



## Thank you for choosing Travel Guard.

I want to thank you for choosing Travel Guard to provide the affordable and essential insurance you need for travelling.

Travel Guard insures more than 6 million travellers each year, making us the leading travel insurance provider in North America.

At Travel Guard, our mission is simple. We want to be your single source for exceptional travel insurance and assistance whenever and wherever you travel. You have my pledge that we will do everything possible to exceed your expectations. If you have questions about this policy please call our customer service department at 1-866-908-5829.



David LaFayette, CLU  
President and CEO  
Travel Guard Canada

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**WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS**

1. This *policy* covers losses resulting from unforeseeable and *emergency* circumstances only.
2. A *pre-existing condition* exclusion applies to *medical conditions* and/or symptoms that existed prior to travel. There may be no coverage if *you* have a *pre-existing condition*.
3. *You* must contact *us* before seeking medical attention and a failure to call will result in *your* being responsible for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
5. If *you* choose not to receive *treatment* or services from a *provider*, as directed by *us*, *you* will not only be responsible for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses.
6. *Your* Emergency Medical and Dental Coverage is subject to an aggregate limit of \$25,000 CAD, \$50,000 CAD, or \$150,000 CAD depending on the plan *you* choose.
7. There are limits, limitations and exclusions that apply to all *insured* persons.
8. If *you* purchase this policy after arriving in Canada then there will be no coverage for sickness or illness for a period of 48 hours from *your start date*. Coverage for expenses incurred as a result of an *accident* is not subject to this limitation.
9. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
10. Read this *policy* carefully.

**IMPORTANT INFORMATION**

This *policy* covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear in italics in this *policy* document when the policy definition applies.

Along with this *policy* document, *you* should have received a document called a *confirmation of insurance*. The *confirmation of insurance* sets out details specific to the plan *you* purchased and it is part of *your* contract of insurance as is this document. If *you* did not receive all of these documents, if any information contained in these documents is incorrect, or if *you* have questions regarding *your* coverage, it is *your* responsibility to contact *us* at 1-866-908-5829. *You* should bring all of these documents with *you* when *you* travel.

**I. SUMMARY OF BENEFITS FOR THE VISITORS TO CANADA EMERGENCY MEDICAL PLAN**

The following chart summarizes the benefits provided under our Visitors to Canada Emergency Medical Plan. This chart is a summary only. *You* should refer to the actual benefit provisions of the policy document as those are the provisions that apply when determining if a claim is covered.

Visitors to Canada Emergency Medical Plan Options			
Coverage & Benefits	Plan 1	Plan2	Plan3
Total Policy Limits	\$25,000*	\$50,000*	\$150,000*
Deductible	\$50	\$50	\$0
Emergency Medical Expense	\$25,000	\$50,000	\$150,000
Ambulance	\$5,000	\$5,000	Unlimited
Emergency Return Home	\$5,000	\$5,000	Unlimited
Return of Remains	\$5,000	\$5,000	Unlimited
Emergency Professional Services	\$250	\$250	\$250
Meals and Accommodations	Not Covered	Not Covered	\$1,500
Bedside Companion Travel/Subsistence	Not Covered	Not Covered	Unlimited/\$300
Emergency Dental	Not Covered	Not Covered	\$250
<b>Travel Accident</b>			
Death	Not Covered	Not Covered	\$25,000
Double Dismemberment	Not Covered	Not Covered	\$25,000
Single Dismemberment	Not Covered	Not Covered	\$12,500

\*The aggregate limit for emergency accident and sickness benefits is \$25,000 for Plan 1; \$50,000 for Plan 2; and \$150,000 for Plan 3.

