MEDOC® TRAVEL INSURANCE POLICY

EFFECTIVE – SEPTEMBER 1, 2019

This insurance is underwritten by
Royal & Sun Alliance Insurance Company of Canada

INDIVIDUAL C.MX

DETAILS ABOUT *YOUR* POLICY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances.

It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations and exclusions.

A pre-existing *medical condition* exclusion may apply to *medical conditions* and/or symptoms that existed prior to *your trip*.

Check to see how this applies in *your* policy and how it relates to *your* departure date, date of purchase or *effective date*.

In the event of an accident, *injury* or *illness your* prior medical history may be reviewed when a claim is reported.

If *you* have a medical *emergency*, *you* must notify the *MEDOC® Claims Assistance Centre* immediately before seeking medical treatment. However, if *you* are unable to do so, because *you* are medically incapacitated, someone else must call on *your* behalf as soon as is reasonably possible. If *you* (or someone else on *your* behalf) do not call when the *emergency* occurs or as soon as reasonably possible, *eligible expenses* will be reimbursed at 70% of *reasonable and customary* costs. *You* will be responsible for payment of any remaining charges.

IMPORTANT: *You* must notify the ***MEDOC CLAIMS ASSISTANCE CENTRE*** prior to any treatment. *Your* policy may limit benefits should *you* fail to do so within a specific time period. **Some of the expenses and services eligible for payment under this policy must be pre-approved and arranged in advance by the *MEDOC Claims Assistance Centre*.**

IN THE EVENT OF A MEDICAL *EMERGENCY*

***You* must contact the *MEDOC Claims Assistance Centre* immediately:**
1.800.709.3420 in Canada/USA
00.1.800.514.7983 in Mexico
819.566.1002 collect Worldwide

PLEASE READ THIS POLICY CAREFULLY.

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.

This policy contains clauses which may limit coverage.

For residents of Quebec: The Parties hereby agree that this policy and related documents be drawn up in the English language only. Les Parties aux présentes ont convenu que cette police et les documents s'y rattachant soient rédigés en langue anglaise seulement.

MEDOC® PLAN – TABLE OF CONTENTS

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1 GENERAL INFORMATION

A Eligibility

To be eligible for insurance under the MEDOC Plan, *you* must:

a) be a *member* or a *spouse* of a *member*;
b) be a Canadian resident; and
c) be insured under *your Provincial or Territorial Health Insurance Plan*.

B Applying for coverage

To apply for coverage under this insurance, *you* must complete the Application for Insurance form and return it with a personal cheque marked VOID to the Administrator. Premiums will be deducted through pre-authorized chequing. The *effective date* of insurance is the date the Administrator receives *your* completed, signed and dated Application for Insurance form. *Your* Application for Insurance form must be completed and received by the Administrator before *your day of departure* in order for coverage to be effective.

Your plan has an additional feature to provide a new policy upon the *expiry date* of this policy. A new policy is issued for a maximum of 365 days commencing on the new policy *effective date* (September 1). The new policy is issued based on *your* previous *policy year*'s plan selection(s) with the exception that each new policy is issued under the *Standard Health Option* regardless of *your* Health Option from the previous *policy year*. At the new policy *effective date*, the Deductible Option may only be selected or changed within 60 days from the first premium deduction for that *policy year*, provided no claim has been submitted or is pending.

You will receive written notification in advance of *your* coverage being issued under the new policy terms and conditions and the new premium rates in effect for the new *policy year*. Along with *your* notification, *you* will also receive a *Health Option Questionnaire* for completion. To be eligible for the *Optimum Health Option* or the *Preferred Health Option*, each *insured person* must accurately complete a *Health Option Questionnaire* each new *policy year*. *You* have 60 days from the first premium deduction for that *policy year* to submit *your* completed, signed and dated *Health Option Questionnaire* to be eligible for the *Optimum Health Option* or the *Preferred Health Option* and Rate Schedule.

If *you* have any questions on how to answer the *Health Option Questionnaire*, please consult *your physician*. If *you* do not submit a completed, signed and dated *Health Option Questionnaire*, *you* will automatically qualify for the *Standard Health Option* and Rate Schedule.

Coverage will begin on the *effective date* of the new policy, provided the required premium is paid, unless *you* provide written notice of termination to the *Administrator*

within 60 days from the first premium deduction for the new *policy year*, or the *Administrator* provides *you* with written notice of termination within 60 days from the first premium deduction for the new *policy year*. If *you* no longer meet the eligibility requirements of the policy, *you* must advise the *Administrator* immediately.

C *Your* premium payment

The total annual premium due for *your* coverage is payable either in one lump sum payment or alternatively, is divided into equal monthly payments, from the first premium deduction date following the purchase of a 17-day Plan, 35-day Base Plan and/or Supplemental Plan to the last premium deduction date for that *policy year*.

Premium payments are paid through pre-authorized chequing bank deduction. In addition:

a) For first-year *applicants* the annual premium for the 17-day Plan or 35-day Base Plan will be pro-rated from the *effective date* to the *expiry date*.
First-year *applicants* are considered persons who were never previously insured under the MEDOC Plan and/or persons who are rejoining the MEDOC Plan after one (1) full *policy year* without coverage.

b) If *you* are not a first-year *applicant*, and *you* are re-joining the MEDOC Plan within the same *policy year*, *you* will be required to pay the premium for the entire *policy year*.

c) **If two or more Supplemental Plans have been purchased during a *policy year*, the total monthly premium payable for all plans will be deducted each month.**

For the lump sum bank deduction payment option, if we are unable to collect the premium, coverage will not be in effect.

For any monthly premium not paid when due for any reason, a written Default Notice will be sent to *you* advising *you* of non-payment of premium, other than the initial premium, and the amount owing plus a service charge will be added to the next available premium deduction. A 30-day grace period is allowed for each premium installment due after the initial instalment. Coverage will terminate on the last day of the grace period if the installment due has not been paid in full by that date and a notice of termination will be sent to *you*.

D Family Coverage

Family Coverage is available to *you*, *your spouse* and *dependent(s)* when:

a) *you* and *your spouse* qualify for the same Health Option and have paid the required premium for the Family Coverage or qualify for two different Health Options and have paid the required premium for two Single Plans; or

b) *you* require coverage for *dependent(s)* and have paid the required premium for two Single Plans under this insurance.

E When does *your* coverage begin and end?

Your coverage for *Emergency* Medical Insurance benefits, for each *trip* begins on *your day of departure* from *your province or territory of residence*.

For *trips* taken outside of Canada, *your* Base Plan coverage for *Emergency* Medical Insurance benefits ends on the earliest of:

a) the actual day *you* return to *your province or territory of residence*; or
b) the 17th consecutive day of travel outside Canada including the day *you* left Canada, if *you* selected the 17-day Plan; or
c) the 35th consecutive day of travel outside Canada including the day *you* left Canada, if *you* selected the 35-day Base Plan.

For *trips* taken outside of *your province or territory of residence*, but within Canada, *your* coverage for *Emergency* Medical Insurance benefits ends on the actual day *you* return to *your province or territory of residence*.

Individual insured *trips* must be separated by a return to *your province or territory of residence* for a period of at least 24 hours.

If *you* purchased the Supplemental Plan, *your* coverage includes the 35-day Base Plan coverage, and the additional coverage selected for a single *trip* outside of Canada of longer than 35 consecutive days, as indicated on *your confirmation of coverage*.
NOTE: Should *your* travel dates change for a *trip* longer than 35 consecutive days outside of Canada, *you* must contact the *Administrator* before leaving Canada, in order to ensure *your* coverage is valid for the entire duration of *your trip*.

Your Supplemental Plan single *trip* coverage begins on the day *you* leave Canada as indicated on *your confirmation of coverage*.

Your Supplemental Plan single *trip*, coverage ends on the earliest of:

a) the actual day *you* return to *your province or territory of residence*; or
b) the day the number of days of coverage purchased as calculated from the day *you* left Canada expires.

Individual insured *trips* must be separated by a return to *your province or territory of residence* for a period of at least 24 hours.

Your coverage for Trip Cancellation Insurance benefits, under the 17-day Plan, 35-day Base Plan and the Supplemental Plan begins on the day of booking your *trip*, when *your* insurance is in effect on the day of booking *your trip*. If *you* book *your trip* prior to *your* insurance being in effect, *your* coverage for Trip Cancellation Insurance benefits will begin on the date the insurance premium is paid and the policy is issued.

Your coverage for Trip Cancellation Insurance benefits ends on the earliest of:

a) *your day of departure*; or
b) the day the covered event occurs, which causes the cancellation of *your trip*; or
c) the day *you* cancel *your trip*.

Please note: For claims related to an injury or *illness*, the day the covered event occurs shall be considered to be the date of the diagnosis of a new *medical condition* or the date that a *physician* advises *you* that *your medical condition* is no longer *stable*.

After the date the covered event occurs, no benefits shall be payable for any cancellation penalties incurred, nor for any additional payments made for *your* trip.

