



**OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL
INSURANCE TOP-UP PLAN
CERTIFICATE OF INSURANCE
AMEX® TRAVEL INSURANCE**



INTRODUCTION

OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE FOR AMEX CARDMEMBERS AND INSURED PERSONS WHO REQUIRE ADDITIONAL DAYS OF TRAVEL BEYOND THE DURATION PROVIDED ON THEIR CARD.

IMPORTANT – PLEASE READ: This Certificate of Insurance is a valuable source of information and contains provisions that may limit or exclude coverage. Please read this Certificate of Insurance, keep it in a safe place and carry it with you when you travel.

Amex Bank of Canada has been issued group insurance policy **PSI047402221** for Out of Province/Country Emergency Medical Insurance Top-Up coverage by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”) to cover *emergency* medical expenses incurred by you while outside your Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to your AMEX Travel Insurance – Out of Province/Country Emergency Medical Insurance Top-up Plan.

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- **This Policy 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.**
- **This Policy contains clauses which may limit the amounts payable.**
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances and *emergencies*. It is important that you read and understand your Certificate of Insurance before you travel as your coverage may be subject to certain limitations or exclusions.
- A pre-existing condition exclusion applies to *medical conditions* and/or symptoms that existed prior to your trip. Check to see how this applies in your Certificate of Insurance and how it relates to your departure date, date of purchase, or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your insurance provides travel assistance. You are required to notify *Global Excel* prior to *emergency* treatment. Your insurance limits benefits should you not contact *Global Excel* immediately.
- **The following only applies to residents of Quebec: The parties hereby agree that this policy and related documents be drawn up in the English language only. Les parties aux présentes ont convenu que cette police et les documents s’y rattachant soient rédigés en langue anglaise seulement.**

PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL.

WHAT TO DO IN A MEDICAL EMERGENCY?

If you have a medical *emergency*, you must call *Global Excel* before you receive *emergency services*. Of course, if your *medical condition* prevents you from calling, we understand – however, you must call as soon as medically possible or, as an alternative, someone else may call on your behalf (relative, friend, nurse or doctor).

***Global Excel* can be contacted 24 hours a day, 7 days a week by calling:**

1-844-780-0501 toll-free from the US & Canada, or +819-780-0501 collect from anywhere in the world.

If you do not call *Global Excel* before you seek *emergency services*, or if you choose to seek care from a non-approved medical service provider, you will be responsible for 20% of your medical expenses covered under this insurance and not recovered from your *government health insurance plan*, to a maximum of \$25,000. If, after reimbursement by your *government health insurance plan*, your claim exceeds \$25,000, this insurance will pay 100% of any eligible expenses over and above \$25,000.

DEFINITIONS

Throughout this document, all *italicized* terms have the specific meaning explained below.

Accidental bodily injury – bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Card – means the valid American Express credit or charge card issued to you in Canada by Amex Bank of Canada that

has embedded Out of Province/Country Emergency Medical Insurance benefits at no additional charge (please refer to your certificate of insurance).

Cardmember – means a holder of a valid Basic or Supplementary *card* issued in Canada by Amex Bank of Canada.

Change in medication – the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

Contamination – the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

Departure point – *your* Canadian province or territory which *you* depart from on the first day of *your* intended *trip*.

Dependent child – means any natural child, any legally adopted child, any step-child of or any child dependent upon the *cardmember* or *supplementary cardmember* in a “parent-child” relationship for maintenance and support who is:

- a) Under the age of 21 years and unmarried;
- b) Under the age of 25 years and unmarried and in full time attendance at a college or university; or
- c) By reason of mental or physical infirmity, incapable of self-sustaining employment and totally dependent upon the *cardmember* or *supplementary cardmember* for support within the terms of the Income Tax Act (Canada).

Effective date – provided the required premium has been paid, the later of:

- a) the date indicated on *your* Confirmation of Insurance; or
- b) 12:01 am on the day following the date of expiry of *your* Out of Province/Country Emergency Medical Insurance provided on *your card*.

Emergency – 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 *we* determine that *you* are medically able to return to *your departure point*.

Emergency services – any treatment, surgery or medication that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a *physician* cannot be delayed until *you* return to *your departure point*, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your departure point*.

The *emergency services* must be ordered by or received from a *physician*, or received in a *hospital* during *your trip*, or received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

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

Government health insurance plan – the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital – an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre,

convalescent, rest or nursing home, home for the aged or health spa.

Immediate family – *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Insured person – means any of the following persons who are under the age of 65 years of age and who have a valid *government health insurance plan*: the *cardmember*, the *supplementary cardmember*, the *cardmember's spouse*, the *supplementary cardmember's spouse*, the *cardmember's dependent child* or the *supplementary cardmember's dependent child*.

Medical condition – *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Mental or emotional disorders – emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

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

Period of insurance – the period of time between *your effective date* and *your return date*.

Physician – someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drugs – drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. *Prescription drugs* does not mean such drugs or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

Professional – engaged in a specified activity as *your* main paid occupation.

Return date – the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your* Confirmation of Insurance.

Spouse – the person who is legally married to the *cardmember*, or *supplementary cardmember*, or has been living in a conjugal relationship with the *cardmember* or *supplementary cardmember* for a continuous period of at least one year and who resides in the same household as the *cardmember*.