**II. SPECIFIC DETAILS OF YOUR INSURANCE**

**AM I ELIGIBLE?**

To be eligible to purchase *our* Visitors To Canada Emergency Medical Plan and to be eligible for any coverage under this plan, *you* must:

1. be planning to be in Canada for over 50% of *your* trip away from *your departure point*;
2. be older than one (1) month and less than or equal to 84 years of age on *your policy purchase date*;
3. have purchased prior to or on the same day as *your start date*;
4. have purchased not more than 365 days prior to *your* departure date;
5. have purchased Plan 1 or Plan 2 if *you* are between the ages of 70 and 84 inclusive on *your policy purchase date*;
6. be travelling for a maximum of 365 days if *you* are between the ages of one (1) month and less than or equal to 59 years of age on *your policy purchase date*;
7. be travelling for 183 days or less if *you* are between the ages of 60 and 84 on *your policy purchase date*; and
8. not be covered by a Canadian government health insurance plan.

**HOW DO I BECOME INSURED?**

Coverage under this *policy* will not come into effect until all of the following conditions have been satisfied:

1. *Your* name appears on the *confirmation of insurance*; and
2. *You* have paid the required *premium* on or before *your start date*.

**WHEN DOES MY INSURANCE START AND END?**

Unless otherwise stated in the provision pertaining to a specific benefit, *your* insurance starts on the latest of:

1. The date *you* leave *your departure point*; or
2. The *start date* shown on *your* most recent *confirmation of insurance*.

*Your* insurance ends on the earliest of:

1. 11:59 pm on *your* scheduled *return date*;
2. 11:59 pm on *your* *expiry date*; or
3. 11:59 pm on the date *you* return to *your departure point*, unless there has been:
  - An extension of coverage under the Automatic Extension of Coverage provision of this *policy*; or
  - An Optional Policy Extension in accordance with the Optional Policy Extension provision of this *policy*;

In which case *your* insurance ends on the earliest of:

1. The date *you* return to *your departure point*; or
2. The later of the expiry of the Automatic Extension of Coverage or any Optional Policy Extension, if applicable.

## UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?

### Automatic Extension of Coverage

If you are hospitalized on your scheduled return date your coverage will automatically be extended at no additional premium for the period of hospitalization and up to 120 hours after discharge. If you have a medical condition rendering you medically unable to travel, on your scheduled return date but you are not hospitalized, your coverage will be automatically extended for up to 120 hours after your scheduled return date. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which you are pre-booked as a passenger.

### Optional Policy Extension

If you choose to extend your trip, beyond your scheduled return date you may apply for a policy extension subject to the following conditions:

1. The application for an extension must be made and approved by us prior to your original return date;
2. You must pay the required additional premium before your original return date; and
3. You must have been eligible for the insurance that you seek to extend at the time of your original booking and at the time of the application for the extension.

## CAN MY PREMIUM BE REFUNDED?

Refunds are available up to your start date or if you have a minimum of three (3) unused days of coverage. Please call 1-866-908-5829. No refund of premium will be made in the event that a claim has been paid, incurred or reported under this policy. Refund requests must be substantiated with original receipts showing dates of travel.

## III. EMERGENCY MEDICAL COVERAGE

This section sets out the emergency medical benefits which are covered under our Visitors To Canada Emergency Medical Plan.

### A. Benefits – Emergency Medical Coverage for Injury and Sickness

If you incur expenses due to a covered risk, on or after your start date and prior to or on your expiry date, while you are on a trip, we provide coverage for the following covered benefits up to the specific benefit limits set out below.

You will be responsible to pay the deductible, if applicable, before we pay any benefit under this Emergency Medical Coverage. You will have to pay the amount of your deductible directly to the provider before we make any benefit payment under this coverage.

Benefit limits are for each insured under this policy. We do not pay more than the benefit limit. Emergency medical coverage is subject to the following aggregate limits by plan: Plan 1 \$25,000; Plan 2 \$50,000; Plan 3 \$150,000.

**Covered Risks and Benefits for Plan 1, Plan 2, and Plan 3:** Expenses incurred as a consequence of an emergency and resulting from injury, sickness or death occurring on a trip.

