

TRAVEL INSURANCE POLICY

Visitors to Canada

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.

It is **your** responsibility to apply/obtain/fulfill any entry requirements into Canada and any other region **You** intend to visit, including itineraries with connecting flights.

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**;
- A **Waiting period** may apply if **You** purchase this insurance after **your** arrival in Canada or after the **Expiry date** of an existing Visitors to Canada **Policy** issued by **us**.
- **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.

ELIGIBILITY REQUIREMENTS

To apply for coverage, **You** or someone on **your** behalf must complete and sign the application for insurance form not more than 365 days before the **Effective date** of coverage and return it to **us** with **your** payment of the required premium.

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 Visitor to Canada, a Canadian who is not eligible for benefits under a **government health insurance plan (GHIP)**, a person who is in Canada on a Work Visa or Parent and Grandparent Super Visa, or new immigrants who are awaiting Canadian **Government health insurance plan (GHIP)** coverage;
- not have been advised by a **Physician** or other registered medical practitioner against travel;
- be the **age** of 59 years or younger at the time of application;
- 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.

Pre-existing conditions or related **medical conditions** must be **Stable** as follows:

1. Rate Category 1,2,3 for the 90 days prior to and including the **Effective date** of this **Policy**.
2. Rate Category 4,5 for the 180 days prior to and including the **Effective date** of this **Policy**.

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, will not be covered under this **Policy**.

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 EMERGENCY MEDICAL

Maximum Benefit Limit: Up to \$100,000, \$300,000 or \$500,000 (whichever coverage purchased) under this **Policy**, including any endorsements, if applicable, subject to any **Deductible** if chosen, as indicated on **your Policy confirmation**, subject to the applicable exclusions and limitations.

Beginning and end of coverage

Your coverage begins on the later of the following events:

- a) the **Effective date** of insurance as shown on **your Policy confirmation**; or
- b) the time and date **You** arrive in Canada from **Home**.

There is a **Waiting period** of 48 hours after the **Effective date** (except for losses resulting from any **Injury**) if **You** purchase **your Policy**,

- a) after the **Expiry date** of an existing **Emergency** medical **Policy** through **us**; or
- b) after **You** leave **Home**.

When coverage is purchased prior to leaving **Home** with an **Effective date** equal to the date and time **You** are scheduled to arrive in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight can include a stopover provided **You** do not leave the airport.

Your coverage ends on the earliest of the following events:

- a) each time **You** leave Canada to return **Home**;
- b) when **your Policy** expires as shown on **your Policy confirmation**;
- c) when travelling outside Canada for a side-trip, the date **You** reach maximum number of allowed days;
- d) when **You** become a resident of a nursing **Home**, **Home** for the aged, or other long-term care facility during **your** trip to Canada;
- e) no more than 365 days after **your Effective date** of insurance; or
- f) the first day **You** become insured under a government health insurance plan (GHIP).
EXCEPTION: If **You** are a visitor to Canada with an International Experience Canada (IEC) work permit, this **Policy** will continue to provide eligible benefits that are not covered by **your** government health insurance plan (GHIP).

At no additional premium, coverage is included up to the date and time **You** arrive **Home** following an uninterrupted flight from Canada directly **Home**, with no intention to return to Canada during **your Period of coverage** under this insurance. An uninterrupted flight can include a stopover provided **You** do not leave the airport.

During **your** coverage period, if **You** return **Home** under the Trip Break benefit, under the **Emergency** medical coverage, **your** Visitors to Canada coverage will be suspended but not terminated. When **You** return to Canada, **your Policy** coverage will resume provided **You** are still eligible for coverage. There will be no refund of premium for any of the days during **your** return **Home**.

Coverage for Side-Trips Outside of Canada

This insurance provides coverage while travelling outside Canada (excluding **your** country of origin), as long as **your** side-trip originates and terminates in Canada and does not exceed the lesser of: 30 days per **Policy** or 49% of **your** total number of coverage days as stated on **your Policy confirmation**. During **your** coverage period, if **You** take a side-trip outside of Canada that is longer than that permitted in this **Policy**, **your** Visitors to Canada coverage will be suspended for the remainder of **your** side-trip and when **You** return to Canada, **your** coverage will resume.

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**: 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**.

