

## ENDORSEMENT 2017-2

### FORMING PART OF THE TRAVEL INSURANCE CONTRACT ISSUED TO THE POLICYHOLDER.

It is hereby agreed and stipulated that for all contracts issued as of May 24, 2017, the travel insurance policy is modified as follows.

#### Intended for all persons covered by this contract.

#### **Amendment 1**

The text entitled **Exclusions relating to pre-existing conditions** of the **Emergency Medical Care** benefit is modified as follows:

##### **1. For persons under the age of 55:**

During the **3 months** prior to the effective date of coverage (or *3 months prior to the trip departure date in case of Top-up insurance*):

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

##### **2. For persons aged 55 to 75 and covered for less than 32 days or covered by Summertime Blue:**

During the **6 months** prior to the effective date of coverage (or *6 months prior to the trip departure date in case of Top-up insurance*):

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

##### **3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over, the following particular medical conditions are excluded unless otherwise stipulated on the insurance certificate:**

- a) **During the lifetime of the covered person**, any illness or condition related to the following medical conditions for which the covered person was diagnosed with or treated for:
- **cardiovascular condition** (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);

- **kidney failure;**

- **organ transplant:** (heart, liver, pancreas, lung, bone marrow);

b) **During the 24 months prior to the effective date of coverage** (or *prior to the trip departure date in case of Top-up insurance*), **any chronic pulmonary condition** (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the covered person was hospitalized or took cortisone pills.

c) **During the 12 months prior to the effective date of coverage** (or *prior to the trip departure date in case of Top-up insurance*), any illness or condition related to one of the following conditions:

- **cancer** (with the exception of basal cell carcinoma) for which the covered person was diagnosed with or treated for;

- **gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which the covered person was diagnosed with or treated for.

d) **During the 6 months prior to the effective date of coverage** (or *prior to the trip departure date in case of Top-up insurance*):

i) any other illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:

- consulted a physician (other than for a regular check-up), or;

- was hospitalized, or;

- was prescribed or received a new treatment, or;

- received a change in an existing treatment, or;

- was prescribed or had taken a new medication, or;

- received a *change in existing medication*<sup>1</sup> (including usage or dosage).

ii) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.

iii) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.

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

- *the routine adjustment of insulin or Coumadin<sup>®</sup>;*

- *a change from a brand name medication to a generic brand medication, provided the dosage is the same;*

- *Aspirin<sup>®</sup> taken for non-prescribed medical purposes;*

- *decrease of the dosage of cholesterol medication;*

- *hormone replacement therapy;*

- *vitamins and minerals and non-prescription medication;*

- *creams or ointments prescribed for cutaneous irritations.*

## Amendment 2

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

### Validity of the contract

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

Except for Top-up Insurance, the travel insurance must be purchased before any departure date and for the full duration of the trip, including the departure and return dates.

The Top-up insurance must be purchased prior to the departure and must cover the covered person as of the day following the termination date of the other insurance company's coverage, up to the trip return date.

## Amendment 3

**Point 3** of the **Conditions particular to this benefit** of the **Emergency Medical Care** benefit is replaced by the following text:

3. Top-up insurance provided by Blue Cross Travel Insurance may differ from the insurance that covers the initial part of the trip because of the terms, conditions and exclusions contained in the policy. It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of a Blue Cross Top-up insurance does not jeopardize your eligibility for the other insurance.

## Amendment 4

The text entitled **Effective date of coverage** of the **Emergency Medical Care** benefit is modified as follows:

### Effective date of coverage

Coverage begins on the latest of the following dates:

- the effective date of the contract, or;
- the trip departure date, or;
- in case of Top-up insurance, the day following the termination date of the other insurance company's coverage.

