

# TRAVEL INSURANCE PLANS (CTA)

Updated February 2016

Allianz Global Assistance (AGA) administers this policy. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

**This policy must be accompanied by a Confirmation of Coverage to complete the contract.**

## Right to Examine Policy

Please review this policy before *you* travel to ensure it meets *your* needs.

*You* have 10 days after purchase to return this policy for a full refund, provided *you* have not departed on *your trip* and a claim has not been incurred.

## Table of Contents

Eligibility.....	2
Summary of Benefits .....	3
Emergency Hospital & Medical Insurance.....	4
Trip Cancellation & Interruption.....	9
Baggage.....	13
Accidental Death & Dismemberment .....	14
Flight Accident.....	15
Rental Car Collision Damage Protection .....	16
Travel Assistance .....	17
Definitions .....	18
General Provisions.....	20
Premium Refunds.....	22
Claims Procedures.....	22
Privacy Information Notice .....	24
Statutory Conditions .....	25
Emergency Procedures .....	25

## Important Notice

**Please read *your* policy carefully before *you* travel.**

- **Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*.**
- **It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.**
- *Your* insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or *signs or symptoms* that existed on or before *your* departure date or *effective date*. Check to see how this applies in *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.
- In the event of an *accident, injury or sickness*, *your* prior medical history may be reviewed when a claim is reported.
- In the event of a medical *emergency*, *you* must notify AGA Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed. Also notify AGA if *you* must cancel, interrupt or delay *your trip*, or *you* experience any *emergency*.
- Failure to notify AGA Emergency Assistance as required will delay the processing and payment of *your* claim and may limit the amount of *your* claim payment.
- *You* must meet the eligibility requirements of this policy at the time of application and each departure date. If *you* are ineligible for coverage, *our* only liability will be to refund any premium paid. Please check *your* confirmation of coverage to ensure *you* have the coverage options *you* require. Payment will be limited to the coverage options *you* selected and paid for at the time of application. *You* will be responsible for any expenses that are not payable by *us*.

## To help *you* better understand *your* policy

Key terms in this policy are printed in ***bold italics*** and are defined in the Definitions section on page 18.

## What am I covered for?

To find out what *your* coverage is, please refer to *your* confirmation of coverage and read the section titled Benefits under the name of the plan(s) *you* have purchased.

## What is not covered?

Travel insurance does not cover everything. *Your* policy has exclusions, conditions and limitations. *You* should read *your* policy carefully before *you* travel, so that *you* are aware of, and understand, the limits of *your* coverage.

## Are the costs of my trip arrangements covered?

The costs of *your* travel arrangements are covered when *you* purchase coverage under the Trip Cancellation & Interruption plan. Details of *your* coverage are shown in *your* confirmation of coverage.

The benefits payable under this policy are limited to pre-paid travel costs that are non-refundable and/or non-transferable, to a maximum of the sum insured as indicated on *your* confirmation of coverage. *You* may ask *your travel supplier* or agent for details about *your* non-refundable travel costs.

The non-refundable amount will be assessed on the date the Insured Risk (reason for cancellation) occurred, regardless of the date *you* actually cancelled *your trip* with *your* travel insurance representative.

## How do I make a claim?

Notify AGA as soon as possible in the event of an *emergency*.

To submit a claim under this policy, *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to AGA. Please take care in filling out the form, as any missing information may cause delay. See Claims Procedures on page 22 for details.

## What if my travel plans change?

*You* must contact *your* travel insurance representative or AGA (during business hours) to make any changes to *your* insurance.

## I want to stay longer. Can I extend my coverage?

Yes, *you* can, subject to policy terms and conditions. Just call *your* travel insurance representative or AGA (during business hours) before coverage under *your* policy expires.

See Extending Your Trip on page 21 for details.

## Travel Assistance

AGA will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, *we*, AGA, and *our* agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

## Extended Absence from Canada

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check *your* province or territory's health insurance plan for details.

## Eligibility

To be eligible for All-inclusive coverage *you* must, as of the date *you* apply for coverage and the effective date:

- a) be a *Canadian resident*; and
- b)
  - i. be at least 15 days old and no more than 59 years old; or
  - ii. be at least 60 years old and travelling within Canada; or
  - iii. be at least 60 years old but no more than 74 years old and travelling outside Canada for no more than 60 days; or
  - iv. be at least 75 years old and travelling outside Canada for no more than 60 days and have correctly completed the medical questionnaire; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire *policy period*; and
- d) purchase coverage for the entire duration of *your trip*; and
- e) have correctly completed the medical questionnaire if the non-refundable portion of *your* prepaid travel arrangements exceeds \$20,000.

To be eligible for All-inclusive Plus coverage *you* must, as of the date *you* apply for coverage and the effective date:

- a) be a *Canadian resident*; and
- b)
  - i. be at least 15 days old and no more than 59 years old; or
  - ii. be at least 60 years old but no more than 74 years old and travelling for no more than 60 days; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire *policy period*; and
- d) purchase coverage for the entire duration of *your trip*:
  - i. at the time *you* book *your trip*; or
  - ii. at the time *you* make the initial non-refundable payment for *your trip*; and
  - iii. before any cancellation penalties are applicable.

To be eligible for Young Travellers coverage *you* must, as of the date *you* apply for coverage and the effective date:

- a) be a *Canadian resident*; and
- b) be at least 15 days old and no more than 30 years old; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire *policy period*; and
- d) purchase coverage for the entire duration of *your trip*.

To be eligible for Non-medical Coverage *you* must, as of the date *you* apply for coverage and the effective date:

- a) be at least 15 days old; and
- b) be:
  - i. a *Canadian resident*; or
  - ii. travelling through Canada; or

- iii. visiting Canada during *your trip*; and
- c) purchase coverage for the entire duration of *your trip*; and
- d) have correctly completed the medical questionnaire if the non-refundable portion of *your* prepaid travel arrangements exceeds \$20,000.

**To be eligible for Emergency Hospital & Medical Insurance coverage you must, as of the date you apply for coverage and the effective date:**

- a) be a *Canadian resident*; and
- b) i. be at least 15 days old and no more than 59 years old; or
- ii. be at least 60 years old but no more than 74 years old and travelling for no more than 60 days; or
- iii. be at least 60 years old but no more than 74 years old and travelling for 61 days or more and have correctly completed the medical questionnaire; or
- iv. be at least 75 years old and have correctly completed the medical questionnaire; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire *policy period*.

**Waiting Period**

If *you* purchase *your* policy after *you* have exited *your* province or territory of residence or after the *expiry date* of an existing policy, any *sickness* that manifests itself during the first 48 hours after the *effective date* is not covered even if related expenses are incurred after the 48-hour waiting period.

**Insuring Agreement**

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this policy, *we* will pay the *reasonable and customary* costs for eligible expenses incurred during the *policy period*, up to the amounts specified in this policy, in excess of any *deductible* and the amount allowed and/or paid for by any other insurance plan(s).

Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by AGA.

*You* will be responsible for any expenses that are not payable by *us*.

