

ENDORSEMENT 2020-1

FORMING PART OF THE TRAVEL INSURANCE CONTRACT ISSUED TO THE POLICYHOLDER

It is hereby agreed and stipulated that for all contracts issued or renewed as of **July 22, 2020**, the travel insurance policy is amended as follows.

Intended for **all persons** covered by this contract

Amendment 1

The ***Return to the province of residence at the request of the Insurer*** clause is added to the ***Conditions applicable to all benefits*** of your contract:

Return to the province of residence at the request of the Insurer

In the absence of a medical contraindication, when the Canadian or provincial government encourages travellers to return to the country, the Insurer can require the return to the province of residence, within a timeframe that they deem reasonable, of any covered person who is travelling.

Amendment 2

The ***Contract extension*** clause of the ***Conditions applicable to all benefits*** is amended as follows:

Contract extension

An extension of the coverage may be requested provided that the covered persons remain eligible for insurance and that their health condition remains unchanged since the departure date.

When the extension is authorized, the additional premium must be paid to maintain the validity of the contract. **If the extension or the coverage conditions affect the initial rate of the contract, the new rate will apply for the entire duration of the contract.**

The contract must cover the total duration of the trip including the return date, except when the extension request is denied by Blue Cross.

The extension must be purchased from Blue Cross. An extension purchased from another insurance company shall render your Blue Cross contract null and void in its entirety, except when the extension request is denied by Blue Cross.

The extension is conditional to the approval by the Insurer if:

- The covered person submits a claim during the initial period of coverage;
- The Canadian government published an advisory warning travellers against travelling to the region or country that constitutes the covered person's destination, or;
- The Canadian or provincial government encourage travellers to return to Canada.

Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The contract holder must file a request for extension prior to the end of the initial period of coverage by contacting the Insurer.

Amendment 3

The ***Validity of the contract*** clause of the ***Conditions applicable to all benefits*** is amended as follows:

Validity of the contract

The insurance is valid only when purchased and paid in full before the effective date of the contract.

The travel insurance must be purchased before any departure date and for the full duration of the trip, including the departure and return date.

If the contract requires an extension and the latter is denied by the Insurer, the contract remains valid until the expiry date indicated on the insurance certificate.

Amendment 4

The ***Travel credit*** clause is added to the ***Conditions particular to this benefit*** of the ***Trip Cancellation or Interruption*** benefit of your contract:

Travel credit

A travel credit (travel voucher) issued by a travel provider is considered a refund whether the credit is accepted by the covered person or not. A credited trip or a trip for which a travel credit was refused cannot in any case be the subject of a claim to the Insurer.

Amendment 5

Exclusion x) of the ***Other exclusions*** of the ***Trip Cancellation or Interruption*** benefit of your contract is modified as follows:

x) Any event that does not lead the Canadian or provincial government to issue a general recommendation not to travel to a country or a region that is the destination of the trip or any event for which the recommendation not to travel to the destination has been lifted more than 7 days before the departure date.

Amendment 6

The ***Notice of an event*** clause of the ***Conditions particular to this benefit*** of the ***Trip Cancellation or Interruption*** benefit is amended as follows:

Notice of an event

When a covered event occurs prior to the departure date, the covered person must contact and advise the Insurer **within 48 hours of the event**. The Insurer will be able to indicate the procedure to follow.

In all cases, the claim settlement shall be limited to the amounts stipulated on the insurance certificate and that are non-refundable at the date of the event.

All other policy provisions remain unchanged.



Sylvain Charbonneau
President and Chief Executive Officer



TRAVEL INSURANCE



TRAVEL INSURANCE POLICY



PROUD PARTNER OF



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This is your insurance policy. Read it carefully.

The *insurance certificate* constitutes proof of the product purchased and determines the benefits and services covered by this contract, as well as the particular medical conditions specifically excluded from this contract.

The policy (including endorsements, if applicable) defines the benefits and services offered and combined with your *insurance certificate*, constitutes your *Travel Insurance* contract.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

Note: words in italic type in the text are found under the “Definitions applicable to all benefits” section.

NOTICE REGARDING PERSONAL INFORMATION

By purchasing one of our insurance products, you are consenting to the collection, use and disclosure of your personal information by Blue Cross® for the purposes of appraising your insurance application, confirming coverage and assessing your claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

Quebec residents:

Compliance Director

Canassurance Hospital Service Association and its subsidiaries¹

550 Sherbrooke Street West

Suite B-9

Montreal, QC H3A 3S3

Ontario and Atlantic residents:

Compliance Director

Canassurance Hospital Service Association and its subsidiaries¹

185 The West Mall,

Suite 610

Etobicoke, ON M9C 5P1

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¹ Canassurance Insurance Company and CanAssistance Inc.

PRODUCTS

Individual

What is covered

The coverage offered includes the Emergency Medical Care benefit, as well as Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident, Emergency Return, Baggage and Car Rental Physical Damage benefit.

The *covered person* may choose one or several benefits.

The benefits are applicable only if indicated on the *insurance certificate*.

The purchase of this product gives you access to *CanAssistance* travel assistance services.

The following amounts represent the maximum sums payable per *covered person*, per benefit.

Benefits	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Trip Cancellation or Interruption	According to the amount shown on the <i>insurance certificate</i>
Emergency Return	Unlimited
Accidental Death or Dismemberment	According to the amount shown on the <i>insurance certificate</i>
Air Flight Accident	According to the amount shown on the <i>insurance certificate</i>
Baggage	Up to \$1,500
Car Rental Physical Damage	Up to \$75,000
Travel Assistance	Included

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Coverage is valid only if the premium has been paid before the effective date of the contract for the entire duration of the trip. The insurance must include both departure and return dates.

Refund of premium

We will refund the premium for the unused days during an early return as long as you have no claim to submit for this *trip*. You must provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date. The countdown of unused days starts the day after your return and a \$25 fee applies.

You must submit your request to the *Insurer's* authorized agent that sold the policy.

Please note that there is no premium refund for the *Trip Cancellation or Interruption* and *Emergency Return* benefits.

Package

This section includes Package Plus and Canada Package.

Package Plus can be purchased:

- with the Emergency Medical Care benefit and the Trip Cancellation or Interruption benefit;
- with the Emergency Medical Care benefit, but without the Trip Cancellation or Interruption benefit;
- without the Emergency Medical Care benefit, but with the Trip Cancellation or Interruption benefit;

The Canada Package can be purchased:

- with the Emergency Medical Care benefit and the Trip Cancellation or Interruption benefit;
- with the Emergency Medical Care benefit, but without the Trip Cancellation or Interruption benefit.

Note for packages with Trip Cancellation and/or Interruption:

The following condition is in addition to those applicable to all benefits: the purchase or *prepayment* of land or sea arrangements or transportation ticket are compulsory.

What is covered

Coverage includes the Emergency Medical Care benefit, as well as the Accidental Death or Dismemberment, Air Flight Accident, Trip Cancellation or Interruption and Baggage benefits.

The *covered person* must choose coverage under the Emergency Medical Care benefit or the Trip Cancellation or Interruption benefit or both, but the other Package Insurance benefits apply.

