

TRAVEL INSURANCE POLICY

Emergency Medical

This **policy** is underwritten by Northbridge General Insurance Corporation (“Northbridge”). Northbridge has appointed Xodus Travel Services Inc. as the **emergency assistance provider** of all **emergency** services under this **policy**. Northbridge has appointed Xodus Travel Services Inc. (operating as “Xodus”) as the administrator under this **policy**.

IMPORTANT NOTICE -READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance **policy** – what’s next?

We want **you** to understand (and it is in **your** best interest to know) what **your policy** includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your policy** before **you** travel. Bolded terms are defined in **your policy**.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: **accidents** and **emergencies**) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (for example: **medical conditions** that are not **stable**, pregnancy, **child** born on trip, excessive use of alcohol and high-risk activities).
- A **pre-existing condition** exclusion applies to **your** coverage. It is **your** responsibility to review and understand if a **pre-existing condition** exclusion applies to **you**, whether **you** disclosed or not at time of **policy** purchase.
- In the event of a claim, **your** prior medical history may be reviewed.

In the event of an **emergency** or for travel assistance during **your covered trip**, contact Xodus Travel Services Inc. at **1.833.754.3725** toll-free from the USA and Canada or direct at **+1 416.987.1218** within Canada and from anywhere else in the world before seeking **treatment** or **your** benefits may be limited or denied.

10 Day Right to Examine: If **you** notify **us** within 10 days of **your** purchase date, as indicated on **your policy confirmation**, that **you** are not completely satisfied with **your policy**, **we** will provide a full refund if **you** have not already departed on **your** trip and there is no claim in progress. Refunds are only available when **we** receive **your** request for a refund before **your departure date**.

It is your responsibility to understand your coverage. If you have any questions call the number located on your confirmation of coverage sent via e-mail or mail from Northbridge's trusted partner.

*This **policy** contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.*

HOW DO YOU BECOME INSURED

You become insured and this document becomes **your** insurance **policy** when the following conditions are met:

- The insurance is purchased prior to the **departure date**, for the entire duration of **your covered trip**;
- **You** are named as an insured person on the **policy confirmation** document;
- **You** meet the criteria listed under the "Eligibility Requirements" section of this **policy**; and
- **You** pay the insurance premium in full for the selected plan, on or before **your** coverage **effective date**, as shown in **your policy confirmation**.

YOUR INSURANCE CONTRACT

The entire contract between **you** and **us** is comprised of:

- a) **Your** application for this insurance **policy**, and if applicable, includes any endorsements and **medical questionnaire**;
- b) **Your policy confirmation**; and
- c) This insurance **policy**.

Your insurance **policy** specifies the conditions, limitations, and exclusions of **your** travel insurance coverage.

Your policy confirmation indicates, at the time of purchase or after a modification request, the plan **you** have purchased, coverages, and services provided by such plan, the **period of coverage**, the **deductible** chosen (if applicable), as well as particular **medical conditions** specifically excluded from **your** insurance contract. It is **your** responsibility to notify us of any element indicated or missing on **your policy confirmation** that does not correspond with what **you** stated when purchasing travel insurance.

These documents contain clauses which may limit the amounts payable. **We** recommend that **you** read these documents carefully. Despite any provision of this contract, such contract is subject to any applicable federal, provincial and territorial statutes concerning contracts of insurance.

Family Plan Coverage

A family plan is available. Under such family plan, coverage is available for **you**, **your spouse** and **your** dependent **children** meeting the eligibility requirements. If **you** pay the premium for the family plan, the **policy confirmation** will indicate family plan coverage under the same **policy**.

ELIGIBILITY REQUIREMENTS

To be eligible for insurance coverage, **you** must, as of the date **you** apply for coverage and the **effective date**, meet the following requirements. **You** must:

- be a **Canadian resident** covered by a Canadian **government health insurance plan (GHIP)** in **your** province or territory of residence for the entire duration of **your** trip;
- not have been advised by a **physician** or other registered medical practitioner against travel;
- not have recommended or scheduled medical tests, investigations or surgeries that have not taken place;
- not have been diagnosed with a **terminal sickness** with a life expectancy of 12 months or less;
- not require kidney dialysis;
- not require assistance from another person(s) with 2 or more **activities of daily living**; and
- never have had a heart, kidney, liver, lung transplant or bone marrow transplant.

TRAVEL ASSISTANCE

Travel Assistance services are included with all **our** plans.

When Travel Assistance Applies

If **you** require **emergency** medical or other assistance while travelling on **your covered trip**, **you** must call **our emergency assistance provider** before obtaining any **emergency treatment**.

Please note that if **you** do not call the **emergency assistance provider** in an **emergency** prior to receiving **treatment**, **you** may have to pay 25% of the eligible medical expenses **we** would normally pay under this **policy** (25% co-insurance).

If it is medically impossible for **you** to contact the **emergency assistance provider** when the **emergency** happens, the 25% co-insurance will not apply. In this case, **we** ask that **you** contact the **emergency assistance provider** as soon as **you** can or that someone does so on **your** behalf. Do not assume that someone will contact the **emergency assistance provider** for **you**. It is **your** responsibility to verify that the **emergency assistance provider** has been contacted.

What Services Our Emergency Assistance Services provide – 24 hours/7 days a week

Pre-Trip Information

- Passport and visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and embassy locations

During a Medical Emergency

- Verifying and explaining coverage
- Referral to a doctor, **hospital**, or other healthcare provider
- Monitoring **your** medical **emergency** and keeping **your** family informed
- Arranging return transportation home when **medically necessary**
- Arranging direct billing of covered expenses (where possible)

Other Services

- Assistance with lost, stolen or delayed baggage
- Assistance in obtaining emergency cash
- Translation and interpreter services in a medical **emergency**
- Emergency message services
- Help to replace lost or stolen airline tickets
- Assistance with obtaining prescription drugs
- Assistance with obtaining legal help or bail bond

Note: These services may result in additional costs to **you**.