To Stay Longer Than Planned

Any extension is subject to the approval of the **Emergency** assistance provider. In order to avoid a waiting period, purchase **your** extension of coverage before the **Expiry date** of **your** existing Visitor to Canada **Policy** issued by **us**.

You may be able to extend **your** coverage if:

- a) **You** pay the addition premium;
- b) **You** have had no claim or event that has resulted or may result in a claim under this **Policy**;
- c) there has no change in **your** health status.

To Obtain a Refund of Premium

- a) If **You** are cancelling **your Policy** because **your** application for a Parent and Grandparent Super Visa was refused, **You** must provide proof of visa refusal with **your** request for a full refund. Otherwise, **You** can ask for a full refund at any time before the **Effective date** of **your** insurance.
- b) If **You** obtain Canadian **Government health insurance plan (GHIP)** coverage or return **Home** before the date **You** were scheduled as per **your confirmation**, and have not reported or initiated a claim, **You** may ask for a refund of the premium for the unused

days of **your** trip. **You** will need to provide proof of the date **You** actually returned **Home** or the **Effective date** of **your** Canadian **Government health insurance plan (GHIP)** coverage. Simply contact **us** to request a refund. All travellers insured under the same **Policy** must return together or have Canadian **Government health insurance plan (GHIP)** coverage in effect for a refund to be possible. The minimum premium refund amount is \$25 CAD.

- c) If **You** hold a Parent and Grandparent Super Visa and have purchased 365 days of coverage, and are requesting a partial refund due to **your** early return to **your Home** or departure from Canada and:
- i. have had no claim that has been reported, paid or denied; premium related to unused days (minimum of \$25 CAD) may be refunded when **You** have provided proof of return to **your Home** or departure from Canada;
 - ii. have reported a claim or have a payable claim for which the payment has not been issued or the total amount of all reported eligible claim expenses will not exceed the **Deductible** amount, or if a claim has been denied, **You** may apply to have such claim withdrawn and, subject to **our** approval, the premium related to unused days may be refunded less a handling fee of \$300 CAD per claim, which will be deducted from any amount to be refunded. Any expenses related to any claim that **You** withdraw will be **your** responsibility for payment; or
 - iii. if a claim has been paid, no refund is possible.

A written request to cancel this **Policy** must be received following the date **You** return **Home** along with proof of **your** departure from Canada. In no event will **we** back-date a cancellation to more than 60 days prior to the date of receipt of **your** cancellation request. Your cancellation request must include a copy of your return airline ticket or a copy of your boarding pass, and a copy of every page of your passport to verify that **You** did not visit Canada between the date **You** returned **Home** and the date **You** submitted your refund request and a statement saying that **You** have not incurred any paid claims and will not report or submit any claims against this **Policy**. Once any refund of premium has been requested, no expenses will be accepted for consideration under the **Policy**, regardless of the date the expense was incurred. Refunds will be credited to the same credit card used to charge the premium. No refunds are available for Trip Interruption Insurance after the effective date, side-trips, or Trip Breaks.

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 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 (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:

- 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 Home** 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 or **your Home** country without endangering **your** life or health.

- iii. If **You** elect not to return to Canada or **your Home** country 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 \$1,500 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.
 - 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 a combined maximum of \$700 per **Injury**. 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 \$200 per day to a maximum of \$2,000. 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 Home** country;
 - b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **your Home** 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:

- 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** for a minimum of 5 consecutive days, 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 the cost of a round-trip **Fare** by the most direct route and up to \$750 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 **Home**, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**.

Limitation to beside 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 air **Fare** 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**. Services performed by a **Family member** are not covered.

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 Home**. 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 \$10,000 for:
 - a) preparing and transporting **your** remains or ashes back to **your Home** country; or
 - b) the cremation or burial of **your** remains at the location where death occurs.

Limitation to repatriation of remains:

- 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 their **Home** country, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**.

Limitation of identification of remains:

- i. This benefit must be pre-arranged and approved by **us**.

13. **Vehicle return:** We will pay the expenses up to \$2,000 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:

- 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 \$300 to cover the cost of shipping these items to **your Home** country.
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. **Family pet Return:** If **your** domestic dog or cat travels with **You** during **your** trip and **You** return **Home** under Benefit #6 or #11, **we** will pay the cost of one-way transportation up to a maximum of \$500 to return **your** domestic dog or cat **Home**.

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**.