Benefits apply only when indicated on the *insurance certificate*.

Purchasing this product gives you access to *CanAssistance* travel assistance services.

The following amounts represent the maximum sums payable per *covered person*, per benefit:

Package Plus or Canada Package

Benefits	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Trip Cancellation or Interruption	
- Before departure	According to the amount shown on the <i>insurance certificate</i>
- After departure	Unlimited
Accidental Death or Dismemberment	Up to \$100,000
Air Flight Accident	Up to \$300,000
Baggage	Up to \$1,500
Travel Assistance	Included

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Refund of premium

The refund of premium does not apply to Package Insurance with *Trip Cancellation* insurance before departure.

For all Package Insurance without *Trip Cancellation* insurance before departure, we will refund the premium for the unused days during an early return as long as you have no claim to submit for this *trip*. You must provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date. The countdown of unused days starts the day after your return and a \$25 fee applies.

You must submit your request to the *Insurer's* authorized agent that sold the policy.

Canada Package

The Canada Package is applicable only within the Canadian borders. Any *trip* outside Canada is not covered under this product.

Annual

What is covered

This plan insures the *covered person* for *trips* made outside the province of residence for which departure and return dates are included in the *period of*

coverage, as long as the duration of each *trip* does not exceed the number of days indicated on the *insurance certificate*. (4, 8, 17, 31, 60, 90, 120, 150 or 180 days). Proof showing the duration of the *trip* will be required when processing a claim.

The product can include the Emergency Medical Care benefit and / or the Package Option as per the choice of the *covered person* and as indicated on the *insurance certificate*.

When indicated on the *insurance certificate*, the Annual insurance includes Emergency Medical Care, which covers, in case of emergency during a *trip*, *hospitalization*, medical and paramedical expenses as described under the benefit.

When indicated on the *insurance certificate*, the Annual insurance includes the Package Option which consists of the Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident and Baggage benefits.

Purchasing this product gives you access to *CanAssistance* travel assistance services.

There is no limit as to the number of *trips* taken within the *period of coverage*.

The following amounts represent the maximum sums payable per *covered person*, per benefit:

Benefits	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Package Option	
Trip Cancellation or Interruption	
- Before departure	According to the amount shown on the <i>insurance certificate</i>
- After departure	Unlimited
Accidental Death or Dismemberment	Up to \$100,000
Air Flight Accident	Up to \$300,000
Baggage	Up to \$1,500
Travel Assistance	Included

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Age limit

To purchase or renew the Annual plan, the *covered person* must be:

- 85 years of *age* or under for the brackets of 4, 8, 17, 31, 60, 90 and 120 days;
- 80 years of *age* or under for the brackets of 150 and 180 days.

Trip exceeding the period of coverage

If a *covered person* wishes to obtain insurance coverage for a *trip* with a duration exceeding the maximum number of days allowable per *trip*, the *Insurer* will issue a new contract to cover the complete duration of the *trip*. Moreover, the *Insurer* will provide coverage at no charge for a period equivalent to the *covered person's* maximum allowable number of days per *trip*.

This discount applies only to certain products available through the *Insurer's* authorized agent from whom the Annual Insurance was purchased.

The contract must cover the total duration of the *trip* including the return date and the extension must be purchased from Blue Cross.

An extension purchased from another *insurer* shall render your Blue Cross contract null and void in its entirety.

The new contract covering the complete duration of the *trip* must be purchased before the end of the period covered by the maximum number of days per *trip* of the Annual contract.

The purchase of the new contract is subject to the *Insurer's* approval if the *covered person* files a claim during the initial *period of coverage*.

Important: The *covered person* is no longer covered by his Annual Insurance for the *trip*. Only the coverage offered under the new insurance contract is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

Annual renewal

At the end of the year of coverage, the *Insurer* will issue a notice 30 days prior to the *expiry date* of the current contract.

The notice will be sent to the *contract holder* and will explain how to purchase insurance for another year.

The notice will be based on the *age* and the length of stay indicated in the contract (see table below).

No of days per <i>trip</i>	Age 54 and under	Age 55 to 75	Age 76 to 80	Age 81 to 85
4, 8, 17 or 31	A	A	B	B
60, 90 or 120	A	B	B	B
150 or 180	A	B	B	-

A) Renewal notice

The *Insurer* will offer to renew the contract for another year. The payment of the premium will serve as a confirmation.

All *covered persons* must meet the effective eligibility criteria at the time of renewal.

The renewal notice will indicate the changes to the contract or the product which will be effective on the date of renewal. These changes may concern all aspects of the contract. For example, the product, nature of the benefits offered, eligibility conditions, coverage amounts offered, and renewal possibilities, as well as the exclusions and reductions of coverage may be subject to change.

Failure to renew before the *expiry date* of the annual contract will result in the coverage ending on the *expiry date* indicated on the *insurance certificate*.

B) Expiration notice

The contract cannot be renewed. Coverage will end on the *expiry date* indicated on the *insurance certificate*.

Clients can purchase a new contract to meet their needs, according to the products in effect at that time.

Refund of premium

The refund of premium does not apply to Annual Insurance after the *effective date of the contract*.

Summertime Blue

The following condition is in addition to those applicable to all benefits :
The *covered person* must be 75 years of *age* or under to be eligible for the Summertime Blue plan.

What is covered

This insurance covers the *covered person* for *trips* made anywhere in the world (including in the province of residence), during the *period of coverage*, which includes the departure and return dates.
In case of emergency, coverage includes *hospital*, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy.
Purchasing this product gives you access to *CanAssistance* travel assistance services.

The following amounts represent the maximum sums payable per *covered person*, per benefit:

Benefits	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Unexpected return home	Up to \$500
Travel Assistance	Included

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Effective date of coverage

Coverage begins on the last of the following dates:

- the first Monday of June of the current year, or;
- the date of purchase of the insurance.

Termination date of coverage

Coverage ends on the first Tuesday of September of the current year.

Unexpected return home

A *covered person* may ask *CanAssistance* to help organize his return to his city of residence in the event of the death of an immediate relative (*spouse*, child, father or mother, father-in-law or mother-in-law, brother or sister), during a *trip*.
The *Insurer* shall refund the following expenses: the extra cost of the most economical one-way common carrier fare for the *covered person's trip* back to his city of residence, and the non-refundable portion of unused prepaid travel arrangements (other than the original return ticket), to a maximum of \$500 per *covered person* per event causing a claim, when the *Insurer* is provided with the death certificate.

Contract extension

The Summertime Blue plan cannot be extended beyond the termination date of coverage, except in the case of automatic extension of coverage.

Refund of premium

There is no refund of premium for Summertime Blue Insurance after the *effective date of the contract*.

CONDITIONS APPLICABLE TO ALL BENEFITS

Contract extension

Coverage under this contract may be extended if the additional premium is paid, **provided that the *covered persons* remain eligible for insurance and that their health condition remains unchanged since the departure date.** If the extension or the coverage conditions affect the initial rate of the contract, the new rate will apply for the entire duration of the contract.