What to Expect When Calling for Travel Assistance

We will confirm that a **policy** has been issued.

- **You** will be referred to the most appropriate service provider for **your** situation.
- Prior to receiving all relevant medical information, **we** will handle **your emergency** assuming **you** are eligible for benefits under this **policy**. If it is later determined that a **policy** exclusion applies to **your** claim, **you** will be required to reimburse us for any payments **we** have made on **your** behalf.
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **policy**. If it is later determined that a **policy** exclusion applies to **your** claim, **you** will be required to reimburse us for any payments **we** have made on **your** behalf.
- Where a claim is payable, **we** will arrange, to the extent possible, to have any medical expenses billed directly to us.

What To Do When You Need Assistance

Always have **your policy** number or **policy confirmation** with **you** during **your covered trip**. **You**

can contact **our emergency assistance provider** at the telephone numbers listed below. Access is available 24 hours per day, 365 days per year to the **emergency assistance provider** by dialing direct.

- +1 833.754.3725 toll-free from the USA and Canada
- +1 416.987.1218 within Canada and from anywhere else in the world

When contacting **our emergency assistance provider**, please provide **your** name, **your policy** number, **your** location, and the nature of the **emergency**.

Limitation on Emergency Assistance Provider Services

We and/or the **emergency assistance provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war;
- labor disturbances, strikes;
- nuclear **accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services; or
- an official travel advisory was issued by the Canadian government stating, "Avoid all travel" and "Avoid all non- essential travel" regarding the country, region, or city of **your** destination, before **your departure date**.

The **emergency assistance provider** will use its best efforts to provide the required services during any such occurrence.

The **emergency assistance provider's** obligation to provide the travel services described in this **policy** is subject to the terms, conditions, limitations, and exclusions set out in this **policy**. The medical professional(s) suggested or designated by us or the **emergency assistance provider** to provide services according to the benefits and terms of this **policy** are not employees of **ours** or the **emergency assistance provider**. Therefore, **we** and the **emergency assistance provider** shall not be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **treatment** or service **you** may receive or **your** failure to obtain or receive any medical **treatment** or service.

DESCRIPTION OF INSURANCE BENEFITS SECTION: EMERGENCY MEDICAL

Maximum Benefit Limit: Up to \$10,000,000 under this **policy**, including any endorsements, if applicable, as indicated on **your policy confirmation**, subject to the applicable exclusions and limitations.

Beginning and end of coverage

Your coverage begins on:

- a) The date and time **you** depart from **your** province/territory of residence in Canada.

Your coverage ends on the earliest of the following events:

- a) the date and time **you** cancel **your** insurance coverage prior to **departure date**;
- b) when **you** cancel **your covered trip**;
- c) at 11:59 PM on the **expiry date** of **your policy**, as shown on **your policy confirmation**; or
- d) on the date and time when **you** return to **your departure point**.

Notwithstanding the above, **your** coverage will not end if **you** temporarily return to **your** province/territory of residence to attend a funeral or go to the bedside of a **hospitalized family member**, however **you** will not be covered while in **your** province/territory of residence. In such a case, **your policy** will remain in effect up to **your expiry date** except **we** will apply the **pre-existing condition** exclusion based on **your** new **departure date** upon continuing **your covered trip**.

Automatic Extension of Coverage

Your insurance will automatically be extended beyond **your** scheduled **expiry date**, as shown on **your policy confirmation** if:

- a) **Your** scheduled **common carrier** is delayed, or **you** are delayed due to circumstances beyond **your** control, coverage will be extended for up to 72 hours;
- b) **You, your travelling companion** or a **family member** travelling with **you** are **hospitalized** on or prior to **your expiry date**. Coverage will be extended for the duration of the **hospital** stay and for up to 5 days after discharge from the **hospital** while outside **your** province or territory of residence: or
- c) **You, your travelling companion** or a **family member** travelling with **you** are unable to travel due to a medical reason that does not require **hospitalization**. Coverage will be extended for up to 3 days and must be documented by a **physician** at **your** destination.

Extending Coverage After Departure (Top-Up)

If **you** decide to extend **your covered trip** after departure, call the Agent before the **expiry date**. **We** may extend **your** coverage under this **policy** for an additional cost, up to 10 days beyond **your expiry date**, as long as:

- a) **You** have not incurred a claim under this **policy**;

- b) **You** have not experienced a **sickness** or **injury** or have not had medical **treatment** during **your covered trip**;
- c) Coverage under this **policy** is in force at the time **you** request an extension;
- d) **You** pay any additional required premium for such extension; and
- e) The total **period of coverage** for any single **covered trip** including the extension requested, will not exceed the period for which **your government health insurance plan (GHIP)** covers **you** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at **our** discretion. In no event shall coverage be extended for a period exceeding 12 months from **your** original **departure date**.

Failure to make medical information known will render this coverage extension null and void.

Coverage Description - What We Cover

If **you** experience a medical **emergency** while on **your covered trip**, **you** must call the **emergency assistance provider** before obtaining **emergency treatment**.

Please note that if **you** do not call the **emergency assistance provider** in an **emergency** prior to receiving **treatment**, **you** may have to pay 25% of the eligible medical expenses **we** would normally pay under this **policy** (25% co-insurance).