F Extending *your trip*

If *you* have not had a claim or any reason to believe *you* will submit a claim and want to extend *your trip*, *you* must contact the *Administrator* to arrange for an extension of coverage before *your* current *trip termination date*. If *you* are eligible for an extension of coverage, written notification will be sent to *you* and *your* premium will be adjusted on the next monthly premium deduction date. If *you* have had a claim or any reason to believe *you* will submit a claim, the *Insurer* must approve *your* request for an extension. Unless approved by the *Insurer* in writing, coverage for an existing *medical condition* may be excluded. Please see Section IV Exclusions & Limitations, No. 23.

G Automatic Extension of Coverage

This insurance provides automatic extension of coverage if on *your trip termination date*, *you*, *your travelling companion*, or *family member* travelling with *you* are confined to a *hospital* due to an *emergency*. Coverage will remain in force for as long as *you*, *your travelling companion* or *family member* remains confined to *hospital* up to a maximum of 365 days and will be extended up to 72 additional hours following discharge from *hospital*.

Automatic extension of coverage is provided for a maximum of 5 days if on *your trip termination date you*, *your travelling companion*, or *family member* travelling with *you* is unable to travel due to a medical *emergency* that does not require hospitalization. Medical evidence may be required.

Automatic extension of coverage is also provided for up to 72 hours when:

a) the delay of a *common carrier* in which *you* are a passenger causes *you* to miss *your* scheduled return to *your* principal residence or *province or territory of residence*; or
b) the personal *vehicle* in which *you* are travelling is involved in an accident or mechanical breakdown that prevents *you* from returning to *your* principal residence or *province or territory of residence* on or before *your day of return*; or
c) *you* must delay *your day of return* to *your* principal residence or *province or territory of residence* by the personal means of transportation in which *you* are travelling, due to extreme weather conditions on *your day of return*.

H Cancellation and/or Refund of Premium

To request a cancellation and/or refund of premium, the following provisions apply. All requests must be made in writing to the *Administrator*.

a) **No downgrade in coverage or no refund of premium** is available under the 17-day Plan or the 35-day Base Plan if *your* cancellation request is received after the *effective date* of this insurance. However, for new policies issued after the initial *policy year*, *you* may cancel coverage and be entitled to a refund of premium, if *you* provide a written request for termination of coverage to the *Administrator* within 60 days from the first premium deduction date for that *policy year*. **Exception:** If *you* have incurred a claim within that 60 day period, no refund of premium is available. The 17-day Plan and the 35-day Base Plan **cannot be cancelled** until the end of the *policy year*.

b) A partial refund or adjustment of premium may be available under the Supplemental Plan providing no *Emergency* Medical, Baggage or Trip Interruption & Delay insurance claims have been made or are pending:
   - for a cancellation or reduction of the number of coverage days purchased when *your* request is made before *your day of departure*;
   - in the event of an early return from a *trip*. Proof of early return must be provided in the form of: a stamped passport, airline ticket or boarding pass, credit card receipt, border crossing slip, or any signed and dated document that proves *you* have returned to *your* principal residence or *province or territory of residence*; and
   - in the event that a situation covered under this insurance occurs which necessitates Trip Cancellation before *your day of departure*. *You* may request a refund of premium for the unused Supplemental Plan days of coverage, or alternatively, a change in *your* Supplemental Plan *trip* dates.

If the Supplemental Plan is cancelled, the 35-day Base Plan coverage remains in effect and cannot be terminated until the end of the *policy year* and any remaining premium due for the 35-day Base Plan will be adjusted accordingly for the remainder of the *policy year*.

No downgrade in coverage or refund of premium is permitted under the Supplemental Plan if a claim has been incurred prior to *your* request.

II MEDOC PLAN DESIGN

The MEDOC Plan provides *Emergency* Medical and Non-Medical Insurance benefits as indicated below. *Emergency* Medical Insurance benefits are available for *trips* taken outside *your province or territory of residence*. Unless otherwise stated, all dollar amounts shown under this insurance are in Canadian currency. All benefits are subject to Exclusions & Limitations as outlined in Section IV.

A 17-DAY PLAN

If *you* purchased the 17-day Plan, *your* coverage includes:

Up to a maximum aggregate of $5,000,000 *Emergency* Medical Insurance benefits per *insured person*, per *policy year* for an unlimited number of *trips*, outside of Canada, not exceeding 17 consecutive days. *Trips* taken outside of *your province or territory of residence*, but within Canada, can be of any duration within the *policy year*. Proof of departure from *your province or territory of residence* is required if a claim occurs.

Non-Medical Insurance benefits includes up to a maximum of $8,000 Trip Cancellation, Interruption & Delay Insurance benefits per *insured person*, per *trip*. This applies only to *trips* booked prior to *your day of departure*.

B 35-DAY BASE PLAN

If *you* purchased the 35-day Base Plan, *your* coverage includes:

Up to a maximum aggregate of $5,000,000 *Emergency* Medical Insurance benefits per *insured person*, per *policy year* for an unlimited number of *trips*, outside of Canada, not exceeding 35 consecutive days. *Trips* taken outside of *your province or territory of residence*, but within Canada, can be of any duration within the *policy year*. Proof of departure from *your province or territory of residence* is required if a claim occurs.

Non-Medical Insurance benefits includes up to a maximum of $8,000 Trip Cancellation, Interruption & Delay Insurance benefits per *insured person*, per *trip*. This applies only to *trips* booked prior to *your day of departure*.

C SUPPLEMENTAL PLAN

If *you* purchased the Supplemental Plan, *your* coverage includes:

The 35-day Base Plan and the additional coverage for a single trip in excess of 35 consecutive days outside Canada, as shown on *your confirmation of coverage*. The additional number of days must be purchased to cover the entire duration of *your* travel, starting from the time *you* leave Canada for a period of more than 35 consecutive days until *you* return to *your province or territory of residence*. Coverage

is available up to the maximum number of days allowed under *your Provincial or Territorial Health Insurance Plan* in *your province or territory of residence*.

The entire duration of *your* Supplemental Plan single *trip*, as shown on *your confirmation of coverage* must occur between the day *you* leave Canada and the day *you* return to *your province or territory of residence*. Should *your* travel dates change prior to leaving Canada, *you* must contact the *Administrator* to ensure *your* coverage is valid for *your trip*.

The Supplemental Plan automatically includes the 35-day Base Plan coverage. The Supplemental Plan is not an add-on to the 35-day Base Plan and must be purchased separately.

When purchasing two or more Supplemental Plans, the full premium for all *trips* must be paid.

Up to a maximum of $8,000 Trip Cancellation, Interruption & Delay Insurance benefits per *insured person*, per *trip*. This applies only to *trips* booked prior to *your day of departure*.

Changing *your Day of Departure* or *Day of Return*

If there is a change in *your day of departure* or *your day of return* as indicated on *your confirmation of coverage*, *you* must contact the *Administrator* before *your day of departure* or if *you* have already left on a *trip*, before *your* current coverage expires. Evidence of *your day of departure* will be required at the time of claim. Unless specified otherwise, *your* coverage will begin and end as described in Section I. General Information, E. When does *your* coverage begin and end?

D DEDUCTIBLE OPTION

The deductible amount (if applicable) is based on the amount indicated in *your confirmation of coverage*. The deductible amount applies to each unrelated claim for any benefit paid under the *Emergency* Medical Insurance benefits only and not to Trip Cancellation, Interruption & Delay Insurance benefits.

If a deductible amount applies (as indicated on *your confirmation of coverage*), the expenses covered will be limited to the *eligible expenses* described in *your* policy, after the application of the deductible.

An optional deductible amount (if applicable) must be selected at the time of *your* application for insurance or *effective date*. At the *effective date* of a new policy, the optional deductible amount may only be selected or changed within 60 days from the first premium deduction for that *policy year*, provided no claim has been submitted or is pending.

E MEDOC Plan Health Options

The MEDOC Plan provides three Health Options: *Optimum Health Option*, *Preferred Health Option* and *Standard Health Option*.

The Health Option *you* qualify for is based on *your* answers to the *Health Option Questionnaire* and determines the Rate Schedule that applies to *you* at the time of *your* application for insurance or *effective date*. **If *your* answers to the medical questions on the *Health Option Questionnaire* are not complete and accurate, the *Insurer* may void this insurance at its sole discretion.**

Please note: at each *effective date*, coverage shall be issued at the Standard Health Option. If *you* wish to apply for the *Optimum Health Option* or the *Preferred Health Option you* must do so within 60 days of the first premium deduction date for that *policy year*.

All *members* automatically qualify for the *Standard Health Option* if they meet the eligibility requirements of this policy. To qualify for the *Optimum Health Option* or *Preferred Health Option*, the *Health Option Questionnaire* must be completed at each *effective date*. At each new *effective date*, coverage will be issued at the *Standard Health Option* rates applicable for the new *policy year*. An *insured person* has 60 days from the first premium deduction for that *policy year* to submit their completed *Health Option Questionnaire* and have their Health Option adjusted if they qualify for the *Optimum Health Option* or the *Preferred Health Option*. Confirmation of a change of Health Option shall be provided in writing by the *Administrator* and *your* premium rates shall be adjusted. Any *insured person* who had the option of submitting the *Health Option Questionnaire* and did not, automatically qualifies for the *Standard Health Option*.