The contract must cover the total duration of the *trip* including the return date and the extension must be purchased from Blue Cross.

An extension purchased from another insurance company shall render your Blue Cross contract null and void in its entirety.

If the *covered person* files a claim during the initial *period of coverage*, the *Insurer's* approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial *period of coverage* will be rejected.

The *contract holder* must file a request for extension prior to the end of the initial *period of coverage* by contacting the *Insurer*.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

- up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic *accident* or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);
- during the period of *hospitalization* and the 24 hours which follow the discharge from *hospital* of a *covered person*;
- up to 72 hours when the return home is delayed due to a *covered person's illness* occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

Trip break – Exclusive to Individual, Package Plus and Canada Package

Covered persons can return to their province of residence and go back to their destination without terminating the insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in the province of residence. *Covered persons* must ensure they meet insurance eligibility criteria before leaving again.

If one of the *covered persons* has a *change in health condition* while in the province of residence, the *covered person* must contact the *Insurer* before returning to his or her destination: any *change in health condition* will be considered as a *pre-existing condition* and will be a contract exclusion as stipulated under the ***Other exclusions and reductions of coverage*** of the Emergency Medical Care benefit.

Validity of the contract

The insurance is valid only when purchased and paid in full before the *effective date of the contract*.

The travel insurance must be purchased before any departure date and for the full duration of the *trip*, including the departure and return dates.

Repatriation of the covered person

No premium refund will be granted for an early return when the *covered person* was repatriated at the expense of the *Insurer*. In the absence of medical contraindication, the *Insurer* can require repatriation of any *covered person* or his transfer to a different medical facility. **Any repatriation or transfer refusal by the *covered person* terminates the insurance and no premium refund will be issued.**

The termination notice to the *contract holder* shall be sufficient.

Settlement of claims

The *Insurer* shall not assume responsibility under the contract unless the *covered person* has contacted *CanAssistance* as stipulated in the Emergency Medical Care benefit, in the Cancellation or Interruption benefit and in the Car Rental Physical Damage benefit and informs the *Insurer* of the loss within 30 days of acquiring knowledge of it. The *covered person* must transmit to the *Insurer* within 90 days of the loss, original and detailed bills of the claimed expenses, a proof of payment accepted by the *Insurer*, a medical certificate giving the complete diagnosis and confirming that the services included in the claim have been rendered or that the covered loss did indeed occur, as well as any other document or information of any nature required by the *Insurer* for the study of a claim.

The *Insurer* reserves the right to have the *covered person* undergo examinations for claim adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the *Insurer's* responsibility.

Method of payment

The *Insurer* shall make any refund by means of a cheque in the name of the service provider or the *contract holder* or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the *Insurer* shall have the right to pay the service provider directly.

Any amount paid by the *Insurer* or on its behalf relieves the *Insurer* of all obligations to the extent of such amount.

When a refund for *hospital*, medical and assistance expenses is not requested by the *covered person*, but is the object of a claim settlement between the *Insurer* and the service providers, the *contract holder* must provide any original document requested to enable the claim settlement, otherwise he becomes responsible for the payment of the amounts owed.

Coordination of benefits

Benefits under this contract cover only the excess costs which are not covered by any other individual or group contract or by any law or public insurance.

If a *covered person* is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be

coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

Subrogation

If, in the event of loss or damage, the *covered person* shall acquire any right of action against any individual or legal entity for loss covered under this contract, the *Insurer* shall be subrogated for all the *covered person's* rights of recovery up to the amount paid by the *Insurer*. The *covered person* shall sign and submit necessary documents to this effect and do whatever is necessary to secure such rights. If the *covered person* reaches an agreement or accepts payment from the third party liable for the loss without the written consent of the *Insurer*, the latter shall be relieved of any obligation toward the *covered person*.

Concealment, fraud or attempted fraud

This contract is void in the case of fraud or attempted fraud by the *covered person*, or if the *covered person* conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the contract.

Interest

No sum payable under this contract shall bear interest.

Currency

All amounts of money mentioned in this contract, as well as sums payable under this contract, are in Canadian dollars.

Modifications to the contract

The terms and conditions of this contract may not be modified unless agreed upon in writing by the *contract holder* and the *Insurer*. The *Insurer's* waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the *Insurer's* waiver of its right to require any provision to be carried out or observed.

Governing law and jurisdiction

The contract shall be governed by and interpreted under the laws of the Canadian province or territory in which the *covered person* normally resides.

The parties abide to the jurisdiction of the Court of the Canadian province or territory in which the *covered person* normally resides, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.

BENEFITS AND SERVICES OFFERED

Emergency Medical Care Benefit

Eligibility

In addition to the conditions applicable to all benefits, the following conditions apply:

Persons aged 55 and over

In order to be eligible for purchasing or renewing a travel insurance contract which includes this benefit, the *covered person* aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a *terminal stage*;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

All insured

At the time of application and during the entire *period of coverage*, all *covered persons* must be covered under the government health and hospitalization programs of their province of residence.

Conditions particular to this benefit

The following conditions are in addition to those applicable to all benefits:

1. Benefits shall be payable only upon presentation of a certificate by the attending *physician* attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of *hospital*, medical and travel assistance expenses is not claimed by the *covered person* but settled between the *Insurer* and the service provider, the *contract holder* shall provide any original document required for such settlement. Failure to do so shall render the *contract holder* responsible for the amounts the *Insurer* cannot recover.

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the actual departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

What is covered

Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an *accident* or *sudden illness* which occurs on a *trip* during the *period of coverage*. Eligible *treatments* are limited to what is declared **urgent** and **necessary** for the stabilization of the medical condition.

The benefits provided by this coverage are granted once the deductible has been paid. The deductible is the part of the eligible expenses the *covered person* must pay and remain responsible for in case of a claim. The deductible applies after any benefits covered under governmental programs have been paid. The deductible amount is indicated on the *insurance certificate* and applies per *trip* per *covered person*.

Benefits

The following benefits are provided for each *covered person* for reasonable and customary charges listed below, subject to a maximum of \$5,000,000 during the period of the contract, and **provided that these charges are not incurred before obtaining the approval of *CanAssistance*.**

Notice

Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in refusal of the compensation requested.

The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *hospital* care rendered, or the lack thereof.

Hospitalization, medical and paramedical expenses

Hospitalization

The cost of *hospital* services in a private or semi-private room which is in excess of the amount refunded or refundable under government programs.

Incidental expenses

The expenses inherent to *hospitalization* (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of \$100 per *hospitalization*.

Physicians' fees

The difference between fees charged by a *physician* and benefits allowed under government programs.

Medical appliances

The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending *physician*.

Nursing care

The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending *physician*.

Professional services (when prescribed as part of emergency *treatment*)

Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending *physician*, up to a maximum of \$300 per profession.

Dermatological emergencies up to a maximum of \$300 per *trip*.

Diagnostic services

The charges for laboratory tests and X-rays when prescribed by the attending *physician*.