If it is medically impossible for **you** to contact the **emergency assistance provider** when the **emergency** happens, the 25% co-insurance will not apply. In this case, **we** ask that **you** contact the **emergency assistance provider** as soon as **you** can or that someone does so on **your** behalf. Do not assume that someone will contact the **emergency assistance provider** for **you**. It is **your** responsibility to verify that the **emergency assistance provider** has been contacted.

You will be reimbursed for the **reasonable and customary** charges in excess of any **government health insurance plan (GHIP)** allowance, **your** Canadian university health insurance plan (UHIP) allowance, or any private medical plan for the eligible **emergency** medical expenses described in this **policy**, up to the maximum benefit amount under **your** plan.

Eligible medical and related expenses are described below:

1. **Emergency medical expenses:** as listed below and ordered or prescribed by a **physician** as **medically necessary** for diagnosis or **treatment** of **your emergency sickness** or **injury**:
 - a) The services of a **physician**, surgeon or in-**hospital** duty nurse.
 - b) **Hospital** room and board charges up to the semi-private room rate. This will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **your covered trip**, if recommended as a substitute for a **hospital** room for recovery of a **sickness** or **injury**.
 - c) Transportation furnished by a professional ambulance company to and from a **hospital**.
 - d) Up to \$50 each way if a local taxi service is required to get **you** to and from the nearest medical service provider for an **emergency**.
 - e) **Your** emergency evacuation from a remote location to the nearest appropriate **hospital** that can provide the necessary **emergency** medical **treatment** as determined and arranged by **our emergency assistance provider**.

- f) Diagnostic procedures, laboratory procedures and **treatment**, subject to prior approval by us.
- g) Medical equipment purchased or rented for therapeutic purposes subject to prior approval by us.
- h) Prescription medications required to **treat** any **emergency medical condition** or **injury**, which are prescribed by a **physician** and dispensed by a licensed pharmacist to a maximum of \$500 per insured person (maximum 30-day supply).
- i) One follow-up visit following **emergency treatment** or one follow-up visit following **hospital** discharge for an **emergency** that is covered by this **policy**. The follow-up visit must be recommended by a **physician** at the time of discharge and take place within the required time frame recommended for an initial follow-up visit. The cost of this follow-up visit is limited to \$500.
- j) Advance payment to a **hospital**. **We** will provide advance payment to a **hospital**, up to a maximum benefit of \$10,000, if it is required to secure **your** admission for a covered **sickness** or **injury**.

Limitations to emergency medical expenses benefit:

- i. With respect to all **emergency** medical expenses, **you** or someone acting on **your** behalf are required to immediately contact **our emergency assistance provider's** 24-hour assistance line at the telephone numbers provided in this **policy** before admission to **hospital** or within 24 hours after a life or organ-threatening **emergency**. Failure to do so may result in **you** being responsible for 25% of any eligible expenses incurred.
 - ii. **We** reserve the right to return **you** to Canada or to **your departure point** before any **treatment** or following **emergency treatment** for **sickness** or **injury**, if the medical evidence obtained from **our** medical advisor and **your** local attending **physician** confirms **you** are able to return to Canada without endangering **your** life or health.
 - iii. If **you** elect not to return to Canada following **our emergency assistance provider's** recommendation to do so, any further expenses related to the **emergency** will not be covered by this **policy** and all benefits will end.
2. **Prescription drugs:** up to \$50 for prescription drugs lost, stolen or damaged during **your covered trip**. Up to \$75 will be allowed if the services of a local **physician** are required to secure the replacement prescription. **You** must contact **our emergency assistance provider**.
3. **Emergency dental: treatment** ordered by a licensed dentist or dental surgeon as follows:
- a) Up to \$2,000 during **your** trip will be paid for **treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **injury** to the head or mouth. Up to \$1,000 will be paid to continue **medically necessary** dental **treatment** completed within 90 days after **you** return to Canada provided the **treatment** is related to the **injury**.
 - b) Up to \$300 to relieve acute pain and suffering not related to an **injury**.
4. **Emergency paramedical services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **emergency treatment** up to \$500. Services performed by a **family member** are not covered.

5. **Accommodation and meals:** commercial accommodation, meals, essential telephone calls, taxi fare or rental vehicle charges incurred by **you, your travelling companion**, or a **family member** travelling with **you** if one of **you** is relocated to receive **emergency medical treatment** or one of **you** is delayed beyond **your expiry date** due to **sickness** or **injury**.
 - a) This benefit is limited to \$350 per day to a maximum of \$3,500. Original receipts and the local attending **physician's** written diagnosis of the **sickness** or **injury** must be submitted for this benefit to qualify for payment.
6. **Medical evacuation or return home:** in response to an **emergency sickness** or **injury** as follows:
 - a) the extra cost of a one-way **fare** on a commercial airline via the most direct route to return **you** to **your** place of residence;
 - b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **you** to **your** place of residence or to the most appropriate medical facility closest to **your** home, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **you** if it is deemed **medically necessary**;
or
 - c) air ambulance transportation when it is **medically necessary**.

Limitation to Medical evacuation or return home benefit:

- i. Benefits must be pre-approved and arranged by us in consultation with **our** medical advisors, the local **treating physician**, and **our emergency assistance provider** for coverage to apply.
7. **Bedside visit:** If **you** are **hospitalized** for an **emergency sickness** or **injury** and the local attending **physician** recommends that a relative or close friend should visit at **your** bedside, remain with **you**, or accompany **you** home, **we** will reimburse up to \$2,500 for the cost of a round-trip **fare** by the most direct route and up to \$1,000 for commercial accommodation and meals. **We** will automatically insure the accompanying **family member** or friend for **emergency** medical coverage under this **policy** until **you** are medically **stable** to return to Canada, subject to the eligibility, limitations, conditions, & exclusions of this **policy**. This benefit will apply if:
 - a) **You** are **hospitalized** for a minimum of 5 consecutive days due to a covered **medical condition** and the attending **physician** advises in writing the necessary attendance by such a person; or
 - b) The local authorities legally require the attendance of such a person to identify **your** remains in the event of death due to a covered **medical condition** **we** will provide up to \$300 for that person's hotel and meal expenses and the same **emergency** medical coverage under this **policy** for up to seventy-two (72) hours.