## Amendment 5

The following exclusion was added to the **Other exclusions and reductions of coverage** section of the **Emergency medical care** benefit:

21. In case of Top-up insurance, this benefit excludes expenses related to an accident, illness or injury that occurred during the period covered by the contract you hold with another insurance company if, on the effective date of coverage of your Blue Cross contract:
  - You were hospitalized due to this accident, illness or injury; or
  - You should have been hospitalized or should have been repatriated to your province of residence due to this accident, illness or injury, according to our standards; or
  - You refused to be repatriated as recommended by the insurance company covering the initial part of your trip.

## Intended for persons covered by an Annual plan

## Amendment 6

In addition to the conditions applicable to all benefits of the Annual Plan, the following condition is added:

- To be eligible for the Annual plan, the covered person must be:
- 85 years of age or under for the brackets of 4, 8, 17, 31, 60, 90 and 120 days;
  - 80 years of age or under for the brackets of 150 and 180 days

## Amendment 7

The following day brackets are added to the existing day brackets of the **Annual plan**:

- 4 days and 8 days

## Amendment 8

The table displayed in the **Renewal** section of the Annual plan is modified as follows:

No of days per trip	Age 54 and under	Age 55 to 75	Age 76 and over
4, 8, 17 or 31 days	A	A	B
60, 90, 120, 150 or 180 days	A	B	B

## Intended for persons covered by a Top-up insurance

## Amendment 9

Addition of **Top-up insurance** to the offered products.

### Top-up insurance

By subscribing Top-up insurance, you obtain insurance coverage to extend an insurance contract that you hold with another insurance company.

Its goal is to cover the additional days of your trip that are not covered by the contract you hold with another insurance company.

It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of a Blue Cross Top-up insurance does not jeopardize your eligibility for the other insurance.

The Blue Cross Top-up insurance coverage can differ from the coverage of your initial travel insurance, be it concerning the actual coverage or its limits and exclusions.

### What is covered

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the **Emergency Medical Care** benefit of this policy, as well as the **CanAssistance Travel Assistance and Medical Follow-Up in Canada** benefits.

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

Benefits	Insured Amounts per person
<b>Emergency Medical Care</b>	Up to \$5,000,000
<b>Medical Follow-Up in Canada</b>	According to the amounts applicable
<b>Travel assistance</b>	Included

### Effective date and termination date of coverage

To be valid, Blue Cross Top-up insurance must begin on the day following the termination date of the coverage held with the other insurance company.

The contract must terminate on the day you return to your province of residence.

**There must be no interruption of coverage between the two contracts.** If your travel dates were to change, you must contact Blue Cross in order to modify your coverage dates.

### Premium refund following an early return

We will refund the premium for the unused days due to an early return provided that no claims are submitted for the period covered by Blue Cross. A proof of your actual return date is required; otherwise, the date on which your request is postmarked will be considered as your return date. The count of unused days starts the day after your return and a \$25 fee applies. You must submit your reimbursement request to the Insurer's authorized agent who sold you the policy.

## All other policy provisions remain unchanged.



**Louis Gosselin**  
President and Chief Executive Officer



**BLUE CROSS**<sup>®</sup>

TRAVEL INSURANCE

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# TRAVEL INSURANCE POLICY



PROUD PARTNER  
OF THE CHILDREN'S  
WISH FOUNDATION  
OF CANADA



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®<sup>1</sup> Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association.

## **This is your insurance policy.**

### **Read it carefully.**

The insurance certificate attests the product purchased and determines the benefits covered by this contract as well as the particular medical conditions specifically excluded from this contract.

The policy defines the various types of benefits and combined with your insurance certificate, constitutes your Travel Insurance contract.

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

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

## **NOTICE REGARDING PERSONAL INFORMATION**

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

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

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

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

### **Quebec residents:**

**Compliance Director**

**Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>**

**550 Sherbrooke Street West**

**Suite B-9**

**Montreal, QC H3A 3S3**

### **Ontario and Atlantic residents:**

**Compliance Director**

**Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>**

**185 The West Mall,**

**Suite 610**

**Etobicoke, ON M9C 5P1**

[privacyofficer@qc.bluecross.ca](mailto:privacyofficer@qc.bluecross.ca)

<sup>1</sup> Canassurance Insurance Company and CanAssistance Inc.