Once *you* have accurately completed the *Health Option Questionnaire* and have qualified for either the Optimum or *Preferred Health Option*, *you* will continue to qualify for that option until the end of the *policy year* (August 31st), regardless of changes to *your* health during the current *policy year*.

NOTE: The Pre-existing *Medical Condition* Limitation applies to all *insured's* under all Health Options. For Trip Cancellation, Interruption & Delay Insurance benefits, the Pre-Existing *Medical Condition* Limitation also applies to a *family member*, *close business associate*, *caregiver*, *travelling companion* or *your travelling companion's family member*. Please refer to Exclusions & Limitations in Section IV.

III MEDOC PLAN, *EMERGENCY* MEDICAL AND NON-MEDICAL INSURANCE BENEFITS

A *EMERGENCY* MEDICAL INSURANCE BENEFITS

The MEDOC Plan covers *reasonable and customary* expenses arising from a medical *emergency*, up to the amounts specified and a maximum aggregate of $5,000,000 per *insured person*, per *policy year* for an unlimited number of *insured trips* outside *your province or territory of residence*, which are in excess of any deductible amount specified on *your confirmation of coverage*. Eligible benefit payments are in excess of any medical expenses payable by *your Provincial or Territorial Health Insurance Plan*, and any other insurance plan, for *emergency treatment* medically required while on a *trip*.

You must contact the *MEDOC Claims Assistance Centre* before *you* seek medical attention. If *you* are unable to call because *you* are medically incapacitated someone else (such as a relative, friend, *nurse*, *physician*, or medical provider) must contact the *MEDOC Claims Assistance Centre* on *your* behalf as soon as is reasonably possible. If *you* (or someone else on *your* behalf) do not call the 24-hour *MEDOC Claims Assistance Centre* or if *you* choose to seek care from a non-recommended medical service provider, *your* coverage will be limited to 70% of *eligible expenses* payable under *Emergency* Medical Insurance benefits. *You* will be responsible for payment of any remaining charges.

IMPORTANT: The *MEDOC Claims Assistance Centre* must pre-approve and arrange *eligible expenses* and benefits (items # 1 to 8 listed below) in advance. To receive reimbursement for *eligible expenses* or benefits (items # 9 to 13), *you* must submit original receipts at time of claim.

All expenses and benefits under this insurance are subject to the Exclusions & Limitations outlined in Section IV.

***Eligible expenses* include:**

1. ***Emergency* Medical Expenses** – This benefit covers the cost of *emergency treatment* for the following:
   a) *Hospital* room and board, including an intensive care or coronary care unit, charges for standard ward accommodation, semi-private room, or private room charges when a private room is certified as *medically necessary* by the attending *physician*;
   b) Other *hospital* services and supplies;
   c) Medical, surgical or anaesthetic treatment by a licensed *physician*;
   d) X-rays and other diagnostic tests;
   e) Use of an operating room, anesthesia and surgical dressings;
   f) Cost of licensed ground ambulance service;
   g) Outpatient *emergency* room charges;
   h) Prescription drugs or medication prescribed by a *physician* limited to a 30 day supply;

i) Rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

2. **Air *Emergency* Transportation or Evacuation** – This benefit covers the cost of the following, when medically required and approved in advance and arranged through the *MEDOC Claims Assistance Centre*:
   a) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital*;
   b) The cost of a one-way economy airfare transportation by the most effective route to return *you* to *your province or territory of residence*;
   c) A return economy airfare on a commercial flight and the usual fees and expenses for a qualified medical attendant to accompany *you* to *your province or territory of residence*;
   d) Expenses for (i) an economy seat, or (ii) the number of economy seats required to accommodate a stretcher to transport *you* back to *your province or territory of residence* following hospitalization as a result of an *emergency*.

3. **Private Duty Nursing Expenses** – This benefit covers up to a maximum of $10,000 per *insured person* for professional private duty nursing services (in a *hospital* only) by a registered graduate *nurse* when *medically necessary*.

4. **Transportation to the Bedside** – This benefit covers the cost of a round-trip economy class fare by the most effective route (air, bus or train) from Canada to bring one of *your family members* or a close friend to be with *you*;
   a) if *you* have been confined in a *hospital* for at least 3 consecutive days and had been travelling alone;
   b) if *you* and *your travelling companion* have both been confined in a *hospital* for at least 3 consecutive days;
   c) if *you* have been confined in a *hospital* and are travelling with children that are under age 21 and are dependent on *you* for support;
   d) to identify a deceased *insured person* prior to release of the body, where necessary.

   For benefits a) to c) above to be payable, *your* attending *physician* must verify in writing that *your* medical situation is serious enough to warrant the visit.

   The *MEDOC Claims Assistance Centre* must approve and arrange this benefit in advance.

   NOTE: *Your family member* or close friend travelling to be at *your* bedside is not covered under this insurance.

5. **Return of Minor *Dependent* Child with Escort** – If a *dependent* under the age of sixteen (16) is travelling with *you* on the same *trip* and is left unattended because *you* are hospitalized for a period of 48 hours or more, or *you* must return to Canada because of a medical *emergency*, this benefit will arrange for and cover:

   a) the extra cost of one-way economy transportation by the most direct route to return *your dependent* to *your province or territory of residence*; or

b) the cost of return economy transportation, for an escort, when the *MEDOC Claims Assistance Centre* deems such escort necessary.

6. **Repatriation or Burial** – If an event occurs that causes *your* death while on a *trip*, this benefit covers up to a maximum of $5,000 per *insured person* for:
   a) the cost of preparation of *your* remains (including cremation); and/or
   b) transportation of *your* remains to *your province or territory of residence*; and/or
   c) the cost of burial at the place of death.

   This benefit does not cover the cost of a burial coffin or urn.

7. ***Vehicle* Return Benefit** – This benefit covers up to a maximum of $5,000 for eligible and actual expenses incurred by *you* for the return of a *vehicle* if the *MEDOC Claims Assistance Centre*'s medical advisors in consultation with *your* attending *physician* (where applicable), determine that neither *you* nor *your travelling companion* is able to operate *your* owned or rental *vehicle*, due to *your illness*, *injury* or death while travelling outside *your province or territory of residence*.

   Eligible expenses for reimbursement are:
   a) the cost of the return of *vehicle* performed by a commercial rental agency to *your province or territory of residence* within 30 days of *your* return to Canada; or
   b) the following necessary and reasonable expenses incurred by an individual returning the *vehicle* on *your* behalf: fuel, meals, overnight accommodation, one-way economy airfare transportation.

   This benefit does not cover expenses incurred by anyone travelling with the person returning the *vehicle*. To be covered these expenses must be supported by original commercial receipts. Any other expenses including mileage reimbursement or lost wages by the person driving the *vehicle* are not covered. Benefits will only be payable when pre-approved and/or arranged by the *MEDOC Claims Assistance Centre*.

8. ***Pet(s)* Return Benefit** – This benefit covers up to a maximum of $500 for the actual cost of a one-way transportation *you* incur for the return of *your pet(s)* to *your province or territory of residence* if *you* must interrupt *your trip* and are eligible for Trip Interruption & Delay Insurance coverage (after *day of departure*). Any other charges related to the return of the *pet(s)* are *your* responsibility.

   The Pet(s) Return Benefit is also available if *you* are returned to Canada as described under Benefit # 2, Air *Emergency* Transportation or Evacuation Benefit.

9. **Physiotherapy and Other Professional Services** – When prescribed by a *physician* and approved in advance by the *MEDOC Claims Assistance Centre*, this benefit covers up to a maximum of $500 per profession per *insured person* for professional services of an osteopath, podiatrist, physiotherapist, chiropractor, or chiropodist while on *your trip*.

10. ***Emergency* Dental Expenses** – This benefit covers up to a maximum of $5,000 per *insured person* for the cost of repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth required as the result of an accidental *injury* to the mouth (caused by an external accidental blow

to the mouth). Chewing accidents are not covered. Services must be performed by a licensed *dentist* or *dental surgeon*.

To be eligible for payment, expenses for *emergency* dental services must commence within 30 days after the date of the *injury*. If treatment cannot be rendered within 30 days due to the nature of the *emergency*, it must be provided within 365 days of the date of that *injury*.

Along with the appropriate claim forms, *you* must submit one or more of the following:
a) an official police or accident report;
b) a licensed *dentist*, *dental surgeon* or a *physician*'s report; and/or
c) a *hospital* or medical facility report.

11. ***Emergency* Relief of Dental Pain** – This benefit covers up to a maximum of $600 per *insured person* for the cost of palliative *emergency treatment* to relieve dental pain. This benefit does not cover charges for routine dental care or treatment, root canal and other procedures unless approved by the *MEDOC Claims Assistance Centre* and must be performed by a licensed *dentist* or *dental surgeon*.