Drugs (when required as part of emergency treatment)

The cost of drugs requiring a *physician's* prescription, except when they are required for the continued stabilization of a chronic medical condition.

Dental care

The fees of dental surgeons for emergency dental care *treatment*, excluding root canal therapy, up to \$500 per *trip* and per *covered person*.

The fees of dental surgeons up to \$2,000 per *accident* and per *covered person* for *treatment* necessitated by an external injury (not as a result of introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous *treatment* are damaged or to reduce a fracture or dislocation of the jaw. In all cases, *treatment* must begin during the *period of coverage* and end within 6 months of the *accident*. The *covered person* must transmit to the *Insurer* an X-ray taken after the *accident* and before the *treatment* begins, showing the damages sustained.

Transportation expenses

The following services must be approved and planned by CanAssistance:

Ambulance or taxi service

The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-hospital transfer when the attending *physician* and *CanAssistance* determine that existing facilities are inadequate to treat or stabilize the patient's condition.

Repatriation to the province of residence

The cost of repatriation of the *covered person* to his province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending physician and CanAssistance.**

The cost of simultaneous repatriation of a *travelling companion* or any *member of the immediate family of the covered person* who is also covered under this contract, if he is unable to return to the departure point, by means of the transportation initially planned for such return.

The cost of an accompanying adult is covered in the case of child repatriation, as the case may be.

Transportation to visit the covered person

When a *member of the family of the covered person* or a friend not travelling with the *covered person* visits the *hospital* where he is being treated, or travels to identify a deceased *covered person*, if necessary, prior to transportation of the deceased, the *Insurer* covers the following expenses:

1. Up to \$1,200 for:

- The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, up to a daily maximum of \$300;
- The cost of travel insurance.

2. The total cost of round-*trip*, economy class transportation.

In the event that the family member or friend of the *covered person* travels to the *hospital* where the *covered person* is being treated, the expenses described above will be reimbursed only if the *covered person* remains

hospitalized for at least 7 days and the attending *physician* acknowledges in writing that the visit is necessary.

Vehicle return

The cost of returning a *covered person's* road vehicle, either private or rental, by a commercial agency, or by any person authorized by *CanAssistance*, to the *covered person's* residence or nearest appropriate vehicle rental agency when the *covered person* is unable to return the vehicle due to *illness* or *accident*, subject to a maximum refund of \$5,000. A medical certificate from the attending *physician* in the locality where the incapacity occurred is required, attesting that the *covered person* is incapable of using his vehicle.

Baggage return

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* baggage to the province of residence is covered, up to a maximum of \$300.

Pet return

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* pet to the province of residence is covered, up to a maximum of \$500.

Return of the deceased

The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), subject to a total reimbursement of \$10,000.

Subsistence allowance

Up to \$3,000 (maximum \$300 per day) for the cost of accommodation and meals in a commercial establishment, when a *covered person's* return must be delayed due to *illness* or bodily injury to himself or to an accompanying immediate family member or *travelling companion*.

Medical follow-up in Canada

When a *covered person* is repatriated to his place of residence in Canada at the expense of Blue Cross further to a *hospital* stay while on a *trip* out of his province of residence, the *Insurer* will reimburse the following costs if they are incurred within 15 days of the repatriation.

1. The cost of a semi-private room in a *hospital* or a rehabilitation centre or a convalescent home up to a maximum of \$1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of \$50 per day, for a maximum of 10 days.
3. The rental cost of the following devices, up to a maximum of \$150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of \$250.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

Exclusions relating to pre-existing conditions

1. For persons under the age of 55, during the 3 months prior to the effective date of coverage:

- a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
 - consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

2. For persons aged 55 to 75 and covered for less than 32 days or covered by Summertime Blue, during the 6 months prior to the effective date of coverage:

- a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
 - consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over:

A) The following particular medical conditions are excluded unless otherwise stipulated on the *insurance certificate*:

- a) **During the lifetime of the *covered person***, any *illness* or condition related to the following medical conditions for which the *covered person* was diagnosed with or treated for:

- **cardiovascular condition** (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);
 - **kidney failure;**
 - **organ transplant** (heart, liver, pancreas, lung, bone marrow);
- b) **During the 24 months prior to the effective date of coverage, any chronic pulmonary condition** (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the *covered person* was hospitalized or took cortisone pills.
- c) **During the 12 months prior to the effective date of coverage, any illness or condition related to one of the following conditions:**
- **cancer** (with the exception of basal cell carcinoma) for which the insured person was diagnosed with or treated for;
 - **gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which the insured person was diagnosed with or treated for.

B) are also excluded when arising in the 6 months prior to the effective date of coverage:

- i) any other *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
 - consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
- ii) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- iii) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

¹ *The Insurer does not consider a change in existing medication the following elements:*

- *the routine adjustment of insulin or Coumadin®;*
- *a change from a brand name medication to a generic brand medication, provided the dosage is the same;*
- *Aspirin® taken for non-prescribed medical purposes;*
- *decrease of the dosage of cholesterol medication;*
- *hormone replacement therapy;*
- *vitamins and minerals and non-prescription medication;*
- *creams or ointments prescribed for cutaneous irritations.*

Other exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, *treatments*, tests or procedures were not carried out.
2. Pregnancy, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.
3. *Accident* sustained by the *covered person* while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction for the speeding events does not apply to amateur athletic activities which are non-contact and engaged in by the *covered person* solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or by alcohol with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
5. *Trip* undertaken for the purpose of receiving medical attention or paramedical services.
6. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the *covered person* is hospitalized for that specific reason.
10. Any claim for patients in chronic care *hospitals* or public *hospital* rehabilitation services, or in nursing homes or health spas.
11. Any care, *treatment*, products or services other than those declared by the appropriate authorities to be required for the *treatment* of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or *treatments* for cosmetic purposes.
14. Care or *treatments* received outside the province of residence, when such care or *treatments* could have been obtained in the province of residence without endangering the life or health of the *covered person*, with the exception of care for immediately necessary *treatment* following an emergency resulting from an *accident* or *sudden illness*.

Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the *covered person's* life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for any *covered person* travelling outside his province of residence primarily or incidentally to seek medical advice or *treatment*, even if such a *trip* is recommended a *physician*.

15. Care or *treatments* received outside the province of residence which are not covered under government programs.
16. Care or *treatments* such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
 - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.
18. **Failure of the *covered person* to communicate beforehand with *CanAssistance*** in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness*.
19. Once the contract has been extended, any medical condition that arose during the initial *period of coverage* will be excluded as of the date of the extension.
20. Expenses exceeding \$10,000 for emergency air evacuation to the nearest medical facility when the transportation was not planned by *CanAssistance*.
21. Expenses incurred in the *covered person's* province of residence or upon return to the destination if these expenses are related to a *change in health condition* of the *covered person* while on ***Trip break*** in his province of residence.