### 1. Eligible Emergency Medical Expenses

If prescribed by a physician and pre-authorized by us, we cover:

- a. The cost of care received from a physician in or out of a hospital;
- b. The cost of a hospital room;
- c. The cost of rental or purchase (whichever is less) of a hospital bed;
- d. The cost of wheelchair, brace, crutch or other medical appliance;
- e. The cost of tests that are needed to diagnose your condition;
- f. The cost of prescription medication; and
- g. The services of a licensed private duty nurse while you are hospitalized.

**Benefit Limit:** Plan 1 \$25,000; Plan 2 \$50,000; Plan 3 \$150,000.

### 2. Ambulance

We cover:

- a. The cost of local ground ambulance service to a medical service provider if medically required; or
- b. Taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

**Benefit Limit:** Plan 1 \$5,000 limit; Plan 2 \$5,000 limit; Plan 3 no benefit limit.

### 3. Emergency Return to Home

If your attending physician recommends to us in writing your return to your departure point because of your medical condition or if our medical advisors determine that you are able to and recommend you return after your emergency medical treatment, and if approved in advance by us, we cover, via the most cost-effective itinerary, one or more of:

- a. The extra cost of an economy or charter class fare;
- b. A stretcher fare on a commercial flight or charter;
- c. The return economy or charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline;
- d. The cost of air ambulance transportation, pre-approved and arranged by us; and
- e. One travel companion's extra fare to accompany you, if medically necessary and directed by a physician.

**Benefit Limit:** Plan 1 \$5,000 limit; Plan 2 \$5,000 limit; Plan 3 no benefit limit

### 4. Return of Remains

If you die during your trip we cover reasonable expenses incurred for any one of the following:

- a. Reasonable transportation costs (using customary airline procedures) to return your remains to your departure point plus up to \$3,000 for the preparation of your remains and a transportation container;

- b. Reasonable transportation costs (using customary airline procedures) to return your remains to your departure point plus up to \$2,000 for the cremation of your remains and the cost of a standard burial urn at the place of your death; or
- c. Up to \$3,000 for the preparation of your remains and the cost of a standard burial container plus up to \$2,000 for the burial of your remains at the location where your death occurred.

**Benefit Limit:** As described above per insured.

Further, if someone is legally required to identify your body because you have died while on a trip, we cover:

- d. The cost of a return economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify your body;
- e. A subsistence allowance up to \$500 per deceased insured for commercial accommodations and meals for that person (receipts must be submitted); and
- f. We cover that person under the terms of this insurance during the period in which he/she is required to identify your body, up to three (3) business days.

**Benefit Limit:** Plan 1 \$5,000 aggregate limit; Plan 2 \$5,000 aggregate limit; Plan 3 no aggregate benefit limit.

### 5. Emergency Professional Services

We cover:

- a. Expenses resulting from an emergency for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, if ordered by a physician, up to the benefit limit.

**Benefit Limit:** \$250 per profession per insured.

**Additional Covered Risks 6 to 8 for Plan 3:** Expenses incurred as a consequence of an emergency and resulting from injury, sickness or death occurring on a trip.

### 6. Meals and Accommodation

If a medical emergency prevents you or your travel companion from returning to your departure point of your insured trip or if your emergency medical treatment or that of your travel companion requires your transfer to a location that is different from your original destination or you or your travel companion are delayed beyond your scheduled return date in order to obtain emergency medical treatment, we cover:

- a. A subsistence allowance of up to \$150 per day up to the benefit limit for expenses for meals, hotels, phone calls and taxis if you have actually paid for them (receipts must be submitted).

**Benefit Limit:** \$1,500 per insured. This benefit must be pre-authorized by us.

### 7. Bedside Companion Travel and Subsistence

If you are travelling alone and are admitted to a hospital for three (3) days or more, we cover, until you are medically fit to return to your departure point:

- a. The economy/charter class fare via the most cost-effective itinerary for the round-trip flight only for someone to be with you;
- b. A *subsistence allowance* for such person's hotel and meals (receipts must be submitted) up to the benefit limit;
- c. Coverage for such person under this *policy*, subject to all of its terms, conditions, limitations and exclusions.