12. **Incidental *Hospital* Expenses** – This benefit covers *you* up to a maximum of $250 for incidental expenses, such as television rental and/or telephone rental provided *you* have been hospitalized for 48 hours or more.

13. **Additional Hotel and Meal Expenses** – This benefit covers $350 per day, up to a maximum of $3,500 for the cost of necessary meals and hotel accommodation, essential telephone calls and necessary ground transportation when submitting a claim under the following benefits:
a) Transportation to the Bedside;
b) Return of Minor *Dependent* Child with Escort;
c) Trip Interruption & Delay Insurance benefits; and/or
d) Trip Delay beyond *your* (scheduled) *day of return* due to a medical *emergency*.

14. **Non-Medical Emergency Evacuation** – Emergency mountain, sea or other remote location evacuation of *you* to the nearest accessible point by professional services up to $5,000.

15. **Flight Accident and *Accidental* Death and Dismemberment Benefits**

Flight Accident
If *you* die within 90 days of an *injury* incurred as a result of an *accident*, loss, or damage to a commercial aircraft while *you* are travelling as a ticketed passenger, (not as a pilot, officer or other crew member), the *Company* will pay $100,000 to *your* estate.

Accidental Death and Dismemberment
If an *accidental* death or *injury* occurs within 90 days of an *accident* other than a Flight Accident, the *Company* will pay:
a) $25,000 to *your* estate if *you* die; or
b) $25,000 for an *injury* causing a loss of either both eyes, hands or feet; or

c) $12,500 for an injury causing the loss of one eye, hand or foot.
- "Loss of one eye" means the total and irrecoverable loss of entire sight and "loss of hand or foot" means the actual complete and permanent severance at or above the wrist or ankle joint or complete irreversible paralysis.
- Death or loss due to an *injury* must be a direct result of the *accident* sustained during *your* trip.

Benefits will be payable for only one loss, that being the greatest amount.

B NON-MEDICAL INSURANCE BENEFITS

1. **Baggage & Personal Effects Benefits** – If, while on *your trip*, *your* baggage is lost, stolen or damaged, *you* will be reimbursed up to $1,500 per *insured person* to a maximum of $3,000 per family.

   The loss must be supported in writing by the appropriate local authorities at the place of loss and/or police report. Coverage is limited to $200 per item or set of items.

   You will be reimbursed up to $400 per *insured person* up to a maximum of $1,000 per family for the purchase of necessary toiletries and personal clothing as a result of *your* checked baggage being delayed by the carrier for more than 12 hours after *your* arrival. Purchases must be made within 36 hours of *your* arrival at *your* destination, and prior to receipt of *your* baggage.

   Document Replacement: *You* will be reimbursed for the cost of replacing one or more of the following documents, to a maximum of $500, in the event of loss or theft: passport, driver's license, birth certificate or travel visa.

   Baggage & Personal Effects Benefits Exclusions
   No benefits are payable due to:
   a) breakage of, or damage to fragile or brittle articles unless caused by fire or accident to the means of conveyance;
   b) loss or damage not reported to the police and/or the appropriate local authorities within 24 hours of discovery;
   c) loss due to normal depreciation of the value of *your* articles;
   d) loss of, or damage to money, eyeglasses, sunglasses, contact lenses, medication, hearing aids, artificial teeth, tickets, documents (other than the documents specified above under Document Replacement), jewellery, cell phones, cameras or computer equipment;
   e) loss or damage by theft from an unattended *vehicle* unless it was completely locked and there was visible evidence of forced entry;
   f) loss or damage due to negligence on *your* part;
   g) loss of, or damage to fragile or perishable articles in checked baggage; and
   h) any loss or damage directly or indirectly resulting from or arising out of, or in connection with any screening or security process, any act of war or *terrorism* or nuclear incident.
   i) Any loss incurred while on a business *trip* or any *trip* related to *your* employment.

If *you* are making a Baggage Claim, we will need:

a) copies of reports from authorities as proof of loss, damage or delay;
b) proof that *you* owned the articles and receipts for their replacement; and
c) correspondence and confirmation of any payment from another source (i.e. airline, tour company, homeowner/tenant insurance, etc.).

2. Trip Cancellation, Interruption & Delay Insurance Benefits

For Trip Cancellation, Interruption & Delay Insurance benefits to be in effect, ALL trips MUST be booked prior to *your day of departure*.

Trip Cancellation, Interruption & Delay Insurance benefits are subject to the Exclusions & Limitations as outlined in Section IV.

If *you* make a deposit or full payment for travel arrangements for a *trip* taking place in the following *policy year*, *your* MEDOC Plan must be issued for another 365 days at the new policy *effective date* for that *trip* to be covered under the MEDOC Plan.

Fees relating to the use of and/or ownership of timeshares are not an eligible expense under this insurance.

Points Program redemptions of any type and points used to purchase travel arrangements are not an eligible expense under this insurance. Please contact *your* Points Program supplier.

Exception: If there is any monetary surcharge fee charged for the reinstatement of *your* applicable travel points, reimbursement for the surcharge fee only may be payable under the covered events listed under Trip Cancellation, Interruption & Delay Insurance benefits. This does not include the cost of purchasing or re-purchasing travel redemption points from any Points Program Supplier.

Trip Cancellation Insurance Benefits – (Before *Day of departure*)

If *you* are unable to travel due to a covered event listed below and must cancel *your trip* before the *day of departure*, this insurance will reimburse *you* for the non-refundable and non-transferable to another travel date portion of *your* pre-paid travel arrangements as indicated on *your* travel arrangements, up to a maximum of $8,000 per *insured person*, per *trip*. Only the sums that are non-refundable and non-transferable to another travel date on the day the covered event occurs shall be considered for the purpose of the claim. Any credits provided by the airline or *travel supplier* for travel on another date, are considered transferable amounts and shall not be payable under this policy.

Please note: For claims related to an *injury* or *illness*, the day the covered event occurs shall be considered to be the date of the diagnosis of a new *medical condition* or the date that a *physician* advises *you* that your *medical condition* is no longer *stable*.

After the date the covered event occurs, no benefits shall be payable for any cancellation penalties incurred, nor for any additional payments made for *your trip*.

When a covered event for trip cancellation occurs before *your day of departure* it is required that:

a) *You* must cancel *your trip* with the travel agent or the *travel supplier* immediately, but no later than 24 hours or the next business day following the day the covered event occurs and advise the *MEDOC Claims Assistance Centre* within the same timeframe. If *you* are uncertain whether an event or situation may require *you* to cancel *your trip*, *you* must contact the *MEDOC Claims Assistance Centre* for clarification immediately, but no later than 24 hours or next business day following the covered event;
b) Any issued travel ticket(s) must be surrendered to the *MEDOC Claims Assistance Centre* along with proof from the travel agency or *common carrier* of the non-refundable and non-transferable portion of *your* pre-paid travel arrangements; and
c) In the case of a tour, a copy of the terms and conditions of the tour company or cruise lines will be required at time of claim.

Important Notice: Any delays in notifying the *MEDOC Claims Assistance Centre*, or any delays in cancelling *your trip* with *your* travel agent or *travel supplier*, will limit *your* benefit to the non-refundable or non-transferable amount that would have been payable on the initial date the covered event occurred.

Trip Interruption & Delay Insurance Benefits – (After *Day of departure*)

If *you* must interrupt *your trip* after *your day of departure* or delay *your day of return* due to a covered event listed below, this insurance will reimburse *you* for the extra cost of a one-way economy airfare to *your province or territory of residence* or *your* next destination point and any unused non-refundable and non-transferable accommodation costs or land arrangements up to a maximum of $8,000 per *insured person*, per *trip*.

For an involuntary *schedule change* which causes *you* to miss a connection as the result of Covered Event No. 6, this insurance will provide reimbursement to *you*, for the expenses *you* actually incur, for the lesser of the following:

- The change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
- up to $1,000 for the extra cost of *your* one-way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

For *trip* delays preventing *you* from returning on *your* scheduled *day of return*, delays must not extend more than 10 days beyond *your day of return*. This benefit does not reimburse the unused portion of any travel ticket.

In order to submit a claim for Trip Interruption & Delay after *your day of departure* it is required for reimbursement of *eligible expenses* that:

a) *you* must contact the *MEDOC Claims Assistance Centre* within 24 hours of the event; and
b) for medical covered events any interrupted or delayed *trip* must be upon the recommendation of the attending *physician*; or in the event that *you*, a *family member*, *travelling companion*, or *close business associate* are confined to a *hospital* for at least 72 consecutive hours; or

c) for non-medical covered events, appropriate documentation must be submitted as outlined in Section VII How To Make A Claim.

