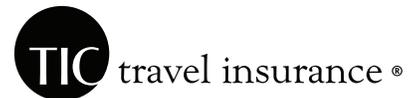


GLOBAL EXPATRIATE HOSPITAL & MEDICAL INSURANCE



RIGHT TO EXAMINE POLICY

Please review this policy to ensure it meets your needs. You have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

Please read your policy carefully.

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled 'Benefits' under the name of the plan you have purchased. This insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

This policy does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy when you receive it. Pre-existing medical conditions may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC prior to the expiry of your policy (during business hours). You must be in good health and not have incurred any losses during the *period of coverage*.

Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

Mandatory Statement of Health and Consent

We require you to complete and sign an application which includes a statement on your state of health with a consent to access your medical history when necessary.

Note: Words in italics indicate they are defined on pages 4 to 5.

GLOBAL EXPATRIATE HOSPITAL & MEDICAL INSURANCE POLICY

BASIC PLAN OPTIONS

Benefits 1 to 13

1. coverage worldwide excluding the U.S.A.
2. coverage worldwide.

SELECT PLAN OPTIONS

Benefits 1 to 17

3. coverage worldwide excluding the U.S.A.
4. coverage worldwide.

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) be either:
 - i. a Canadian citizen residing outside of Canada, or
 - ii. a Canadian citizen returning to reside in Canada and awaiting coverage under a government health insurance plan; or
 - iii. a non-Canadian citizen residing in Canada; or
 - iv. a non-Canadian citizen residing outside of their *country of origin* while employed by a Canadian company; and
- e) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- f) not require assistance with daily living activities.

Coverage Begins

When an application has been made and the premium has been paid for a specific plan of insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) for a Canadian citizen residing outside of Canada: when the *insured* leaves Canada to reside outside of Canada; or
- d) for a Canadian citizen returning to reside in Canada: when the *insured* leaves their *country of origin* to reside in Canada; or
- e) for a non-Canadian citizen residing in Canada: when the *insured* leaves their *country of origin* to reside in Canada; or
- f) for a non-Canadian citizen residing outside of their *country of origin* while employed by a Canadian company: when the *insured* leaves their *country of origin* to commence employment with a Canadian company;

except coverage for loss resulting from *sickness* begins 48 hours thereafter, unless this coverage was purchased prior to arrival in the *country of residence*, or before the *expiry date* of a TIC Global Expatriate Policy.

Coverage Ends

Coverage ends on the earliest of the date:

- a) indicated as the *expiry date* on the confirmation of coverage; or
- b) 365 days after the *effective date* for this policy; or
- c) the date the *insured* becomes eligible under a Canadian government health insurance plan.
- d) the *insured* is no longer eligible for coverage under this policy as indicated in the 'Eligibility' section.

DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to the sum insured as indicated on the confirmation of coverage, for *reasonable and customary* costs incurred by an *insured* during the *period of coverage*. Costs are paid for hospitalization, medical or other covered costs as provided in the 'Benefits' section, due to *sickness* or *injury* occurring during the *period of coverage* in the geographic area for which the appropriate premium has been paid. The benefit maximums, the sum insured and any *deductible* for a plan providing coverage worldwide excluding the U.S.A. are indicated in Canadian dollars. The benefit maximums, the sum insured and any *deductible* for a plan providing coverage worldwide are indicated in US dollars, unless otherwise stated.
2. For coverage worldwide excluding the U.S.A. the *insurer* agrees to pay for acute *emergency hospital* and other covered costs, as provided under the 'Benefits' section, due to *sickness* or *injury* occurring during the *period of coverage* while the *insured* is in transit through the U.S.A. for up to a maximum of 5 days.
3. Costs are paid up to the maximum sum insured in excess of any *deductible* per *insured*, as indicated on the confirmation of coverage.

