

## GROUP TRAVEL INSURANCE

- Emergency Medical Travel Insurance Plan Certificate
- Trip Cancellation and Trip Interruption Insurance Plan Certificate



## SCHEDULE OF BENEFITS

- This Schedule of Benefits replaces any other schedule of benefits previously issued to you and forms part of your Group Travel Insurance Benefit Booklet. It contains important information with respect to certain eligibility and benefit limits that apply to your coverage, but it does not reference all of the terms, conditions, limitations and exclusions that apply to your insurance coverage. Please read this Schedule of Benefits together with your Benefit Booklet for complete details regarding your coverage.
- All amounts indicated are in Canadian currency, unless indicated otherwise.

POLICYHOLDER NAME	USW Local 8782 Retiree ELHT
POLICY NUMBER	1169663

OVERALL MAXIMUM *	\$5,000,000 per insured person, per trip
MEDICAL REFERRAL MAXIMUM	\$75,000 per insured person, per lifetime
TRIP CANCELLATION MAXIMUM	\$5,000 per insured person, per trip
TRIP INTERRUPTION MAXIMUM	\$5,000 per insured person, per trip
BAGGAGE INSURANCE MAXIMUM	\$1,000 per insured person, per trip
DESCRIPTION OF CLASSE(S)	All eligible retired employees of USW Local 8782
TERMINATION AGE	99
AGE LIMITS FOR DEPENDENT CHILDREN	Under age 20 or under age 26 if a full-time student at a recognized educational institution
PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD*	180 days
COVERAGE PERIOD*	90 days per trip

\*Applicable to the Emergency Medical Travel Insurance Plan

POLICY CHANGE(S)	N/A
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# BENEFIT BOOKLET

**IMPORTANT:** Please read this Benefit Booklet carefully before you travel. Keep it in a safe place and take it with *you* when *you* travel.

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## SCHEDULE OF BENEFITS

## SUMMARY OF BENEFITS

The information below summarizes your insurance coverage under the Group Travel Insurance. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to this entire Benefit Booklet for complete benefit details. This Summary of Benefits replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

### EMERGENCY MEDICAL TRAVEL INSURANCE PLAN

<b>Overall Maximum</b>	Up to the maximum outlined in the Schedule of Benefits, per insured person, per trip
<b>Hospital or Medical Facility Accommodation</b>	Reasonable & customary charges, private room
<b>Incidental Expenses</b>	Up to \$250
<b>Physician Charges</b>	Reasonable & customary charges
<b>Private Duty Nurse</b>	Up to \$5,000
<b>Diagnostic Services</b>	Reasonable & customary charges
<b>Medical Appliances</b>	Reasonable & customary charges
<b>Paramedical Services</b>	\$500 per profession
<b>Prescriptions</b>	30-day supply per prescription
<b>Lost Prescriptions</b>	Up to \$250
<b>Ground Ambulance Services</b>	Reasonable & customary charges
<b>Emergency Air Transportation</b>	Reasonable & customary charges
<b>Transportation to Bedside</b>	Economy round-trip airfare & up to \$250 per day, to a maximum of \$5,000 for meals and accommodations
<b>Return of Travel Companion</b>	One-way economy airfare
<b>Return of Deceased</b>	Up to \$15,000 for the cost of preparation and transportation of deceased, or up to \$5,000 for cremation and/or burial
<b>Meals &amp; Accommodation</b>	Up to \$250 per day, to a maximum of \$5,000 per trip
<b>Treatment of Dental Accidents</b>	Up to \$2,500
<b>Treatment of Dental Pain</b>	Up to \$300
<b>Child Care</b>	Up to \$5,000
<b>Pet Return</b>	Up to \$500
<b>Vehicle Return</b>	Up to \$10,000
<b>Alternate Transportation</b>	Up to \$5,000
<b>Medical Referral</b>	Up to the maximum outline in the Schedule of Benefits, per lifetime

### TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE PLAN

<b>Trip Cancellation</b>	Up to the maximum outlined in the Schedule of Benefits, per insured person, per trip
<b>Trip Interruption</b>	Up to the maximum outlined in the Schedule of Benefits, per insured person, per trip
<b>Out-of-Pocket Expenses</b>	Up to \$100 per day, per insured person, to a maximum of \$1,000 per trip for all insured persons combined (subject to the overall maximum for Trip Interruption)
<b>Baggage</b>	Up to the maximum outlined in the Schedule of Benefits, per insured person, per trip
<b>Business Expense</b>	Up to \$1,000

# EMERGENCY MEDICAL TRAVEL INSURANCE PLAN

## CERTIFICATE OF INSURANCE

**Note:** Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

### SECTION 1 – INTRODUCTION

Emergency Medical Travel Insurance Plan provides coverage for the *policyholder's participant* and the *participant's dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

You automatically have Emergency Medical Travel Insurance Plan coverage up to the benefit maximums specified on your SCHEDULE OF BENEFITS and access to *emergency* travel services when you travel outside of *your province*. Coverage is provided up to the *coverage period* specified on your SCHEDULE OF BENEFITS.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-866-870-1898** (if in Canada or United States) or call collect **+ 819-566-1898** (from anywhere else in the world).

Royal & Sun Alliance Insurance Company of Canada (*Insurer*) provides the insurance for this certificate under the Master Policy (the *Policy*), issued to the *policyholder*. Global Excel Management Inc. (*Global Excel*) has been appointed by the *Insurer* as the assistance and claims service provider under this certificate. This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

### SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

**IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:**

From Canada and the United States,  
call TOLL FREE **1-866-870-1898**

From anywhere else in the world,  
call COLLECT **+ 819-566-1898**

**Note:** The complete *emergency* telephone numbers are also listed on the back of the *assistance card* provided to *you*.