For an *insured* who is a *dependent child* or if *you* are mentally or physically disabled, a bedside companion is available immediately upon *hospital* admission.

**Benefit Limit:** *Subsistence allowance* – \$300 per insured.

### 8. Emergency Dental Coverage

We cover expenses *you* incur during *your trip* for care ordered, prescribed or received from a licensed dentist if *you* need *emergency dental treatment* during *your trip* and we cover the expenses *you* incur for *prescription medication* as a result of such *emergency*.

**Benefit Limit:** \$250 and the complete cost of *prescription medications*.

### B. Conditions – Emergency Medical Coverage

All of the conditions set out in the General Conditions section of this *policy* and all of the following conditions must be satisfied before a benefit is payable for *emergency medical treatment*:

1. *You* must not know of any reason *why you* will need to seek medical or dental attention before *you* leave on a *trip*;
2. The portion of the expenses claimed are not covered by any other insurance or reimbursement plan;
3. *You* must contact *us* before seeking medical attention;
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;
5. If *you* choose not to receive *treatment* or services from the *provider*, as directed by *us*, *you* will be responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. *You* must return to *your departure point* prior to any *treatment* or following *emergency treatment* or *hospitalization* if, on medical evidence, *you* are able to return to *your departure point* without endangering *your* health and if, in these circumstances, *you* elect not to return to *your departure point*, then any expenses incurred for continuing *medical treatment* or surgery with respect to such *emergency* will not be covered AND all coverage and benefits under this *policy* will cease;
7. The *emergency* medical attention *you* receive must be outside of *your departure point* and be required as a consequence of an *emergency* and ordered by a *physician*.

### C. Limitations – Emergency Medical and Dental Coverage

*Our* liability under this *policy* for expenses under Emergency Medical Coverage is limited as follows.

1. A failure to contact *us* before seeking medical attention will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
2. A failure to call and receive the approval of *our* medical advisors before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
3. If *you* purchase this *policy* after arriving in Canada then there will be no coverage for sickness or illness for a period of 48 hours from *your start date*. Coverage for expenses incurred as a result of an *accident* is not subject to this limitation.

### D. Exclusions – Emergency Medical Coverage

These exclusions apply to the Emergency Medical Coverage. The additional exclusions set out in the General Exclusions Section of this *policy* also apply.

There are two (2) possible exclusion identifiers which can apply to *your policy* depending on *your* age when *your* insurance starts. These two (2) identifiers are ME#1, and ME#3.

Age when <i>your</i> insurance starts	Medical Exclusion
If <i>you</i> are under 50 years of age	ME#1
If <i>you</i> are 50 years of age or older	ME#3

#### Pre-Existing Condition

##### Medical Exclusion for Identifier ME#1

If *your* exclusion identifier is ME#1 your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

- ME#1. We do not cover any loss or expense related directly or indirectly to:
- a. *Your medical condition* or any related condition if in the 90-day period immediately preceding *your effective date* that condition has not been *stable and controlled*.
  - b. *Your* heart condition if in the 90-day period immediately preceding *your effective date*:

- i. *you* have had any heart condition that has not been *stable and controlled*; or
  - ii. *you* have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period.
- c) *Your* lung condition if in the 90-day period immediately preceding *your effective date*:
- i. *you* have had any lung condition that has not been *stable and controlled*; or
  - ii. *you* required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

#### Pre-Existing Condition

##### Medical Exclusion for Identifier ME#3

If *your* exclusion identifier is ME#3 your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#3. We do not cover any loss or expense related directly or indirectly to:

- a) Any *medical condition* for which *you* have taken medication, been prescribed medication, received *treatment*, experienced a deterioration of the condition or had cause to seek *treatment* at any time within the 180-day period immediately preceding and including *your effective date* and this exclusion applies whether or not the condition has been *stable and controlled*;
- b) *Your* heart condition if in the 180-day period immediately preceding *your effective date* *you* have taken medication, been prescribed medication, received *treatment*, experienced a deterioration of the condition or had cause to seek *treatment* for any heart condition; or
- c) *Your* lung condition if in the 180-day period immediately preceding *your effective date* *you* have taken medication, been prescribed medication, received *treatment*, experienced a deterioration of the condition or had cause to seek *treatment* for any lung condition.