BENEFITS for Basic and Select Plans

Benefits are payable for the following costs:

1. **Hospital**
The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* costs for services and supplies necessary for the care of the *insured* during confinement as a resident in-patient.
2. **Medical**
The *insurer* agrees to pay for:
 - a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).
 - b) The services of a legally licensed physiotherapist (who is not related by blood or marriage to the *insured*) when ordered by the attending *physician* as treatment for a covered *sickness* or *injury*. Not to exceed \$1,000 for out-patient treatment. Must be pre-approved by TIC.
 - c) The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the *insured*) for treatment of a covered *sickness* or *injury*. Not to exceed \$1,000. Must be pre-approved by TIC.
 - d) The services of a legally licensed podiatrist or osteopath (who is not related by blood or marriage to the *insured*) for treatment of a covered *sickness* or *injury*. Not to exceed \$1,000 in total. Must be pre-approved by TIC.
 - e) Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician* for the purpose of diagnosis.
 - f) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital*, when reasonable and *necessary*.
 - g) Rental of wheelchair, crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances. Must be pre-approved by TIC.
 - h) Private duty nursing services of a registered nurse or registered medical attendant (who is not related by blood or marriage to the *insured*). Must be pre-approved by TIC.
 - i) Out-patient services provided by a *hospital*.
 - j) Drugs or medications that require a *physician's* written prescription, not exceeding a 90-day supply per *insured* unless hospitalized as an in-patient. Prescription drugs or medications are covered in full when the *insured* is hospitalized.
3. **Return of Deceased**
In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for costs incurred to return the *insured* in a standard transportation container, to their *country of origin*, or up to \$4,000 for cremation or burial at the place of death.

4. **Accidental Dental**
Up to \$3,000 will be reimbursed for treatment or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental* blow to the face. To be eligible for reimbursement, the costs for such dental services must be incurred within 90 days after the date of the *injury*, and be completed during the *period of coverage*. Treatment must be performed by a legally qualified dentist or oral surgeon.
5. **Dental Emergencies**
Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received treatment or advice are not covered.
Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to the *insured's* return to their *country of origin*.
6. **Dentist (in hospital)**
Up to \$500 will be reimbursed for dental surgical procedures where the underlying condition is not caused by an *accident* and which are medically required to be performed in a *hospital*.
7. **Act of Terrorism**
When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:
 - a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to CAD \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
 - b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to CAD \$5 million for all eligible policies issued and administered by TIC, including this policy.The amounts payable for each eligible claim under (a) and (b) above, are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to *act(s) of terrorism*.
8. **Emergency Transportation**
The *insurer* agrees to transport the *insured* to their *country of origin* when *necessary* continuing medical care is required and is not covered under this policy, according to exclusion EXP10 3. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be approved and arranged by TIC.
9. **Return Home**
When approved and arranged by TIC, up to \$3,000 will be paid for the additional cost of one-way economy transportation by the most direct route to the *insured's country of origin* if the *insured* is permanently unable to perform basic activities of daily life as the result of a covered *sickness* or *injury* or if the *insured* requires long-term chronic care. This benefit also includes one additional *insured family member*.
10. **Physical Examination**
If the coverage purchased is for a continuous 365-day period commencing from the *effective date*, this benefit covers one routine annual examination by a *physician* up to a maximum of \$200 after this policy has been in effect for 6 consecutive months with no lapse in coverage. (not subject to any *deductible*).
11. **Eye Examination**
The services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any consecutive 12-month *period of coverage*.
12. **Maternity Benefit**
When the expected delivery date is more than 10 months after the *effective date* of this policy and there is no lapse in coverage, TIC will pay 80% of the costs per pregnancy incurred by the

mother and the newborn as the result of pregnancy, childbirth or miscarriage, or complications related thereto, up to a total maximum of either:

- a) \$5,000 for normal childbirth; or
- b) \$7,500 for caesarean section; or
- c) \$25,000 for medical complications related to childbirth.

Newborns are not covered under this policy other than as specifically stated above. Newborns can be fully covered at 15 days of age if a completed application is accepted by TIC or its representative and written approval is given by TIC.

13. Psychiatrist

When referred in writing by a *physician* and approved by TIC, the services of a psychiatrist are payable, up to a maximum of one hour per week to a maximum of 10 visits in any consecutive 12-month period provided this policy has been in effect for at least 6 consecutive months with no lapse in coverage.

ADDITIONAL BENEFITS for Select Plan

Benefits are payable for the following costs:

14. Accidental Death & Dismemberment

The *insurer* agrees to pay up to the sum insured of \$10,000, for loss of life, limb or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, except while boarding, riding or alighting from an aircraft. Loss of life, limb or sight must occur within one year from the *injury*.

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above, or
- b) the body of the *insured* has not been found within 52 weeks from the date of the *accident* it will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

15. Transportation of Family or Friend

Up to \$3,000 for round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:

- a) the *insured* is hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the necessary attendance by such persons; or
- b) local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness* or *injury*.

