness** occurring to **You** or **Your Family Member** travelling with **You** on **Your Covered Trip**;

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**, or **Sickness**. 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.)

2. **Your** death or the death of **Your Family Member** travelling with **You** on **Your Covered Trip**
3. **You** or **Your Family Member** travelling with **You** on **Your Covered Trip**
 - 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.
4. **Your** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism, burglary or **Natural Disaster**
5. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **You**, or **Your Family Member** travelling with **You** on **Your Covered Trip** when actively employed with the same employer for at least **6 months** prior to the **Effective Date** for this insurance.
6. The non-issuance of a travel visa, excluding an immigration or employment visa required for **Your Covered Trip**, provided **You** or **Your Family Member** travelling with **You** on **Your Covered Trip** were eligible to make such an application, for reasons beyond **Your** or **Your Family Member's** control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.

7. The loss or theft of **Your** or **Your Family Member's** valid passport or travel documents causing **You** to misconnect with a portion of **Your Covered Trip**.

- Benefits are limited to the lesser of **\$1,000** 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 or other officials or authorities.

8. Hijacking of **You**, or **Your Family Member** travelling with **You** on **Your Covered Trip**.

9. 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 11.

- 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 19) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims:

1. Caused by **Your** or **Your Family Member's Pre-Existing Condition** that was not **Stable and Controlled** for the **180 days** prior to and including the **Effective Date** of this **Policy**.

Coverage is not provided for any claims arising from:

- a) a heart condition requiring 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: 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 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**.

- 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.
- A return delayed more than **10 days** beyond **Your** scheduled date of return, unless **You**, or a **Family Member** travelling with **You** 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** or the amount as otherwise specified in the benefit, less any applicable **Deductible**, when a Covered Event listed on pages 9 or 10 causes **You** to cancel **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

- For trip cost payments and deposits **You** made before **Your Covered Trip** was cancelled, less any refunds or credits **You** are entitled to receive;
- The expenses incurred by **You** for the next occupancy level, if **Your Family Member** with whom **You** had booked prepaid shared accommodation cancels their travel arrangements for a Covered Event outlined on pages 9 to 10 and **You** elect to travel as originally planned. If this occurs **You** are advised to upgrade the amount of insurance on **Your Covered Trip**;
- The change fee charged by **Your** originally booked travel supplier of **Your** prepaid **Covered Trip** when such an option is made available by a licensed Canadian travel agency;
- 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**;

What We Pay – Trip Interruption

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits** or the amount as otherwise specified in the benefit, less any applicable **Deductible**, when a Covered Event listed on pages 9 to 10 causes **You** to interrupt **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

- The unused part of **Your** prepaid cruise and/or covered land arrangements, less any refunds **You** receive;
- 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**;
- The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares up to **\$175 per day** to a maximum of **\$350**.

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.

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 8 of this **Policy**.

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

- The date **Your Covered Trip** was cancelled or interrupted;
- Copies of **Your** travel invoices;
- The original unused travel tickets or vouchers;
- Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
- Original receipts or other proofs of payment;
- 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
- 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** or **Your Family Member** travelling with **You** on **Your Covered Trip** 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 Family Member'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** or **Your Family Member** travelling with **You** on **Your Covered Trip** 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** and **Your Family Member** 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 **You** or **Your Family Member's** 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 **\$750** for the non-refundable prepaid airfare of a domestic carrier that is no longer useful for **Your Covered Trip**.
 - For items 1 to 4 on 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 19.

What We Pay

1. **You** are covered up to the maximum amount shown on the **Schedule of Maximum Benefits** for **Trip Delay**, less any applicable **Deductible**, 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;
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 **\$175 per day**, to a maximum of **\$350**.

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 8 of this **Policy**.

EMERGENCY MEDICAL

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 8 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, chiropodist, 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**, 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 **\$350 per day** to a maximum of **\$1,750**. 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; 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 or to the most appropriate medical facility closest to **Your** home, 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. **Bedside 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.
 - 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**. If **Your** child is under 18 years of age, **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. **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** 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**.

11. **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.
 - This benefit must be pre-arranged and approved by **Us**.
12. **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.
13. **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 **\$500** to cover the cost of shipping these items to **Your Departure Point**.
14. **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**.
15. **Return to Destination:** If, following **Your Emergency** medical evacuation arranged by the **Company** to **Your** place 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 #12, **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 19) 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. Any **Pre-Existing Conditions** or related **Medical Conditions** that were 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.

Coverage is not provided for any claims arising from:

- a) a heart condition requiring 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: If prior to **Your Departure Date** **You** are prescribed any **Treatment** or have any change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being considered **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; and,
- c) any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day as to whether or not **We** will waive the change in the **Medical Condition** for that condition or related condition for any future claim under this **Policy**.

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 **Injury** or **Sickness** that occurred when another insurance was in force during the period of **Your Covered Trip**.
8. 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.
9. Any expenses related to an HIV infection or related conditions or AIDS (Acquired Immune Deficiency Syndrome)
10. All medical and emergency evacuation costs associated with child birth that occurs after 26 weeks gestation or voluntarily induced abortion.
11. 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, **Your** Canadian university health insurance plan (UHIP) allowance or any private medical plan, less any applicable **Deductible**, for the eligible **Emergency** medical expenses listed above up to the maximum benefit amount described on the **Schedule of Maximum Benefits**.

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 8 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 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.

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 (#9 **Act of Terrorism** page 10), 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;
- 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 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 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 premiums are not refundable.

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.

Children means **Your** child or grandchild who is unmarried and is travelling with **You** or who joins **You** during **Your Covered Trip** 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.

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**.

Deductible means the amount of covered expenses per claim that **You** are responsible for paying before any covered expenses are paid under this **Policy**. The amount of the **Deductible** is shown on **Your 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 3)

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 8)

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**.

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, carabineers and lead-rope, 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 for the benefit indicated.

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**.

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

Travelling Companion means the person who is travelling 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 **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
Direct Dial Telephone: 905-667-3391
Toll Free in Canada & USA: 1-888-526-0111

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:

- Letter from the employer if cancelling due to a job loss;
- 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.

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 (for non-residents of Canada action must be brought in the province of Ontario), 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, Reliable Life Insurance Company



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