### IV. ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Accidental death and dismemberment coverage applies to *you* if *you* purchased Plan 3. If *you* purchased any other plan *you* do not have accidental death and dismemberment coverage under this *policy*.

#### A. Benefits –

##### **Accidental Death and Dismemberment Coverage**

*You* are covered in the event of an *accident* sustained during a *trip* due to one of the following covered risks for *accidental* death or *accidental* bodily injury for the benefits set out below. The total benefits payable for one or more accidents will not exceed \$25,000.

### Covered Risk 1

Bodily *injury* is sustained due to an *accident* occurring on or after the date *your* insurance starts and on or before the date *your* insurance ends and while *you* are on a *trip* and as a result, within the 12 months immediately following the *accident you*:

1. Die;
2. Suffer loss of sight in both eyes;
3. Have two of *your* limbs fully severed above *your* wrist or ankle joints; or
4. Suffer complete and irrecoverable loss of speech or loss of hearing.

**Benefits for Covered Risk 1:** \$25,000

Please note: If *your* body is not found within 12 months of the *accident*, we will presume that *you* died as a result of *your* injuries.

### Covered Risk 2

Bodily *injury* is sustained due to an *accident* occurring on or after the date *your* insurance starts and on or before the date *your* insurance ends and while *you* are on a *trip* and as a result, within the 12 months immediately following the *accident*, *you*:

1. Suffer loss of sight in one eye; or
2. Have one of *your* limbs fully severed above a wrist or ankle joint

**Benefits for Covered Risk 2:** \$12,500

### B. Exclusions –

#### Flight Accident and Travel Accident Coverage

These exclusions apply to the Accidental Death and Dismemberment Coverage. The additional exclusions set out in the General Exclusions Section of this *policy* also apply.

We do not cover any claim related in whole or in part, directly or indirectly, to:

1. A disease, even if the proximate cause of its activation or reactivation is the *accidental* bodily *injury*; or
2. Hang-gliding, parachuting, bungee jumping or skydiving.

## V. FEATURES AND SERVICES TO SERVE YOU BETTER

**24/7 Worldwide Emergency Assistance 1-866-878-0192 or collect at 416-646-3723**

Our emergency assistance coordinators, doctors and nurses can help *you* anywhere in the world, anytime of day.

## VI. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this *policy*.

1. *Your* coverage will be declared null and void if, for any reason:
  - a. The required *premium* is not received by *us*; or
  - b. *You* are ineligible for coverage in accordance with any section of this *policy*.

2. Canadian Currency: All benefits, benefit limits and all other amounts expressed in this *policy* are expressed in Canadian currency. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when *we* pay the claim. No sum payable shall bear interest. To facilitate direct payment to *providers*, *we* may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
  - a. On the last date of service; or
  - b. On the date the claim was incurred if a cheque is issued directly to *physicians*, *hospitals* or other medical *providers*.
3. If *you* are covered under more than one of *our policies*, or have similar coverage with another insurance company, the total amount paid to or for *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for that benefit.
4. The coverage outlined in this *policy* is last payor only. If, at the time of loss, *you* have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this *policy*, *we* will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing *hospital*, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this *policy*.
5. In the event of a payment of a claim under this *policy*, *we* have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this *policy*. *You* will execute and deliver documents as necessary and co-operate fully with *us* so as to allow *us* to fully assert *our* rights. *You* will do nothing to prejudice such rights.
6. *We* have full rights of subrogation.
7. Notwithstanding any provision of this *policy*, this *policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance and the laws and regulations in Ontario. The laws and regulations of Ontario govern this *policy* and any provision in this *policy* which is in conflict with any such statute is hereby amended to conform to such statute.
8. The maximum period of coverage under this *policy* shall not exceed 12 months. Benefits only apply outside *your home* country. No coverage will be provided to or for anyone not named on the *confirmation of insurance*.
9. In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical *providers* or other parties.