**Summary of Benefits**

**All-inclusive**

Coverage includes:

- Emergency Hospital & Medical Insurance ..... \$10 million  
**Refer to page 4 for details of coverage.**
- Trip Cancellation & Interruption  
Prior to Departure ..... sum insured  
After Departure ..... unlimited  
**Refer to page 9 for details of coverage.**

- Baggage..... \$1,000  
**Refer to page 13 for details of coverage.**
- Accidental Death & Dismemberment ..... \$50,000  
**Refer to page 14 for details of coverage.**
- Flight Accident..... \$100,000  
**Refer to page 15 for details of coverage.**

**All-inclusive Plus**

Coverage includes:

- Emergency Hospital & Medical Insurance.....\$10 million  
**Refer to page 4 for details of coverage.**
- Trip Cancellation & Interruption  
Prior to Departure ..... sum insured  
After Departure ..... unlimited  
**Refer to page 9 for details of coverage.**
- Baggage..... \$1,000  
**Refer to page 13 for details of coverage.**
- Accidental Death & Dismemberment ..... \$50,000  
**Refer to page 14 for details of coverage.**
- Flight Accident..... \$100,000  
**Refer to page 15 for details of coverage.**
- Travel Assistance  
**Refer to page 17 for details of coverage.**

**All-inclusive Multi-trip**

Coverage includes:

- Emergency Hospital & Medical Insurance.....\$10 million  
**Refer to page 4 for details of coverage.**
- Trip Cancellation & Interruption  
Prior to Departure ..... \$1,500  
After Departure ..... unlimited  
**Refer to page 9 for details of coverage.**
- Baggage..... \$1,000  
**Refer to page 13 for details of coverage.**
- Accidental Death & Dismemberment ..... \$50,000  
**Refer to page 14 for details of coverage.**
- Flight Accident..... \$100,000  
**Refer to page 15 for details of coverage.**

**Young Travellers**

Coverage includes:

- Emergency Hospital & Medical Insurance.....\$10 million  
**Refer to page 4 for details of coverage.**
- Trip Cancellation & Interruption  
Prior to Departure ..... not applicable  
After Departure ..... unlimited
- Baggage..... \$1,000  
**Refer to page 13 for details of coverage.**
- Accidental Death & Dismemberment ..... \$50,000  
**Refer to page 14 for details of coverage.**
- Flight Accident..... \$100,000  
**Refer to page 15 for details of coverage.**

## Non-medical Coverage

### Trip Cancellation & Interruption Package

Coverage includes:

Trip Cancellation & Interruption

Prior to Departure ..... sum insured

After Departure ..... unlimited

Baggage ..... \$1,000

Refer to page 13 for details of coverage.

Accidental Death & Dismemberment ..... \$50,000

Refer to page 14 for details of coverage.

Flight Accident ..... \$100,000

Refer to page 15 for details of coverage.

### Trip Cancellation & Interruption - Unlimited After Departure

Prior to Departure ..... sum insured

After Departure ..... unlimited

Refer to page 9 for details of coverage.

### Trip Cancellation & Interruption - \$800 After Departure

Prior to Departure ..... sum insured

After Departure ..... \$800

Refer to page 9 for details of coverage.

### Trip Cancellation & Interruption - \$1,500 After Departure

Prior to Departure ..... sum insured

After Departure ..... \$1,500

Refer to page 9 for details of coverage.

Baggage ..... sum insured

Refer to page 13 for details of coverage.

Flight Accident ..... \$100,000

Refer to page 15 for details of coverage.

Rental Car Collision Damage Protection ..... sum insured

Refer to page 16 for details of coverage.

### Emergency Hospital & Medical Insurance

Overall maximum ..... \$10 million

Refer to page 4 for details of coverage.

## Emergency Hospital & Medical Insurance

### Start of Coverage

Coverage starts on the *effective date*.

### End of Coverage

Coverage ends on the *expiry date*.

### DESCRIPTION OF COVERAGE

1. Subject to the policy terms and conditions, *we* agree to pay up to \$10 million per *insured person* for *reasonable and customary* costs incurred unexpectedly during a *trip*. Costs are paid for acute *emergency hospital, emergency medical, or other covered costs* incurred during a *trip* up to the maximum amounts provided in the Benefits section, due to *sickness or injury* occurring during a *trip*.
2. This coverage may be purchased on a Single-trip or Multi-trip basis. Refer to *your* confirmation of coverage for the coverage *you* have selected.

3. If *you* selected the All-inclusive Canada-only option, as indicated on *your* confirmation of coverage, coverage is provided within Canada other than in *your* province or territory of residence. No coverage will be provided for expenses incurred outside of Canada or in *your* province or territory of residence.

If *you* selected an option other than the All-inclusive Canada-only option, coverage is worldwide other than in *your* province or territory of residence.

### Limits on Coverage

4. The total *aggregate limit* for all losses resulting from any one incident under all travel health insurance policies underwritten by *us* is \$20 million.
5. For *Canadian residents* not insured under a government health insurance plan, benefits are limited to 80% of the claim payable to a maximum of \$50,000. *You* will be responsible for the remaining 20% of the claim payable.
6. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which *you* are covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to General Provisions on page 20.

### MULTI-TRIP PLANS

Multi-trip Plans must be purchased prior to departure from *your* province or territory of residence.

For Multi-trip Plans, coverage for each separate *trip* commences and becomes effective immediately upon *your* departure from *your* province or territory of residence and expires when *you* return to *your* province or territory of residence.

If *you* incur a claim, *you* will need to provide proof of *your* date of departure from and return to *your* province or territory of residence.

The maximum number of days for each *trip* outside Canada under a Multi-trip Plan is as shown on *your* confirmation of coverage, and will be counted starting the date *you* exit Canada. *Trips* within Canada are limited only to the maximum number of days allowed by *your* provincial or territorial health insurance plan.

## BENEFITS

### 1. Emergency Hospital

We agree to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care during confinement as a resident in-patient.

### 2. Emergency Medical

We agree to pay for the following services, supplies or *treatment*, when received during *your trip* and provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) The services of the following legally licensed practitioners for *treatment* of a covered *injury*:
  - i. chiropractor;
  - ii. osteopath;
  - iii. chiropodist;
  - iv. podiatrist;
  - v. acupuncturist;
  - vi. physiotherapist.

Not to exceed \$500 per profession.

- c) When performed at the time of the initial *emergency*, lab tests and/or X-ray examinations as ordered by a *physician* for the purpose of diagnosis.
- d) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary. If an ambulance is medically required but not available, *we* will reimburse for local taxi fare.
- e) Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by AGA.
- f) *Emergency* out-patient services provided by a *hospital*.
- g) Drugs or medications that require a *physician's* written prescription, other than those required to continue to stabilize a medical condition or related condition which *you* had before *your trip*.
- h) One visit to a *physician* to obtain a written prescription for medication (excluding the cost of the medication) required for the balance of *your trip* to stabilize a medical condition or related condition which *you* had before *your trip*, if such prescription medication is lost, stolen, or damaged during *your trip*. Benefits are only payable when the prescription is dispensed during *your trip* and could not be delayed until *you* return to *your* province or territory of residence.

### 3. Out-of-Pocket Expenses

If *you* are hospitalized as an in-patient during a *trip* or *you* are delayed beyond the end of *your trip* because *you* or *your travelling companion* requires *emergency treatment* due to a covered *sickness* or *injury*, *we* agree to reimburse up to a maximum of \$4,000 for the following expenses incurred by *you* or any *insured persons* remaining with *you*:

- a) *commercial accommodation* and meals; and
- b) child care costs for *travelling companions* under age 18 or physically or mentally handicapped and reliant on *you* for assistance; and
- c) essential telephone calls; and
- d) in-hospital television rental and internet usage fees; and
- e) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

### 4. Transportation of Family or Friend

We agree to pay up to a maximum of \$3,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route) if:

- a) *you* are hospitalized due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

Benefits are payable only when approved in advance by AGA.

In addition, *we* agree to reimburse up to a maximum of \$1,000 for the following expenses incurred by *your family member(s)* or close friend(s) after arrival:

- a) *commercial accommodation* and meals; and
- b) essential telephone calls; and
- c) taxi fares.

Expenses must be supported by original receipts.

*Your* bedside companion(s) age 59 and under will be insured under the terms of *your* policy during the period their attendance is required.

### 5. Return of Vehicle

If, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the *vehicle* used for *your trip*, *we* agree to reimburse the cost of a commercial agency to return the *vehicle* to its point of origin.

This benefit is payable only when approved in advance and arranged by AGA, and applies to one *vehicle* only.

## 6. Return of Watercraft

If, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the watercraft used for *your trip*, *we* agree to reimburse up to a maximum of \$4,000 for the cost of a commercial agency to return the watercraft to *your* province or territory of residence or to the nearest commercial agency.

**Watercraft** means a private passenger boat either owned or rented by *you*.

## 7. Return of Deceased (Repatriation)

In the event of *your* death due to a covered *sickness* or *injury*, *we* agree to reimburse:

- a) up to \$5,000 to prepare *your* remains for transportation, plus the costs incurred for the transportation to *your* permanent residence in Canada including a standard container; or
- b) up to \$5,000 for cremation of *your* remains at the place of death, plus the costs incurred for the return of *your* remains to *your* permanent residence in Canada; or
- c) up to \$5,000 for the preparation of *your* remains and a standard burial container, and up to \$5,000 for cremation or burial of *your* remains at the place of death.