Limitation to bedside visit benefit:

- i. These benefits are subject to prior approval by us.
8. **Return and escort of children:** This benefit is payable if **you** are confined to a **hospital** for more than 24 hours or **you** must return to **your** home because **you** have a **medical emergency** which is covered by this **policy** or in case of **your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one-way **fare** for the return home of any **children** who are accompanying **you**. If **your child** is under 18 years of **age**, **we** will also

pay the extra cost of a round-trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **your child** home.

9. **Childcare cost:** If **you** are **hospitalized** for an **emergency sickness** or **injury** during **your covered trip** and need to be relocated to receive **emergency medical treatment** or are delayed beyond **your expiry date**, **we** will reimburse **you** up to \$50 per day to a maximum of \$500 for the professional childcare cost incurred during **your covered trip** to care for **children** travelling with **you**.

Limitation to childcare cost benefit:

- i. Original receipts from the professional childcare provider are required.
10. **Return of travelling companion:** If **you** must return to **your departure point** because of a medical **emergency** covered by this **policy**, **we** will reimburse **you** for the extra cost of a one-way **fare** on a commercial flight via the most direct route to return **your travelling companion** back to **your departure point**. If the unused return travel ticket is refundable, **we** will deduct the value of the refund from the return transportation cost **we** arranged.
 11. **Repatriation of remains:** If **you** die during **your covered trip**, **we** will reimburse the reasonable expenses incurred up to:
 - a) \$5,000 for preparing and transporting **your** remains or ashes back to **your departure point**; or
 - b) \$2,500 for the cremation or burial of **your** remains at the location where death occurs.

Limitation to repatriation of remains benefit:

- i. No benefit is payable for the cost of a headstone, casket and/or funeral service expenses. Benefits under this section shall not duplicate any benefits available under any other section of this **policy**.
12. **Identification of remains:** If someone is legally required to identify **your** remains before **your** body is released, **we** will reimburse the cost of one person to travel to the place where **your** remains are located via a round-trip **fare** by the most direct route, and up to \$500 for commercial accommodation and meals. **We** will automatically insure this person for **emergency** medical coverage under this **policy** for not more than 3 days until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this **policy**.

Limitation of identification of remains benefit:

- i. This benefit must be pre-arranged and approved by us.
13. **Vehicle return:** **We** will pay the expenses up to \$3,000 associated with returning **your** vehicle to **your** home or **your** rental vehicle to the appropriate rental agency if **you** are unable to do so because of a medical **emergency**.

Limitation of vehicle return benefit:

- i. Return of commercial vehicles is not covered.
14. **Return of baggage and personal effects:** In the event of **your** medical evacuation or repatriation of remains arranged by us, if there is insufficient space to accommodate **your baggage and personal effects** aboard the transport provided, **we** will reimburse **you** up to \$500 to cover the cost of shipping these items to **your departure point**.

15. **Incidental expenses:** If **you** are required to stay in a **hospital** for **treatment** of an **emergency sickness or injury** as an in-patient while on **your covered trip**, **we** will reimburse **you** up to \$250 for **your** out-of-pocket expenses such as television, wi-fi and parking charges. Original receipts (no copies) must be submitted.
16. **Eyeglasses replacement:** In the event **your** eyeglasses are damaged as a result of a covered **injury**, **we** will reimburse **you** up to \$200 to replace them during **your covered trip**.
17. **Return to destination:** If, following **your** emergency medical evacuation arranged by the **emergency assistance provider** to **your** place of residence, **you** wish to return to **your** destination, **we** will reimburse **you** for the cost of a one-way **fare** back to the city from where the medical evacuation occurred.

This benefit is available only if:

- a) **Your** attending **physician** at **your** place of residence determines that **you** require no further **treatment**;
- b) **You** receive prior approval by us;
- c) **You** choose this benefit instead of benefit #13, vehicle return; and
- d) **Your** return must be prior to **your expiry date**.

Limitations of return to destination benefit:

- i. Once **you** return to **your** destination, a **recurrence** of the **medical condition** which necessitated **your** emergency medical evacuation or related **medical condition** will not be covered under this **policy**.
 - ii. This benefit can only be used once during **your covered trip**. Upon return to **your** destination, the **effective date** of coverage is the day **you** leave **your departure point** to return to **your** destination.
18. **Pet care:** If **you** are admitted to **hospital** for 12 or more hours while on **your covered trip**, coverage is provided up to \$1,500 for **your family pet** travelling with **you** on **your covered trip** for:
- a) The necessary accommodations and care in a pet boarding facility while **you** are **Hospitalized**; and
 - b) The necessary preparation and transportation costs to return to **your departure point** if **you** are evacuated or repatriated by us.

Your family pet travelling with **you** must have received all necessary Bordetella shots at least 2 weeks prior to **your departure date**. **Your family pet** travelling with **you** must have a health certificate from a licensed veterinarian enabling the **family pet** to enter **your covered trip** destination country/countries.

All benefits must be pre-approved and arranged by **us**.