EMERGENCY MEDICAL COVERAGE EXCLUSIONS AND LIMITATIONS

In addition to the General Exclusions which apply to all sections of this **Policy**, there is also no coverage, and no benefits will be payable for claims presented under **Emergency** Medical coverage section related to:

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.

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**.

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See policy for details.

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3. Any **Medical condition** that is the result of **You** not following **treatment** as prescribed to **You** by a licensed medical professional, including prescribed medication.
4. Any **Change in health status** occurring after **your** application date and not reported prior to **your** effective date.
5. 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 Home** country;
 - 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.
6. Transplants of any kind.
7. Any **treatment**, services or supplies not medically necessary, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an **Emergency** basis.
8. Covered expenses, including air transportation, that exceed 75% of the cost **we** would normally pay under this insurance, if **You** do not contact the **Emergency assistance provider** at the time of **Emergency**.
9. Any benefit that must be authorized or arranged in advance and the **Emergency assistance provider** has given no authorization and/or made not arrangement for that benefit.
10. 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 was purchased.
11. For consecutive policies and **Policy** extensions, any **Medical condition** which first appeared, was diagnosed or **treated** after the scheduled **Departure date** and prior to the **Effective date** of the **Policy** extension.
12. 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.
13. Artificial joints within one year of any surgery.
14. All medical and **Emergency** evacuation costs associated with childbirth that occurs after 26 weeks gestation or voluntarily induced abortion.
15. All neo natal, medical care and evacuation costs related to a baby born during the **covered trip**.

16. For insured **Children** under two (2) years of **Age**, any **Medical condition** related to a birth defect.
17. **Treatment** for any illness manifesting within the **Waiting period** even if related to expenses are incurred after the waiting period.
18. Further medical **treatment** if the **Emergency assistance provider** determines that **You** should transfer to another facility, return **Home**, or to **your** temporary **Home** province/territory of residence for **treatment** and **You** choose not to.
19. Any expenses incurred after the date on which **You** have declined an offer of repatriation and/or medical evacuation.
20. Any trip made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
21. Any **treatment**, services, or supplies provided by a **Home** for the aged, a rest **Home**, health spa, nursing **Home**, convalescent **Hospital**, hospice, palliative care facility, a place for the care and **treatment** of addiction, custodial or educational facility, or any rehabilitation facility.
22. Any **Medical condition** or symptoms when **You** know or for which it was reasonable to believe or expect before **You** left **Home** or before the **Effective date** of coverage that:
 - a) **treatment** will be required during **your** trip;
 - b) for which future investigation or **treatment** was planned before **You** left **Home**;
 - c) which produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the three (3) months before leaving **Home**; or
 - d) that caused **your Physician** to advise **You** to not travel.
23. Any **treatment** received in **your Home** country.
24. Any follow-up visits outside of Canada when the **Emergency** occurred in Canada.
25. Any **treatment** which can be reasonably delayed until **You** return to **your** country of origin (whether or not **You** intent to return) by the next available means of transportation, unless approved in advance by the Assistance Centre.
26. **Treatment** or services that contravene, or are prohibited by legislation under a provincial, or territorial **Hospital**/medical plan.

What We Pay

You will be reimbursed for the **Reasonable and customary** charges in excess of any private medical plan for the eligible **Emergency** medical expenses listed above up to \$100,000, \$300,000 or \$500,000 (whichever coverage purchased), less any deductibles that apply.

GENERAL EXCLUSIONS

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. Any event that might cause **your Covered trip** to be cancelled or abandoned, which **You** or **your Travelling companion** had knowledge of at the time of purchasing this **Policy**;
2. Any **Emergency** when, prior to the purchase date and/or effective date, **You** had not met all the eligibility requirements or truthfully and accurately answered all the questions in the **Medical questionnaire** (if applicable) and/or any **Emergency** relating to any **Pre-existing condition** not listed on the medical questionnaire.
3. Consequential loss of any kind including loss of enjoyment of **your Covered trip** from any cause;
4. **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;
5. 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;
6. Any elective medical **treatment**; including but not limited to dental or cosmetic surgery, naturopathic, holistic or acupuncture **treatment**;
7. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
8. Any **Sickness** or **Injury** resulting from long term excessive consumption of alcohol or drugs;
9. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
10. **Your** participation in **adventurous activities**;
11. **Your** participation in organized professional sporting activities for which **You** are paid or compensated;
12. 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);
13. **Your** riding, driving or participating in motorized races of speed or endurance;
14. 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**;
15. Motor vehicle **accidents** where **You** are entitled to receive benefits pursuant to any **Policy** or legislative plan of motor vehicle insurance;
16. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
17. **Your** participation or voluntary exposure in a crime or malicious act;
18. Participation in a riot or insurrection;