The cost of a coffin, urn or funeral service is not covered.

## 8. Dental

*We* agree to reimburse expenses incurred for:

- a) *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental* blow to the face; and
- b) the immediate relief of acute dental pain caused by other than a direct blow to the face and for which *you* have not previously received *treatment* or advice.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

*Treatment* relating to any dental claim must begin within 48 hours after the onset of the *emergency* and must be completed within the *policy period* and prior to *your* return to *your* province or territory of residence.

*Treatment* must be performed by a legally qualified dentist or oral surgeon.

## 9. Emergency Transportation

*We* agree to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by AGA.

## 10. Attendant / Return of Travelling Companion

If *you* are returned to Canada under the Emergency Transportation benefit, *we* agree to reimburse:

- a) the extra cost of a one-way economy class airfare to return *your dependent children* or *your travelling companions* to their province or territory of residence; and
- b) the cost of an attendant (not related to *you* by blood or marriage) plus the attendant's return economy class airfare, to travel with *your dependent children* or *your travelling companions* who are physically or mentally handicapped and reliant on *you* for assistance to their province or territory of residence; and
- c) the extra cost of a one-way economy class airfare to return one of *your* accompanying *family members* to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by AGA.

## 11. Pet Return

If *you* are returned to Canada under the Emergency Transportation benefit, or if *you* are hospitalized due to a covered *sickness* or *injury*, *we* agree to reimburse up to \$500 for the cost of returning *your* accompanying dog or cat to *your* province or territory of residence.

## 12. Excess Baggage Return

If *you* are returned to Canada under the Emergency Transportation benefit, *we* agree to reimburse up to \$500 for the cost of returning *your* excess baggage to *your* province or territory of residence.

## 13. Return to Original Trip Destination

If *you* are returned to *your* province or territory of residence under the Emergency Transportation benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, *we* agree to reimburse up to a maximum of \$5,000 for a one-way economy flight to return *you* and one insured *travelling companion* to the original *trip* destination.

The return must occur during the original *trip* period.

A subsequent recurrence or complication of the condition that resulted in *you* being returned home is excluded under this policy.

Benefits are payable only when approved in advance and arranged by AGA.

## 14. Trip-Break for Single-trip Plans

During a *trip* *you* may return **once** to *your* province or territory of residence for up to 15 consecutive days without terminating this policy. There is no coverage under this plan in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence. *You* must meet the eligibility requirements of this policy when *you* exit *your* province or territory of residence in order to continue *your* coverage

## 15. Automatic Extension of Coverage

- a) **Delay of Conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay,

due to circumstances beyond *your* control, of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to the coverage *expiry date* and the conveyance must be due to arrive prior to the coverage *expiry date*.

**Conveyance** means a *vehicle*, airline, bus, train, or government-operated ferry system.

- b) **Medically unfit to travel.** Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* or *your travelling companion* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*. Any fees associated with changes to *your* travel plans are *your* responsibility.
- c) **Hospitalization.** Coverage will be automatically extended during the period of *hospital* confinement, plus 5 days after release to travel home, if *you* or *your travelling companion* is hospitalized at the end of *your trip* as a result of a covered *injury* or *sickness*. This coverage will be extended to *your travelling companion(s)* remaining with *you* when reasonable and necessary, under their respective policy.

Additional premium will not be required for any automatic extension of coverage.

## SPECIFIC CONDITIONS

1. In the event of a medical *emergency*, *you* must notify AGA Emergency Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then we will pay 50% of the claim payable. *You* will be responsible for the remaining 50% of the claim payable.

*You* will be responsible for any expenses that are not payable by *us*.

The *deductible* is shown on *your* confirmation of coverage. *You* are responsible for paying the *deductible*, if applicable.

2. We reserve the right, as reasonably required and at *our* expense, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*.

If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility.

Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *trip*.

3. **Act of Terrorism - Limits on Coverage and Aggregate Limit**

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible

insurance policies issued by *us* and administered by AGA, including this policy.

- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued by *us* and administered by AGA, including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

4. General Provisions of this policy apply. Refer to page 20.

## EXCLUSIONS

### EHM1 Pre-existing Conditions Exclusion

(The applicable Pre-existing Conditions Exclusion is as shown on *your* confirmation of coverage, and is determined by the plan selected, *your* age, the duration of *your trip*, and *your* answers to the medical questionnaire, if required.)

If *you* are:

- i. age 59 or under, or
- ii. between the ages of 60 and 74 and travelling for 60 days or less, or
- iii. covered under Plan 1 or Plan 2;

then:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 90 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 90 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 90 days immediately before the *effective date*; or
- d) any *sickness, injury* or medical condition which would have caused an ordinarily prudent person to seek *treatment* during the 90 days immediately before the *effective date*.

If *you* are covered under Plan 3 or Plan 4, then:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 180 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 180 days immediately before the *effective date*; or

- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 180 days immediately before the *effective date*; or
- d) any *sickness, injury* or medical condition which would have caused an ordinarily prudent person to seek *treatment* during the 90 days immediately before the *effective date*.

**If you are covered under Plan 5, then:**

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, for which *you* received *treatment* at any time during the 180 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 180 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 180 days immediately before the *effective date*.
- d) any *sickness, injury* or medical condition which would have caused an ordinarily prudent person to seek *treatment* during the 90 days immediately before the *effective date*.

**EHM2** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any medical condition if any answer *you* provided in *your* medical questionnaire is incorrect, in which case the policy may be void and premium refundable at *our* option.

**EHM3** Benefits are not payable for any costs incurred due to any *sickness* for which *signs or symptoms* occurred within 48 hours after the *effective date*, except when applying for coverage:

- a) prior to the date *you* leave *your* province or territory of residence; or
- b) before the *expiry date* of *your* existing policy.

**EHM4** Benefits are not payable for costs incurred due to, contributed to by, or resulting from continued *treatment* or a recurrence or complication of the *sickness, injury* or medical condition for which *you* refused to be transferred or transported when declared medically fit to travel.

**EHM5** Benefits are not payable for costs or losses incurred while sane or insane due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

**EHM6** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

**EHM7** Benefits are not payable for costs incurred due to loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* chronic use of alcohol or drugs before or after the *effective date*; or
- b) *your* abuse of alcohol during *your trip*; or
- c) *your* use of prohibited drugs or any other intoxicant; or
- d) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) *your* misuse of medication before or after the *effective date*.

**EHM8** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *medical consultation* that is non-emergency or elective.

**EHM9** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:

- a) motorized speed contests; or
- b) *stunt* activities; or
- c) *professional* sport activities; or
- d) *mountain climbing*; or
- e) *rock climbing* with or without the use of equipment.

**EHM10** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition if *you* undertake *your trip* with the prior knowledge that *you* will require or seek *treatment*, palliative care or alternative therapy of any kind.

**EHM11** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition for which future investigation or *treatment* (other than routine monitoring) is planned prior to *your effective date*.

**EHM12** Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition for which a diagnosis need not have been made and for which, prior to the *effective date*, it was reasonable to expect *treatment* or hospitalization during *your trip*.

**EHM13** Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) routine pre-natal or post-natal care; or
- b) elective *treatment*; or
- c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
- d) *high-risk pregnancy*; or
- e) a child born during a *trip*.

**EHM14** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *your* travelling against the advice of a *physician*.

**EHM15** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or

country for which the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is due to, contributed to by, or resulting from the reason for the warning.

**EHM16** Benefits are not payable for costs incurred if AGA recommended that *you* return to Canada following *your emergency treatment* and *you* chose not to return.

**EHM17** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**EHM18** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any nuclear occurrence, however caused.

**EHM19** Benefits are not payable for costs incurred due to, contributed to by, or resulting from a recurrence or complication of the *sickness, injury* or medical condition that resulted in *you* being returned home if *you* elect to resume *your trip* after being returned to Canada.

## **Trip Cancellation & Interruption**

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### **Start of Coverage**

Coverage starts on the *effective date*.

### **End of Coverage**

Coverage ends on the *expiry date*.

### **DESCRIPTION OF COVERAGE**

We agree to pay up to the sum insured indicated on the confirmation of coverage, for losses resulting from an Insured Risk occurring during the *policy period*. Benefits are limited to the non-refundable amounts for travel arrangements purchased prior to the *effective date* assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.