Covered events under Trip Cancellation, Interruption & Delay Insurance Benefits

Trip Cancellation, Interruption & Delay Insurance benefits are payable should any of the following covered events occur preventing *you* from departing on or returning from *your trip* as scheduled:

1. Death, *injury* or *illness* to *you*, *your family member*, *close business associate*, *caregiver*, *travelling companion*, or *your travelling companion*'s *family member*.
2. *You* are under medical quarantine for a communicable disease diagnosed by a *physician*.
3. Death, quarantine or admission to *hospital* for at least 48 hours arising from an *emergency*, of *your* host at *your* destination.
4. Cancellation of a planned business meeting due to death or admission to *hospital* of the person with whom *you* are to meet, or cancellation of a conference (for which *you* had paid registration fees) due to circumstances beyond *your* control. Benefits are only payable to *you* if attending the meeting. Proof of registration will be required in the event of a claim.
5. Delay of *your common carrier* or a private automobile resulting from the mechanical failure of that carrier, a traffic accident, an *emergency* police-directed road closure, weather conditions or flight delay, causing *you* to miss a connection or resulting in the interruption of *your trip* arrangements.
6. *Your* missed connection caused by the *schedule change* of the airline carrier that is providing transportation for a portion of *your trip*.
7. A transfer by *you* or *your spouse*'s employer for which notice was received from the respective employer subsequent to *your* booking date and before *your day of departure*, if the date of transfer coincides with or precedes *your day of departure*, and requires the relocation of *your* principal residence.
8. Damage to *your* principal residence by a disaster, making it uninhabitable.
9. A *travel advisory* or formal notice is issued by the Government of Canada after the purchase of *your* insurance, advising Canadians to avoid non-essential travel or to avoid all travel to a country, region or city originally ticketed for *your trip*.
10. A natural disaster at *your* place of destination.
11. A pregnancy diagnosed after paying for *your insured trip* if *you* or *your spouse* accompanying *you* on the *insured trip* is pregnant and the expected date of delivery is in the nine weeks before or after the scheduled *day of departure* for *your insured trip*.
12. Legal adoption of a child by *you* when, after paying for *your insured trip*, *you* receive notice that the actual date of adoption is scheduled to take place during *your insured trip*.

13. The involuntary loss of *your* or *your spouse*'s permanent employment (not contract employment) due to lay-off or dismissal without just cause.
14. The non-issuance of *your* travel visa (not an immigration or employment visa) for reasons beyond *your* control.
15. *You* are called to service by government with respect to reservists, military, police or fire personnel.
16. *You* are: a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, while on a *trip*.

An Upgrade Cost or Single Supplement Benefit is payable in the event that *your travelling companion*'s insured travel arrangements are cancelled due to any of the covered events listed above and *you* elect to continue on the *trip* as planned. This benefit will cover the cost incurred to adjust *your* prepaid accommodation to a single occupancy amount and may be applied as an alternative to the Trip Cancellation Insurance benefit.

Eligible and incurred expenses will be reimbursed for Trip Cancellation, Interruption & Delay Insurance benefits when *you* provide the following applicable documentation and original receipts, at the request of the *MEDOC Claims Assistance Centre*:

a) a statement completed by the attending *physician* in the locality where the *injury* or *illness* occurred stating the diagnosis and the complete reason for the necessity of the cancellation, interruption or delay of *your trip*;
b) documentary evidence of the *emergency* situation which caused cancellation, interruption or delay;
c) proof that a portion of the travel arrangement costs is non-refundable and non-transferable;
d) any original unused transportation tickets;
e) any original invoices or receipts for land arrangements and any other *eligible expenses*; and/or
f) any original tickets or receipts for any extra transportation cost incurred.

IV EXCLUSIONS & LIMITATIONS

All Exclusions & Limitations apply to each *insured person* under this insurance regardless of plan type or Health Option.

The * indicates which type of benefit(s) are excluded or limited.

In the following Exclusions & Limitations:

Your day of departure applies to:

- *Emergency* Medical Insurance benefits; and
- Trip Interruption & Delay Insurance benefits.

Your day of booking applies to:

- Trip Cancellation Insurance benefits.

This insurance does not cover any expenses incurred directly or indirectly as a result of the following:

	Medical	Trip Interruption/Delay	Trip Cancellation
1. **Pre-existing *Medical Condition* Limitation** A *medical condition* or related condition (other than a *minor ailment*), if in the 90 days before *your day of departure* or *day of booking*, that *medical condition* or related condition was not *stable*. A heart condition, if in the 90 days before *your day of departure* or *day of booking*: a) any heart condition has not been *stable*; or b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain for any heart condition. A lung condition, if in the 90 days before *your day of departure* or *day of booking*: a) any lung condition has not been *stable*; or b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition. **For Trip Cancellation, Interruption & Delay Insurance benefits, the Pre-Existing *Medical Condition* Limitation also applies to *your family member*, *close business associate*, *caregiver*, *travelling companion* or *your travelling companion's family member*.**	*	*	*
2. Any *medical condition* if any of *your* answers provided in the *Health Option Questionnaire* are not complete and accurate.	*	*	*
3. Any treatment that is not *emergency treatment*.	*	*	*
4. An *emergency* and/or event which requires *you* to submit a claim while the coverage is not in force.	*	*	*

Exclusions & Limitations continued... All Exclusions & Limitations apply to each *insured person* under this insurance regardless of plan type or Health Option. The * indicates which type of benefit(s) are excluded or limited.	**Medical**	**Trip Interruption/Delay**	**Trip Cancellation**
5. Any portion of the benefits that require prior authorization and arrangement by the *MEDOC Claims Assistance Centre* if the *MEDOC Claims Assistance Centre* has not pre-authorized and arranged them.	*	*	*
6. Any *medical condition* for which prior to the *effective date* of this policy, or prior to *your day of booking your* travel arrangements, or prior to making any additional payments for *your* travel arrangements, or prior to *your day of departure*: • *You* were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; • Future investigation, consultation with any *physician*, treatment or surgery (except routine monitoring) is recommended by a *physician* or planned before *your trip*. This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.	*	*	*
7. • Routine pre-natal care; • Any medical treatment, relating to *your* pregnancy or childbirth, occurring within 9 weeks before or after the expected date of delivery; • Childbirth occurring within 9 weeks before or after the expected date of delivery; or • Any child born during the *trip*.	*	*	*
8. *Your* participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.	*	*	*
9. *Your* committing or attempting to commit a criminal offence.	*	*	*
10. Intentional self-inflicted injury, suicide or attempted suicide.	*	*	*
11. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.	*	*	*

Exclusions & Limitations continued... All Exclusions & Limitations apply to each *insured person* under this insurance regardless of plan type or Health Option. The * indicates which type of benefit(s) are excluded or limited.	**Medical**	**Trip Interruption/Delay**	**Trip Cancellation**
12. Medication, drugs or toxic substance abuse or overdose or *your* deliberate non-compliance with prescribed medical therapy or treatment: alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.	*	*	*
13. *Your* active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power, or any service in the armed forces.	*	*	*
14. Any *illness*, *injury* or *medical condition you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a *travel advisory* or formal notice, before *your day of departure*, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the *travel advisory* or formal notice is issued after *your day of departure*, *your* coverage under this policy in that specific country, region or area will be limited to a period of 10 days from the date the *travel advisory* or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.	*	*	*
15. Expenses for which no charge would normally be made in the absence of insurance.	*	*	*
16. The continued treatment, recurrence, investigation or complications of a *medical condition* following *emergency treatment* for that *medical condition* during *your trip* if the medical advisors of the *MEDOC Claims Assistance Centre* determine *you* were medically able to return to *your province or territory of residence* and *you* chose not to. After receiving *emergency treatment* for a *medical condition*, this insurance will not cover *you* for that *medical condition*, or related condition, for any other *trips* within the 90 days following *your emergency treatment*.	*	*	

Exclusions & Limitations continued... All Exclusions & Limitations apply to each *insured person* under this insurance regardless of plan type or Health Option. The * indicates which type of benefit(s) are excluded or limited.	**Medical**	**Trip Interruption/Delay**	**Trip Cancellation**
17. Treatment of any heart or lung condition following *emergency treatment* for any related or unrelated heart or lung condition during *your trip*, if the medical advisors of the *MEDOC Claims Assistance Centre* determine *you* were medically able to return to *your province or territory of residence* and *you* chose not to. After receiving *emergency treatment* for any heart or lung condition, this insurance will not cover *you* for any heart or lung condition for any other *trips* within the 90 days following *your emergency treatment*.	*	*	
18. Invasive testing or surgery (including cardiac catheterization, angioplasty, and MRI) unless pre-approved and arranged by the *MEDOC Claims Assistance Centre*.	*	*	
19. Any *emergency* transplants including but not limited to organ transplants and bone marrow transplants.	*	*	
20. Any *medical condition* or related condition that arises during a *trip you* undertake with the knowledge acquired before *your day of departure*, that *you* will require or seek treatment or surgery for that *medical condition* or related condition, whether or not recommended by *your physician*.	*	*	
21. Treatment or surgery for a specific *medical condition*, or a related condition, which caused a *physician* to advise *you* not to travel.	*	*	
22. Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.	*	*	
23. When riding as a passenger on a commercial carrier which is not licensed for the transportation of passengers for compensation or hire.	*	*	
24. Any expenses incurred during Supplemental Plan coverage purchased after *your day of departure* which are related to any *illness*, *injury* or *medical condition* for which *you* incurred a claim after *your day of departure* and prior to the confirmed day of commencement of the Supplemental Plan, if such Supplemental Plan was purchased after *your day of departure*.	*	*	