19. **Act of war**, invasion, act of foreign enemy, hostilities, revolution, or military uprising or usurped power;
20. **Act of terrorism** by nuclear means and **terrorism** by dissemination of biological, chemical, nuclear and or radioactive agents and substances;
21. Participation in the armed forces;
22. 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;
23. Orbital and suborbital flights;
24. 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**;
25. **Contamination** resulting from biological, chemical, radioactive or nuclear fuel or waste; or
26. Any trip as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.
27. Being absent from Canada for more than the number of days permitted.
28. Benefits can be reimbursed by any other source, including trustees or any government or industry compensation fund.

GENERAL PROVISIONS

Applicable law and jurisdiction: Your insurance contract is governed exclusively by the laws of the Canadian province or territory where this **Policy** was issued. Any dispute relating to such contract will be submitted to the competent court of the Canadian jurisdiction where this **Policy** was issued, 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.

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, 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 conflicts 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. Total benefits paid to **You** by all insurers cannot exceed **your** actual expenses. **We** will coordinate the payment of benefits with all insurers who provide **You** with benefits similar to those provided under this insurance (except if **your** current or former employer provides **You** with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

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.

Change in health status means

- a) there have been new symptom(s);
- b) existing symptom(s) have become more frequent or severe;
- c) a **Physician** has determined that the **Medical condition** has become worse;
- d) test findings have shown that the **Medical condition** may be getting worse;
- e) a **Physician** has provided, prescribed, or recommended any new medication or any change in medication;
- f) there has been admission to a **Hospital** or referral to a specialty clinic or specialist; or
- g) there has been testing for which the results have not yet been received.

Change in medication means the medication dosage, frequency, or type has been reduced, increased, stopped and/or new medications have been prescribed. Exceptions: 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; and a change from a brand name medication to a generic brand medication of the same dosage.

Child, Children means **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; 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**.

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:

- a) the **Effective date** of insurance as shown on **your Policy confirmation**; or
- b) the time and date of **your** arrival in Canada from **Home**.

Except for losses resulting from any **Injury**, coverage will begin 48 hours after the **Effective date** if **You** purchase **your Policy**:

- a) after the **Expiry date** of an existing **Policy** issued by **us**; or
- b) after **You** leave **Home**.

When coverage is purchased prior to leaving **Home** with an **Effective date** equal to the date and time **You** are scheduled to arrive in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight can include a stopover provided **You** do not leave the airport.

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 Home** country.

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:

- a) each time **You** leave Canada to return **Home**;
- b) when **your Policy** expires as shown on **your Policy confirmation**;
- c) when travelling outside Canada for a side-trip, the date **You** reach the maximum number of allowed days;
- d) when **You** become a resident of a nursing **Home, Home** for the aged, or other long-term care facility during **your** trip;
- e) no more than 365 days after **your Effective date** of insurance; or
- f) the first day **You** become insured under a government health insurance plan (GHIP).
EXCEPTION: If **You** are a visitor to Canada with an International Experience Canada (IEC) work permit, this **Policy** will continue to provide eligible benefits that are not covered by **your** government health insurance plan.

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.

Home means **your** country of residence or origin; or **your** place of departure before arriving 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**

Scheduled airline means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

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**.

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.

Travel arrangements means:

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

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.

Waiting period means the 48-hour period following and including **your Effective date** of insurance if **You** purchase **your Policy**:

- a) after the **Expiry date** of an existing Visitor to Canada **Policy** issued by **us**;

b) after **You** arrive in Canada.

The **Waiting period** will be waived if **You** purchased this **Policy** prior to the **Expiry date** of an existing Visitors to Canada **Policy** already issued by **us**, taking effect on the day following such expiry date, provided there is no increase in the coverage amount and/or change in the Plan.

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:

1. The completion of any claim forms supplied by the **Emergency assistance provider** on behalf of **us**;
2. Original receipts;
3. 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; and

4. Documentation required by **us** to substantiate **your** claim. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

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.