- If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - In the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.
- *You* will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (see SECTION 8 – WHAT ARE YOU NOT COVERED FOR? for

more details). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment* *you* receive may not be covered by this insurance.

- *Global Excel* can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, we will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

### SECTION 3 – IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.

- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of an *accident*, *injury* or *sickness*, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to the *coverage period* for each *trip*; however, each *trip* must be separated by a return to *your province*.
- Coverage must be in effect before *you* leave *your province*. *You* do not need to provide us with advance notice of *your departure date* and *return date* for each *trip*. However, *you* will be required to provide evidence of these dates when filling a claim, for example, an airline ticket or boarding pass.
- **This certificate contains clauses which may limit the amounts payable.**
- **This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

### SECTION 4 – ELIGIBILITY FOR COVERAGE

#### A. PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province* or the *Health Insurance Plan* provided by *your policyholder* if *you* are an international *student*; and
2. *You* must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. *You* must have *your* permanent residence in Canada or reside in Canada if *you* are an international *student*; and
4. The required premium payments for *your* coverage under the *Policy* must have been paid;

AND

5. a) **If *you* are a *participant* and *you* are covered as an employee of the *policyholder*, *you* must also:**
  - i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
  - ii. Be employed in Canada; and
  - iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and

- iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;

AND/OR

- b) **If you are a *participant* and you are covered as a member of the *policyholder*, you must also:**

- i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
- ii. Be a member in good standing of the *policyholder*; and
- iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;

AND/OR

- c) **If you are a *participant* and you are covered as a student of the *policyholder*, you must also:**

- i. Be enrolled as a *student* of the *policyholder*.

## B. DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, you must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. You must fall within the definition of *dependent* in this certificate; and
4. If you are a *dependent spouse*, you must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
5. The required premium payments for your coverage under the *Policy* must have been paid.

## SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

### A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

*Participant* coverage will become effective on the later of:

1. the date the *Policy* becomes effective; or
2. a) **If the *participant* is covered as an employee of the *policyholder*:**
  - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the *participant* is covered as a member of the *policyholder*:**
  - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
  - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the *participant* is covered as a student of the *policyholder*:**
  - i. the date the *participant* arrives in Canada if the *participant* is an *international student*; or
  - ii. the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province.

### B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

*Dependent* coverage, if any, will become effective on the later of:

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*; if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins on the date you leave your province.

Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province.

### C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

*Participant* coverage will terminate immediately upon the first to occur of:

1. the date you cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if you are an *international student*, the date you return to your *country of origin* permanently; or
4. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date you return to your province or the date you have been absent from your province for more than your coverage period.

### D. DEPENDENT'S TERMINATION DATE OF COVERAGE

*Dependent* coverage will terminate immediately upon the first to occur of:

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
  - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
  - b) the date the *dependent* remarries or dies; or
  - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date you return to your province, or the date you have been absent from your province for more than your coverage period, or if you are a *dependent child* who is registered as a full-time student at an accredited educational institution outside of your province, the date that coincides with the 365<sup>th</sup> consecutive day of stay, outside of your province.

### WHAT IF YOUR TRIP IS LONGER THAN THE COVERAGE PERIOD?

Except in the circumstances when coverage is automatically extended (see below "When does your coverage automatically extend?"), you do not have coverage under this insurance for any days of your *trip* that extend beyond your coverage period. However, you may purchase additional coverage for the excess portion of your *trip* by calling RSA Travel Insurance at 1-877-832-6025.

### WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the coverage period, provided you still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If your return home has been delayed beyond the end of the coverage period because your common carrier has been delayed, or if a private vehicle becomes inoperable on the way to your departure point due to circumstances beyond your control, your coverage is extended for up to five days beyond the end of the coverage period.
- b) **Medically Unfit to Travel.** If you are medically unfit to travel due to an emergency, your coverage is extended for up to five days following the date that you are deemed stable to return to your province by your physician or the common carrier.
- c) **Hospitalization.** If you are hospitalized due to an emergency, your coverage will remain in force during your hospitalization and for up to five days following your discharge from the hospital.

You are required to notify *Global Excel* in the foregoing circumstances prior to the end of the coverage period. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from your departure date.

## SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

### COVERAGE

This insurance covers *you* and *your dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to the Overall Maximum per *insured person*, per *trip*, specified in *your SCHEDULE OF BENEFITS*, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan, Health Insurance Plan, EHC plan* or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. If *you* have an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.

### Emergency Medical Out-of-Province Benefits:

- Hospital or Medical Facility Accommodation:** Room and board costs up to the private room rate charged by the *hospital* or *medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital* or *medical facility* are also covered.
- Incidental Expenses:** Up to the maximum specified in the BENEFIT SUMMARY of this Benefit Booklet, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
- Physician Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan, Health Insurance Plan* or *EHC plan*, where permitted by law.
- Private Duty Nurse:** If the attending *physician* considers one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization, to the maximum specified in the BENEFIT SUMMARY, per *insured person*, when approved in advance by *Global Excel*.
- Diagnostic Services:** Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*.  
Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
- Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.
- Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an *emergency*, up to the maximum specified in the BENEFIT SUMMARY, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.
- Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
- Lost Prescriptions:** The replacement of lost prescription medication when approved in advance by *Global Excel*, up to the maximum amount specified in the BENEFIT SUMMARY.
- Ground Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness* or *accident* to the nearest *medical facility* able to provide the necessary *treatment*.
- Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
  - air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or

- transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket); or
- if the *participant* is an international *student*, up to the *reasonable and customary charges* to return the *participant* to his/her *country of origin* in the event that the *participant* is unable to resume his/his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes *reasonable and customary charges* for transportation to return the *participant's dependents* to accompany him back to their *country of origin*.