Exclusions & Limitations continued... All Exclusions & Limitations apply to each *insured person* under this insurance regardless of plan type or Health Option. The * indicates which type of benefit(s) are excluded or limited.	**Medical**	**Trip Interruption/Delay**	**Trip Cancellation**
25. Any reason, circumstance, event, activity, or *medical condition* affecting *you*, an immediate *family member*, a *travel companion*, a *travel companion's* immediate *family member*, a *caregiver,* business associate, close friend, or *your* host at trip destination, of which, on the day *you*: a) booked *your trip*, b) made any additional payments on *your* travel arrangements, or c) purchased this insurance, *you* were aware may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked.		*	*
26. Loss arising as a result of a *common carrier* work stoppage, or the bankruptcy or insolvency of a travel agent, agency, broker or *travel supplier*.		*	*
27. Points Program redemptions of any type, or points used to purchase travel arrangements, or the cost of purchasing or re-purchasing travel redemption points from any Points Program Supplier.		*	*
28. Eye glasses, contact lenses, hearing aids or prescriptions for the same.	*		

The *Insurer* is required to comply with economic, financial and trade sanctions ("Sanctions") imposed by Canada and may be required to comply with Sanctions imposed by the United States in certain circumstances. The *Insurer* is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with Sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the *Insurer* intends to adhere to the same standard. Accordingly, the *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Policy which would breach applicable Sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or the United States.

V DEFINITIONS

Italicized words or expressions have a specific meaning as follows:

Accident means a sudden, unexpected, unintended, unforeseen external event, occurring during an insured *trip*, arising from an accidental means, which independently of any other cause, causes *injury*.

Administrator means Johnson Inc.

Applicant(s) means any person who:
a) has applied for coverage under this insurance;
b) is a Canadian resident; and
c) is insured under their *Provincial or Territorial Health Insurance Plan*.

Caregiver means the permanent, full-time person entrusted with the well-being of *your dependent(s)* and whose absence cannot reasonably be replaced.

Close Business Associate means a person whose absence requires *you* to return to *your* workplace to ensure no business or material deterioration in customer service or products, or impairment in the services provided.

Common Carrier means any land, air or water conveyance, which is licensed to carry passengers for compensation or hire.

Company, Insurer means Royal & Sun Alliance Insurance Company of Canada.

Confirmation of Coverage means any letter or document(s) sent to *you* by the *Administrator* describing or confirming *your* insurance coverage, plan options and/or *trip* dates.

Day of Booking means the day *you* book and make the initial deposit for *your* prepaid travel arrangements.

Day of Departure means the calendar day that *you* leave *your province or territory of residence*. If during an *insured trip*, *you* return to *your province or territory of residence* for a period of 24 hours or more, *your day of departure* means the most recent calendar day that *you* left *your province or territory of residence*.

With respect to Trip Cancellation, Interruption & Delay Insurance Benefits *day of departure* means the scheduled day *you* leave *your* principal residence on *your trip*.

Day of Return means the calendar day *you* are scheduled to return to *your province or territory of residence*.

With respect to Trip Cancellation, Interruption & Delay Insurance Benefits *day of return* means the scheduled day *you* return to *your* principal residence.

Deductible Amount means the amount of the *eligible expenses* that *you* are responsible for paying before any claim is payable, as indicated on *your confirmation of coverage*. The deductible amount is in Canadian dollars and applies to each *insured person* and each unrelated claim.

Dentist, Dental Surgeon means a person other than *you* or a *family member*, who is legally qualified and licensed to practice as a *dentist* or *dental surgeon* in the jurisdiction where the services are rendered.

Dependent(s) means any of *your* unmarried children (natural, foster child, legally adopted or living with the adopting parents during period of probation, step-child for whom *you* are the legal guardian), who is:
a) under the age of 21;
b) age 25 or less and a full-time student attending college or university and who is dependent on *you* for their sole means of support;
c) of any age, if mentally or physically handicapped and primarily dependent on *you* for financial support; or
d) *your* grandchild, niece or nephew for the purpose of the Return of Minor *Dependent* Child with Escort benefit only.

Dependents are covered under the terms of the Health Option the *member* is enrolled under.

Effective Date means the date *your* coverage begins on the later of: the date the *Administrator* receives *your* completed and signed Application for Insurance form and pre-authorized chequing bank debit authorization; or the date indicated as the *effective date* on *your confirmation of coverage*.

Eligible Expenses means any *reasonable and customary* expenses arising from a medical *emergency*, incurred while on an *insured trip* outside *your province or territory of residence* that are in excess of any medical expenses payable by *your Provincial or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*.

Emergency means any sudden and unforeseen *illness* or *injury* that occurs while on a *trip* and makes it necessary to receive immediate medical treatment from a licensed *physician*, *dentist* or *dental surgeon* or to be hospitalized. An *emergency* ends when the *illness* and/or *injury* has been treated such that *your* condition becomes *stable*, as determined by *your* attending *physician*, and the *emergency* has ended.

Emergency Treatment means any medication, medical treatment or surgery for an *emergency* that is received for the immediate relief of an acute symptom or upon the advice of a *physician* and cannot be delayed until *you* return to Canada. The *emergency treatment* must be received during *your trip* because *your medical condition* prevents *you* from returning to *your province or territory of residence*.

Emergency treatment or surgery during *your trip* must be:
a) ordered by a licensed *physician*;
b) received in a *hospital*; or
c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath as a result of an *emergency*.

Expiry Date means the date which *your* coverage ends under this insurance, which is midnight on the *expiry date* indicated on *your confirmation of coverage*.

Family Member means *spouse*, child, parent, guardian, step-parent, grandparent, grandchild, great-grandchild, parent-in-law, daughter-in-law, son-in-law, step-child, brother, sister, step-brother, step-sister, aunt, uncle, nephew, niece, brother-in-law or sister-in-law.

Health Option Questionnaire means the form that contains questions that must be answered accurately at the time of application for the *Optimum Health Option* or *Preferred Health Option*, and once completed, signed, dated and submitted, forms part of this insurance. *Your* answers to the *Health Option Questionnaire* determine the terms of coverage and/or the premium that applies. The *Health Option Questionnaire* must be completed each *policy year* in order to qualify for the *Optimum Health Option* or *Preferred Health Option*.

Hospital means an establishment legally licensed as a *hospital*, which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from *illness* or *injury*, on an in-patient or outpatient basis, with 24 hour service by Registered Nurses and *physicians*. This includes legally licensed *hospitals* providing specialized treatment for mental *illness*, cancer, arthritis and convalescing or chronically ill persons when approved by the *MEDOC Claims Assistance Centre*. *Hospital* does not include nursing homes, homes for the aged, rest homes, health spas or other places providing similar care.

Illness means sickness or disease which results in a covered loss while this insurance is in effect and is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon*.

Injury means any accidental bodily harm caused solely by external, violent and accidental means and independently of any *illness* or other causes resulting in a covered loss while this insurance is in effect and which is serious enough for a reasonable person to seek *emergency treatment* from a *physician*, *dentist* or *dental surgeon*.

Insured, Insured person, Person insured means *you*, *your spouse* or *dependent(s)* who are covered under this insurance and for whom the required premium has been paid.

Medical Condition means an *illness* or *injury* (or a condition relating to that *illness* or *injury*), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medically Necessary means an *emergency treatment* or service, which is considered by the medical profession as appropriate and effective in treating an *injury*, *illness* or disease.

MEDOC Claims Assistance Centre means the travel assistance provider, Global Excel Management Inc., appointed as the provider of all assistance and claims services under this insurance.

Member means a person in good standing in accordance with the Sponsoring Organization or Group's guidelines.

Minor Ailment means any sickness or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*; hospitalization; surgical intervention; or referral to a specialist; and which ends at least 30 consecutive days prior to the *day of departure* of each *trip*.

However, a chronic condition or any complication of a chronic condition is not considered a *minor ailment*.

Networks mean the *hospitals*, *physicians* and other medical service providers recognized by the *MEDOC Claims Assistance Centre* at the time of an *emergency*.

Nurse means a person, other than *you* or a *family member* who is licensed and qualified to perform nursing services within the scope of their license including a Registered Nurse (R.N.) / Registered Practical Nurse (R.P.N.) / Licensed Practical Nurse (L.P.N.) / Registered Nursing Assistant (R.N.A.) / Certified Nursing Assistant (C.N.A.).

Nurse Practitioner means a person, other than *you* or a *family member* who is a registered nurse (RN) certified (NP) with additional education in health assessment, diagnosis and management of *illnesses* and injuries, including prescribing drugs.

Optimum Health Option means the Health Option *you* may qualify for based on *your* answers to the questions on the *Health Option Questionnaire* and determines *your* premium rate.

Pet(s) means specifically *your* domestic dog or cat.