Trip Cancellation or Interruption Benefit

Eligibility

In addition to the conditions applicable to all benefits, the following conditions apply:

Persons aged 55 and over

In order to be eligible for purchasing or renewing a travel insurance contract which includes this benefit, the *covered person* aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a *terminal stage*;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

What is covered

The *Insurer* shall pay the benefits specified below, subject to the definitions, limitations, conditions, exclusions and reductions of coverage of this contract, in the case of an *accident*, *illness* or other unforeseen fortuitous event that is beyond the control of the:

- *covered person*, or;
- *travelling companion*.

The event must be sufficiently serious, directly affect the *covered person* or the *travelling companion* and require that the *trip* be cancelled, interrupted, extended or modified.

Conditions particular to this benefit

Notice of an event

When a covered event occurs prior to the departure date, the *covered person* must contact his travel agent or the carrier, as the case may be, to cancel his *trip* **within the 48 hours following the event and notify the *Insurer* within the same period.**

The claim settlement shall be limited to the amounts stipulated on the *insurance certificate* and that are non-refundable at the date of the event.

Insured amount

The *covered person* must be insured for all prepaid travel expenses that are non-refundable.

Documents required for a claim

To substantiate a claim, the *covered person* must provide, where applicable:

- a) a medical certificate completed by the legally qualified *physician* in active personal attendance in the locality where the *illness* or *accident* occurred and providing a complete diagnosis; this medical supervision must have begun before the departure or return date of the planned scheduled *trip*, as the case may be;
- b) documentary evidence that a non-excluded event was the cause of the claim;
- c) original or electronic versions of unused transportation tickets, the original invoice from the travel provider, official receipts for return transportation, credit note, or all four;
- d) receipts for land arrangements and other expenses.

Failure to provide the applicable substantiation required by the *Insurer* shall invalidate any claim under this benefit.

Effective date of coverage

Coverage begins on the last of the following dates:

- the application date for insurance, or;
- the date of purchase or the date of the first non-refundable deposit on the *trip* or transportation ticket.

Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

Benefits

1. Non-refundable prepaid expenses

The non-refundable portion of unused prepaid travel expenses, other than the return ticket that was initially planned, when the *covered person* cancels, interrupts or misses part of the planned *trip*.

2. New occupancy charges

The additional cost of new occupancy charges incurred by the *covered person* who chooses to continue his *trip* when a *travelling companion* must cancel.

3. Additional transportation costs

All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the *covered person* must interrupt, extend or modify his *trip*.

4. Vehicle return costs

The cost of returning a *covered person's* road vehicle, either private or rental, to the *covered person's* residence or nearest appropriate vehicle rental agency, subject to a maximum refund of \$5,000, when the *covered person* is unable to return the vehicle as planned. The person carrying out the return must be authorized by *CanAssistance*.

5. Subsistence allowance

An allowance of \$300 per day per *covered person* for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi:

- a) during transit to get to the destination when the *covered person* must modify the *trip*, or;
- b) during transit to get back to the departure point when the *covered person* is unable to return by the planned means, or;
- c) when the *covered person* must extend his *trip*.

The subsistence allowance is subject to a maximum reimbursement of \$3,000 per *covered person*.

6. Costs for returning the remains of a deceased person

In case of death, the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence, or for the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), up to a maximum reimbursement of \$10,000.

Limitations

If the **Vehicle return costs**, **Subsistence allowance** or **Costs for returning the remains of a deceased person** are also covered under the Emergency Medical Care benefit of this contract, the expenses are only payable under the Emergency Medical Care benefit.

What is not covered

Exclusions and reductions of coverage

Reductions of coverage

1. Insufficient coverage

Benefits for **Non-refundable prepaid expenses** and **New occupancy charges** are reduced if the amount of insurance indicated on the *insurance certificate* is less than the non-refundable prepaid travel expenses. In this case, the settlement will be reduced in proportion to the insurance amount purchased and the non-refundable prepaid travel expenses.

Additional transportation costs, Vehicle return costs, Subsistence allowance and **Costs for returning the remains of a deceased person** are not affected by the present reduction of coverage.

2. Travelling companion

When an event affects several people who plan, leave and return together on the same *trip*, the settlement will be limited to the amount that corresponds to the settlements of the members of the immediate family plus a maximum of six other *travelling companions*.

3. Supplier default protection

In the case of default of a *travel supplier*, the engagement of the *Insurer* is limited to the amounts indicated on the *insurance certificate*, subject to a maximum of \$7,500 per *covered person*.

An overall maximum of \$2,000,000 will be paid for all claims due to the default of any one *travel supplier*.

An overall maximum of \$5,000,000 will be paid for all claims due to the default of a *travel supplier* in any one calendar year.

4. Acts of terrorism

The benefit payable is reduced to 50% when the loss is caused directly or indirectly by an *act of terrorism*.

The total payout for which the *Insurer* will be responsible for in case of an *act of terrorism* or a series of acts of terrorism occurring within a 72-hour period shall not exceed \$5,000,000.

The total payout for which the *Insurer* will be responsible for in case of an *act of terrorism* shall not exceed \$10,000,000 per calendar year.

Exclusions

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. Pre-existing conditions

During the **3 months** prior to the effective date of coverage:

- a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
 - consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;

- received a *change in existing medication*¹ (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7 day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

¹ *The Insurer does not consider a change in existing medication the following elements:*

- *the routine adjustment of insulin or Coumadin®;*
- *a change from a brand name medication to a generic brand medication, provided the dosage is the same;*
- *Aspirin® taken for non-prescribed medical purposes;*
- *decrease of the dosage of cholesterol medication;*
- *hormone replacement therapy;*
- *vitamins and minerals and non-prescription medication;*
- *creams or ointments prescribed for cutaneous irritations.*

2. Other exclusions

- a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, *treatments*, tests, or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the *trip* or transportation ticket.
- b) *Trip* undertaken by the *covered person* for the purpose of obtaining medical care or visiting or attending an ailing person and that the medical condition or ensuing death of that person is the cause of the cancellation, interruption, extension or modification of the *trip*.
- c) *Illness* or *hospitalization* of any person other than a *travelling companion*, family member or person that takes care of the *covered person's* business or residence during his *trip*.
- d) *Illness* that does not require *hospitalization* of the host at destination.
- e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the *covered person* or the *travelling companion* must be hospitalized due to this condition.
- f) Pregnancy of the *covered person* or the *travelling companion*, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.
- g) Premature birth of a child if the anticipated *trip* is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.
- h) Diagnosis of pregnancy after the effective date of coverage, if the departure or return date of the *trip* is scheduled to take place during the first 32 weeks of pregnancy.
- i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle by the *covered person* or the *travelling companion* while ability to drive is impaired by any drug, whether its consumption is legal or not, or with an alcohol level of more than 80 milligrams per 100 millilitres of blood (0.08).
- j) Suicide, attempted suicide or self-inflicted injury of the *covered person* or the *travelling companion*, whether sane or insane.

- k) *Accident* sustained by the *covered person* or the *travelling companion* while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of *Yosemite Decimal System - YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction for the speeding event does not apply to amateur athletic activities which are non-contact and engaged in by the *covered person* or the *travelling companion* solely for leisure or fitness purposes.