# PRODUCTS

## Individual

### What is covered

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the Trip Cancellation or Interruption, the Accidental Death or Dismemberment, the Air Flight Accident, the Emergency Return, the Baggage, the Car Rental Physical Damage, the CanAssistance Travel Assistance and the Medical Follow-Up in Canada benefits.

The covered person may choose one or several benefits.

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

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

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

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

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

### Refund of premium

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

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

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

## Package

This section includes Package Plus, Canada Package, Package Plus without Emergency Medical Care, Package Plus without Cancellation, Canada Package without Cancellation.

### **Note for packages with Trip Cancellation and/or Interruption:**

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

## What is covered

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the Accidental Death or Dismemberment, the Air Flight Accident, the Trip Cancellation or Interruption, the Baggage, the CanAssistance Travel Assistance and the Medical Follow-Up in Canada benefits.

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

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

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

### **Package Plus or Canada Package**

<b>Benefit</b>	<b>Insured sums per person</b>
<b>Emergency Medical Care</b>	Up to \$5,000,000
<b>Trip Cancellation or Interruption</b>	
- Before departure	According to the amount shown on the insurance certificate
- After departure	Unlimited

<b>Accidental Death or Dismemberment</b>	Up to \$100,000
<b>Air Flight Accident</b>	Up to \$300,000
<b>Baggage</b>	Up to \$1,500
<b>Travel Assistance</b>	Included
<b>Medical Follow-Up in Canada</b>	According to the amounts applicable

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

## Refund of premium

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

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

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

## Canada Package

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



# Annual

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## What is covered

This plan insures the covered person for trips made outside his province of residence for which departure and return dates are included in the period of coverage, provided each trip does not exceed the number of days indicated on the insurance certificate (17, 31, 60, 90, 120, 150 or 180 days). Proof showing the duration of the trip will be required when processing a claim.

The product may include the Emergency Medical Care benefit and / or the Package Option as per the covered person's choice and as indicated on the insurance certificate.

In case of emergency during a trip, the Annual insurance covers hospital, medical and paramedical expenses as described in this policy's Emergency Medical Care benefit, as well as CanAssistance Travel Assistance and Medical Follow-Up in Canada benefits when indicated on the insurance certificate.

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

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

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

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

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

## Trip exceeding the period of coverage

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

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

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

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

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

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

## Important

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

## Renewal

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

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

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

	Age 54 and under	Ages 55 to 75	Age 76 and over
<b>17 days per trip</b>	A	A	B
<b>31 days per trip</b>	A	A	B
<b>60 days or over per trip</b>	A	B	B

### A) Renewal notice

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

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

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

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

### B) Expiration notice

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

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

## Refund of premium

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

## Summertime Blue

The following condition is in addition to those applicable to all benefits :

The covered person must be 75 years of age or under to be eligible for the Summertime Blue plan.

## What is covered

This insurance covers the covered person for trips made anywhere in the world (including in the province of residence), during the period of coverage, which includes the departure and return dates.

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the CanAssistance Travel Assistance and Medical Follow-Up in Canada benefits.

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

<b>Benefit</b>	<b>Insured sums per person</b>
<b>Emergency Medical Care</b>	Up to \$5,000,000
<b>Travel Assistance</b>	Included
<b>Medical Follow-Up in Canada</b>	According to the amounts applicable
<b>Unexpected return home</b>	Up to \$500

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

## Effective date of coverage

Coverage begins on the last of the following dates:

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

## Termination date of coverage

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

## Unexpected return home

A covered person may ask CanAssistance to help organize his return to his city of residence in the event of the death of an immediate relative (spouse, child, father or mother, father-in-law or mother-in-law, brother or sister), during a trip.

The Insurer shall refund the following expenses: the extra cost of the most economical one-way common carrier fare for the covered person's trip back to his city of residence, and the non-refundable portion of unused prepaid travel arrangements (other than the original return ticket), to a maximum of \$500 per covered person per event causing a claim, when the Insurer is provided with the death certificate.