If the *insured person* refuses the decision of the *Insurer* to repatriate him back to his/her *country of origin*, the *Insurer* will be released from any liability for expenses incurred for such *injury* or *sickness* after the proposed date of repatriation.

- Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada or from *your country of origin*, plus up to the maximum amount specified in the BENEFIT SUMMARY, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:
  - be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
  - identify the deceased *insured person* prior to the release of the body, where necessary.The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant's dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.
- Return of Travel Companion:** If *you* are returned to *your province* under the Emergency Air Transportation benefit or the Return of Deceased benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.
- Return of Deceased:** To the maximum specified in the BENEFIT SUMMARY towards the cost of preparation and transportation of the deceased *insured person* to their *province* or *country of origin*, in the event of death due to *sickness* and/or *injury*.  
In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to the maximum specified in the BENEFIT SUMMARY.  
The cost of the casket or urn is not covered by this benefit.
- Meals and Accommodation:** Up to the maximum specified in the BENEFIT SUMMARY per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness* and/or *injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.
- Treatment of Dental Accidents:** To the maximum specified in the BENEFIT SUMMARY, per *insured person*, for *emergency* dental *treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident* report is required from a *physician* or dentist for claims purposes.
- Treatment of Dental Pain:** Up to the maximum specified in the BENEFIT SUMMARY, per *insured person*, for the *emergency* relief of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when *treatment* is rendered at least five 500 kilometres outside the *insured person's province*.
- Child Care:** When approved in advance by *Global Excel*, up to a maximum specified in the BENEFIT SUMMARY, per *trip*, for one of the following child care assistance benefits:
  - Economy class airfare for the return of *dependent* children who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the children; or

- b) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
  - c) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.
19. **Pet Return:** Up to the maximum specified in the BENEFIT SUMMARY, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.
20. **Vehicle Return:** Up to the maximum specified in the BENEFIT SUMMARY if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
21. **Alternate Transportation:** When approved in advance by *Global Excel*, up to the maximum specified in the BENEFIT SUMMARY, if, while travelling, *your private vehicle* is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

### Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person's government health insurance plan, Health Insurance Plan or EHC plan*, for the *insured person* and an approved escort, up to a lifetime maximum specified in the SCHEDULE OF BENEFITS, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

- a) The *treatment* must not be available within 500 kilometres from *your residence*; and
- b) The medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
- c) *Your attending Canadian physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
- d) The referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan or Health Insurance Plan* (a written pre-authorization from *your government health insurance plan or Health Insurance Plan* outlining their liability is required); and
- e) If *your government health insurance plan, Health Insurance Plan or EHC plan* covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
- f) The *treatment* must not be experimental or investigative in nature; and
- g) Medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan or Health Insurance Plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and
- h) The medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

## SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Failure to Notify *Global Excel*:** In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your behalf* or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - a) The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - b) In the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - c) In the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*. *You* will be responsible for payment of any remaining charges.

2. **Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital or medical facility*), the *Insurer* reserves the right to:
  - a) transfer *you* to one of *Global Excel's* preferred health care providers, and/or
  - b) return *you* to *your province*, or
  - c) return the *participant* and *dependents* to their *country of origin*, when the *participant* is unable to resume his/her studies in Canada, for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your* life or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital or medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.
3. **Limitation of Benefits – End of *Emergency*:** Once *you* are deemed medically stable to return to *your province* or *your country of origin* (with or without medical escort) either in the opinion of *Global Excel* or *your physician* or by virtue of discharge from a *hospital or medical facility*, *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the *emergency* will not be covered during *your trip*.
4. **Benefits Limited to Incurred Expenses:** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.
5. **Sanctions:** The *Insurer* is required to comply with economic, financial and trade sanctions (“Sanctions”) imposed by Canada and may be required to comply with Sanctions imposed by the United States in certain circumstances. The *Insurer* is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with Sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the *Insurer* intends to adhere to the same standard. Accordingly, the *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this certificate which would breach applicable Sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or the United States.

## SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

### A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any medical condition for which, prior to *your departure date*, medical evidence suggests a reasonable expectation that *treatment* or hospitalization could be required while travelling (except under the terms of the Medical Referral Benefit).
2. If applicable, any medical condition that existed prior to *your departure date* that was not *stable* at any time during the Pre-Existing Medical Condition Stability Period specified in the SCHEDULE OF BENEFITS prior to such *departure date* (except under the terms of the Medical Referral Benefit).

### B – GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):

3. *Treatment* or services normally covered or reimbursable under a *government health insurance plan, Health Insurance Plan* or under other insurance *you* might have.
4. Any *trip* booked or commenced contrary to medical advice or after being diagnosed with a *terminal illness*.
5. *Treatment*, services or supplies that is not *emergency* medical *treatment* for the immediate relief of acute pain and suffering, including any elective and/or cosmetic surgery or *treatment*, or that *you* elect to have provided outside *your province* when medical evidence indicates that *you* could return to *your province* to receive such *treatment*, services or supplies. The delay to receive *treatment*, services or supplies in *your province* has no bearing on the application of this exclusion.
6. Any *treatment*, services or supplies that are experimental or investigative in nature.
7. A *trip* *you* undertake for the purpose of securing or with the intent of receiving medical or *hospital* services for yourself,

whether or not such *trip* is taken on the advice of a *physician*. Note: this exclusion does not apply to *insured person(s)* travelling with *you* who are not seeking to receive medical or *hospital services* on that *trip*.