- l) Perpetration of or attempt to perpetrate, directly or indirectly, by the *covered person* or the *travelling companion*, a criminal act under any law.
- m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection.
- n) Except for stops between 2 transportation segments, all missed transportation when the *covered person* or the *travelling companion* did not plan to arrive at the connecting point within the time frame recommended by the carrier.
- o) Financial problems, conjugal conflicts, or disagreement with a *travelling companion* on the part of the *covered person*, inability to obtain the accommodation desired, aversion of the *covered person* or the *travelling companion* to the *trip* or transportation.
- p) Loss of employment of a person who has a temporary, contract or permanent position for less than one year.
- q) Cancellation of a *business meeting* by the employer of the *covered person* or the *travelling companion*.
- r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be held during the *trip*.
- s) Late visa or passport application or request for a visa or passport subsequent to a previous refusal or ineligibility of the *covered person* or the *travelling companion* to file a visa or passport application.
- t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.
- u) **Failure of the *covered person* to communicate with CanAssistance.**
- v) Cancellation of the *trip* prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the *trip*.
- w) **Situation known at the time of effective coverage or during subsequent *trip* payments that could reasonably lead to an event which may prevent the *covered person* from making the *trip* as planned.**
- x) Any event that does not lead the government to issue a general recommendation not to travel in a region that is the *trip* destination.

Accidental Death or Dismemberment Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the *Insurer* hereby insures the *covered person* for the accidental loss of life or loss of use of one or several limbs.

The loss must result directly from an *accident* sustained during the *period of coverage* and occur within 12 months of the *accident*.

The *Insurer* shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the *insurance certificate*.

BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured		
	Under age 18	Age 18 to 64	Age 65 or over
life in <i>public transportation</i>	40%	200%	40%
life under any other circumstance	20%	100%	20%
use of several limbs or sight of both eyes	20%	100%	20%
use of one limb or sight of one eye	10%	50%	10%

Payment of the sum insured

In case of the loss of life of a *covered person*, the benefit shall be paid directly to the *contract holder* if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *contract holder's estate*. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *covered person* who has been the victim of the *accident*, his representative, or to his legal guardian if he is a minor.

Limitations

If the *covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows the highest amount.

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per *covered person*.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained results **directly** or **indirectly** from one of the following causes:

1. *Accident* sustained by the *covered person* while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction for the speeding event does not apply to amateur athletic activities which are non-contact and engaged in by the *covered person* solely for leisure or fitness purposes.

2. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
3. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
6. *Act of terrorism*.

Air Flight Accident Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the *Insurer* hereby insures the *covered person* for the accidental loss of life or loss of use of one or several limbs occurring while:

- a) travelling as a paying passenger in an *aircraft* operated from the departure point to the destination or return point;
- b) riding as a passenger in a land or water conveyance at the expense of the airline;
- c) riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a required flight;
- d) exposed to the elements due to the forced landing or disappearance of an *aircraft* on which the *covered person* is insured by this insurance;
- e) waiting at the airport for the departure of a required flight to go or return from his destination.

The loss must result directly from an *accident* sustained during the *period of coverage* and occur within 12 months of the *accident*.

The *Insurer* shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the *insurance certificate*.

BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured
life	100%
use of several limbs or sight of both eyes	100%
use of one limb or sight of one eye	50 %

Payment of the sum insured

In case of the loss of life of a *covered person*, the benefit shall be paid directly to the *contract holder* if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the *contract holder's* estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the *covered person* who has been the victim of the *accident*, his representative, or to his legal guardian if he is a minor.

Limitations

If the *covered person* sustains more than one loss, the *Insurer* shall pay for one loss only, namely that which allows the highest amount.

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per *covered person*.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained results **directly** or **indirectly** from one of the following causes:

1. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
4. *Act of terrorism*.

Baggage Benefit

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. Where loss is due to theft, burglary, vandalism or disappearance, the *covered person* must notify the police upon discovery of the loss. Failure to report the said loss to the authorities shall invalidate any claim under this benefit for such loss.
2. In the event of loss, the *covered person* must notify the *Insurer* as promptly as possible and take all reasonable precautions to protect, safeguard or recover his property and must also promptly notify the police and obtain from them written confirmation regarding such loss. The *covered person* shall obtain written confirmation from the hotel manager, tour guide or transportation authorities. The *covered person* must furnish proof of the loss or damage and the value of concern items with a sworn statement within 90 days of the date of loss. Failure by the *covered person* to comply with these conditions shall invalidate claims under this benefit.
3. If the covered property is checked with a public carrier and delivery is delayed until after expiry of the coverage, coverage shall be continued until such property is delivered by the public carrier.
4. The *Insurer* shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and may elect to repair or replace any damaged or lost property with other of like quality or value.
5. Upon the occurrence of any loss for which a claim is made, the amount of the applicable limit of liability is reduced by the amount equivalent to such loss.

6. This benefit shall not profit, directly or indirectly, any carrier or guarantor.

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the *expiry date* of the contract, or;
- the return date, whether planned or premature.

What is covered

This benefit insures the loss or damage of a *covered person's* baggage during a *trip* while the contract is effective. The maximum amount payable is \$1,500 and applies to the entire duration of the *trip* and to each *covered person*. Exclusions and reductions of coverage may also apply.

In cases where checked baggage is delayed for over 12 hours while en route and prior to the return date, the *Insurer* will reimburse up to \$500 for necessary toiletries and clothing and for the rental of delayed sporting equipment. Proof of checked baggage delay from the carrier along with receipts of purchases or rentals must be included with the claim upon presentation to the *Insurer*.

This benefit also covers the reimbursement of expenses to replace a passport, driver's license, and birth certificate or visa in case they are lost or stolen during the *trip*, not exceeding \$150.

What is not covered

Exclusions and reductions of coverage

The benefits are reduced or not payable in the event of or with regard to:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles (unless registered with the carrier), boats, motors or other conveyances or their accessories, household furnishings or accessories, orthoses, prostheses, glasses, contact lenses, hard cash, commercial papers, securities, tickets and documents, professional equipment or property, goods brought with the intent of trading them, antiques and collectors items, perishable articles, cosmetics, medication, animals or any item that is not part of the usual baggage.
2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether or not war is declared).
4. Loss or damage caused by wear and tear, gradual deterioration, mechanical breakdown, moths or vermin or while the article is actually being worked upon or processed.
5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed

compartment which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).

6. The maximum amount payable for loss or damage for each item comprising the *covered person's* baggage is \$300.
7. When an article is part of a set, its loss is valued in proportion to its importance within the set. Such loss does not constitute the total loss of the set.
8. The following items are grouped in categories, and each category is considered, pursuant to the contract, as a single item with a maximum value of \$300:
 - **jewelry:** jewelry, watches, silver, gold or platinum items;
 - **furs:** fur or fur-trimmed articles;
 - **electronics and photography equipment:** cameras, video or audio devices, tablets, phones, readers, watches, music players and any other electronic devices and their equipment.

In addition, the maximum amount payable for loss or damage of the total of the 3 categories mentioned above is \$500.