What We Pay

You will be reimbursed for the **reasonable and customary** charges in excess of any **government health insurance plan (GHIP)** allowance, **your** Canadian university health insurance plan (UHIP) allowance, or any private medical plan for the eligible **emergency** medical expenses listed above, up to \$10,000,000.

EXCLUSIONS AND LIMITATIONS

These exclusions apply to all coverages of this **policy**. In addition to the exclusions specified in each insurance coverage, this **policy** does not cover, and no benefit will be payable for any claim arising directly or indirectly from:

1. **Pre-existing conditions** or related **medical conditions** which were not **stable** during the 90-day or 180-day period (whichever is applicable to this **policy**) immediately prior to **your departure date** or which, in the opinion of **your physician**, would be expected to require **treatment** in the foreseeable future. Coverage is not provided for any claims arising from:
 - a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina within the time periods listed above; or
 - b) a lung condition **treated** with home oxygen or the taking of oral steroids (prednisone or prednisolone) other than for a minor ailment, within the time periods listed above.
 - c) Any type of cancer (other than: basal or squamous cell carcinoma of the skin, or breast cancer **treated** only with Tamoxifen, Femara and/or Arimidex) that was active, untreated or for which **you** received **treatment** in the 3 months immediately preceding the **effective date**.

NOTE: If prior to **your departure date**, **you** are prescribed any **treatment** or have any change in the dosage, frequency or type of medication resulting in **your medical condition** no longer being considered **stable**, **you** must contact us immediately.

2. Expenses incurred for medical care or services where **your covered trip** was undertaken contrary to medical advice or after receiving a prognosis of **terminal sickness**.
3. Any **treatment**:
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until **you** return to **your** province or territory of residence;
 - c) for follow-up **treatment**, **recurrence** of a **medical condition** or subsequent **emergency treatment** or **hospital** stay for a **medical condition** or related **medical conditions** for which **you** had received **emergency treatment** during **your covered trip**; or
 - d) routine or general physical examinations, drugs or medication available without a prescription, eyeglasses or contact lenses or services which are not **medically necessary**.
4. Transplants of any kind.
5. Unless prior approval is obtained from us, any emergency air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.
6. Expenses incurred for all medical care or services including those related to an **accident** when this **policy** was purchased specifically to obtain **hospital** or medical **treatment** outside **your** province or territory of residence, whether or not recommended by a **physician**.
7. Any expenses related to a **sickness** or **injury** that occurred when another insurance was in force during the period of **your covered trip** for which an extension of coverage (**top up**) was purchased.

8. Expenses incurred for ongoing or recurring **medical conditions**. Once **emergency treatment** and care are completed, no further benefits for the same or related **medical conditions** will be covered.
9. Artificial joints within one year of any surgery.
10. All medical and emergency evacuation costs associated with childbirth that occurs after 26 weeks gestation or voluntarily induced abortion.
11. All neo natal, medical care and evacuation costs related to a baby born during the **covered trip**.
12. **Your** mental or emotional disorders including, but not limited to stress, anxiety and depression unless **hospitalized**. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
13. Routine pre-natal care; a **child** born during **your covered trip**; childbirth or complications of childbirth; pregnancy or complications thereof after the 26th week of pregnancy or any time after the expected date of delivery;
14. Any elective medical **treatment** including but not limited to dental or cosmetic surgery, naturopathic, holistic or acupuncture **treatment**;
15. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
16. Any **sickness** or **injury** resulting from long term excessive consumption of alcohol or drugs;
17. **Your** suicide, attempted suicide or any intentionally self-inflicted **injury**;
18. **Your** participation in **adventurous activities**;
19. **Your** participation in organized professional sporting activities for which **you** are paid or compensated;
20. Driving a motorcycle, moped, or scooter, regardless of whether **you** are driving on publicly maintained roads, driving off-road or on private property (unless **you** hold an applicable valid Canadian driver's license);
21. **Your** riding, driving or participating in motorized races of speed or endurance;
22. Piloting an aircraft or air travel on any air supported device other than as a **fare-paying** passenger on a flight operated by a **common carrier**;
23. Motor vehicle **accidents** where **you** are entitled to receive benefits pursuant to any **policy** or legislative plan of motor vehicle insurance.
24. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
25. **Your** participation or voluntary exposure in a crime or malicious act;
26. Participation in a riot or insurrection;
27. **Act of war**, invasion, act of foreign enemy, hostilities, revolution, or military uprising or usurped power;
28. **Act of terrorism** by nuclear means and **terrorism** by dissemination of biological, chemical and or radioactive agents and substances;

29. Participation in the armed forces;
30. Events related to “Avoid All Travel” and “Avoid All Non-Essential Travel” warnings issued by Global Affairs Canada prior to **your effective date** that were or continue to be in effect for any country, region or city of destination on **your covered trip**, as reflected in **your** travel itinerary;
31. Orbital and suborbital flights;
32. A condition that is directly or indirectly related to any **medical condition** for which **you** have declined or delayed recommended **treatment**, diagnostic testing or prescription medication in the 2 years prior to the date it gives rise to a claim under this **policy**;
33. **Contamination** resulting from biological, chemical, radioactive or nuclear fuel or waste; or
34. Any trip outside **your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

GENERAL PROVISIONS

Applicable law and jurisdiction: **Your** insurance contract is governed exclusively by the laws of the Canadian province or territory where **you** normally reside. Any dispute relating to such contract will be submitted to the competent court of the Canadian jurisdiction where **you** normally reside, and the parties agree to abide by its jurisdiction.

Statutory Conditions: Despite any other provision contained in this contract, this contract is subject to the statutory conditions in the *Insurance Act* respecting contracts of *Accident and Sickness Insurance* in the province or territory in which this **policy** is issued. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the *Civil Code of Québec* respecting contracts of *Accident and Sickness Insurance*.