8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital* or *medical facility*.
9. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
10. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, *treatment* of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *treatment* in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or *treatment* and *treatment* of an acute *sickness* and/or *injury* after the initial *emergency* has ended (as determined by *Global Excel*).
11. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
12. *Treatment* not performed by or under the supervision of a *physician* or licensed dentist.
13. Routine pre-natal care.
14. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your* province. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
15. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
16. Committing or attempting to commit an illegal act or a criminal act.
17. Intentional self-inflicted *injury*, suicide or attempted suicide.
18. Participation:
  - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
  - b) in any motorized race or motorized speed contest; or
  - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
19. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
20. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
21. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
22. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.
23. *Treatment* or services received in *your* province, or in *your* country of origin if *you* are an international student studying in Canada.
24. An *accident* occurring while *you* were operating a motorized vehicle, vessel or aircraft, if *you*:
  - a) were under the influence of drugs or toxic substances, or
  - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
  - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

25. Any *sickness*, *injury*, or medical condition *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Government of Canada has issued a travel advisory or formal notice, before *your* departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area.

If the travel advisory or formal notice is issued after *your* departure date, *your* coverage under this certificate in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.

## SECTION 9 – INTERNATIONAL ASSISTANCE SERVICES

**If you need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:**

**Emergency Call Center.** No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-866-870-1898** if in Canada or the United States, or collect at **+ 819-566-1898** from anywhere else in the world.

**Medical Assistance and Consultation.** If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending physician to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

**Doctor-On-Call™.** Doctor-On-Call™ service for travellers to the United States provides *you* with access to a licensed US *physician* over the phone, when appropriate, including the possibility of receiving a personal visit in case of *emergency*.

**Payment Assistance and Direct Billing.** The payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

**Benefit Information.** *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your* Policy.

**Claims Information.** *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel's* standard verification procedures and the way that *your* Policy benefits are administered.

**Interpretation Service.** *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

**Emergency Message Centre.** In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or physician.

## SECTION 10 – HOW DO YOU MAKE A CLAIM?

### A – HOW TO MAKE A CLAIM?

**To submit a claim:**

- If in Canada or the United States, call toll free at: **1-866-870-1898**.
- From anywhere else in the world, call collect to: **+ 819-566-1898**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in

relation to any such documents. Incomplete documentation will be returned to *you* for completion.

- When making a claim, we may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
  - Complete original unused transportation tickets and vouchers if the *Emergency Air Transportation or Return of Travel Companion* benefit is used.
  - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital or medical facility and/or physician*.
  - All original prescription drug receipts (not cash receipts) from the pharmacist, *physician, hospital or medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  - Proof of *your departure date and return date*. While boarding passes are preferred, we will accept airline tickets or other proof of *departure date from your province*, provided it contains *your name and the location and date of your purchase*.
  - Any other additional documents pertinent to *your claim*, as may be required by *Global Excel*.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of your claim.**

All pertinent documents should be sent to:



Global Excel Management Inc.  
73 Queen Street, Sherbrooke, Quebec J1M 0C9

## B – OTHER CLAIM INFORMATION

### Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and
- b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

### Insurer to Furnish Forms for Proof of Claim

*Global Excel*, on behalf of the *Insurer*, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

## SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.
3. **Other Insurance.** This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or *EHC*

plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.

4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
  - a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as we may reasonably require while the claim hereunder is pending, and
  - b) in the case of death of the *insured person*, we may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
5. **Availability and Quality of Care.** We are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.
6. **Misrepresentation and Non-Disclosure.** Any information that has been misrepresented or misstated to *us* by *you* or is incomplete may result in this certificate and *your* insurance coverage being null and void, in which case no benefits will be paid.
7. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
8. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
9. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and we will pay for all of the related expenses.
10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
11. **Assignment.** Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital or medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.
12. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
13. **Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains qualified under the *policyholder's EHC* plan.
14. **Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.
15. **Limitation Periods.** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

## SECTION 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

**Accommodation** means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

**Actively at Work** means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work

due to vacation, holidays, a non- scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

**Assistance Card** means the card provided to the *participant* and on which the following information is shown: name of the *policyholder*, *Policy* number, *coverage period* per *trip* and *emergency* telephone numbers.

**Common Carrier** means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

**Country of Origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

**Coverage Period** means the maximum number of consecutive days allowed per *trip* stated in the SCHEDULE OF BENEFITS, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date of your trip*; however,

- a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your coverage period* is 365 days; or
- b) if *you* are already on a *trip* prior to the inception date of the *Policy*, *your coverage period* is reduced by the number of days *you* were out of *your province* on the effective date of the *Policy*; or
- c) if *your* SCHEDULE OF BENEFITS reflects more than one class with different coverage periods and, as a result, *your coverage period* changes during *your trip*, the applicable coverage period for that *trip* will be the coverage period that was in effect on the *departure date of your trip*.

**Departure Date** means the date on which *you* leave *your province* from *your departure point*.

**Departure Point** means the place from which *you* depart *your province* on the first day, and return to on the last day of *your trip*.

**Dependent** means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

**Emergency** means an unexpected and unforeseeable *sickness* and/or *injury* during (arising during the *coverage period*), for which immediate *medically necessary treatment* is needed to prevent or alleviate existing danger to life or health and such *treatment* cannot be delayed until *you* return to *your province*.