10. *Your policy* will be declared null and void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
11. During the claims process, *we* may require *you* to have a medical examination by one or more *physicians* chosen by *us* and at *our* expense.
12. *We* are not responsible for the availability, quality or results of any medical *treatment*. *We* are not responsible for any transportation arranged by *us*. *We* are not responsible for *your* failure to obtain medical *treatment*.
13. *You* must, at all times while *you* are covered under this *policy*, act in a prudent manner so as to minimize costs to *us*.
14. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

## VII. MAXIMUM LIMITS OF LIABILITY

General Liability: *Our* liability under this *policy* is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

## VIII. GENERAL EXCLUSIONS

The following exclusions apply to all benefits available under this *policy*, including all optional coverage. In addition to any exclusions that apply to specific benefits outlined within each section, *we* also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. Expenses resulting from any *sickness*, *injury* or state of health prior to *your policy purchase date* that would cause *expected medical treatment* or *hospitalization* during *your trip*;
2. Any *treatment* that is not *emergency treatment*. For example (and not inclusive of):
  - a. Expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a *medical condition*; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
  - b. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
  - c. Expenses incurred for acupuncture or naturopathic or holistic *treatment*;
3. Ionizing radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
4. Expenses incurred for any portion of benefits that require prior authorization and arrangements by *us* if such benefits were not authorized and arranged by *us*;

5. The *follow-up treatment, recurrence* or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip* if the medical advisors, or *we*, determine that *you* were medically able to return to *your departure point* and *you* chose not to return;
6. The *follow-up treatment* of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip* if the medical advisors, or *we*, determine that *you* were medically able to return to *your departure point* and *you* chose not to return;
7. Expenses incurred for *treatment* or services that are prohibited under a government health insurance plan;
8. Expenses in excess of reasonable and customary rates where *treatment* has occurred before *you* or someone on *your* behalf has called *us*;
9. treatment or surgery for a condition or related condition that had caused *your* physician to advise *you* not to travel;
10. Any medical expense incurred while travelling in the country of *your departure point*;
11. Any *medical condition*, if *our* medical advisors recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* choose not to travel;
12. Routine pre-natal care; a child born during *your trip*; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
13. *Your mental or emotional disorders*;
14. *Your* committing or attempting to commit suicide or intentionally self-inflicted *injury* (whether sane or insane);
15. *Your* chronic use or abuse (prior to or during *your trip*) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or *treatment*;
16. A *trip* undertaken in contravention of a *physician's* recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or *treatment* in the 90 days prior to *your start date*; or where a terminal condition prognosis has been diagnosed by any *physician*;
17. A *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek *treatment* or surgery for that *medical condition* or a related condition;
18. A *medical condition* for which future investigation or *treatment* is planned before *your start date*. This does not include routine monitoring;
19. The commission of or *your* direct or indirect attempt to commit a criminal act or *injury* occurring while *you* are committing or attempting to commit a criminal act;
20. *Your* participation in rock or *mountain climbing*; participation in a motorized race or motorized speed contest; *your* participation as a professional athlete in a sporting event;

21. Operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any armed forces service;
22. Expenses incurred if *you* travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised Canadians not to travel to during the time of *your trip*;
23. Expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
24. Expenses arising from or related to a congenital defect if *you* are 2 years of age or younger;
25. War (declared or not), acts of foreign enemies or rebellion; or
26. Interest on a payment or reimbursement.

## IX. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the *premium* for this insurance, *you* agree that:

1. *We* may verify *your* health card number and other information required to process *your* claim, with government and other authorities;
2. *Physicians, hospitals* and other medical *providers* are authorized by *you* to provide to *us* any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
3. *We* may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing *your* claim for benefits.