Assignment of benefits: Where the **company** has paid expenses or benefits to **you** or on **your** behalf under this **policy**, the **company** has the right to recover, at its own expense, those payments from any applicable source or any insurance **policy** or plan that provides the same benefits or recoveries. This **policy** also allows the **company** to receive, endorse and negotiate eligible payments from those parties on **your** behalf. When the **company** receives payment from any Canadian provincial or territorial **government health insurance plan (GHIP)**, any other insurer, or any other source of recovery to the **company**, the respective payor is released from any further liability with respect to the claim.

Concealment and misrepresentation: The entire coverage will be void, if before, during or after a loss, any **material fact** or circumstance relating to this **policy** has been concealed or misrepresented.

Conformity with existing laws: Any provision of this **policy** which is in conflict with any federal, provincial or territorial law where this **policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **policy** shall apply.

Coordination of benefits: The benefits in this **policy** are secondary to those available under any other coverage **you** may have including but not limited to, government health insurance, group or personal Accident and Sickness insurance, extended health or medical care coverage, any automobile insurance or benefits plan, homeowner, tenant or other multi- peril insurance, credit card benefit insurance, other travel insurance and replacement travel options offered by airlines, tour operators, cruise lines and other **travel suppliers**.

We will coordinate benefits payable under this **policy** with benefits available to **you** under any other **policy** or plan, so that payments made under this **policy** and from all other sources will not exceed 100% of the eligible expenses incurred.

Coordination of Benefits of **emergency** medical expenses will be in accordance with the Coordination of Benefits Guidelines issued by the *Canadian Life and Health Insurance Association* with respect to Out of Country/Province Medical Expenses. However, if **you** are covered as an active or retired employee under **your** current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

- a) \$50,000 or less, Coordination of Benefits will not apply to such amount; or
- b) More than \$50,000, Coordination of Benefits will apply only to the amount of insurance in excess of \$50,000.

Currency and Interest: All premiums and benefits under this **policy** are payable in Canadian dollars currency. No interest will be paid on the amounts payable under this **policy**.

Limitation of liability: **Our** liability under this **policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. Upon **us** making payment under this **policy** does not assume any responsibility for the availability, quality, results or outcome of any **treatment** or service, or **your** failure to obtain any **treatment** or service covered under the terms of this **policy**.

Medical examination: **We** reserve the right to have **you** medically examined in the event of a claim.

Medical records: In the event of a claim, **you** agree to provide access to, and **we** reserve the right to review any and all medical records or documentation relating to **your** claim(s) from any licensed **physician**, dentist, medical practitioner, **hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **your** claim. In the case of **your** death the Insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Refund of premium: Other than the "10 Day Right to Examine" on page 1, premium refunds are not available.

Right of recovery: In the event that **you** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **policy** provision, **we** have the right to collect from **you** any amount which it has paid on **your** behalf to medical providers or other parties or seek reimbursement from **you**, **your** estate, any institution, insurer or person to whom the payment was made.

Subrogation: If **you** suffer a loss caused by a third party, **we** have the right to subrogate **your** rights of recovery against the third party for any benefits payable to or on **your** behalf, and will, at **our** own expense and in **your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice **our** rights to such recovery.

Sworn statements: We have the right to request that claims documents be sworn under oath and have **you** examined under oath in respect to any claim documents submitted.

DEFINITIONS

Note: In this **policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

Accident means an occurrence due to external, violent, sudden or fortuitous causes beyond **your** control which occurs during **your period of coverage**.

Act of terrorism or terrorism means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and **act of war**, declared or undeclared, or the intentional release of a biological, chemical, nuclear or radioactive material), which caused destruction of property, **injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

Act of war means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Adventurous activities mean participating in any of the following: bungee jumping, hang-gliding, heli-skiing, hot air ballooning, **mountain climbing**, parachuting, paragliding, rock climbing, scuba diving, skydiving, sky-surfing, or any other activity that, a reasonable person would perceive, involves an element of danger or the chance of loss or **injury**

Age means **your age** on the application date for coverage.

Baggage and/or personal effects means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling, not including personal money, passport, travel visa, driver's license or birth certificate.

Canadian resident means **you** are a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which **you** will return after **your** trip.

Child, children mean **your** unmarried natural, adopted or step-children who are dependent on **you** for maintenance and support, or grandchild(ren) who are travelling with **you** or joining **you** during **your covered trip** and who are at least either:

- a) between 30 days old and under 21 years of **age**;
- b) under 26 years of **age** if a full-time student attending a recognized institution of higher learning in Canada; or
- c) of any **age** who is mentally or physically handicapped and incapable of self-support.

Common carrier means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

Company, we, our, us means Northbridge General Insurance Corporation "Northbridge".

Contamination means poisoning of people by nuclear, chemical, radioactive and/or biological substances that cause **sickness** or death.

Covered trip means **travel arrangements** insured by this **policy** commencing on the **departure date** and ending on the **expiry date**, both as shown on the **policy confirmation**. For the Annual Plan, means trips undertaken during the **period of coverage** of this **policy**.

Deductible means the full amount of the **deductible** selected applies on each claim event. The **deductible** will be applied in CAD. The full **deductible** amount applies to all benefits.

Departure date means the later of the date shown as such on the **policy confirmation** or the date **you** actually depart on **your covered trip**.

Departure point means the city, province, territory or country **you** depart from first on **your covered trip**.

Effective date means the date **your** insurance coverage under this **policy**, or a specific benefit of this **policy** begins. Coverage under this **policy** starts on the later of the **departure date** or the **effective date**, as shown on **your policy confirmation**.