**Extended Health Care** or EHC mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *health insurance plan* coverage.

**Global Excel** means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

**Government Health Insurance Plan** means the health care coverage provided by Canadian provincial and territorial governments to their residents.

**Health Insurance Plan** means the health care coverage provided by the *policyholder* in Canada to their international student *participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

**Hospital or Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include a spa or nursing home.

**Immediate Family Member** means *your spouse*, son, daughter, father, mother, brother, sister, step-child, step-parent, in-law, step-sibling, grandchild, grandparent, aunt, uncle, niece and nephew.

**Injury** means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

**In-patient** means a patient who occupies a *hospital* or *medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary*.

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

**Medically Necessary**, in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; and
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
- d) cannot be delayed until the *insured person* returns to his/her *province*.

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

**Ongoing Condition** means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

**Participant** means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

**Physician** means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you* or *your immediate family member*.

**Policy** means the Group Travel Insurance contract (Master Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

**Policyholder** means the company or organization to which the *Policy* is issued.

**Province** means *your* Canadian province or territory of permanent residence.

**Reasonable and Customary Charges** mean charges that are, as determined by *us*, comparable to other charges for the same service and level of expertise in the place where the *emergency* took place.

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

**Ridesharing Services** mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

**Sickness** means an unexpected and unforeseen disease or disorder of the body that results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

**Spouse** means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

**Stable** means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- a) there has been no new diagnosis, *treatment* or prescribed medication;
- b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

**Student** means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

**Terminal Illness** means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

**Termination Age** means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

**Travel Companion** or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

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

**Trip** means a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

**Vehicle** means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

**We, Our** and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

**You, Your** and **Insured Person(s)** mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

# TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE PLAN

## CERTIFICATE OF INSURANCE

**Note:** Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

### SECTION 1 – INTRODUCTION

Trip Cancellation and Trip Interruption Insurance Plan provides reimbursement for the *policyholder's participant* and the *participant's dependents* for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of *your trip* cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of *your* non-refundable and non-transferable prepaid travel arrangements due to the interruption or delay of *your trip*; and
3. replacement of *your* baggage due to loss, theft or damage while in custody of a *common carrier*.

You automatically have Trip Cancellation and Trip Interruption Insurance Plan coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS, per *insured person*, per *trip*, and access to assistance services before or while travelling outside of *your province*.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free 1-866-870-1898 (if in Canada or United States) or call collect + 819-566-1898 (from anywhere else in the world).

Royal & Sun Alliance Insurance Company of Canada (*Insurer*) provides the insurance for this certificate under the Master Policy (the *Policy*), issued to the *policyholder*. Global Excel Management Inc. (*Global Excel*) has been appointed by the *Insurer* as the assistance and claims service provider, under this certificate. This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

### SECTION 2 – WHAT SHOULD YOU DO TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

#### IF YOU NEED ASSISTANCE OR TO FILE A CLAIM CALL GLOBAL EXCEL:

From Canada and the United States, toll free 1-866-870-1898  
From anywhere else in the world, collect +819-566-1898

It is important that *you* call on the day the cause of cancellation, interruption or delay of *trip* occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

**Note:** The complete assistance telephone numbers are also listed on the back of the *assistance card* provided to *you*.

### SECTION 3 – IMPORTANT NOTICE - PLEASE READ CAREFULLY

- Trip Cancellation and Trip Interruption Insurance Plan is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing *medical condition* exclusions may apply to *medical conditions* and/or symptoms that existed before *your trip*. Refer to this certificate to determine how these exclusions may affect *your* coverage and how they relate to *your departure date* or *effective date*.

- In the event of an *accident*, injury or sickness, *your* medical history may be reviewed when a claim has been reported.
- Throughout this certificate, any reference to age refers to *your* age on *your effective date*.
- **This certificate contains clauses which may limit the amounts payable.**
- **This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

### SECTION 4 – ELIGIBILITY FOR COVERAGE

#### A. PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province* or the *Health Insurance Plan* provided by *your policyholder* if *you* are an international *student*; and
2. *You* must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. *You* must have *your* permanent residence in Canada or reside in Canada if *you* are an international *student*; and
4. The required premium payments for *your* coverage under the *Policy* must have been paid;

AND

5. a) **If *you* are a *participant* and *you* are covered as an employee of the *policyholder*, *you* must also:**
  - i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
  - ii. Be employed in Canada; and
  - iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and
  - iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;
- OR
- b) **If *you* are a *participant* and *you* are covered as a member of the *policyholder*, *you* must also:**
  - i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
  - ii. Be a member in good standing of the *policyholder*; and
  - iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;
- OR
- c) **If *you* are a *participant* and *you* are covered as a student of the *policyholder*, *you* must also:**
  - i. Be enrolled as a *student* of the *policyholder*.

#### B. DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province* or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, *you* must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. *You* must fall within the definition of *dependent* in this certificate; and
4. If *you* are a *dependent spouse*, *you* must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
5. The required premium payments for *your* coverage under the *Policy* must have been paid.

### SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

WHEN DOES COVERAGE TAKE EFFECT?

- Trip Cancellation coverage takes effect when the cause of cancellation occurs before *you* depart on *your trip*.
- Trip Interruption coverage takes effect when the cause of interruption occurs during *your trip*.
- Trip Delay coverage takes effect when the cause of delay occurs during *your trip* and results in *you* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.
- Baggage coverage takes effect when baggage is lost, stolen or damaged when checked in with, or carried on, a *common carrier* during *your trip*.