16. Attendant

Up to \$50 a day, to a maximum of \$500 for an attendant (who is not related by blood or marriage to the *insured*) to care for any *family members* (under age 18, or physically or mentally

handicapped who rely on the *insured* for assistance), if the *insured* is hospitalized for 48 hours or more resulting from a covered *sickness* or *injury*. This benefit is only payable when approved in advance by TIC.

17. Vaccinations

If the coverage purchased is for a continuous 365-day period commencing from the *effective date*, this benefit covers vaccinations up to a maximum of \$100 annually after this policy has been in effect for 6 consecutive months (not subject to any *deductible*).

SPECIFIC CONDITIONS

1. TIC must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.
2. TIC reserves the right, as reasonably required, to transfer an *insured* to any *hospital*, or to transport an *insured* to their *country of origin* if as the result of a covered *sickness* or *injury*, *treatment* is necessary and is not covered under this policy according to exclusion EXP10 3. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. General Provisions apply. Refer to page 5.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

EXP1 Any *sickness*, *injury* or medical condition that exhibited symptoms for which a diagnosis need not have been made or required any or all of: *medical consultation*, prescription medication, medical treatment or hospitalization prior to the *effective date*.

EXP2 Any *sickness* for which symptoms occurred within 48 hours of the *effective date*, except when the application for this insurance is completed:

- a) prior to the *insured* leaving the *country of origin*; or
- b) before the *expiry date* of an existing TIC Global Expatriate Policy.

EXP3 Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* was such as to render *expected medical treatment* or hospitalization.

EXP4 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentional self-inflicted injury, except as specifically provided under Benefit 13, Psychiatrist.

EXP5 *Act of war*, kidnapping, *act of terrorism* caused directly or indirectly by *nuclear*, *chemical* or *biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or travelling companion.

EXP6 Any *sickness*, *injury* or medical condition, for which a diagnosis need not have been made, for which the policy is purchased or the *trip* is undertaken for the purpose of securing medical treatment or advice.

EXP7 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

EXP8 Any *medical consultation* that is elective or related to a prior elective procedure.

EXP9 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

EXP10

1. For temporary residents in Canada with coverage under a basic plan: treatment which can be reasonably delayed until the *insured* returns to their *country of origin* (whether or not they intend to return) by the next available means of transportation unless approved in advance by TIC.
2. For returning Canadians and landed immigrants awaiting coverage under a government health insurance plan: treatment which can be reasonably delayed until the *insured's* government health insurance plan takes effect.
3. For an *insured* with coverage under a basic plan: any treatment, investigation or hospitalization which a) is a continuation of or subsequent to an inpatient hospitalization, or b) exceeds 30 days following the initial day that *necessary* outpatient treatment of a covered *sickness* or *injury* began, unless approved in advance by TIC.

EXP11 Any rehabilitation or convalescent care.

EXP12 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

EXP13 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof, except as specifically provided under Benefit 12, Maternity.

EXP14 *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

EXP15 Cosmetic surgery unless such *emergency* surgery is a result of a covered *sickness* or *injury*.

EXP16 Dental care, services or supplies, except as specifically provided under Benefit 4 Accidental Dental, Benefit 5 Dental Emergencies and Benefit 6 Dentist (in *hospital*).

EXP17 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan of the province where the policy was issued.

EXP18 Naturopathic, holistic or acupuncture treatment.

EXP19 Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed, or costs incurred in Canada which exceed the applicable provincial *medical/dental association schedule of fees*.

EXP20 Any loss incurred in the U.S.A. if coverage is purchased for 'Worldwide excluding the U.S.A.' only, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while the *insured* is travelling in transit through the U.S.A. for a period of up to 5 days.

EXP21 Eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result of an *accidental injury*.

EXP22 Any nuclear occurrence, however caused.

EXP23 Any loss resulting from an *act of terrorism* while at a destination where, prior to the *insured's* departure to that destination, a statement regarding terrorism is made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs advising or recommending that Canadians should not travel to that destination during the *period of coverage*, or any such loss if incurred more than 12 months after such statement is made, if the statement is made at a time when the *insured* is already at the destination and has coverage under the 5-year policy option.