Emergency/emergencies means a sudden and **unforeseen medical condition** that requires immediate **treatment**. An **emergency** no longer exists when medical evidence indicates that no further **treatment** is required at **your** destination, or **you** are able to return to **your** province/territory of residence for further **treatment**.

Emergency assistance provider is Xodus Travel Services Inc., who provides the **emergency** service 24 hours a day, 7 days a week, during **your period of coverage** on behalf of **us**.

Expiry date means the date coverage under this **policy** ends. Coverage ends on the earlier of the date **you** return to **your** Canadian province or territory of residence, or the **expiry date**, as shown on **your policy confirmation**.

Family member means **spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted **child**, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece or nephew.

Family pet means a domestic dog or domestic cat kept for companionship and enjoyment on a full-time basis at **your** permanent residence. **Family pet** includes certified:

- a) guide dogs, and
- b) service dogs (i.e. seizure, diabetic, anxiety, depression etc.).

Fare means the same ticket class that **you** originally purchased for **your covered trip**. This is subject to availability. If **you** have not insured the full nonrefundable cost of **your covered trip**, **fare** means the lowest single seat **fare** from any *International Air Transportation Association* carrier.

Government health insurance plan (GHIP) means the health insurance coverage that the provincial or territorial governments provide to its residents in Canada.

Hospital/hospitalized/hospitalization/in-hospital means an institution that is licensed, staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. Note: A **hospital** is not an establishment used mainly as a clinic, extended or

palliative care facility, rehabilitation facility, addiction **treatment** center, convalescent, rest or nursing home, home for the aged or health spa.

Infectious or contagious disease means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

Injury means sudden bodily damage caused by an **accident** during **your period of coverage** causing **you** to seek medical **treatment**.

Material fact means any fact that would cause us to decline **your** application for insurance or charge more premium than **you** have paid for this **policy**.

Medical condition means any disease, illness or **injury** including symptoms of undiagnosed conditions or complications of pregnancy within the first 26 weeks of pregnancy.

Medically necessary means **treatment** or services that are appropriate for the relief of **sickness** or **injury** in an **emergency**, based on generally accepted professional medical standards.

Medical questionnaire means all the medical questions that **you** were required to answer when **you** applied for coverage under this **policy**.

Minor illness means a temporary health condition infection that ends 30 days prior to the **effective date** of coverage and does not require: use of medication for a period greater than 15 days; more than one follow-up visit to a **physician**; **hospitalization**; surgical intervention; or consultation with a medical specialist. Note: A chronic illness or the complication of a chronic illness is not a **minor illness**.

Mountain climbing means the ascent or descent of a mountain requiring the use of specialized equipment including crampons, pickaxes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

Physician means a person who is not **you** or **your family member** or **your travelling companion** who is legally licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

Period of coverage means the period of time between **your effective date** for the applicable coverage and **your return date**.

Policy means this document and **your policy confirmation** issued at the time the required premium has been paid.

Policy confirmation/confirmation means the document provided by us which confirms the insurance coverage **you** have purchased indicating **your policy** number, **your** purchase date, **your departure date** and **your expiry date** along with a brief summary of benefits. This document sets out **your period of coverage** and forms an integral part of the **policy** contract.

Pre-existing condition means any **medical condition** other than a **minor illness** that exists prior to **your effective date**.

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

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

Return date means the date on which **you** are scheduled to return to **your departure point** from **your covered trip**.

Sickness means an acute illness, acute pain and suffering or disease including **infectious disease** that requires **emergency medical treatment** or **hospitalization** due to the sudden onset of symptoms during **your period of coverage**.

Spouse means the person who is legally married to **you**, or if not married to **you**, has been living in a conjugal relationship with **you** for a continuous period of at least one year.

Stable means any **medical condition** or related condition, when all of the following statements are true:

- a) there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**),
- b) a **physician** has not prescribed or recommended any new medication or any change to an existing medication (including an increase, decrease or stoppage to the prescribed dosage),
- c) a **physician** has not determined that the **medical condition** has become worse, there has not been any new, more frequent or more severe symptoms,
- d) there has been no **hospitalization** or referral to a specialist,
- e) a **physician** has not prescribed or recommended any tests, investigation or **treatment** that are not yet complete, nor are there any outstanding test results, and
- f) there is no planned or pending **treatment**,
- g) the **medical condition** has been **stable** during the 90-day or 180-day period (whichever is applicable to this **policy**) immediately prior to **your departure date** or which, in the opinion of **your physician**, would be expected to require **treatment** in the foreseeable future.

NOTE: The following exceptions are considered **stable**:

- a) the routine adjustment of Coumadin, Warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in **your medical condition**, or
- b) a change from a brand name medication to a generic brand medication of the same dosage.

Terminal sickness means a **medical condition** from which no recovery is expected, and which carries a prognosis of death within 12 months of **your effective date**.

Top up means extending medical only coverage to commence on the expiration of another plan of insurance.

Travel arrangements mean:

- a) transportation;
- b) accommodations; and
- c) other specified services arranged for **your covered trip**.

Travel supplier means any entity or organization that coordinates or supplies travel services for **you**.

Travelling companion means someone who shares **travel arrangements** and accommodations with **you** on **your covered trip** up to a maximum of 5 persons, including **you**.

Treat, treated or **treatment** means a procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

Unforeseen means not known, anticipated, or reasonably expected, and occurring after the **effective date** of the benefit under which the claim is being made.

We, us or **our** means "Northbridge".

You or **your** means a person who is eligible and named on the **policy confirmation** for insurance under this **policy** and for whom the required premium has been paid.