#### A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

**Participant coverage will become effective on the later of:**

1. the date the *Policy* becomes effective; or
2. a) **If the participant is covered as an employee of the policyholder:**
  - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the participant is covered as a member of the policyholder:**
  - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
  - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the participant is covered as a student of the policyholder:**  
the date the *participant* arrives in Canada if the *participant* is an international *student*; or  
the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

**Coverage for each trip begins:**

- a) on *your effective date* (provided *your* coverage is in effect on the date of purchase or before any cancellation penalties have been incurred) for Trip Cancellation, or
- b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

#### B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

**Dependent coverage, if any, will become effective on the later of:**

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*, if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

**Coverage for each trip begins:**

- a) on *your effective date* (provided *your* coverage is in effect on the date of purchase and before any cancellation penalties have been incurred) for Trip Cancellation coverage, or
- b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

#### C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

**Participant coverage will terminate immediately upon the first to occur of:**

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due, if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if *you* are an international *student*, the date *you* return to *your country of origin* permanently; or

4. the date the *Policy* is terminated.

**Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.**

#### D. DEPENDENT'S TERMINATION DATE OF COVERAGE

**Dependent coverage will terminate immediately upon the first to occur of:**

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
  - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
  - b) the date the *dependent* remarries or dies; or
  - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

**Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.**

#### WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond *your return date*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If *your* return home has been delayed beyond *your return date* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond *your return date*.
- b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to a covered medical *emergency* (but *you* are not hospitalized), *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
- c) **Hospitalization.** If *you* are hospitalized due to a covered medical *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

**You are required to notify *Global Excel* in the foregoing circumstances prior to *your return date*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

## SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

#### A. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

In the event of the cancellation, interruption or delay of *your trip* for one of the 27 covered reasons set out in the first column of the chart below, *you* will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F and G, as applicable), up to the amount of the overall maximum sum insured per *insured person*, per *trip*, specified in the BENEFIT SUMMARY of the Benefit Booklet.

**Instructions for reading chart and determining benefits.**

1. To determine if the reason for cancellation, interruption or delay of *your trip* is a covered reason, refer to the first column of the chart below.
2. If the reason for cancellation, interruption or delay of *your trip* is one of the 27 covered reasons, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F or G) described following the chart correspond to *your* covered reason.

WHAT ARE YOU COVERED FOR?		WHAT ARE YOUR BENEFITS?		
		TRIP CANCELLATION	TRIP INTERRUPTION	TRIP DELAY
1	Your emergency medical condition or admission to a hospital or medical facility following an emergency.	A	C, D & G, or C, E & G, or C, F & G	E & G
2	The admission to a hospital or medical facility following an emergency of your family member (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
3	The emergency medical condition of your family member (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
4	The admission to a hospital or medical facility of your host at destination, following an emergency medical condition.	A	C, E & G	N/A
5	The emergency medical condition of your travelling companion or their admission to a hospital or medical facility following an emergency.	A	C, D & G, or C, E & G, or C, F & G	E & G
6	The emergency medical condition of your family member who is at your destination or their admission to a hospital or medical facility following an emergency.	A	C, E & G	E & G
7	The emergency medical condition of your travel companion's family member or their admission to a hospital or medical facility following an emergency.	A	C, E & G	E & G
8	Your death.	A	B	N/A
9	The death of your family member or close friend (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
10	The death of your travelling companion.	A	C, E & G	E & G
11	The death of your travelling companion's family member, business partner, key employee or caregiver.	A	C, E & G	N/A
12	The death of your host at destination, following an emergency medical condition.	A	C, E & G	N/A
13	The death of your family member or friend, who is at your destination.	A	C, E & G	E & G
14	A travel advisory or formal notice issued by the Canadian government after the purchase of your trip and prior to your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.	A	N/A	N/A
15	A travel advisory or formal notice issued by the Canadian government after your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.	N/A	C, E & G, or C, F & G	E & G
16	A transfer by the employer with whom you or your travelling companion is employed during the period of insurance, which requires the relocation of your principal residence.	A	C, E & G	N/A
17	The involuntary loss of your or your travelling companion's permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E & G	N/A
18	Cancellation of your or your travelling companion's business meeting beyond your or your employer's control.	A	C, E & G	N/A
19	You or your travelling companion being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E & G	N/A
20	Delay of a private or rented vehicle resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing you or your travelling companion to miss a connection or resulting in the interruption of your travel arrangements, provided the automobile was scheduled to arrive at the departure point at least two hours before the scheduled time of departure.	N/A	C, F & G	E & G
21	Delay of your or your travelling companion's common carrier, resulting from the mechanical failure of that common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss a connection or resulting in the interruption of your travel arrangements.	N/A	C, F & G	E & G
22	Delay of your or your travelling companion's departure, resulting from the mechanical failure of your common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss your scheduled cruise or tour, and no alternative travel arrangements can be made for you to join the cruise or tour.	N/A	B & G	N/A
23	An event completely independent of any intentional or negligent act that renders your or your travelling companion's principal residence uninhabitable or place of business inoperative.	A	C, E & G	N/A
24	The quarantine or hijacking of an insured person or their travelling companion.	A	C, E & G	E & G
25	You or your travelling companion being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during your trip.	A	C, E & G	N/A
26	You or your travelling companion's cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, grounding, quarantine of cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.	A	C, E & G	E & G
27	Your pregnancy, if diagnosed after the purchase of your trip and prior to your departure date when you choose not to travel.	A	N/A	N/A

- **Benefits A, B & C - Prepaid Travel Arrangements**  
If *your* covered reason entitles *you* to Benefits A, B or C, *you* will be entitled to reimbursement (up to the maximum sum insured) for:
  - A. the non-refundable and non-transferable portion of *your* prepaid travel arrangements or *rebooking fees*, whichever is less; or
  - B. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements; or
  - C. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

**Note: Your entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the travel service supplier.**
- **Benefits D, E & F - Transportation**  
If *your* covered reason entitles *you* to Benefits D, E or F, *you* will be entitled to reimbursement (up to the maximum sum insured) for the extra cost of *your* economy class:
  - D. transportation via the most cost-effective route to rejoin a tour or group on *your trip*; or
  - E. transportation via the most cost-effective route to *your departure point*; or
  - F. one-way air fare via the most cost-effective route to *your* next destination (inbound and outbound) on *your trip*.