Physician means a medical practitioner whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he or she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his or her licensed authority. A *physician* must be a person other than *yourself* or a *family member*. Where permitted by law, the *MEDOC Claims Assistance Centre* may approve the services of a *Nurse Practitioner* in substitution for appropriate and corresponding *physician* services.

Policy Year means September 1 to August 31.

Preferred Health Option means the Health Option *you* may qualify for based on *your* answers to the questions on the *Health Option Questionnaire* and determines *your* premium rate.

Province or Territory of Residence means *your* province or territory of residence in Canada.

Provincial or Territorial Health Insurance Plan means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Reasonable and Customary means eligible costs, approved by the *MEDOC Claims Assistance Centre*, that do not exceed the charges for the costs made by other providers for the same services and level of expertise in the area where treatment was incurred.

Schedule Change – the later departure of an airline carrier causing *you* to miss *your* next connecting flight via a different airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via a different airline carrier (or connecting cruise ship, ferry, bus or train). *Schedule Change* does not mean a change resulting from a supplier default, strike or a labour disruption.

Spouse means a person who is legally married to *you* or if not legally married, has been living in a conjugal relationship (including a same-sex person) with *you* for a continuous period of at least 12 months and who resides in the same household as *you*.

Stable means any *medical condition* or related condition (including any heart condition and/or lung condition), other than a *minor ailment*, for which all of the following statements are true:

- there has been no new diagnosis, new treatment or new prescribed medication;
- there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or changes in treatment frequency or type); Exception: i) the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, (as long as it is not newly prescribed or stopped); or ii) a change from a brand name medication to a generic brand medication (provided the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom experienced;
- there has been no test result showing a deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and there is no further investigation for which results are pending.

Standard Health Option means the Health Option available to *you* when *you* do not qualify for the *Optimum Health Option* or *Preferred Health Option* based on *your* answers to the questions on the *Health Option Questionnaire*.

Terrorism means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Travel Advisory means a formal notice issued by any division of the Government of Canada, including Foreign Affairs, Trade and Development Canada, advising travellers to avoid non-essential travel or to avoid all travel to a specific country, region or area.

Travel Supplier means a licensed or registered company in the business of providing transportation and/or accommodation to the public, including, but not limited to: tour operator, travel wholesaler, airline, cruiseline, provider of ground transportation or provider of commercial accommodation to the *insured*.

Travel Visa means the visa required for entrance to a foreign country (not an immigration, employment or student visa).

Travelling Companion means a person who accompanies *you* and shares prepaid accommodations and/or transportation arrangements with *you* while on a *trip* and is not an *insured person* under this insurance.

Trip Termination Date means the earlier of:

a) the day *you* return to *your province or territory of residence*; or
b) the 17th consecutive day of travel outside of Canada, including the day *you* left Canada, if *you* selected the 17-day Plan, as indicated on *your confirmation of coverage*; or
c) the 35th consecutive day of travel outside of Canada, including the day *you* left Canada, if *you* selected the 35-day Base Plan, as indicated on *your confirmation of coverage*; or
d) the day the number of days of coverage purchased for *your* Supplemental Plan single *trip*, as calculated from *your day of departure*, expires, or
e) the day indicated as *your day of return* on *your* completed, signed application for insurance form or *confirmation of coverage* for *your* Supplemental Plan single *trip*.

Trip(s) means a defined period of travel outside *your province or territory of residence* while this insurance is in effect.

With respect to Trip Cancellation, Interruption & Delay Insurance Benefits, *trip* means a defined period of travel either inside or outside of *your province* or *territory of residence* while this insurance is in effect.

Vehicle means a private automobile, motorcycle, van, trailer, or motor home *you* own or have rented.

You, your or yourself means an *insured person* under this insurance for whom the required premium has been paid.

VI TRAVEL ASSISTANCE SERVICES

A When should *you* call the *MEDOC Claims Assistance Centre*?

At the first onset of symptoms of an *emergency* and before *you* seek medical attention, *you* must contact the *MEDOC Claims Assistance Centre*. If *you* are unable to call because *you* are medically incapacitated, someone else must contact the *MEDOC Claims Assistance Centre* on *your* behalf as soon as is reasonably possible.

The *MEDOC Claims Assistance Centre* is available to *you* 24 hours a day, 365 days a year to answer *your* claims questions, and provide help for *you* if *you* have a medical *emergency* or wish to claim for Trip Cancellation, Interruption & Delay Insurance benefits.

If *you* (or someone else on *your* behalf) do not call the *MEDOC Claims Assistance Centre* when the *emergency* arises or for a referral, or if *you* choose not to receive treatment from the *networks* recommended by the *MEDOC Claims Assistance Centre*, *eligible expenses* will be reimbursed at 70%. *You* will be responsible for payment of any remaining charges.

B What assistance services are available?

Under this insurance, the following assistance services are available to *you*:

1. **Medical Assistance and Consultation**
   When *you* have a medical *emergency* and *you* call the MEDOC Claims

   Assistance Centre, *you* will be directed to one or more recommended medical service providers near *you*. In addition, the *MEDOC Claims Assistance Centre* will:
   a) provide *confirmation of coverage*;
   b) pay *your eligible expenses* directly to the recommended medical service provider, wherever possible;
   c) consult with *your physician* to monitor *your* care;
   d) monitor appropriateness, necessity and reasonableness of that care to ensure *your* resulting *eligible expenses* will be covered by this insurance.

2. **Payment Assistance**
   Wherever possible, the payment of the medical services *you* receive will be coordinated through the *MEDOC Claims Assistance Centre*, communicating with *your* medical provider. There are certain countries where, due to local conditions or travel advisories from the Canadian government, assistance services are not available and *you* may be required to pay for medical treatment directly. If *you* are required to make payment *yourself*, *you* must obtain detailed and itemized original bills for claims submission and call the *MEDOC Claims Assistance Centre* on *your* return to *your province or territory of residence*.

3. *Emergency* Message Centre
   In case of an *emergency*, the *MEDOC Claims Assistance Centre* will help relay important messages to or from *your* family, business or *physician*.

4. Lost Document and Ticket Replacement
   The *MEDOC Claims Assistance Centre* will help *you* replace lost or stolen travel documents.

5. Legal Assistance
   The *MEDOC Claims Assistance Centre* can direct *you* to a local lawyer or assist *you* to arrange for bail or for payment of legal fees. The cost of these services is *your* responsibility.

6. Pre-*Trip* Planning Assistance
   The *MEDOC Claims Assistance Centre* can provide information on inoculation and visa requirements when *you* call **1.800.709.3420**.

VII HOW TO MAKE A CLAIM

1. **To make a claim for benefits under this insurance:**
   You must submit notice of the claim to the *MEDOC Claims Assistance Centre* within thirty (30) days after the covered loss and/or medical *emergency* occurs, or as soon as is reasonably possible thereafter. A telephone call to the *MEDOC Claims Assistance Centre* to report the claim will be considered "Notice of Claim" under the terms of the insurance.

2. **Written proof of claim:**
   Within 90 days after the date the covered loss and/or medical *emergency* occurs, but not more than 12 months after the date the covered loss and/or medical *emergency* occurs, *you* must submit written proof of claim, which includes:
   a) completion of any claim forms furnished by the *MEDOC Claims Assistance Centre*;
   b) original itemized receipts which include the *physician*'s name and credentials, the attending *physician*'s report or statement, travel documents and/or receipts showing the non-refundable unused portion of travel arrangements, tickets, proof of loss incurred, police reports, if applicable, and any other form of documented evidence requested by the *MEDOC Claims Assistance Centre*.

   If the claim is reported by telephone to the *MEDOC Claims Assistance Centre*, and the medical service provider agrees to bill the *MEDOC Claims Assistance Centre* directly for the *eligible expenses*, the *MEDOC Claims Assistance Centre* will, where possible, obtain the documentation necessary to process the claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing. If, for any reason, *you* arrange treatment and pay the *eligible expenses*, *you* must provide supporting documentation as indicated above. *You* are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

3. **Proof of *Day of departure*:**
   If *you* have a claim, *you* will be required to provide proof of *your day of departure*. Proof of *your day of departure* includes: a border crossing receipt; duty free receipt; airline ticket or boarding pass; stamped passport; credit card receipt; signed and dated bank or financial institution documents; or any signed and dated document that proves *you* were in *your province or territory of residence* the day before *your* scheduled *day of departure*.

4. **Returning any ill or injured *insured person* to their *province or territory of residence*:**
   The *Company*, through the *MEDOC Claims Assistance Centre*, in consultation with the attending *physician*, reserves the right to return any ill or injured *insured person* to his or her *province or territory of residence*. If a ill or injured *insured person* is able to return to his or her *province or territory of residence* following the *emergency*

medical treatment and/or diagnosis of a *medical condition* which requires continuing medical care, treatment or surgery and elects to have the treatment or surgery performed outside his or her *province or territory of residence*, no benefits shall be payable with respect to such continuing treatment or surgery. The immediate availability of treatment or surgery upon returning the *insured person* to his or her *province or territory of residence* is not the responsibility of the *Company*, the *MEDOC Claims Assistance Centre* or the *Administrator*.