### **MULTI-TRIP**

Multi-trip Plans must be purchased prior to departure from *your* province or territory of residence.

If a *trip* booked during an All-inclusive Multi-trip *policy period* commences after the expiry of that same policy, in order to ensure that *your* Trip Cancellation & Interruption coverage for that *trip* continues, *you* must purchase a new All-Inclusive policy. The new policy must:

- i. be purchased prior to the expiry of *your* existing policy; and
- ii. begin immediately after the expiry of *your* existing policy; and
- iii. provide coverage for the full duration of *your trip*.

## **BENEFITS**

### **1. Trip Cancellation (Prior to Departure)**

**If the Trip Cancellation sum insured indicated on *your* confirmation of coverage is \$0, *you* are not eligible for Trip Cancellation (Prior to Departure) benefits.**

- a) Benefits are payable for the non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements.
- b) Benefits are payable for the single supplement charged as the result of a *travelling companion* or accompanying *family member* who is unable to travel due to an Insured Risk.

### **2. Trip Interruption (After Departure)**

- a) Benefits are payable for the extra cost of economy transportation by the most cost-effective route to continue with the insured *trip* if *you* miss a portion of *your trip* due to *your sickness* or *injury*, or the *sickness* or *injury* of a *travelling companion* or accompanying *family member*.
- b) Benefits are payable for the non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) purchased prior to the *effective date*, and the extra cost of economy airfare by the most cost-effective route, to return to *your* province or territory of residence.
- c) In the event of *your* death due to a covered *sickness* or *injury*, we agree to reimburse:
  - i. up to \$5,000 to prepare *your* remains for transportation, plus the costs incurred for the transportation to *your* permanent residence in Canada including a standard container; or
  - ii. up to \$5,000 for cremation of *your* remains at the place of death, plus the costs incurred for the return of *your* remains to *your* permanent residence in Canada; or
  - iii. up to \$5,000 for the preparation of *your* remains and a standard burial container, and up to \$5,000 for cremation or burial of *your* remains at the place of death.

The cost of a coffin, urn or funeral service is not covered.

### **3. Missed Connection (Prior To or After Departure)**

**If the Trip Cancellation sum insured indicated on *your* confirmation of coverage is \$0, *you* are not eligible for Missed Connection (b) benefit.**

If a covered situation causes the delay of a connecting carrier or automobile that in turn causes *you* to miss a connection, provided the original time between connections was not less than the applicable *travel supplier's* recommended check-in time, we will pay:

- a) the extra cost of economy transportation (same class transportation for All-inclusive Plus) to the ticketed destination;

- b) the unusable pre-paid, insured travel arrangements purchased prior to the *effective date*; and
- c) an out-of-pocket allowance of up to \$200 per day to a maximum of \$1,000 for *commercial accommodation* and meals, telephone calls, internet usage fees, and taxi fares.

**Covered situation** means weather conditions, volcanic eruption, natural disaster, mechanical failure of the connecting carrier, strike or lockout lasting more than 24 hours, traffic accident, or emergency road closure (police report required).

**Connecting carrier** means an airline, bus, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

#### 4. Meals and Accommodation (After Departure)

If *your trip* is interrupted or delayed beyond the *expiry date* shown in *your* confirmation of coverage, as a result of *your sickness* or *injury*, or the *sickness* or *injury* of a *travelling companion* or an accompanying *family member*, *we* will reimburse up to \$300 per day (\$500 per day for All-inclusive Plus) to a maximum of \$1,000 (\$1,500 for All-Inclusive Plus) for additional *commercial accommodation* and meals, essential telephone calls, internet usage fees, and taxi fares.

#### 5. Delayed Baggage (After Departure)

If *your* luggage or personal possessions are delayed or lost for 12 hours or more, while en route and before returning to the original point of departure, *we* will reimburse up to a maximum of \$400 for reasonable and necessary toiletries and clothing. Purchases must be made within 36 hours of arrival at *your* destination and prior to receipt of *your* baggage. Expenses must be supported by original receipts.

#### 6. Independent Travel Arrangements (Prior To or After Departure)

If the Trip Cancellation sum insured indicated on *your* confirmation of coverage is \$0, *you* are not eligible for Independent Travel Arrangements (Prior To or After Departure) benefits.

If *you* have made non-refundable pre-paid insured travel arrangements that are not a part of a tour or cruise, including shore excursions, which *you* are unable to use because *your* tour or cruise is cancelled or re-scheduled by the tour operator for any reason other than *default*, *we* will reimburse up to \$1,000, but not to exceed the sum insured, for those non-refundable pre-paid travel arrangements.

#### 7. Shore Excursion or Special Event (After Departure)

If *your emergency sickness* or *injury* or that of *your travelling companion* results in *you* being unable to use a shore excursion ticket or special event ticket purchased while on *your* cruise, *we* will reimburse up to \$100 per ticket to a maximum of \$500.

#### 8. Pet Care Expenses (After Departure)

If *your trip* is interrupted or delayed beyond the *expiry date* shown in *your* confirmation of coverage, as a result of an Insured Risk, *we* will reimburse additional animal boarding fees at a licensed facility to a maximum of \$100 after the first 24 hours of *your* delayed return. This benefit is payable only when pet care costs exceed the quoted cost for the pre-booked period of accommodation.

#### 9. Sports & Special Events (Prior To or After Departure)

##### a) Equipment rental

*We* agree to pay up to \$100 a day to a maximum of \$1,000 for non-refundable pre-paid costs incurred for the rental of *golf equipment* or *ski equipment*, and associated green fees and/or ski package fees, when *you* are unable to use the rental equipment as the result of an Insured Risk.

##### b) Loss, theft or damage of equipment

*We* agree to pay up to \$100 a day to a maximum of \$1,000 for costs incurred for the rental of *golf equipment* or *ski equipment*, when *you* or *your travelling companion* are unable to use *your* own equipment due to its loss, theft, damage, or delay of at least 12 hours while in transit.

The equipment must not have been left unsecured or unlocked. A report must be made immediately on discovery of the loss, theft or damage, obtained from the carrier or other authority, and submitted with *your* claim.

##### c) Entertainment

*We* agree to pay up to a maximum of \$500 for non-refundable pre-paid tickets to an entertainment event not limited to a concert, opera or a sporting event when *you* are unable to use the tickets as the result of an Insured Risk.

#### ADDITIONAL BENEFIT for All-inclusive Plus Only

#### 10. Cancel For Any Reason (Prior to Departure)

Provided *you* purchased this coverage at the time of booking *your trip* or before any cancellation penalties apply, if *you* cancel *your trip* for any reason other than an Insured Risk, *we* will reimburse *you*:

- a) up to 75% of the sum insured if *you* cancel 14 days or more prior to the scheduled departure date; or
- b) up to 75% of the sum insured to a maximum of \$500 if *you* cancel 13 days to 48 hours prior to the scheduled departure date.

Benefits are not payable if *you* cancel *your trip* less than 48 hours prior to the scheduled departure date for any reason other than an Insured Risk.

## INSURED RISKS

The Benefits listed above are payable if *your trip* is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

### Health

1. *Your sickness, injury* or death or that of a *travelling companion*.
2. *Sickness, injury* or death of *your* or *your travelling companion's*:
  - a) *family member*; or
  - b) *caregiver*; or
  - c) *key employee*.
3. The death of *your* friend.
4. The death or hospitalization of *your* host at the destination.
5. *Sickness, injury* or death of a person or persons with whom arrangements were made for the care of dependents living in *your* household.
6. A medical condition which prevents *you* from being immunized or taking preventative medication which is unexpectedly and suddenly required after the *effective date* by the government for entry into that country, region or city that is originally part of *your trip*.
7. *Sickness, injury* or death of *your* service dog if *you* are blind, visually impaired, or physically handicapped and travel arrangements have been made for the dog to accompany *you* on *your trip*.

### Legal

8. Being called to jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, and the court proceeding is scheduled to be heard during the period of the *trip* (excluding law enforcement officers). This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.
9. The legal adoption of a child prior to or during the period of the *trip*, which necessitates cancellation of the *trip*. This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.