## Contract extension

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

## Refund of premium

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

## DEFINITIONS APPLICABLE TO ALL BENEFITS

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

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

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

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

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

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

**Beneficiary** refers to the person to whom the death benefit will be paid upon the death of the covered person. If no person has been named in the contract, the benefit is payable to the testamentary succession of the covered person or, in the absence of a will, to the legal succession.

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

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

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

**Covered person** means the contract holder and the persons mentioned on the insurance certificate, depending on the coverage selected. A child born

during the first 32 weeks of pregnancy over the course of a trip is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

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

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

A child who is not a Canadian resident, who is at least 31 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and hospitalization program of a Canadian province or territory.

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

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

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

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

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

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

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

**Illness** means a deterioration in health or an organism disorder certified by a physician. However, in the case of trip cancellation, this deterioration or disorder must be serious enough to prevent the covered person from continuing his trip as planned. Pregnancy is not considered to be an illness, except in the case of pathological complications arising within the first 32 weeks.

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

**Insurer** means:

1. In Quebec and Ontario:

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

2. Elsewhere in Canada:

- Canassurance Insurance Company.

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

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

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

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

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

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

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

**Pre-existing condition** refers to any health condition that already exists when the benefit becomes effective. Pre-existing conditions are subject to exclusions and may constitute grounds for a claim refusal. Unless otherwise stated on the insurance certificate, exclusions relating to pre-existing conditions are applicable under the terms and conditions stipulated by the policy, according to the selected benefits.

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

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

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

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

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

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

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

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

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

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

## CONDITIONS APPLICABLE TO ALL BENEFITS

### Contract extension

Coverage under this contract may be extended as long as the additional premium is paid, **and that the covered persons remain eligible for insurance. If the extension or the coverage conditions of insurance affect the initial rate of the premium, the new premium will apply for the entire duration of the contract.**

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

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

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

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

### Automatic extension of coverage

All coverage will automatically be extended free of charge:

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

## **Trip break – Exclusive to Individual or Package products with a duration of 32 days or more**

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

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

If a change in the covered person's health were to occur while in the province of residence, the covered person must contact the Insurer before returning to his or her destination: any change in the covered person's health will be considered as a pre-existing condition and will be subject to the ***Exclusions relating to pre-existing conditions*** clause in the contract.

## **Validity of the contract**

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

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

## **Repatriation of a covered person**

In the absence of medical contraindication, the Insurer can require repatriation of any covered person or his transfer to other medical facilities. **Refusal by the covered person cancels the coverage and the terminating notice to the contract holder shall be sufficient. There will be no refund of premium allowed for early return in case the covered person refuses to be repatriated.**

## **Settlement of claims**

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

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

## **Method of payment**

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

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



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

## **Coordination of benefits**

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

If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

## **Subrogation**

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

## **Concealment, fraud or attempted fraud**

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

## **Interest**

No sum payable under this contract shall bear interest.

## **Currency**

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

## **Modifications to the contract**

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

## **Governing law and jurisdiction**

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

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

# BENEFITS

## Emergency Medical Care Benefit

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### Eligibility

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

### Persons aged 55 and over

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

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

### All insured

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

### Conditions particular to this benefit

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

1. Benefits shall be payable only upon presentation of a certificate by the attending physician attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of hospital, medical and assistance expenses is not claimed by the covered person but settled between the Insurer and the provider of services, the contract holder shall provide any original document required for such settlement. Failure to do so shall render the contract holder responsible for the amounts the Insurer cannot recover.
3. Top-up insurance provided by Blue Cross Travel Insurance may differ from the insurance that covers the initial part of the trip because of the terms, conditions and exclusions contained in the policy. Any claim that occurs during the initial part of the trip or that results from an event that took place in the first part of the trip will not be covered by Blue Cross top-up insurance. It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of a Blue Cross top-up insurance does not jeopardize your eligibility for the other insurance.