9. Loss or damage caused by any imprudent action or omission by the *covered person*. When an article or personal property in question cannot be located and the circumstances of its disappearance cannot be explained or does not lend itself to a reasonable conclusion that a theft occurred.
10. Loss or damage to articles specifically insured under any other insurance contract at the time this benefit is in effect.

Emergency Return Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the departure date.

Termination date of coverage

Coverage ends on the *expiry date* of the contract.

What is covered

The Emergency Return benefit covers transportation expenses for the return to the province of residence and then the return to the original *trip* destination if the return is made necessary by:

- death, or *hospitalization* for at least 7 days of a *member of the family of the covered person*, a family member of his *spouse* or of the person for whom the *covered person* acts as legal guardian or estate executor. It is not necessary to wait 7 days before departure, but expenses will be reimbursed only if the person remains hospitalized for at least 7 days;
- disaster which renders the *covered person's* principal residence uninhabitable or causes significant damages to his commercial establishment.

The refundable expenses correspond to the cost of a round-trip *public transportation* economy fare ticket by the most direct route.

What is not covered

Exclusions and reductions of coverage

1. Only one emergency return per *trip* shall be reimbursed;
2. When applying for insurance, the *covered person* must not know the reason which would keep him from continuing his *trip* as originally planned;
3. Accommodation costs during transportation are not covered.

Car Rental Physical Damage Benefit

Eligibility

The following eligibility requirements apply:

- the car must be rented from a commercial car rental agency;
- the rental car must have been operated by a person permitted to operate the rental car under the car rental agreement and in accordance with its conditions, when the loss occurred.

Conditions particular to this benefit

1. Notice of a claim must be given to *CanAssistance* and the car rental agency within 48 hours after the event giving rise to the loss covered by this contract occurs.
2. Before considering a claim filed under the contract and before paying any benefits, the *Insurer* has the right to require adequate proof of:
 - the event giving rise to the claim;
 - the circumstances surrounding the *accident*;
 - the actual costs incurred.

Effective date of coverage

Coverage begins on the last of the following dates:

- the *effective date of the contract*, or;
- the date the *covered person* takes possession of the rental car.

Termination date of the contract

Coverage ends on the first of the following dates:

- the *expiry date* of the contract;
- the date the rental car is given back to the car rental agency.

What is covered

This benefit covers the consequences of contractual liability of a car rental agreement for the rental of a 4-wheel tourism vehicle, up to a maximum of \$75,000.

This coverage provides protection against collision, theft, fire or vandalism. This coverage does not provide any form of third party automobile property damage or personal injury liability insurance.

The maximum duration of the rental agreement is 60 consecutive days.

The amount of the benefit payable will be the amount of the loss for physical damage to the rental car less any amount assumed, waived or paid by the rental agency or its *Insurer*.

This insurance applies everywhere, except when the law or the rental agency does not permit it.

Further, benefits are payable only if all terms and conditions of the car rental agreement are met.

What is not covered

Exclusions and reductions of coverage

1. No benefits are payable if the loss sustained results **directly** or **indirectly** from one of the following causes:
 - a) operation of the rental in violation of the terms of the car rental agreement;
 - b) operation of the rental car for the transportation of goods/passengers against payment;
 - c) operation of the rental car while impaired by any drug, whether its consumption is legal or not, or with an alcohol level superior to the local legal level without exceeding 80 milligrams per 100 milliliters of blood (0.08);
 - d) wear and tear, gradual deterioration, pests, particularly insects, or inherent defects;
 - e) war, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority;
 - f) transporting contraband or illegal trade;
 - g) violation of any established law and regulation;
 - h) personal civil liability insurance;
 - i) any amount assumed, waived or paid by the car rental agency or its *Insurers*.
2. The following vehicles are not covered by this benefit:
 - a) vehicles that are not rental vehicles;
 - b) vehicles rented under a contract that are not under a daily, weekly or monthly basis;
 - c) vehicles rented under a rental agreement that exceeds 60 consecutive days under a single car rental agreement or several consecutive car rental agreements;
 - d) vehicles rented under a monthly or yearly lease;
 - e) vehicles which belong to the following categories: campers or trailers, off-road vehicles, motorcycles, mopeds or motorbikes, expensive or luxury cars, antique cars, recreational vehicles, limousines, trucks.
 - i) *expensive or luxury cars* refers to cars with a suggested retail price exceeding \$75,000 by the manufacturer in Canada;

- ii) a limousine is a vehicle that has been stretched or altered from the original factory design. Standard models are covered;
- iii) an antique car is one which is over 20 years old or has not been manufactured for at least 10 years;
- iv) pickups or vans are not excluded provided that they:
 - are for private passenger use with seating for no more than 8 occupants including the driver;
 - do not exceed a "3/4 ton" rating;
 - are not designed for recreational use.

CanAssistance Travel Assistance services

These services are offered free of charge with the purchase of any *travel* insurance product included in this policy.

Medical assistance

If, following an *accident* or *sudden illness*, the *covered person* must consult a *physician* or require *hospitalization*, he must contact *CanAssistance* immediately. *CanAssistance* will make the necessary arrangements in order to provide the *covered person* with the following services:

- for the **State of Florida**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Personal Care network**;
- for all other destinations, direct the *covered person* to an appropriate clinic or *hospital* and advance funds to the *hospital* if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family *physician*;
- coordinate repatriation of the *covered person* to his province of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the *covered person* is hospitalized for at least 7 days and if the attending *physician* advises such attendance;
- coordinate the return of the *covered person's* road vehicle if he is unable to bring it back due to *illness* or *accident*.

Notice

Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in refusal of the compensation requested.

The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *hospital* care rendered, or the lack thereof.

General assistance

In the event of any other emergencies, the *covered person* can contact *CanAssistance* in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious *accident*;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information regarding embassies and consulates.

Through *CanAssistance*, the *Insurer* may also provide pre-travel information with regard to visas and vaccines.

***CanAssistance* is under no circumstance responsible for the expenses incurred for medical or general assistance.** However, depending of the benefit purchased some of these fees could be reimbursed by the *Insurer*.

DEFINITIONS APPLICABLE TO ALL BENEFITS

Accident means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the *period of coverage*.

Accidental loss of sight of one eye means the total and irrecoverable loss of sight therein.

Accidental loss of use of one limb means the accidental loss of use of a hand or a foot, i.e. the total and irrecoverable loss of use thereof.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Age means the age of the *covered person* at the time the present contract is purchased or renewed.

Aircraft means any multi-engine transport-type aircraft with a maximum authorized take-off weight greater than 10,000 lbs (4,540 kg.), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier license, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier license or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline's scheduled, charter or regular specific point license.

Business meeting means a pre-arranged private meeting between unaffiliated companies pertaining to the full-time occupation or profession of the *covered person* and which was the sole purpose of the *trip* (documentary evidence of meeting arrangements required). In no event shall business meeting include legal proceedings.

CanAssistance means the company authorized by the *Insurer* to provide assistance services to *covered persons*.