### External

10. Burglary of *your* principal residence or place of business within 7 days of *your* scheduled departure date, as a result of which *you* must remain behind to make the burglarized location secure or meet with the insurance company or police authorities. This applies to *you* or *your travelling companion*.
11. The schedule change or cancellation of the airline carrier that is providing transportation for a portion of the insured *trip*, causing *you* to miss a connection or resulting in the interruption of the insured travel arrangements.

12. The cancellation of *your* cruise, tour, or travel package by the cruise company or tour operator, for any reason other than *default*, before *you* exit *your* province or territory of residence or after *you* exit *your* province or territory of residence but before the cruise ship or tour has departed.
13. Failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the *trip*, for reasons beyond *your* control provided *you* are a *Canadian resident* and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application. This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.
14. *Default* of a Canadian *travel supplier* ceasing operations as a result of bankruptcy, to a maximum of \$3,500 per *insured person*. The total *aggregate limit* for all losses resulting from the *default* of one *travel supplier* is \$1 million. The total *aggregate limit* for all losses resulting from all *defaults* of all *travel suppliers* during any one calendar year is \$3 million.
15. A disaster which renders *your* principal residence, in *your* province, territory or country of permanent residence, uninhabitable or, if *you* are self-employed, does not permit the operation of *your* primary business. This applies to *you* or *your travelling companion*.
16. A written warning issued by the Department of Foreign Affairs and International Trade of the Canadian Government to avoid all travel, or to avoid non-essential travel, to *your* destination city, region, or country, provided the warning is issued after the later of the date *you* booked *your trip* or the date *you* purchased this insurance.
17. Hijacking or quarantine. This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.
18. Adverse weather, volcanic eruption, or a natural disaster which would prevent *you* or *your travelling companion* from travelling for a period not less than 30% of the total duration of the insured *trip* when *you* choose not to continue with the *trip* prior to departure from *your* province or territory of residence.
19. Cancellation prior to departure of a *business meeting* that *you* are required to attend by *your* employment or a conference arranged by *your* professional association, and the cancellation is beyond *your* control, or the control of *your* employer or association. This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.

**Business meeting** means a meeting scheduled before the *effective date* between companies with unrelated ownership, pertaining directly to *your* full-time employment or professional association, and required by *your* employment.

20. Rescheduling of an examination at an accredited Canadian or American university or college after the *trip* was booked and due to circumstances beyond *your* control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the *trip*.

#### Work

21. A job transfer within 30 days of *your* scheduled departure date, by *your* employer, that requires relocation of *your* principal residence (not applicable to self-employed persons). This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.
22. Unforeseeable, involuntary termination without just cause of *your* or *your travelling companion's* permanent employment, provided *you* or *your travelling companion* was actively employed by the same employer for at least one year; excluding self-employment or contract work. This applies to *you, your spouse, your travelling companion, or your travelling companion's spouse*.

#### Other

23. Being called to service in the case of reservists, active military, police, essential medical and fire personnel. This applies to *you* or *your travelling companion*.

#### SPECIFIC CONDITIONS

1. Upon the occurrence of an Insured Risk that results in cancellation, curtailment or delay of *your trip*, the *travel supplier* or agent must be notified on the same day or next business day when the cause of cancellation, *injury* or diagnosis of *sickness* occurs.
2. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or diagnosis of a *sickness*.
3. When *family members* or *travelling companions* are travelling together, the total *aggregate limit* is 40 *insured persons*, regardless of the number of policies issued.
4. No benefits are payable when *your* return to the point of origin is more than 10 days after the *expiry date* specified in the confirmation of coverage, unless *you* or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
5. Reimbursement of any eligible additional costs is limited to the lesser of:
  - a) the change-fee; or
  - b) a one-way economy class airfare; or
  - c) a return economy class airfare;all by the most cost-effective route.
6. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where *sickness* or *injury* leading to cancellation, interruption or delay occurred.
7. General Provisions of this policy apply. Refer to page 20.

#### EXCLUSIONS

##### CANX1 Pre-existing conditions exclusion

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) any *pre-existing medical condition* that was not *stable* within the stability period below; or
- b) any *heart condition* if nitroglycerine in any form has been used for a *heart condition* within the stability period below; or
- c) any *lung/respiratory condition* if home oxygen or prednisone has been prescribed or used for a *lung/respiratory condition* within the stability period below.

##### If the sum insured is \$20,000 or less:

The stability period is the 90 days immediately before the *effective date* for *you, your spouse* and *your dependent children*.

##### If the sum insured is more than \$20,000:

The stability period is the 180 days immediately before the *effective date* for *you, your family member* or *travelling companion*.

**CANX2** Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) any event prior to departure, which might reasonably have been expected to necessitate *your* immediate return or delay *your* return; or
- b) any event which, on the *effective date*, could reasonably have been expected to prevent *you* from travelling as booked.

**CANX3** Benefits are not payable for costs incurred due to, contributed to by, or resulting from a *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or curtailment of the insured *trip* or delays *your* return home.

**CANX4** Benefits are not payable for costs or losses incurred while sane or insane due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

**CANX5** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *your* participation in the commission or attempted commission of any criminal offence.

**CANX6** Benefits are not payable for costs incurred due to loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) chronic use of alcohol or drugs before or after the *effective date*; or
- b) abuse of alcohol during *your trip*; or
- c) use of prohibited drugs or any other intoxicant during *your trip*; or

- d) non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) misuse of medication before or after the *effective date*.

**CANX7** Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) routine pre-natal or post-natal care; or
- b) elective *treatment*; or
- c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
- d) *high-risk pregnancy*; or
- e) a child born during a *trip*.

**CANX8** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical *treatment* or advice.

**CANX9** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**CANX10** Benefits are not payable for costs incurred due to *your* failure to obtain a valid travel visa as a result of a late or previously denied application.

**CANX11** Benefits are not payable for costs incurred due to *you* being refused entry at customs, border crossing or security checkpoint for any reason.

**CANX12** Benefits are not payable for costs incurred due to the schedule change of a medical test or surgery that was scheduled before *your trip*.

**CANX13** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:

- a) motorized speed contests; or
- b) *stunt* activities; or
- c) *professional* sport activities; or
- d) *mountain climbing*; or
- e) *rock climbing* with or without the use of equipment.

**CANX14** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any nuclear occurrence, however caused.

**CANX15** Benefits are not payable for costs incurred due to losses arising as a result of a *default* of the *travel supplier* if, at the time of booking and/or application, the *travel supplier* is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.

**CANX16** Benefits are not payable for costs incurred due to losses recovered or which are recoverable from any other source, including trustees or any government or industry compensation fund.

## Baggage

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### Start of Coverage

Coverage starts on the *effective date*.

### End of Coverage

Coverage ends on the *expiry date*.

### DESCRIPTION OF COVERAGE

1. *We* agree to pay up to a maximum of the sum insured as indicated on *your* confirmation of coverage for loss or damage to owned or borrowed baggage and personal effects normally carried by *you*.

#### Limits on Coverage

2. The amount of loss or damage sustained in each event shall be determined separately, and any benefits payable are in excess of any amounts available under any other insurance or source.
3. Coverage is subject to a \$50 *deductible* for each insured event causing loss (does not apply to All-inclusive Plus).
4. *We* will pay the lesser of the following:
  - a) the actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage; or
  - b) the amount for which the property could be repaired to its condition prior to the damage; or
  - c) the amount for which the property could be replaced with property of like kind and quality.

### BENEFITS

#### 1. Personal Effects

*We* agree to reimburse for items for the personal use, adornment or amusement of *you* or any of *your family members* who are travelling with *you*.

#### 2. Personal Currency

*We* agree to reimburse up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.

#### 3. Wheelchair

*We* agree to reimburse up to \$100 for repairs or rental replacement of *your* wheelchair (or standard special features) if the wheelchair is rendered inoperable due to damage resulting during normal usage.

#### 4. Injury of Accompanying Cat or Dog

*We* agree to reimburse up to \$200 for emergency care due to unexpected *injury* of an accompanying cat or dog.

## 5. Travel Documents

We agree to reimburse up to \$300 for the replacement cost of any of the following documents: passport, driver's licence, birth certificate or travel visa when the loss is caused directly by theft or robbery and supported by a police report.