### Effective date of coverage

Coverage begins on the last of the following dates:

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

## Termination date of coverage

Coverage ends on the first of the following dates:

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

## What is covered

**Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an accident or sudden illness which occurs on a trip during the period of coverage.** Eligible treatments are limited to what is declared **urgent** and **necessary** for the stabilization of the medical condition. The benefits provided by this coverage are over and above and may not be a duplication or substitution of benefits granted by government programs.

## Benefits

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

### Notice

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

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

## Hospitalization, medical and paramedical expenses

### Hospitalization

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

### Incidental expenses

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

### Physicians' fees

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

### Medical appliances

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

### Nursing care

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

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

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

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

### **Diagnostic services**

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

### **Drugs (when required as part of emergency treatment)**

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

### **Dental care**

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

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

## **Transportation expenses**

**The following services must be approved and planned by CanAssistance:**

### **Ambulance or taxi service**

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

### **Repatriation to the province of residence**

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

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

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

### **Transportation to visit the covered person**

When a family member or a friend of the covered person visits the hospital where he is being treated, or travels to identify a deceased covered person, if necessary, prior to transportation of the deceased, the Insurer covers the following expenses when they are incurred by the family member or friend of the covered person who travels:

1. Up to \$1,200 for:
  - The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, total up to a daily maximum of \$300;
  - The cost of travel insurance.
2. The total cost of round-trip, economy class transportation.

In the event that the family member or friend of the covered person travels to the hospital where the covered person is being treated, the expenses

described above will be reimbursed only if the covered person remains hospitalized for at least 7 days and the attending physician acknowledges in writing that the visit is necessary.

### **Vehicle return**

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

### **Baggage return**

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

### **Pet return**

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

### **Return of the deceased**

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

## **Subsistence allowance**

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

## **What is not covered**

### **Exclusions and reductions of coverage**

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

#### **Exclusions relating to pre-existing conditions**

##### **1. For persons under the age of 55:**

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

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

- received a *change in existing medication*<sup>1</sup> (including usage or dosage).
  - b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
  - c) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.
- 2. For persons aged 55 to 75 and covered for less than 32 days or covered by Summertime Blue:**
- During the **6 months** prior to the effective date of coverage:
- a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
    - consulted a physician (other than for a regular check-up), or;
    - was hospitalized, or;
    - was prescribed or received a new treatment, or;
    - received a change in an existing treatment, or;
    - was prescribed or had taken a new medication, or;
    - received a *change in existing medication*<sup>1</sup> (including usage or dosage).
  - b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
  - c) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.
- 3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over, the following particular medical conditions are excluded unless otherwise stipulated on the insurance certificate:**
- a) **During the lifetime of the covered person**, any illness or condition related to the following medical conditions for which the covered person was diagnosed with or treated for:
    - **cardiovascular condition** (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm, peripheral vascular disease);
    - **kidney failure**;
    - **organ transplant** (heart, liver, pancreas, lung, bone marrow);
  - b) **During the 24 months prior to the effective date of coverage, any chronic pulmonary condition** (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the insured person was hospitalized or took cortisone pills.
  - c) **During the 12 months prior to the effective date of coverage**, any illness or condition related to one of the following conditions:
    - **cancer** (with the exception of basal cell carcinoma) for which the insured person was diagnosed with or treated for;
    - **gastrointestinal condition** (cirrhosis, hepatitis B or C, intestinal obstruction, diverticulitis) for which the insured person was diagnosed with or treated for.

d) **During the 6 months prior to the effective date of coverage:**

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

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

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

## **Other exclusions and reductions of coverage**

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

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

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

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition

arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood (0.08).

5. Trip undertaken for the purpose of receiving medical attention or paramedical services.
6. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any government or local or public authority.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the covered person is hospitalized for that specific reason.
10. Any claim for patients in chronic care hospitals or in chronic illnesses or hospital rehabilitation service, or in nursing homes or health spas.
11. Any care, treatment, products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received outside the province of residence, when such care or treatments could have been obtained in the province of residence without endangering the life or health of the covered person, with the exception of care for immediately necessary treatment following an emergency resulting from an accident or sudden illness. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the covered person's life or health.

