



**TRAVELANCE**  
YOUR PEACE OF MIND, OUR PROMISE

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**TRAVELANCE**  
YOUR PEACE OF MIND, OUR PROMISE

Visitors to Canada  
Emergency Medical Insurance

## Essential Plan

Effective April 2021

# TRAVELANCE VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE POLICY ESSENTIAL PLAN

## 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** broker. Bold capitalized words have a specific meaning which is defined in the **Definitions** section of this **Policy** on page 21.

- 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 of the premium paid, provided it is before **Your Period of Coverage**. For refunds after the 10 days, please refer to the **“Refund of Premium”** section on page 17 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.

Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

This **Policy** is secondary to all other sources of coverage. 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 be over 14 days old and under 86 years of age during the entire **Period of Coverage**.  
Ages 70 to under 86 years of age during the entire **Period of Coverage** may only purchase **Plan Limits** up to \$100,000.
- 2) **You** do not have a **Medical Condition** for which a **Physician** has advised **You** against travel before **Your Period of Coverage**.
- 3) **You** do not have a surgically untreated aneurysm.
- 4) **You** have never been diagnosed with or received **Treatment** for:
  - a) Pancreatic or liver cancer, or any type of metastasized cancer;
  - b) A kidney condition requiring dialysis;
  - c) A bone marrow or organ transplant;
  - d) Congestive heart failure;
  - e) A **Terminal Sickness**.
- 5) At time of purchase of this **Policy**, **You** do not reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre.
- 6) **You** do not require assistance with **Normal Daily Activities**. This does not apply to children under 12 years of age.
- 7) **You** have not taken (or have been prescribed) oral steroids or used home oxygen to treat a lung condition in the 12 months before **Your Start Date**.
- 8) In the 12 months immediately prior to **Your Start Date** **You** have not been:
  - a) diagnosed with or received **Treatment** for any two conditions listed in the Medical Conditions Table;
  - b) Admitted to hospital for any one condition in the Medical Conditions Table.

## MEDICAL CONDITIONS TABLE

Coronary artery disease (including heart attack or angina)
Valvular heart disease (including stenosis, regurgitation or valve replacement)
Heart arrhythmia (including atrial flutter, atrial fibrillation, ventricular fibrillation or use of a pacemaker)
A lung or respiratory condition for which daily medication has been prescribed (including inhalers)
Diabetes requiring insulin
Stroke or mini-stroke (TIA)
Aneurysm
Blood clots
Gastro-intestinal bleed

If prior to **Your Start Date**, **Your** health changes and **You** no longer meet the eligibility requirements listed above, **You** must send a written request for refund.

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

BENEFIT SECTIONS		BENEFIT AMOUNT
1.	<b>EMERGENCY MEDICAL</b>	Plan Limit
	Emergency Medical Expenses	Included
	Emergency Return Home	Included
	Emergency Dental	\$2,000
	Prescription Medication	\$1,000
	Follow-Up Visits	\$1,000
	Repatriation of Remains	\$10,000
	Cremation/Burial at Destination	\$4,000
2.	<b>Travel Assistance</b>	Included

**Plan Limit** means the maximum amount of coverage under this **Policy** 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** and **You** are scheduled to arrive in Canada within 48 hours after **You** leave **Your Home Country** then coverage is provided while en route to Canada.
- b) if **Your Start Date** is **Your Departure Date** and **You** are not scheduled to arrive in Canada within 48 hours after **You** leave **Your Home Country**, coverage only begins on the date and time **You** arrive in Canada;
- c) 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 another Canadian insurance company;
    - **We** will waive this **Waiting Period** if **You** are continuing coverage from an existing Travelance policy.
  - 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**.

**NOTE:** If **You** have selected the monthly payment option for **Your Policy**, **Your** coverage will end two months after a failed payment unless **You** arrange to update **Your** payment information within the allowable time.

### 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 **You** 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; or

4. During **Your** return travel to **Your Home Country** provided **You** have coverage on the day **you** leave Canada and **You** are scheduled to arrive in **Your Home Country** within 48 hours.

## Extending Coverage After Arrival In Canada

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

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

1. **You** have not reported a claim;
2. **Your Policy** is in force when **You** request an extension; and,
3. **You** pay the additional required premium.

Any expenses related to **Medical Conditions** present on the date **You** apply for an extension will not be covered.

In all other cases the **Company** must approve **Your** coverage extension. Coverage cannot be extended beyond 558 days 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 the required premium is paid 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 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

- **We** will confirm **You** are a named insured under a **Policy**.
- **You** will be referred to the most appropriate service provider for **Your** situation.
- 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 \$1,000, per occurrence.
  - g) If the attending **Physician** prescribes follow-up visits after an eligible **Emergency Treatment**, this benefit includes up to one follow-up visit to a maximum of \$1,000. Follow-up visits must be scheduled during the **Period of Coverage**. 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 10 of this **Policy** before admission to **Hospital** or within 24 hours after a life or organ-threatening **Emergency**. Failure to do so will result in **You** being responsible for 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 \$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 \$300, per occurrence.
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 a maximum of \$10,000; or
  - b) for the cremation or burial at the place of death up to a maximum of \$4,000.
    - 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.