### EXCLUSIONS

**BAG1** Benefits are not payable for losses due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**BAG2** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

**BAG3** Benefits are not payable for costs incurred due to, contributed to by, or resulting from normal wear and tear, deterioration, moths or vermin.

**BAG4** Benefits are not payable for loss of or damage to:

- a) contact lenses; or
- b) prescription eye glasses; or
- c) artificial teeth and limbs; or
- d) hearing aids; or
- e) forms of money and currency (except as provided under Personal Currency); or
- f) securities; or
- g) tickets; or
- h) credit cards; or
- i) statuary; or
- j) paintings; or
- k) fragile or brittle objects; or
- l) objects of art or antiques; or
- m) animals (except as specifically provided for cat or dog).

**BAG5** Benefits are not payable for costs incurred due to theft from an unattended *vehicle* unless it was securely locked and there was visible evidence of forced entry.

**BAG6** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any nuclear occurrence, however caused.

## Accidental Death & Dismemberment

### Start of Coverage

Coverage starts on the *effective date*.

### End of Coverage

Coverage ends on the *expiry date*.

### DESCRIPTION OF COVERAGE

Subject to the policy terms and conditions, *we* agree to pay up to a maximum of the sum insured indicated on *your* confirmation of coverage, for loss of life, limb or sight resulting directly from *accidental injury*, occurring during a *trip*, except while boarding, riding in, or alighting from an aircraft.

### Limits on Coverage

The total *aggregate limit* for all losses under Accidental Death & Dismemberment is \$10 million.

### BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

### Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the *accident*. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

### EXCLUSIONS

**ADD1** Benefits are not payable for costs or losses incurred while sane or insane due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

**ADD2** Benefits are not payable for losses due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**ADD3** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

**ADD4** Benefits are not payable for loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* chronic use of alcohol or drugs before or after the *effective date*; or
- b) *your* abuse of alcohol during *your trip*; or
- c) *your* use of prohibited drugs or any other intoxicant; or
- d) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) *your* misuse of medication before or after the *effective date*.

**ADD5** Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:

- a) motorized speed contests; or
- b) *stunt* activities; or
- c) *professional* sport activities; or
- d) *mountain climbing*; or
- e) *rock climbing* with or without the use of equipment.

**ADD6** Benefits are not payable for losses incurred while being the occupant of an aircraft, either as passenger or crew, or while boarding or alighting from an aircraft.

**ADD7** Benefits are not payable for losses due to, contributed to by, or resulting from any nuclear occurrence, however caused.

## **Flight Accident**

### **Start of Coverage**

Coverage starts on the later of the *effective date* or the date and time *you* commence travel as described under the Insured Risks section of this coverage.

### **End of Coverage**

Coverage ends on the earlier of the *expiry date* or the date and time *you* cease travel as described under the Insured Risks section of this coverage.

### **DESCRIPTION OF COVERAGE**

Subject to the policy terms and conditions, *we* agree to pay up to a maximum of the sum insured indicated on *your* confirmation of coverage, for loss of life, limb or sight directly resulting from *accidental injury* due to an Insured Risk occurring worldwide during a *trip*.

Coverage is for all flights ticketed and arranged prior to the *effective date*.

### **Limits on Coverage**

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the Flight Accident benefit is \$10 million.

### **BENEFITS**

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

### **Exposure and Disappearance**

If *you* are exposed to the elements or disappear as a result of a flight accident, a loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

### **INSURED RISKS**

Benefits are limited to payment for losses occurring during a *trip* while *you* are:

- a) Riding solely as a ticketed passenger in, or boarding or alighting from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports.
- b) On airport premises immediately before boarding or immediately after alighting from an aircraft.
- c) While riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or alighting from an aircraft.

## EXCLUSIONS

**FAC1** Benefits are not payable for costs or losses incurred while sane or insane due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

**FAC2** Benefits are not payable for losses due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- c) unlawful visit in any country.

**FAC3** Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

**FAC4** Benefits are not payable for loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* chronic use of alcohol or drugs before or after the *effective date*; or
- b) *your* abuse of alcohol during *your trip*; or
- c) *your* use of prohibited drugs or any other intoxicant; or
- d) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) *your* misuse of medication before or after the *effective date*.

**FAC5** Benefits are not payable for losses due to, contributed to by, or resulting from any nuclear occurrence, however caused.

## Rental Car Collision Damage Protection

### ELIGIBILITY

To be eligible for this coverage a person must hold a driver's licence that is valid in Canada.

### Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for this insurance, the period of coverage begins on the latest of the date:

- a) and the time *you* take control of the *automobile*; or
- b) indicated as the effective date on *your* confirmation of coverage.

### End of Coverage

Coverage ends on the earliest of:

- a) the expiry date indicated on *your* confirmation of coverage; or
- b) the date and time the *commercial rental agency* assumes control of the *automobile*, whether it be at their place of business or elsewhere; or

c) the date and time the rental agreement or contract expires or is terminated; or

d) 31 days following the *effective date*.

### DESCRIPTION OF COVERAGE

We agree to pay the actual cash value at the time of the loss, to a maximum amount of the sum insured indicated on *your* confirmation of coverage, for *physical damage or loss* of one *automobile* rented by *you* from a *commercial rental agency*. The loss or damage must occur after purchase of this insurance, during a *trip* and while the *automobile* is in the care, custody and control of *you* and/or those persons otherwise permitted to operate the *automobile* in accordance with the rental contract.

### BENEFITS

The maximum benefit payable is limited to the amount which would have been payable if *you* had purchased rental car collision damage protection from the *commercial rental agency*, less:

- a) any amount payable by *your automobile* insurance policy; and
- b) any amount assumed, waived or paid by the *commercial rental agency* or its insurer; and
- c) any amount payable under any other insurance, including without limitation motor vehicle insurance, policy or legislative plan.

### SPECIFIC CONDITIONS

1. *You* shall promptly file a report (see Claims Procedures) of *physical damage or loss* with AGA and provide a written notice of loss and police report, disclosing full details, within 90 days of the date of loss.
2. *You* shall examine the *automobile* and file a written report of existing damage with the *commercial rental agency* prior to acceptance of the *automobile* and *you* shall report in writing to the *commercial rental agency* all *physical damage or loss* which occurs during the term of the *automobile* rental agreement or contract prior to, or upon, return of the *automobile* to the *commercial rental agency*.
3. We shall pay any money for which *we* are liable under this policy within 60 days after receiving satisfactory proof of loss.
4. In the event of an *accident*, malicious act, burglary, robbery, or theft, *you* must immediately report to the police or other authorities having jurisdiction, full details as required by law.
5. *You* must decline the rental car collision damage protection offered by the *commercial rental agency*.
6. A police report must accompany any claim for reimbursement if the loss exceeds \$1,000.
7. The *automobile* must be rented from a duly authorized *commercial rental agency*.
8. The *automobile* must not be used for carrying passengers for compensation or hire or for commercial delivery.

9. *You* must not be engaged in the business of renting *automobiles* in any manner whatsoever.
10. No repairs, other than those that are immediately necessary for the protection of the *automobile* from further loss or damage, shall be undertaken and no evidence of the *physical damage or loss* shall be removed without the consent of AGA.
11. Every action or proceeding against *us* under this policy must be commenced within one year after the cause of the action arose.
12. This policy does not provide coverage in any jurisdiction where such coverage is prohibited by law.
13. This coverage must be purchased in Canada prior to *you* assuming control of the *automobile*.
14. General Provisions of this policy apply. See page 20.

## EXCLUSIONS

**CDW1** Benefits are not payable for loss or damage while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentionally self-inflicted injury.

**CDW2** Benefits are not payable for loss or damage resulting from an *act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; strike, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by *you, a family member or travelling companion*.

**CDW3** Benefits are not payable for loss or damage if at the time of the loss, evidence supports *you* were affected by, or the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed *treatment* or medical therapy; or the misuse of medication.

**CDW4** Benefits are not payable for loss or damage resulting from loss of use of the *automobile* or any administration fees.