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

15. Care or treatments received outside the province of residence which are not covered under government programs.
16. Care or treatments such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
  - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.



18. **Failure of the covered person to communicate with CanAssistance** in the event of medical consultation or hospitalization following an accident or sudden illness.
19. Once the contract has been extended, any medical condition that arose during the initial period of coverage will be excluded as of the date of the extension.
20. Charges for emergency air evacuation to the nearest medical facility are limited to \$10,000 when the transportation was not planned by CanAssistance.

## **Trip Cancellation or Interruption Benefit**

### **Eligibility**

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

### **Persons aged 55 and over**

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

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

### **What is covered**

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

- covered person, or;
- travelling companion.

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

### **Conditions particular to this benefit**

#### **Notice of an event**

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

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

#### **Insured amount**

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

## **Documents required for a claim**

To substantiate a claim for non-refundable or extra costs, the covered person must provide, where applicable:

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

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

## **Effective date of coverage**

Coverage begins on the last of the following dates:

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

## **Termination date of coverage**

Coverage ends on the first of the following dates:

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

## **Benefits**

### **1. Non-refundable prepaid expenses**

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

### **2. New occupancy charges**

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

### **3. Additional transportation costs**

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

### **4. Vehicle return costs**

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

### **5. Subsistence allowance**

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

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

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

#### **6. Costs for returning the remains of a deceased person**

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

## **Limitations**

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

## **What is not covered**

### **Exclusions and reductions of coverage**

#### **Reductions of coverage**

##### **1. Insufficient coverage**

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

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

##### **2. Travelling companion**

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

##### **3. Default protection**

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

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

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

##### **4. Acts of terrorism**

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

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

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

## Exclusions

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

### 1. Pre-existing conditions

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

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

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

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

### 2. Other exclusions

- a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests, or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.
- b) Trip undertaken by the covered person for the purpose of obtaining medical care or visiting or attending an ailing person and that the medical condition or ensuing death of that person is the cause of the cancellation, interruption, extension or modification of the trip.
- c) Illness or hospitalization of any person other than a travelling companion, family member or person that takes care of the covered person's business or residence during his trip.
- d) Illness that does not require hospitalization of the host at destination.

- e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the covered person or the travelling companion must be hospitalized due to this condition.
- f) Pregnancy of the covered person or the travelling companion and complications arising therefrom in the 8 weeks preceding the expected delivery date.
- g) Premature birth of a child if the anticipated trip is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.
- h) Diagnosis of pregnancy after the effective date of coverage, if the departure or return date of the trip is scheduled to take place during the first 32 weeks of pregnancy.
- i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction by the covered person or the travelling companion, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood (0.08).
- j) Suicide, attempted suicide or self-inflicted injury of the covered person or the travelling companion, whether sane or insane.
- k) Accident sustained by the covered person or the travelling companion while participating in a sport for remuneration or in a sporting event where money prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of *Yosemite Decimal System - YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.  
The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person or the travelling companion solely for leisure or fitness purposes.
- l) Perpetration of or attempt to perpetrate, directly or indirectly, by the covered person or the travelling companion, a criminal act under any law.
- m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection.
- n) Except for stops between 2 transportation segments, all missed transportation when the covered person or the travelling companion did not plan to arrive at the connecting point within the time frame recommended by the carrier.
- o) Financial problems, conjugal conflicts, or disagreement with a travelling companion on the part of the covered person, inability to obtain the accommodation desired, aversion of the covered person or the travelling companion to the trip or transportation.
- p) Loss of employment of the person who had a temporary, contract or permanent position for less than one year.
- q) Cancellation of a business meeting by the employer of the covered person or the travelling companion.