If making a claim, *you* must notify *us* as soon as possible in order for *us* to provide *you* with a claim form specific to *your* loss. Failure to do this could invalidate *your* claim. *You* have 90 days from *your return date* to file *your* claim with *us*. To report a claim or to request a claim form call 1-866-908-5829. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate *your* claim. All claim information should be sent to *us* at:

Travel Guard  
Attn: Claims Department  
145 Wellington Street West, Toronto, ON M5J 1H8

### To Claim For Emergency Medical Benefits:

*You* must notify *us* at 1-866-878-0192 or collect at 416-646-3723 prior to any *emergency medical treatment* and prior to any surgery, invasive procedure or *hospitalization*. Our assistance coordinators will provide guidance. *We* pay *providers* directly. *You* must provide *us* with receipts *we* will make every effort, although *we* cannot guarantee, to incur expenses including those for *subsistence allowance* expenses.

## X. DEFINITIONS

*We* attach very specific meanings to the following words when they appear in this *policy*. *We* have put these words in italics when they are used as a defined term.

**Accident/accidental:** A sudden, unexpected, unintended, unforeseeable, external event, occurring during an insured *trip*, that independently of any other cause, results in *injury*.

**Accidental death and dismemberment (AD&D):** *Accidental death* meaning bodily *injury* caused by an *accident* which results in death if the *injury, accident* and death occur while *you* are on a *trip*. *Accidental dismemberment* meaning one of (i) the actual severance of a limb above *your* ankle or wrist joint; or (ii) the complete loss of eyesight in both eyes and/or hearing in both ears.

**Application:** Computer printout, printed form, invoice, or document in either electronic or paper form which is a record of the personal and *trip* information *you* provided in order to obtain the *policy*.

**Confirmation of insurance:** *Your* most recent computer printout, printed form, electronic copy, invoice, or document issued by *us* that sets out the plan *you* have purchased and any optional add on coverage, if any, *you* have chosen.

**Contamination:** The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, *injury* and/or death.

**Departure point:** *Your* country of residence shown on *your* confirmation of insurance.

**Dependent child and/or dependent children:** Unmarried persons who are *your* natural, adopted or step children, dependent on *you* for support and care and who are travelling on the same itinerary as *you* are AND i) under 21 years of age; OR ii) full time students under 26 years of age; OR iii) mentally or physically incapable of self support.

**Emergency:** An unforeseen occurrence of, symptoms of *sickness*, or of *injury*, that occurs during a *trip*, which requires immediate *treatment* from a *physician* or that requires *hospitalization*, failing which there could be a serious impairment to *your* health.

**Emergency dental treatment:** Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, *hospital*, or other licensed *provider*, that is the result of an acute and unexpected condition that arose during a *trip*.

**Emergency medical treatment:** Medically necessary services or supplies provided during a *trip* by a licensed *physician, hospital* or other licensed *provider*, that are required to treat any *injury* or *sickness* or other sudden, acute and unexpected condition that arose during the *trip*, and that cannot be reasonably delayed until *you* return to *your departure point* without endangering *your* health.

**Expected medical treatment:** *Medical consultation* or *hospitalization* that *your* prior medical history indicates as being probable or certain to occur.

**Expiry date:** The first to occur of:

- The date *you* return to *your departure point*; or
- the *return date* as shown on *your* most recent *confirmation of insurance*; unless there has been an Automatic Extension of Coverage or an Optional Policy Extension in which case the *expiry date* is the first to occur of:
- The date *you* return to *your departure point*; or
- The end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section of this *policy* or the Optional Policy Extension Section of this *policy*.

**Follow-up treatment:** *Treatment* that continues beyond the initial *emergency*.

**Hospital:** A medical facility which is legally accredited to provide medical, diagnostic and surgical *treatment* to in-patients during the acute phase of their *sickness* or *injury*, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of *physicians* and has a registered nurse continuously on duty. A *hospital* does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent *hospital*, health spa, rehabilitation centre or *treatment* facility for drug or alcohol abuse and/or addiction.