**Please Note:** If *you* are required to interrupt *your trip* to attend a funeral or travel to the bedside of a hospitalized *family member*, close friend, *caregiver*, business partner, or *key employee* where death is imminent, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to *your departure point* (applicable to covered reason #9). This option must be pre-authorized by *Global Excel*. This option can only be used once and if *you* chose this option, it will replace Benefit E.
- **Benefit G - Out-of-Pocket Expenses**
  - G. If *your* covered reason entitles *you* to Benefit G, *you* will be entitled to reimbursement of up to the maximum specified in the BENEFIT SUMMARY, for *accommodation*, meals, telephone, taxi and *ridesharing services*, for expenses incurred if *your trip* is interrupted or if *your* return home is delayed beyond the scheduled *return date*.
- **N/A: Not Applicable**

## B. BAGGAGE COVERAGE

The *Insurer* will reimburse the cost of replacement of an *insured person's* baggage and personal property contained therein, due to theft, damage or loss by a *common carrier* when the baggage is checked with a *common carrier* or carried by the *insured person* on a *common carrier*, up to the maximum specified in the BENEFIT SUMMARY.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum specified, whichever is less, with respect to any one item or set of items.

**Additional Benefit - Business Expense:** In the event of theft of *your* laptop or cell phone during *your trip*, the *Insurer* will reimburse up to the maximum specified in the BENEFIT SUMMARY, for the temporary use or rental of a computer, laptop or cell phone during *your trip*, provided such use or rental is required in connection with *your* business, trade or professional occupation. Original receipts and a police report are required for reimbursement.

## SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Limitations of Coverage.** When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before *your departure date*, *you* must, as soon as reasonably possible:
  - cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc.; and
  - advise *us*.

The *Insurer's* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation.
2. **Benefits Limited to Incurred Expenses.** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.
3. **Sanctions.** The *Insurer* is required to comply with economic, financial and trade sanctions ("Sanctions") imposed by Canada and may be required to comply with Sanctions imposed by the United States in certain circumstances. The *Insurer* is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with Sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the *Insurer* intends to adhere to the same standard. Accordingly, the *Insurer* shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this certificate which would breach applicable Sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or the United States.

## SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

### A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with:**

1. Any *medical condition* (other than a *minor ailment*) of *you*, a *family member*, a *travelling companion*, a *travelling companion's family member*, a business partner, a close friend, a *key employee*, a *caregiver*, or a host at *trip* destination, if, in the 90 days before *your effective date*, that condition or a related condition has not been *stable*.
2. Any *medical condition* which, prior to the *effective date* of coverage, was such as to render expected medical consultation or hospitalization as probable or certain (based on prior medical history) to occur.

### B – GENERAL EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with:**

3. Trip cancellation, trip interruption or trip delay when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
4. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
5. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
6. Routine pre-natal care.
7. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
8. Participation:
  - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
  - b) in any motorized race or motorized speed contest; or
  - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
9. Committing or attempting to commit an illegal act or a criminal act.

10. Intentional self-inflicted injury, suicide or attempted suicide.
11. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
  - a) were under the influence of drugs or toxic substances, or
  - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
  - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.
12. Noncompliance with any prescribed medical therapy or medical *treatment* (as determined by the *Insurer*) or failure to carry out a *physician's* instructions.
13. Anxiety or panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
14. Any sickness, injury or *medical condition* *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Canadian Government has issued a travel advisory or formal notice, before *your departure date* advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the travel advisory or formal notice is issued after *your departure date*, *your* trip interruption or trip delay coverage in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.
15. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
16. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a *common carrier*, travel agent, agency, broker or travel supplier.  
**In addition to the exclusions outlined above, the following exclusions apply to the Baggage benefit only. This insurance will not pay any expenses relating to or in any way associated with:**
17. Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, jewelry, china, art objects or breakage of fragile articles, furs, tickets, valuable papers and documents, credit cards and any other *negotiable instruments*, securities and money.
18. Confiscation, expropriation or detention by any government, public authority, customs or other officials.
19. Baggage or personal property lost, stolen or damaged during *commuting*.
20. Property illegally acquired, kept, stored or transported.
21. Loss or damage resulting from moths, vermin, deterioration or wear and tear.
22. Loss or damage caused by any imprudent action or omission by *you*.

## SECTION 9 – ASSISTANCE SERVICES

If *you* need assistance before or while travelling, help is one call away. *Global Excel* provides the following services whenever possible:

**Emergency Call Center.** No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please call *Global Excel* toll free at 1- 866-870-1898 if in Canada or the United States, or call collect at + 819-566-1898 from anywhere else in the world.

**Benefit Information.** *Global Excel* can help *you* understand what coverage is available to *you* under *your Policy*.

**Claims Information.** *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel's* standard verification procedures and the way that *your Policy* benefits are administered.