- r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be held during the trip.
- s) Late visa or passport application or request for a visa or passport subsequent to a previous refusal or ineligibility of the covered person or the travelling companion to file a visa or passport application.
- t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.
- u) **Failure of the covered person to communicate with CanAssistance.**
- v) Cancellation of the trip prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the trip.
- w) **Situation known at the time of effective coverage or during subsequent trip payments that could reasonably lead to an event which may prevent the covered person from making the trip as planned.**
- x) Any event that does not lead the government to issue a general recommendation not to travel in a region that is the trip destination.

## Emergency Return Benefit

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### Effective date of coverage

Coverage begins on the last of the following dates:

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

### Termination date of coverage

Coverage ends on the expiry date of the contract.

### What is covered

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

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

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

## What is not covered

### Exclusions and reductions of coverage

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

## Accidental Death or Dismemberment Benefit

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### Effective date of coverage

Coverage begins on the last of the following dates:

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

### Termination date of coverage

Coverage ends on the first of the following dates:

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

## What is covered

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

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

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

### BENEFITS CHART

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

## Payment of the sum insured

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

## Limitations

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

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

## What is not covered

### Exclusions and reductions of coverage

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

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

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

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



# Air Flight Accident Benefit

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## Effective date of coverage

Coverage begins on the last of the following dates:

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

## Termination date of coverage

Coverage ends on the first of the following dates:

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

## What is covered

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

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

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

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

## BENEFITS CHART

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

## Payment of the sum insured

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

## Limitations

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

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

## What is not covered

### Exclusions and reductions of coverage

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

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

## Baggage Benefit

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### Conditions particular to this benefit

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

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

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

## **Effective date of coverage**

Coverage begins on the last of the following dates:

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

## **Termination date of coverage**

Coverage ends on the first of the following dates:

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

## **What is covered**

This benefit insures the loss or damage of a covered person's baggage during a trip while the contract is effective. The maximum amount payable is indicated on the insurance certificate and applies to the entire duration of the trip and to each covered person. Exclusions and reductions of coverage may also apply.

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

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

## **What is not covered**

### **Exclusions and reductions of coverage**

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

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

5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed compartment which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).
6. The maximum amount payable for loss or damage for each item comprising the covered person's baggage is \$300.
7. When an article is part of a set, its loss is valued in proportion to its importance within the set. Such loss does not constitute the total loss of the set.
8. The following items are grouped in categories, and each category is considered, pursuant to the contract, as a single item with a maximum value of \$300:
  - **jewelry:** jewelry, watches, silver, gold or platinum items;
  - **furs:** fur or fur-trimmed articles;
  - **electronics and photography equipment:** cameras, video or audio devices, tablets, phones, readers, watches, music players and any other electronic devices and their equipment.

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

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

## **Car Rental Physical Damage Benefit**

### **Eligibility**

The following eligibility requirements apply:

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

### **Conditions particular to this benefit**

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

### **Effective date of coverage**

Coverage begins on the last of the following dates:

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

## Termination date of the contract

Coverage ends on the first of the following dates:

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

## What is covered

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

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

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

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

This insurance is valid always, except when the law or the rental agency does not permit it.

Further, benefits are payable only if all terms and conditions of the car rental agreement are met, and no restrictions are violated.

## What is not covered

### Exclusions and reductions of coverage

1. No benefits are payable if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:
  - a) operation of the rental in violation of the terms of the car rental agreement;
  - b) operation of the rental car for the transportation of goods/passengers against payment;
  - c) operation of the rental car while under the influence of intoxicating substances contrary to applicable laws or with an alcohol level superior to the local legal level (in any event the alcohol level must not be exceed 80 milligrams per 100 milliliters of blood (0.08));
  - d) wear and tear, gradual deterioration, insects or vermin, inherent vice or damage;
  - e) war, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority;
  - f) transporting contraband or illegal trade;
  - g) violation of any established law and regulation;
  - h) personal civil liability insurance;
  - i) any amount assumed, waived or paid by the car rental agency or its Insurers.
2. The following vehicles are not covered by this benefit:
  - a) vehicles that are not rental vehicles;