## 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 10. **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.

## POLICY EXCLUSIONS

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

1. **Pre-Existing Conditions** or related **Medical Conditions** that existed during the 180 day period immediately prior to **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) if coverage is in effect on the date **You** leave Canada, **Emergency** expenses incurred en route to **Your Home Country** after the date and time **You** leave Canada provided **You** are scheduled to arrive in **Your Home Country** within 48 hours of departure;
  - c) **Emergency** expenses incurred during any side trip outside of Canada as described in **Coverage for Side Trips Outside Canada** on page 6;
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 11), **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**;
13. Cataracts or any **Medical Conditions** resulting from their medical care;
14. Pregnancy, childbirth, complications of pregnancy or childbirth, or voluntarily induced abortion; or a child born during **Your Period of Coverage**.
15. Your use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
16. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
17. **Your** participation in **Extreme Activities**;
18. **Your** participation in organized professional sporting activities;
19. **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);
20. **Your** riding, driving or participating in races of speed or endurance;
21. **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**;

22. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
23. **Your** participation in a crime or malicious act;
24. **Your** participation in a riot or insurrection;
25. 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;
26. **Act of Terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
27. **Your** participation in the armed forces;
28. Orbital or sub-orbital flights;
29. 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;
30. **Contamination** resulting from radioactive material or nuclear fuel or waste; or
31. Any trip 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 premium refund for unused days will be allowed.

The following administration fees will be deducted from **Your** premium 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 **Your Start Date** due to **You** no longer being eligible (no fee will be deducted);
- c) cancel **Your Policy** before **You** leave **Your Home Country** for other than “a)” or “b)” above (\$250 fee will be deducted);
- d) 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
- e) cancel **Your Policy** and decide to stay in Canada (\$250 fee will be deducted).

A request for refund must be submitted to **Your** broker 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.

**C. Policy Billing Fee (monthly payment option only):** If **You** select this option a \$50 non-refundable policy billing fee will be charged at the time of application.

**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.

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 or broker has the right to change this **Policy** or to waive any of its provisions.

**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.

**Coordination of Benefits:** The benefits in this **Policy** are secondary to those available under any other coverage **You** may have including but not limited to government health insurance, group or personal accident and sickness insurance, extended health or medical care coverage, any automobile insurance or benefits plan, homeowner, tenant or other multi-peril insurance, credit card benefit insurance, and other travel insurance.

**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**. Regardless of how many valid Visitors to Canada policies **You** have purchased with the **Company**, the maximum amount for which **You** can be covered is limited to \$150,000.

**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.

**Monthly Payment Option:** If **You** select this option, the payment **You** made with **Your** application will cover the last two months of **Your Coverage Period**. Subsequent payments are due on the dates shown on the payment schedule included with **Your Confirmation of Coverage**. If a scheduled payment fails for any reason, it must be made up to ensure **You** have continuous

coverage. If overdue payments are not successfully collected within two months from the payment failure date, **Your Coverage Period** will automatically end.

**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.

**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, 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** are **Hospitalized** for 72 consecutive hours, we will waive the first \$250 of any **Deductible**.

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

**Dependent** 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.

**Emergency** means a sudden and unforeseen **Medical Condition** that requires immediate **Treatment**. 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 10).

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

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

**Family Member** means spouse, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried **Dependents** 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 before **Your** arrival in Canada. If **You** are eligible for a provincial GHIP program within 90 days of an **Emergency**, **Your Home Country** will be Canada.

**Hospital** means an institution that is licensed, and that is staffed and operated for the care and **Treatment** of in-patients and out-patients. **Treatment** must be supervised by **Physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A **Hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**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 any disease, illness or **Injury** including symptoms of undiagnosed conditions.

**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 any of the following, eating, bathing, use of a toilet, getting in and out of a bed or chair, and dressing.

**Physician** means a person who is not **You** or a **Family Member** or **Your Traveling Companion** who is legally licensed in the jurisdiction where the services are provided, to prescribe and administer medical **Treatment**.

**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 any **Medical Condition** that exists prior to **Your Start Date**.

**Reasonable and Customary** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**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**.

**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 a procedure prescribed, performed or recommended by a **Physician** for a **Medical Condition**. This includes but is 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  
Telephone 905-667-3391  
Toll Free in Canada & USA: 1-888-526-0111  
Toll Free Fax: 1-866-551-1704

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

USA & Canada 1-800-334-7787  
Direct Dial Collect 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



Paul M. Field, CPA, CA  
Chief Executive Officer  
March 2021

TAEVCE0321

## 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  
Direct Dial Collect 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.