EXP24 The purchase of:

1. medications or drugs not approved for use by the appropriate government authority,
2. patent or proprietary medications,
3. vitamins or vitamin preparations,
4. drugs or medications which can be purchased over the counter without a *physician's* written prescription,
5. acne medications,
6. nicotine resin products,
7. dietary supplements or weight loss products,
8. quantities of any drug or medications which exceed a 30-day supply within one month prior to the policy *expiry date*,

9. contraceptives prescribed for any purpose,
10. contraceptive consultation or testing,
11. fertility drugs or testing, or drugs, medications, or other costs paid for by any other agency, or
12. experimental drugs or preventative medications.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Country of origin means the country in which the *insured* maintained a permanent residence immediately prior to the *period of coverage*.

Country of residence means the country in which the *insured* maintains a permanent residence during the *period of coverage*.

Deductible means the amount the *insured* must pay before any benefits are payable. The deductible is payable per *insured* per *period of coverage*.

Effective date means the date and time coverage begins as provided for in the section titled 'Coverage Begins'.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed.

Expected medical treatment means *medical consultation* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'Coverage Ends'.

Family member means the *insured's* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insured means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively

made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

Medical/dental association schedule of fees means the official schedule of fees published by the medical/dental association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical/dental association schedule of fees in Canada closest to where the treatment or service occurred.

Necessary means medically required treatment for an unexpected *sickness* or *injury*.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured*, who earns the majority of their income from such activity.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable treatment, services or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured*.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that the *insured* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If an *insured* is hospitalized at the end of the *period of coverage*, as a result of a covered *sickness* or *injury*, this coverage will be extended to the *insured* and an insured *travelling companion* remaining with

the *insured* when reasonable and *necessary*, during the period of *hospital confinement*, plus 72 hours after release to travel home.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*. Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* shall be responsible for the verification of:

1. any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided; and
2. any payment that would have been made if the *insured* had been covered by a provincial or territorial *hospital/medical plan*; and
3. any payment made by any other insurance plan or contract, and
4. providing substantiating medical documentation from their *country of origin* at the request of TIC. Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extension of coverage, unless the *insured* has purchased the 5-year policy option and received written approval from TIC, which amends this policy. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the company.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any Insurance Act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured* may not claim or receive in total, more than 100% of the loss caused by the insured event.

If the *insured* named in this policy is retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, TIC will not coordinate benefits with that provider.

Currency

All amounts stated in the policy, including premium, are in Canadian dollars if the *insured* has purchased coverage 'Worldwide excluding the U.S.A.' All amounts stated in the policy, including premium, are in US dollars, unless otherwise stated if the *insured* has purchased coverage 'Worldwide'. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time will this policy be governed by the laws and regulations of any other country.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* is in good health and knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for the *insured's* age on the *effective date*.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, TIC shall be subrogated to all the rights of the *insured* including without limitation, the right to proceed in the *insured's* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

Refunds are payable when:

1. The entire *trip* is cancelled prior to the *effective date*.
2. The *insured* permanently returns to their *country of origin* 15 days or more prior to the *expiry date*.
3. The *insured* becomes insured under a provincial or territorial health/medical plan.

Premium refunds must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC. There will be no refund of premium if any losses have been incurred whether or not a claim has been made. Premiums which are 100% refundable are subject to a \$10 administration fee, except when cancelled during the 10 day examination period. Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net premium to be refunded. Premiums less than \$10 will not be refunded.

CLAIMS PROCEDURES

Important Notes:

1. In the event of a *sickness* or *injury*, TIC must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 60 days of occurrence.

When submitting your claim please include:

1. A completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. Complete the appropriate provincial government health insurance plan forms; see claim form for details. (If applicable)
4. Further documentation may be required upon review of your claim.

For Accidental Death & Dismemberment Benefits – in addition to the above please include:

1. Police report including any witness statements, if applicable.
2. Coroner's report.
3. Death certificate.

All claims forms are available online at: www.travelinsurance.ca or by calling the TIC Claims Department.

SUBMIT CLAIMS TO:

TIC Claims Department
1200 – 438 University Avenue
Toronto, Ontario, Canada M5G 2K8
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In respect whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO.



Administered by:

TIC Travel Insurance Coordinators Ltd.
1200 – 438 University Avenue
Toronto, Ontario
Canada M5G 2K8

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan
Canada S4P 1C4

EMERGENCY PROCEDURES

In the event of *injury* or *sickness*, TIC Emergency Assistance must be notified prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *period of coverage*.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide: 800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers
call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim
and we will contact you.