- b) vehicles rented in a manner other than under a contract on a daily, weekly or monthly basis;
- c) vehicles rented under a rental agreement that exceeds 60 consecutive days under a single car rental agreement or several consecutive car rental agreements;
- d) vehicles rented under a monthly or yearly lease;
- e) vehicles which belong to the following categories: campers or trailers, off-road vehicles, motorcycles, mopeds or motorbikes, expensive or luxury cars, antique cars, recreational vehicles, limousines, trucks.
  - i) *expensive or luxury cars* refers to cars with a suggested retail price exceeding \$75,000 by the manufacturer in Canada;
  - ii) a limousine is a vehicle that has been stretched or altered from the original factory design. However, standard production models of these vehicles that are not used as limousines are not excluded;
  - iii) an antique car is one which is over 20 years old or has not been manufactured for 10 years or more;
  - iv) pickups or vans are not excluded provided that they:
    - are for private passenger use with seating for no more than 8 occupants including the driver;
    - do not exceed a "3/4 ton" rating;
    - are not designed for recreational use.

## **CanAssistance Travel Assistance Benefit**

This benefit is offered free of charge with the purchase of any travel insurance product included in this policy.

### **Medical assistance**

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

- for the **State of Florida**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Personal Care network**;
- for all other destinations, direct the covered person to an appropriate clinic or hospital and advance funds to the hospital if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family physician;
- coordinate repatriation of the covered person to his province of residence, when necessary;

- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the covered person is hospitalized for at least 7 days and if the attending physician advises such attendance;
- coordinate the return of the covered person's road vehicle if he is unable to bring it back due to illness or accident.

CanAssistance is under no circumstance responsible for the transportation expenses related to the services described above.

## Notice

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

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

## General assistance

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

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

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

## Medical Follow-Up in Canada Benefit

This benefit applies only if the covered person subscribed to the Emergency Medical Care benefit.

When a covered person is repatriated to his place of residence in Canada at the Insurer's expense further to a hospital stay out of his province of residence, the Insurer will reimburse the following costs if they are engaged within 15 days of the repatriation.

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

### NOTICE

Any notice to the Insurer may be validly forwarded to:

#### Quebec

Canassurance Hospital Service Association  
P.O. Box 910, Station B  
Montreal, Quebec  
H3B 3K8

#### Ontario and Atlantic region

Ontario Blue Cross  
P.O. Box 2005  
Etobicoke, ON  
M9C 5P1

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



Louis Gosselin  
President and Chief Executive Officer



## HOW TO REACH US

### Travel Assistance Lines

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

**Canada, United States**

**1 800-361-6068**

**Elsewhere in the world, collect**

**514 286-8411**

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

If the covered person cannot call collect, the Insurer will reimburse the cost.

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

#### **Notice**

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

### Extension

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

**Canada, United States**

**1 877-986-7681**

**Elsewhere in the world, collect**

**514 286-7681**

### Settlement of Claims

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

**Ontario and Atlantic region**

**1 800 557-3907**

**Quebec**

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



1-800-361-6068

From Canada and the United States  
Du Canada et des États-Unis

514-286-8411

From elsewhere in the world, collect  
D'ailleurs dans le monde, à frais virés



Member of / Membre de

*Florida Blue*



**Blue Cross  
Blue Shield**  
of South Carolina



**Preferred  
Personal  
Care**



TRAVEL INSURANCE

Your distributor

**Québec**

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

**Ontario and Atlantic Region**

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



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

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

**TRAVEL ASSISTANCE / ASSISTANCE VOYAGE**

Your Name  
Votre nom \_\_\_\_\_

Contract No.  
N° de contrat \_\_\_\_\_

Expiry Date  
Date d'expiration \_\_\_\_\_



**1-800-361-6068**  
From Canada and the United States  
Du Canada et des États-Unis

**514-286-8411**  
From elsewhere in the world, collect  
D'ailleurs dans le monde, à frais virés