**Hospitalization or hospitalized:** The state of being admitted to a *hospital* and receiving *emergency medical treatment* on an inpatient basis.

**Immediate family member:** Any one or more of *your spouse*, natural, step, or adopted *children*, persons for whom *you* are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

**Injury:** A bodily injury sustained during a *trip*, which is caused, directly and independently of all other causes, by an *accident*.

**Insured:** The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the *confirmation of insurance*, each as the context requires.

**Insurer:** Chartis Insurance Company of Canada, 145 Wellington Street West, Toronto, On, M5J 1H8. This policy is administered on our behalf by Travel Guard Canada.

**Medical condition:** An *injury* or *sickness*, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

**Medical consultation:** Any investigative medical service, including history-taking, examination, testing, advice, or *treatment* by a *physician* for a symptom, *sickness*, illness, or disease that may or may not have been definitively diagnosed.

**Mental or emotional disorders:** Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs.

**Mountain climbing:** The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.

**Physician:** A medical doctor, other than *yourself*, *your immediate family member*, *your travel companion* or their *immediate family member*, who is licensed to administer medical *treatment* and prescribe drugs in the place where he or she provides medical services. The following are not considered to be *physicians*: naturopath, herbalist, and homeopath.

**Policy or policies:** This document, any riders or endorsements to this document, the *application*, any medical questionnaire if applicable, and the *confirmation of insurance* all of which form the entire contract.

**Policy purchase date:** The date *you* pay for specific insurance coverage.

**Premium:** The cost of *your* Visitors To Canada Emergency Medical Plan.

**Prescription medication:** A drug, medicine or medication only obtainable by the prescription of a licensed *physician* or dentist due to a medical *emergency*, and dispensed by a licensed pharmacist.

**Provider:** The *hospitals*, clinics, *physicians*, and other medical service *providers*, the use of which must be approved by *us* at the time of the *emergency*.

**Recurrence:** The appearance of symptoms caused by or related to a *medical condition* that was previously diagnosed by a *physician* or for which *treatment* was previously received.

**Return date:** Either the date of *your* scheduled return to *your departure point* as indicated on *your* most recent *confirmation of insurance* or (ii) the date of *your* actual return to *your departure point*.

**Sickness:** An acute illness or unforeseen disease requiring *emergency medical treatment*, *emergency dental treatment* or *hospitalization* due to the sudden onset of symptoms.

**Spouse:** The person legally married to *you*, or if there is no such person, the person who has been living with *you* in a conjugal relationship for at least one year.

**Stable and controlled:** Any *medical condition* for which there has been no new *treatment* or newly prescribed medication; no change in *treatment* or change in prescribed medication; no new, more frequent or more severe symptom; no test results showing deterioration; no investigations initiated for symptoms whether or not *your* diagnosis has been determined; no *hospitalization* and no referral to a specialist.

**Start date:** The date shown on *your* most recent *confirmation of insurance* as the "start date".

**Subsistence allowance:** Expenses incurred as a result of *your emergency*, including accommodation, meals, and essential telephone calls.

**Travel companion:** The person with whom *you* are sharing travel arrangements and prepaid accommodation (to a maximum of 3 people) in respect of a *trip*.

**Treatment:** A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed *physician*, including but not limited to *prescription medication*, investigative testing, and surgery.

**Trip:** *Your* travel outside *your departure point* for which coverage under this *policy* has been purchased and is in effect.

**We, us, our:** Chartis Insurance Company of Canada, 145 Wellington Street West, Toronto, On, M5J 1H8. This policy is administered on our behalf by Travel Guard Canada.

**You, yourself, your:** The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the *confirmation of insurance*, each as the context requires.

### 24-HOUR EMERGENCY ASSISTANCE

*You* must notify *us* prior to any emergency medical *treatment* and prior to any surgery, invasive procedure or hospitalization. Failure to do so will result in *your* being responsible for 30% of any eligible expenses incurred.

**Canada and Continental USA: 1-866-878-0192**  
**International: 416-646-3723 (collect)**