## SECTION 10 – HOW DO YOU MAKE A CLAIM?

### A. HOW TO MAKE A CLAIM?

To submit a claim:

- If in Canada or the United States, call toll free at: 1-866-870-1898.
- From anywhere else in the world, call collect to: + 819-566-1898.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* must contact *us* on the day the covered reason occurs or as soon as reasonably possible to advise *us* of the cancellation, interruption or delay of *your trip*.
- *You* must contact *us* on the day the baggage is lost, damaged or stolen.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, we may require that a Claim & Authorization form be completed and that supporting documentation such as the following be provided:
  - A medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of *treatment*.
  - Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
  - Tour operator terms and conditions.
  - Copy of *your* invoice showing payment of prepaid travel arrangements, including the *common carrier* ticket.
  - Complete original unused transportation tickets and vouchers.
  - All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
  - Original passenger receipts for new tickets.
  - A copy of the initial claim report submitted to the *common carrier* and proof of submission of the loss to and the result of any settlement by the *common carrier*.
  - For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
  - For the Business Expense benefit, original receipts and a police report.
  - Reports from the police or local authorities documenting the cause of the missed connection.
  - Detailed invoices and/or receipts from the service provider(s).
- **Failure to complete the required Claim & Authorization form in full may delay the assessment of *your* claim.**

All pertinent documents should be sent to:



Global Excel Management Inc.  
73 Queen Street, Sherbrooke, Quebec J1M 0C9

### B. OTHER CLAIM INFORMATION

- During the processing of a claim, we may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense. *You* agree that the *Insurer* and its agents have:
  - a) *Your* consent to verify *your* health card number and other information required to process *your* claim with the relevant government and other authorities; and
  - b) *Your* authorization to *physicians*, *hospitals* or *medical facilities*, and other medical providers to provide to *us*, any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
  - c) *Your* agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when we determine that the amount was not payable under the terms of *your* insurance.

## SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.
3. **Other Insurance.** This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under, any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.
4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
  - a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
  - b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
5. **Misrepresentation and Non-Disclosure.** Any information that has been misrepresented or misstated to *us* by *you* or is incomplete may result in this certificate and *your* insurance coverage being null and void, in which case no benefits will be paid.
6. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
7. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
8. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.
9. **Limitation Periods.** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
11. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
12. **Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains covered under the *policyholder's EHC* plan.
13. **Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

## SECTION 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

**Accommodation** means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

**Actively at Work** means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

**Assistance Card** means the card provided to the *participant* and on which the following information is shown: name of the *policyholder*, *Policy* number, and assistance telephone numbers.

**Business Meeting** means a meeting, trade show, conference, training course, or convention, scheduled before *your effective date*, between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*.

**Caregiver** means a person entrusted with the care of the *dependent* child on a permanent, full-time basis and whose services cannot reasonably be replaced.

**Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

**Commuting** means the regular or frequent travel between residence and place of employment usual to the *insured person*.

**Country of Origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

**Departure Date** means the date on which *you* leave *your province* from *your departure point*.

**Departure Point** means the place from *your province* *you* depart from on the first day and return to on the last day of *your trip*.

**Dependent** means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he reached the age when insurance would normally terminate.

**Effective Date** means the date and time *you* make the initial non-refundable deposit for *your trip* and before any cancellation penalties have been incurred.

**Emergency** means any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized. An emergency ends when *our* medical advisors determine that *you* are medically able to return to *your departure point*.

**Extended Health Care** or *EHC* mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *health insurance plan* coverage.

**Family Member** means *your spouse* or *your travelling companion's spouse*, and *your* or *your travelling companion's* mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

**Global Excel** means Global Excel Management Inc., the assistance and claims service provider under this certificate.

**Government Health Insurance Plan** means the health care coverage provided by Canadian provincial and territorial governments to their residents.

**Grounding** means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of

two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

**Health Insurance Plan** means the health care coverage provided by the *policyholder* in Canada to their international student *participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

**Hospital or Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include a spa or nursing home.

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

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

**Medical Condition** means an *accident* or sickness (or a condition related to that *accident* or sickness).

**Minor Ailment** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 days prior to the *effective date of a trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Negotiable Instrument** means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

**Participant** means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

**Period of Insurance** means the period of time between *your effective date* and *your return date*.

**Physician** means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you* or *your family member*.

**Policy** means the Group Travel Insurance contract (Master Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *trip* cancellation, *trip* interruption, *trip* delay and baggage insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

**Policyholder** means the company or organization to which the *Policy* is issued.

**Province** means *your* Canadian province or territory of permanent residence.

**Rebooking Fees** mean the additional amounts charged to *you* to change *your* original ticket prior to *your departure date*, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.

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

**Ridesharing Services** mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

**Spouse** means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

**Stable** means any *medical condition* (other than a *minor ailment*) for which all the following statements are true:

- there has been no new diagnosis, treatment or prescribed medication;
- there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- there have been no new symptoms, more frequent symptoms or more severe symptoms;

- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that *medical condition*.

**Student** means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

**Termination Age** means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

**Travel Companion or Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

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

**Trip** means a period of travel outside *your province* for which:

- There is a *departure point* and a destination; and
- There is a predetermined and recorded *departure date* and *return date* on the confirmation of *your* prepaid travel arrangements.

**Vehicle** means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver.

**We, Our and Us** mean the *Insurer*, or its authorized representatives or *Global Excel*, as applicable.

**You, Your and Insured Person(s)** mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

## IMPORTANT NOTICE ABOUT THE INSURED PERSON'S PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders*, *insured persons* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder*, *insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders*, *insured persons* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit [www.rsatravelinsurance.com](http://www.rsatravelinsurance.com).

## IDENTIFICATION OF INSURER

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