Change in health condition means any *illness*, *accident*, injury or symptoms for which the *covered person*:

- consulted a *physician* (other than for a *regular check-up*), or;
- was hospitalized, or;
- was prescribed or received a new *treatment*, or;
- received a change in an existing *treatment*, or;
- was prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).

Contract holder means the person designated as such on the *insurance certificate*.

Covered person means the *contract holder* and the persons mentioned on the *insurance certificate*, depending on the coverage selected. A child born during the first 32 weeks of pregnancy over the course of a *trip* is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

Dependent child means a child of the *contract holder*, his *spouse*, or both, over 30 days old before departure, who is dependent on the *contract holder*, who is not married, and who is:

- under 21 years of *age*, or;
- under 25 years of *age* and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is over 30 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and *hospitalization* program of a Canadian province or territory.

In a single-parent or family plan, any child of the *contract holder* or his *spouse* born after the *effective date of the contract* is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Effective date of the contract means the date indicated on the *insurance certificate*.

Expiry date means the date indicated on the *insurance certificate*.

Hospital means a place licensed as an accredited hospital and offering care and *treatment* to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or *treatment* centre for drug addicts or alcoholics.

Hospitalization means admission to a *hospital* to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Eligible short-term care comprises preventive care, medical diagnosis and medical *treatment* (including surgery) for an acute *illness* and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the *hospital* stay is equivalent to 18 hours of hospitalization.

Illness means a health deterioration or an organism disorder certified by a *physician*, or even when the person is pregnant, a pathological complication that arose during the pregnancy. However, in the case of trip cancellation, this deterioration, this disorder, or this pathological complication must be serious enough to prevent the *covered person* from pursuing his travel plans.

Insurance certificate refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the *covered persons*, the contract number, the product, the dates of coverage, the deductible, the selected benefits and the sums insured.

Insurer means:

1. In Quebec and Ontario:

- Canassurance *Hospital* Service Association (non-profit mutual benefit association) for the Emergency Medical Care benefit;
- Canassurance Insurance Company for all other benefits.

2. Elsewhere in Canada:

- Canassurance Insurance Company.

Member of the family of the *covered person* means *spouse*, father and mother, grandparent, grandchild, parents-in-law, child (not necessarily dependent) of the *covered person* and/or his *spouse*, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew.

Member of the immediate family of the *covered person* means the *spouse*, father, mother and children (not necessarily dependent) of the *covered person*, his *spouse* or both.

Minor ailment means any *illness*, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a *physician*, or;
- a *hospitalization*, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.

Period of coverage means the time between the *effective date of the contract* and the *expiry date* indicated on the *insurance certificate*.

Physician means a person who is not related in any way to the *covered person* and who is legally authorized to practice medicine on the premises where medical services are provided.

Pre-existing condition refers to any health condition that already exists when the benefit becomes effective. Pre-existing conditions are grounds for a claim refusal.

Prepayment means the deposit of a sum of money which is not refundable.

Public transportation refers to any common carrier (on land, sea, or by air) that is operated by a carrier holding a licence issued by the public authorities competent to do so and providing transportation for fare-paying passengers.

Regular check-up means a periodic consultation with a *physician* scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the *covered person* and no new anomaly is certified by the *physician*.

Spouse means the person united to the *contract holder* by marriage or a person who has been living permanently with the *contract holder* for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

Sudden illness means a unexpected and unforeseen *illness* for which initial symptoms (certified or not by a *physician*) appear during the *trip*.

Terminal stage means the period when a cure for an *illness* is no longer possible or when the *illness* resists any curative *treatment* and death is bound to happen within a more or less short delay.

Travel/Trip means occasional absence from the *covered person's* residence for the purpose of a vacation, leisure or business. The *covered person* travelling within his province of residence must have at least a one-night stay in a commercial accommodation establishment. The Annual insurance covers only trips made outside the province of residence.

Travelling companion means the person who plans, leaves and returns with the *covered person* on the same *trip*, up to a maximum of six persons. A *member of the immediate family of the covered person* who plans and leaves on the same *trip* as the *covered person* is considered a travelling companion but is not included in the six-person maximum.

Travel supplier means any tour operator, wholesale group transportation, airline, cruise company or accommodation facility. Where two or more travel suppliers are wholly-owned subsidiaries of one person or corporation they are deemed for the purpose of this clause to be one travel supplier.

Treatment means surgery, prescription drugs, therapy, consultations with *physicians* or other health professionals and any other type of method used to treat the *covered person*.

NOTICE

Any notice to the *Insurer* may be validly forwarded to:

Quebec

Canassurance Hospital Service Association/Canassurance Insurance Company

P.O. Box 910, Station B

Montreal, Quebec

H3B 3K8

Ontario and Atlantic region

Ontario Blue Cross

P.O. Box 2005

Etobicoke, ON

M9C 5P1

In witness whereof the *Insurer* has signed this contract which must be validated by an authorized representative.



Sylvain Charbonneau

President and Chief Executive Officer

HOW TO REACH US

Travel Assistance Lines

If the *covered person* needs health care abroad, he or a *travelling companion* must call *CanAssistance* immediately.

Canada, United States

1-800-361-6068

Elsewhere in the world, collect

514-286-8411

Assistance agents offer the *covered person* **24-hour service, 7 days a week.**

If the *covered person* cannot call collect, the *Insurer* will reimburse the cost. The *insurer* will not pay for roaming charges.

For better service, the *covered person* must give his name, the phone number where he is calling from and his contract number.

Notice

Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in the compensation requested being refused.

Extension

To obtain an extension, the *covered person* must contact the *Insurer* at:

Canada, United States

1-877-986-7681

Elsewhere in the world, collect

514-286-7681

Settlement of Claims

To obtain a claim form, the *covered person* may contact our Customer Service Department at one of the following numbers:

Ontario and Atlantic region

1-800-557-3907

Quebec

514-286-6690 / 1-800-387-2538

Please keep this card with you at all times.

Veillez conserver cette carte avec vous en tout temps.

In case of an emergency

- Call the Assistance line **before** consulting a doctor, or as soon as you can.
- Present this card at the hospital or at the front desk of a medical clinic.

Partner of / Partenaire de

Florida Blue 

En cas d'urgence

- Appeler le service d'assistance **avant** d'allergoir un médecin ou dès que possible.
- Présenter cette carte à l'hôpital ou à l'accueil d'une clinique.

 South Carolina



TRAVEL INSURANCE

Your distributor

Québec

550, Sherbrooke Street West
Suite B-9
Montréal, Québec
H3A 3S3

Ontario and Atlantic Region

185 The West Mall
Suite 610
P.O. Box 2005
Etobicoke, Ontario
M9C 5P1



Detach this card and carry it with you at all times
for the duration of your contract.

In case of emergency or should you require medical attention,
please call the emergency telephone number(s) listed on the card
as soon as possible.



24/7 Travel Assistance Assistance voyage 24/7

Policyholder / Titulaire de la police

Policy number / Numéro de police

Expiration date / Date d'expiration

From Canada and/or the U.S.A
Du Canada ou des États-Unis

1-800-361-6068

From other countries, call collect
D'autres pays, à frais virés

514-286-8411