**CDW5** Benefits are not payable for loss or damage caused by, or contributed to by: mechanical fracture or breakdown of any part of the *automobile*; rusting, corrosion, wear and tear, gradual deterioration, inherent defect, freezing, conversion or any dishonest act of *you* or any other party of interest or any person to whom the property may be entrusted (bailors for hire excepted); or *your* failure to preserve or protect the *automobile*; or the neglect or abuse of the *automobile* by *you* or any other person to whom the *automobile* was entrusted under the terms of the rental agreement

**CDW6** Benefits are not payable for loss or damage where at the time of loss the *automobile* was operated by an individual who does not hold a driver's licence that is valid in Canada.

**CDW7** Benefits are not payable for loss or damage to any contents of the *automobile*.

**CDW8** Benefits are not payable for loss or damage to *exotic cars*.

**CDW9** Benefits are not payable for loss or damage resulting from speed tests or contests.

**CDW10** Benefits are not payable for loss or damage arising directly or indirectly from operation of the *automobile* contrary to the terms and conditions of the rental agreement/contract.

**CDW11** Benefits are not payable for loss or damage resulting from any nuclear occurrence, however caused.

**CDW12** Benefits are not payable for loss or damage where coverage is not purchased in Canada prior to the time *you* assumed control of the *automobile*.

## Travel Assistance for All-inclusive Plus Only

**NOTE:** The following assistance services are for *your* convenience only, AGA may not cover all expenses related to these helpful services. Please refer to the Emergency Hospital & Medical Insurance benefit wording for details of what is covered.

*You* can count on AGA's assistance 24 hours a day, 7 days a week. During an *emergency*, wherever possible, AGA's services include, but are not limited to:

- Monitoring the status of *your* medical case and communicating between patient, family *physician*, employer, travel company, consulate, etc.
- Coordinating travel arrangements as follows:
  - i) *emergency* medical transportation and *treatment* en route, at the request of *you* or *your physician*;
  - ii) escort and transportation home for stranded dependent children and/or other extended family members or friends while *you* are in hospital;
  - iii) *your* return home if ill or injured;
  - iv) should *you* die away from home, services for the repatriation of *your* remains.

AGA can also help *you* when non-medical emergencies arise on *your trip*:

- With emergency cash services – in the event of an emergency, AGA will coordinate between *you* and *your* friend, *family member*, business or credit card company for a cash transfer.
- With emergency message services – AGA will take emergency messages from or for *you*.
- With emergency ticket replacement – AGA will help *you* replace lost or stolen airline tickets.
- With legal services – AGA will help *you* contact a local attorney or the appropriate consular officer if *you* are arrested or detained, are in a traffic accident or otherwise require legal help.
- With bail bond services – these can be co-ordinated for *you* in all locations where they are available.

Even if *you* never use the medical benefits or travel assistance services during *your* trip, *you* can still benefit from the trip information offered by calling AGA Travel Assistance.

AGA is here to help *you* with:

- Passport and Visa information

- Health hazards advisory
- Inoculation requirements
- Weather information
- Currency exchange information
- Consulate and embassy locations

## Definitions

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

**Aggregate limit** means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

**Antique automobile** means a vehicle that is more than 20 years old or has not been manufactured for 10 years or more.

**Automobile** means a vehicle rented by *you* from a *commercial rental agency* for *your* personal use under a written rental agreement specifically excluding a truck, van (other than a mini-van), bus, off-road vehicle (while used as such), motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper or trailer, *antique automobile*, limousine, or *exotic car*.

**Canadian resident** means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their *trip*.

**Caregiver** means the person entrusted to care for dependents on a permanent full-time basis and whose absence cannot reasonably be replaced.

**Commercial accommodation** means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction.

**Commercial rental agency** means a car rental agency or company licensed under the law of the jurisdiction(s) where it conducts business.

**Deductible** means the dollar amount for which *you* are responsible before any remaining eligible expenses are reimbursed under this insurance. *Your* deductible is indicated on *your* confirmation of coverage and applies to each claim.

**Default** means a complete cessation of operations as a result of a bankruptcy of a contracted *travel supplier*.

**Dependent children** means *your* unmarried natural, adopted or step-children who are:

- a) financially dependent on *you* for support; and
- b) at least 15 days old; and
- c)
  - i. no more than 20 years old; or
  - ii. no more than 25 years old if full-time students; or
  - iii. mentally or physically handicapped and more than 20 years old.

### Effective date

For single-trip Trip Cancellation & Interruption Prior to Departure benefits, effective date means the later of:

- a) the date and time the completed application is accepted by AGA or its representative and premium is paid; or
- b) the date indicated as the effective date on *your* confirmation of coverage.

For multi-trip Trip Cancellation & Interruption Prior to Departure benefits, effective date means the later of:

- a) the date indicated as the application date on *your* confirmation of coverage; or
- b) the date *you* make the initial non-refundable payment for *your trip* following payment of the applicable premium.

For all other benefits, effective date means the later of:

- a) the date indicated as the effective date on *your* confirmation of coverage; or
- b) the date *you* exit your province or territory of residence for each *trip*.

If *you* purchase *your* policy after *you* have exited *your* province or territory of residence or after the *expiry date* of an existing policy, any *sickness* that manifests itself during the first 48 hours after the effective date is not covered even if related expenses are incurred after the 48-hour waiting period.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during a *trip*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence in Canada.

**Exotic car** includes any vehicle manufactured by Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maybach, Maserati, Morgan, Panoz, Porsche, Rolls Royce or any similar vehicle.

**Expiry date** means the earlier of:

- a) the date indicated as the expiry date on *your* confirmation of coverage; or
- b) the date and time *you* return to *your* province or territory of residence (other than as described under the Trip-Break benefit for Single-trip Plans); or

- c) for Multi-trip Plans when travelling outside Canada, the date *you* reach the maximum number of days permitted for each *trip*, as selected and paid for at the time *you* applied for coverage.

**Family member** means *your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

**Golf equipment** includes golf clubs, golf bag, golf shoes.

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**High-risk pregnancy** means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

**Injury** means bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

**Insured person** means an eligible person named on the application, who has been accepted by AGA or its authorized representative, and has paid the required premium for a specific plan of insurance.

**Key employee** means *your* business partner or employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for a *sickness, injury* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical *signs or symptoms* existed between check-ups or were found during the check-up.

**Minor ailment** means a *sickness* or *injury* which ended more than 30 days prior to the *effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

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

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury, sickness, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.*
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Physical damage or loss** means loss or damage to the *automobile* for which *you* may be liable (excluding tires unless coincident with other covered loss or damage) caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, riot, civil commotion or collision with another object or by upset.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to *you* by blood or marriage.

**Policy period** means the period from the effective date to the expiry date as indicated on *your* confirmation of coverage.

**Pre-existing medical condition** means a *sickness, injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited *signs or symptoms*; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

**Professional** means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the

geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

**Rock climbing** includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include indoor rock climbing.

**Sickness** means any illness or disease.

**Signs or symptoms** means any evidence of disease experienced by *you* or recognized through observation.

**Ski equipment** includes skis, snowboards, bindings, boots, poles, helmets.

**Spouse** means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

**Stable** describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin or Coumadin (Warfarin) provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* confirmation of coverage and there is no increase or decrease in dosage.
- c) A *minor ailment*.

**Stunt** applies to an action which is outside the normal range for the activity.

**Travel supplier** means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of *commercial accommodation* to *you* that is contracted to provide travel services to *you* and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

**Travelling companion** means a person who has prepaid shared accommodation or transportation with *you*.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

**Trip** means a period during which *you* are travelling outside of *your* province or territory of residence and for which coverage is in effect.

**Vehicle** means a private passenger automobile, station wagon, pickup truck or minivan that is used exclusively for the transportation of passengers; and is either owned or rented by *you*.

For the Return of Vehicle benefit under Emergency Hospital & Medical Insurance, vehicle also means a motorhome or a camper unit that is either owned or rented by *you* where:

- a) motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- b) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

**We, us** and **our** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**You** or **your** means the *insured person*.

## General Provisions

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### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and *we* are not responsible for and will not be bound by any assignment entered into by *you*.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during a *trip*. Benefits are only payable under one policy for each *insured person* during a *trip*.

If an *insured person* is recorded by *us* as having more than one of *our* policies in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by AGA at the time of application, and indicated on *your* confirmation of coverage.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

### Claim Submission

*You* or the claimant, if other than *you*, shall be responsible for providing AGA with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and

3. substantiating medical documentation, at the request of AGA.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

### **Contract**

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

**AGA reserves the right to decline any application or any request for extensions of coverage.**

No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by *us*.