CLAIMS INFORMATION

How To Contact Us

If **you** require **emergency** medical assistance while travelling on **your covered trip**, **you** must call **our emergency assistance provider** before obtaining **treatment**. If **you** cannot call the **emergency assistance provider yourself** as instructed below, have someone call on **your** behalf. If **you** are calling from outside of Canada/US, please dial direct and submit the charges incurred to make the call along with **your** claim documents.

If **you** fail to contact the **emergency assistance provider**, **we** reserve the right to reimburse 75% of eligible expenses.

If **you** choose to pay eligible expenses directly to a health service provider without prior approval by the **emergency assistance provider**, eligible expenses will be reimbursed to **you** based on the **reasonable and customary** charges that **we** would have paid directly to such provider. Medical charges that **you** pay may be higher than this amount and thus, **you** will be responsible for any difference between the amount **you** paid, and the **reasonable and customary** charges reimbursed by **us**.

How To Submit A Claim

1. Request Claim Form by phone or email at above information shown.
2. Send the completed and signed claim form and all required documents to:

Online

Easily upload **your** documents by navigating to [Claims Xodus](#)

By Mail

Northbridge General Insurance Corporation

C/O Xodus Travel Services Inc.
3215 Electricity Dr.
Windsor ON N8W5J1

Retain a copy for **your** records.

To make a claim for benefits under this **policy**:

1. Submit **your** claim forms within 30 days after the expense or loss is incurred or as soon as is reasonably possible.
2. Written proof of the claim must be submitted within 90 days, but not later than 12 months after the date of the event or loss.

Written Proof of a Claim shall include:

- a) The completion of any claim forms supplied by the **emergency assistance provider** on behalf of **us**;
- b) Original receipts; and
- c) All written reports, complete with the diagnosis completed by the attending **physician**, if applicable, and any other form of documentation deemed necessary by **us** to validate **your** claim.

Original substantiating claims documentation must be provided; however, **we** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to **us**.

Claim Payments

We will pay the covered claims upon receipt of all the necessary information required to accurately assess **your** claim.

Benefit payments will be made to **you** or to any person or entity having a valid assignment to such benefits. In the event of **your** death, any balance remaining or benefits payable for loss of life will be paid to **your** estate, unless otherwise indicated.

Payment of Claim

All benefits will be paid in Canadian currency. **We** will pay benefits in accordance with these claim provisions. If any payee of benefits is a minor or otherwise legally incompetent, **we** will pay benefits to the person designated as his/her legal guardian or conservator.

Benefits will be paid immediately after proof of loss is received but not more than 30 days after proof of loss is received. Any payment made by **us** in good faith pursuant to this provision will fully discharge **us** to the extent of such payment and release **us** from all liability for that payment.

Limitation of Action

If **you** have a claim in dispute under this **policy**, **you** must begin any legal action or proceeding against the **us** within 24 months following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **policy** was issued, **you** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **you** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **company** is located.

PRIVACY NOTICE

The Northbridge group of companies is committed to protecting **your** personal information. This Privacy Notice section applies to all of the member companies of Northbridge, which includes Northbridge General Insurance Corporation.

When **you** request an insurance product or service from **us**, **you** consent to allow **us** to collect, use and disclose **your** personal information for the following purposes:

- Offering and providing products and services to meet **your** needs.
- Establishing and maintaining communications with **you**.
- Verifying personal information, **you** provide in **your** application;
- Assessing and underwriting risks on a prudent basis.
- Performing safety assessments.
- Determining insurance product prices.
- Investigating and settling claims.
- Detecting and preventing fraud or other illegal activities.
- Analyzing business results and compiling statistics.
- Conducting market research.
- Reporting to regulatory or industry entities; and
- Acting as required or authorized by law.

You may withdraw **your** consent, but doing so may limit **our** ability to provide **you** with the requested product or service.

As part of maintaining **our** relationship with **you**, **we** may share **your** personal information within the Northbridge group of companies and with third parties, but only for the purposes identified above, and in accordance with this Privacy Notice. Where personal information is shared with third parties, it is done on the basis that they will maintain the confidentiality of the information. If **we** discover that third parties are improperly handling **your** personal information, **we** will take appropriate action to protect **your** personal information.

We may use service providers located outside of Canada to collect, use, disclose or store personal information. Where **we** do so, **we** will contractually require such third party to employ the appropriate security safeguards to protect **your** personal information, subject to the law in the third-party jurisdiction. While the personal information is in another jurisdiction it may be accessed by the courts, law enforcement and national security authorities of that jurisdiction. The jurisdictions where personal information may be collected, used, disclosed and stored include the United States of America.

You can obtain a copy of **our** Privacy Policy by visiting **our** website at www.nbfc.com or by contacting **your** broker or agent. **You** may request access to **your** personal information that **we** have on file in order to verify its accuracy and completeness by sending a written request to **our** Privacy Officer. If **you** have any questions or complaints regarding **our** Privacy Policy or procedures, please contact **our** Privacy Officer:

By Mail

Northbridge General Insurance Corporation

105 Adelaide Street West, 7th Floor
Toronto, Ontario M5H 1P9
Attention: Privacy Officer

By E-mail

privacy@nbfc.com

By Phone

416.350.4400 or 1.800.268.9680

If **we** are unable to resolve **your** privacy concern to **your** satisfaction, **you** have the right to contact **your** privacy regulator.

Our Privacy Officer will provide **you** with this contact information upon request.

The Assistance Center is ready to assist **you** 24 hours a day, each day of the year.



Everyone wants to have a carefree **trip** and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THIA) want **you** to know **your** rights. THIA's Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know **your** health. Know **your trip**. Know **your policy**. Know **your** rights.