5. **Limitation of Benefits:**
   Once *you* are deemed medically *stable* to return to *your province or territory of residence* (with or without a medical escort) either in the opinion of the *Insurer*, and/or the *Medoc Claims Assistance Centre*, or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage during *your trip*, or for any other *trips* within the 90 days following *your emergency treatment*.

6. **Co-ordination of Benefits With Other Plans:**
   This insurance is a second payor plan. For any loss or damage payable under any other liability, group or individual basic or extended health insurance plan or contract, including any private, provincial, or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the *province or territory of residence* that are in excess of the amounts for which an *insured person* is insured under such coverage.

   All co-ordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines.

   Unless otherwise indicated on *your confirmation of coverage*, if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of:
   - $50,000 or less, this insurance will not co-ordinate payment with such coverage; or
   - more than $50,000, this insurance will co-ordinate payment with such coverage only in excess of $50,000.

7. **Right to Recover Payments:**
   If any benefit paid to *you* or on *your* behalf is in excess of the amount allowed under the provisions of this insurance, or if payment is made due to a clerical or administrative error, the *Company* and/or the *MEDOC Claims Assistance Centre* reserve the right to recover the amount of such payment from any *insured person*, institution, insurer or organization to whom payment was made.

8. **Subrogation from a Third Party:**
   If *you* suffer a loss covered under this policy, the *Insurer* and/or the *MEDOC Claims Assistance Centre* is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the

claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss, other than members of *your* household if this policy is governed by Quebec law.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the *Insurer* is granted the right to make a demand for, and recover those benefits. If the *Insurer* institutes an action, the *Insurer* may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or an action for a covered loss *you* shall immediately notify the *Insurer* so that it may safeguard its rights.

You shall take no action after a loss that will impair the rights of the *Insurer* set forth in the previous paragraph and shall do such things as are necessary to secure the *Insurer*'s rights.

9. **Authorization to obtain all pertinent records or information:**
   As a condition precedent to the payment of benefits, the *Company* and/or the *MEDOC Claims Assistance Centre* shall have the authority to obtain all pertinent records or information from any *physician*, *dentist*, *dental surgeon*, practitioner, *hospital*, clinic, *insurer*, individual or institution to assess the validity of a claim submitted by or on behalf of any *insured person*. In the event of *your* death, the *Company* and/or the *MEDOC Claims Assistance Centre* may request an examination of *your* body, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

10. **Assignment of Benefits:**
    Where the *Company* and/or the *MEDOC Claims Assistance Centre* pay medical and/or *hospital* expenses directly, this insurance allows the *Company* and/or the *MEDOC Claims Assistance Centre* to recover eligible benefits from *your Provincial or Territorial Health Insurance Plan*, and any other coverage *you* may have, including monies that the *Company* and/or the *MEDOC Claims Assistance Centre* have advanced to others on *your* behalf. This insurance also allows the *Company* and/or the *MEDOC Claims Assistance Centre* to receive in *your* name, and endorse and negotiate on *your* behalf these eligible payments. When *your Provincial or Territorial Health Insurance Plan* and other *insurer* payments have been made, this releases *your Provincial or Territorial Health Insurance Plan* and other insurers from any further liability in respect of that eligible claim.

11. **Limitation periods:**
    Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of B.C., Alberta and Manitoba). Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

12. Other Conditions:

If *you* are insured and eligible for more than one of the same benefits under this insurance, the total amount payable for all the benefits cannot exceed the actual expense incurred. The maximum amount payable is the largest amount specified for any one benefit.

VIII GENERAL PROVISIONS

1. Premium Level

The initial premium payable shall be determined according to the most current Premium Rate Table published by the *Company*. Premiums are subject to change: a) at the *effective date* of a new policy; or b) if there is any change to the coverage under the *Provincial or Territorial Health Insurance Plan*. The *Company* reserves the right to alter premiums, and the right to alter future coverage with 30 days advance notification.

2. Incontestability

No statement made by *you* in *your* application for insurance, except for fraudulent statements and omissions shall be used by the *Company* to contest a claim after *your* insurance has been in force for a period of 24 months following the *effective date*.

Except where prohibited by law, the incontestability period begins anew after each submission of a *Health Option Questionnaire*. The *Optimum Health Option* and *Preferred Health Option* are issued based on the answers provided on the *Health Option Questionnaire*. This insurance may be voided at the sole discretion of the *Company* if any answer provided on the *Health Option Questionnaire* is false.

3. Applicable Law

Any provision of this insurance, which is in conflict with any federal, provincial or territorial law in which this policy was issued, is amended to comply with the minimum requirements of that law. All other provisions shall remain in full force and effect.

4. Limitation of Liability

The *Company*, *Administrator* or the *MEDOC Claims Assistance Centre* are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure by *you* to obtain medical treatment.

5. Termination of Policy

The *Administrator* reserves the right to terminate *your* policy if:

a) two or more monthly premium payments are in default in a 12-month period because of insufficient funds or other cause;
b) pre-authorized payments have been declined for any reason; or
c) proof of payment cannot be established to the satisfaction of the *Administrator*.

6. Termination at *Expiry Date*

Termination of this policy shall not require the consent or notice to any *insured person* or other person having a beneficial interest in this policy. A new policy will be issued upon the *expiry date*, unless written notice of termination is provided by *you* to the *Administrator* within 60 days from the first premium deduction for that *policy year*.

IX STATUTORY CONDITIONS

The Contract The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

Copy of Application The *insurer* shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

Material Facts No statement made by the *insured* or a *person insured* at the time of application for this contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice And Proof Of Claim

1. The *insured* or a *person insured*, or a beneficiary entitled to make a claim, or the agent of any of them, shall
   a) give written notice of claim to the *insurer*:
      i) by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the *insurer* in the province, or
      ii) by delivery thereof to an authorized agent of the *insurer* in the province,
   not later than 30 days after the date a claim arises under the contract on account of an accident or sickness,
   b) within 90 days after the date a claim arises under the contract on account of an accident or sickness, furnish to the *insurer* such proof as is reasonably possible in the circumstances of
      i) the happening of the accident or the commencement of the sickness,
      ii) the loss caused by the accident or sickness,
      iii) the right of the claimant to receive payment,
      iv) the claimant's age, and
      v) if relevant, the beneficiary's age, and
   c) if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the accident or sickness for which claim is made under the contract and, in the case of sickness, its duration.

2) **Failure to Give Notice or Proof**
   Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if
   a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim

arises under the contract on account of sickness, and it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or

b) in the case of the death of the *person insured*, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

***Insurer* To Furnish Forms For Proof Of Claim** The *insurer* shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident or sickness giving rise to the claim and of the extent of the loss.

Rights Of Examination As a condition precedent to recovery of insurance money under this contract,

a) the claimant must give to the *insurer* an opportunity to examine the person of the *person insured* when and so often as it reasonably requires while the claim hereunder is pending, and
b) in the case of death of the *person insured*, the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable All money payable under the contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

Limitation of Actions An action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year (in New Brunswick, Nova Scotia, Newfoundland and PEI), or two years (in Yukon, Northwest Territories and Nunavut), after the date the insurance money became payable or would have become payable if it had been a valid claim.

In the event of any inconsistency between the statutory conditions or provisions of the Civil Code of Quebec applicable to the *insured* and any other provisions of this policy, the statutory conditions or provisions of the Civil Code of Quebec, as applicable, shall prevail.

X *YOUR* PRIVACY

IMPORTANT NOTICE ABOUT *Your* PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services.

Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a policyholder, *insured* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and *family members* and friends of policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy please see **www.rsagroup.ca**, or call RSA at **1.800.716.4339**.

XI JOHNSON INC. CONTACT INFORMATION

Please contact Johnson Inc. if you have any questions relating to your MEDOC coverage and we will be pleased to assist you.

Toll free: **1.866.606.3362**

Email: **travelinsurance@johnson.ca**

Mailing Address:
MEDOC® TRAVEL INSURANCE
Johnson Inc.
650-2665 King Street West
Sherbrooke, QC J1L 2G5

Kanata, Ontario

471 Hazeldean Road, Suite 7
Kanata, Ontario K2L 4B8
Phone: **613.728.6557** or toll free at **1.800.663.9995**
Fax: **613.728.2244**

Langley, British Columbia

9440 202nd Street, Suite 110
Langley, British Columbia V1M 4A6
Phone: **604.881.8840** or toll free at **1.866.799.0000**
Fax: **604.881.8828**

IN THE EVENT OF A MEDICAL *EMERGENCY*

You must contact the *MEDOC Claims Assistance Centre* directly when a medical *emergency* arises, at their 24-hour *Emergency* Helpline. The *MEDOC Claims Assistance Centre* will direct *you* to the nearest appropriate medical facility. The *MEDOC Claims Assistance Centre* will pay *hospitals* and other medical providers directly, wherever possible, except when *you* choose to pay the expenses or when the medical care provider refuses to accept payment directly from the *MEDOC Claims Assistance Centre*.

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