### **Coordination of Benefits**

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

*We* will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

*You* may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, *we* will not coordinate benefits with that provider, except in the event of *your* death.

### **Currency**

All amounts stated in the policy including premium are in Canadian dollars. At *our* option, benefits may be paid in the currency of the country where the loss occurred.

### **Extending Your Trip**

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact the agent where coverage was originally purchased.

If *you* decide to apply for additional coverage after *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) make *your* application prior to the *expiry date* of *your* policy; and
- b) are in good health; and
- c) have no reason to seek *medical consultation* during the new term of coverage.

If *you* have incurred a claim, *we* will review *your* file before deciding on granting an extension.

Each policy or term of coverage is considered a separate contract.

*We* reserve the right to decline any request for new terms of coverage.

### **General Terms**

Policy terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

### **Governing Law**

This policy will be governed by the laws of the Canadian province or territory in which *you* normally reside.

### **Language**

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

### **Limit on Liability**

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

### **Limitation of Action**

Every action or proceeding against *us* for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the Insurance Act or any other applicable legislation.

### **Misrepresentation or Nondisclosure**

*Your* failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at *our* option, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

### **Premiums**

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the effective date of this policy as indicated on *your* confirmation of coverage.

## Rights of Examination

The claimant shall provide *us* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death *we* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

## Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse *us* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible for *your injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve *our* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep *us* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of *our* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restricts *our* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with *us* fully should *we* choose to exercise *our* right of subrogation.

## Time

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

## Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, provided *you* have not departed on *your trip* and a claim has not been incurred, as described in the section titled Right To Examine Policy.

Emergency Hospital & Medical Multi-trip Plans are not refundable after the *effective date*.

Refunds for Emergency Hospital & Medical Single-Trip Plans are payable when:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) *you* return to *your* province or territory of residence prior to the *expiry date*.

Refunds for package plans are payable prior to the date of departure only when:

- a) *you* are unable to travel following cancellation of the insured *trip* by the *travel supplier*, provided all penalties are waived; or

- b) *you* are unable to travel following rescheduling of an insured *trip* by the *travel supplier*, provided all penalties are waived; or
- c) *you* cancel the *trip* before any penalties come into effect.

Refunds for Non-medical Coverage that is not part of a package are payable only when the entire *trip* is cancelled prior to the *effective date*.

**When submitting *your* premium refund request, please include:**

1. a fully completed and signed Refund Request Form; and
2. a copy of *your* confirmation of coverage; and
3. any other documentation to support *your* refund request.

## Important Note

Premium refunds, regardless of method of payment, must be obtained from the representative where coverage was originally purchased unless purchased directly from AGA.

There will be no refund of premium if a claim has been made.

For package plans, no refund will be payable for any portion of the premium if a claim has been made against any benefit included in the package.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the *insured person* was out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than \$20 will not be issued.

## Claims Procedures

Claims forms are available by calling *our* Claims Department.

### SEND YOUR CLAIMS TO:

#### Allianz Global Assistance Claims Department

250 Yonge Street, Suite 2100

Toronto, Ontario M5B 2L7

Collect worldwide: 416-340-8809

Toll free Canada/U.S.A.: 1-800-869-6747

1. **Notice of Claim.** Claims must be reported within 30 days of occurrence.
2. **Proof of Claim.** Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

When submitting *your* Emergency Hospital & Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Completed appropriate provincial government health insurance plan forms; see claim form for details.
4. For Multi-trip Plans, proof of original departure from and return to *your* province or territory of residence.
5. Any other documentation that may be required and/or requested by AGA.

**Important Note**

In the event of a medical *emergency*, AGA must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

**Limits on Coverage**

If *you* fail to notify AGA without reasonable cause, then *we* will pay 50% of the claim payable. *You* will be responsible for the remaining 50% of the claim payable.

When submitting *your* Trip Cancellation & Interruption claim, please include:

a) **Trip Cancellation, Interruption and Delay**

1. A fully completed and signed claim form. Incomplete forms will be returned and will delay processing of *your* claim.  
Both *you* and the claimant (if other than *you*) must sign the Authorization and Certification.
2. A Medical Certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.
3. If cancellation is due to death, copy of death certificate.
4. If cancellation is due to any reason other than *sickness, injury* or death, please contact the Claims Department for detailed claims requirements.

b) **Prior to Departure (in addition to the requirements for item a) above)**

1. Itemized copy of the invoice confirming the amount paid for *your trip*, including the cost of airfare, hotel, taxes, service fees and any other expenses.
2. Proof of payment such as: a credit card statement, a copy of a cancelled cheque, or a copy of the official receipt issued by the travel agency.
3. Statement of refund from the *travel supplier* or agent if applicable.
4. Original unused airline tickets and any other original travel documentation (if *you* did not get a refund from any other source).
5. Tour operator terms and conditions.

c) **After Departure (in addition to the requirements for item a) above)**

1. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home.
2. If only a change-fee was charged, receipt showing the amount charged.
3. For an unused tour, a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary.
4. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return.
5. Any other documentation to support *your* claim.

**Important Note**

If an insured *trip* must be cancelled, the *travel supplier* or agent must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable at the occurrence date of the Insured Risk that was the cause for cancellation, regardless of the date the *trip* is cancelled.

When submitting *your* Baggage claim, please include:

1. A completed and signed claim form with a brief explanation of the incident leading to the loss.
2. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts, photos, credit card statements, owners manuals, etc.
3. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability.
4. Copy of airline tickets and itinerary confirming departure and return dates.
5. Any other documents to support *your* claim.

**Important Note**

Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report. A police report is required in the event of stolen baggage or personal effects.

When submitting *your* Accidental Death & Dismemberment claim, please include:

1. A fully completed and signed claim form by either *you*, or in the case of *your* death, by the appointed executor/executrix.
2. The police report including any witness statements.
3. The coroner's report.
4. The death certificate.
5. The Medical Certificate completed by the attending *physician* or *hospital* medical records.
6. Any other documents requested by AGA after initial review of the claim.

**When submitting your Flight Accident claim, please include:**

1. A fully completed and signed claim form (completed by either *you*, or in the case of death, by the appointed executor/executrix).
2. A copy of flight itinerary.
3. A copy of incident report from airline or airport.
4. The Medical Certificate completed by the attending *physician* or *hospital* medical records.
5. The death certificate.

**When submitting your Rental Car Collision Damage Protection claim, please include:**

1. A copy of the driver's licence of the person who was driving/operating the *automobile* at the time of the *accident/loss*.
2. A copy of the loss/damage report *you* completed with the *commercial rental agency*.
3. A copy of the police report is required when the loss results in damage or theft over \$1,000.
4. A copy of the itemized repair estimate, final itemized repair bill and parts invoices and original receipts for any repairs, which *you* may have paid.
5. A copy of the rental agreement from the *commercial rental agency*.

**Important Note**

In the event of *physical damage or loss* to a rental *automobile* for which coverage has been purchased, *you* must contact AGA within 48 hours.

## **Privacy Information Notice**

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, AGA, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "we" "us" and "our") require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;

- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify AGA. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of AGA. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7

Fax: (416) 340-2707

For a complete copy of Our Privacy Policy please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## Questions?

If *you* have any questions or concerns about *our* products, services, *your* policy, or claim please feel free to contact Allianz Global Assistance any time:

Toll Free: 1-800-670-4426  
Collect: (416) 340-1980

## Statutory Conditions

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

### Administered by:

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7

### Underwritten by:

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2

## Emergency Procedures

In the event of a medical *emergency*, *you* must notify AGA Emergency Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then *we* will pay 50% of the claim payable. *You* will be responsible for the remaining 50% of the claim payable.

AGA is here to help. AGA's service is available 24 hours a day, 7 days a week. AGA Emergency Assistance also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your trip*.

### For 24/7 emergency assistance call Allianz Global Assistance

Toll free Canada/USA: 1-800-995-1662

Toll free worldwide: 00-800-842-08420 or  
Country code + 800-842-08420

If unable to contact *us* through the toll free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from your destination prior to departure.