Stable – any *medical condition* or related condition (including any heart condition or any lung condition) for which there has been:

- a) no new treatment, new medical management, or new prescribed medication; and
- b) no change in treatment, change in medical management, or *change in medication*; and
- c) no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and

- d) no new test results or test results showing a deterioration; and
- e) no investigations or future investigations initiated or recommended for *your* symptoms; and
- f) no hospitalization or referral to a specialist (made or recommended).

Supplementary cardmember – means an authorized user of the *card*.

Top-up – the coverage *you* purchase through the Enrollment Centre or online to extend travel insurance coverage that is in effect for *your period of insurance* during *your trip* under this Certificate of Insurance. The terms, conditions and exclusions of this Certificate of Insurance apply to *you* during the *top-up* period.

Travelling companion – the person other than *your spouse* or *dependent child* who is sharing travel arrangements with *you* to a maximum of three persons.

Trip – the period of time between leaving *your departure point*, up to and including *your return date*, outside *your* Canadian province or territory of residence.

Vehicle – a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a commercial rental agency.

We, us and **our** refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer) or *Global Excel*, as applicable.

You, yourself and **your** refer to the *insured person*.

WHO IS ELIGIBLE FOR THIS INSURANCE?

You must meet the following conditions to be eligible for this insurance:

- a) *You* must be a *cardmember* or *supplementary cardmember* or the *spouse* or *dependent child* of a *cardmember* or *supplementary cardmember*;
- b) The *cardmember's card* account must be in good standing as per the *cardmember's Cardmember Agreement* issued by Amex Bank of Canada;
- c) *You* must be a Canadian resident and be covered by the *government health insurance plan* of *your* Canadian province or territory of residence for the entire duration of *your trip*;
- d) *You* must be age 64 or under on the *effective date*.

This coverage must be purchased prior to *your* departure date from *your departure point*; or, if *you* are extending this coverage, the extension of coverage must be purchased prior to the expiry of *your* existing coverage.

HOW DO YOU ENROLL AND BECOME INSURED?

The *cardmember* or *supplementary cardmember* may apply for coverage through the Enrollment Centre by calling 1-866-587-1029 or by applying online and charging the required premium to the *cardmember's card*.

If *you* have paid insufficient premium, the duration of coverage will be decreased to the period that would have been provided for the premium paid, starting on *your effective date*.

HOW DO YOU PAY FOR COVERAGE OR GET A REFUND?

Premium

Coverage is valid upon payment of premium and subject to the eligibility requirements. The required premium must be paid before *your effective date* by charging *your card*. Coverage will be null and void if *your* card charges are invalid.

Refunds

Cancellation requests must be made in writing to *us*, including *your* certificate number, found on your Confirmation of Insurance, to 200 - 1910 King Ouest, Sherbrooke, QC J1J 2E2.

You can cancel *your* coverage before the *effective date* shown on *your* Confirmation of Insurance. If *your* cancellation request is postmarked on or before *your effective date*, *you* will receive a full refund.

You can cancel *your* coverage when *you* return to *your* Canadian province or territory of residence before the *return date* shown on *your* Confirmation of Insurance, provided no event has occurred that would give rise to a claim under the insurance. If *your* cancellation request is postmarked after *your effective date* *you* may be entitled to a pro-rata refund (less a \$15 administrative charge) calculated from the date *you* return to *your* Canadian province or territory of residence. Proof of *your return date* will be required.

WHAT COVERAGE IS AVAILABLE?

Coverage under this Certificate of Insurance is available for a single trip outside *your* Canadian province or territory of residence when purchased before the expiry of coverage under *your* Out of Province/Country Emergency Medical Insurance provided on *your card*.

Coverage may be purchased for *trip* durations that are up to the number of days outside *your* Canadian province or territory of residence allowed by *your government health insurance plan*.

Note: Coverage (to a limit of 365 days) is permitted beyond the regular maximum number of days allowed outside *your* Canadian province or territory of residence, provided *you* receive written permission from *your* government to maintain *your* Canadian *government health insurance plan* beyond the regular maximum. In the event of a claim, *you* will be requested to provide such written permission.

The number of consecutive days for a *trip* includes *your* date of departure from *your departure point* and *your return date*. The date *you* leave on *your trip* and the date *you* return from *your trip* must be within a 365-day period starting from *your* departure date from *your departure point*.

WHEN DOES COVERAGE BEGIN AND END?

Coverage begins on the later of:

- a) the *effective date* shown on *your* Confirmation of Insurance; or
- b) 12:01 am on the day following the date of expiry of *your* Out of Province/Country Emergency Medical Insurance provided on *your card*.

Coverage ends on the earliest of:

- a) the *return date* shown on *your* Confirmation of Insurance; or
- b) the date *you* actually return to *your* Canadian province or territory of residence; or
- c) the date on which the number of days allowable outside *your* Canadian province or territory of residence by *your* government health insurance plan is reached.

CAN COVERAGE BE EXTENDED?

Optional Extension

Coverage can be extended under this Top-up Plan by calling the Enrollment Centre at 1-866-587-1029. *Your* request will be approved, provided no event has occurred that would give rise to a claim under the insurance and *you* request an extension before coverage for *your* trip terminates. If an event has occurred that would give rise to a claim, the extension of *your* insurance is subject to the approval of the Enrollment Centre. *Your* total trip length outside *your* Canadian province or territory of residence, including *your* initial trip plus any extensions, is limited to the number of days outside *your* Canadian province or territory of residence allowed by *your* government health insurance plan. Please refer to "When Does Coverage Begin and End". *Your* request for extension received after *your* effective date is subject to a \$15 administrative charge. Premium payment will be charged to *your* card account.

Automatic Extension

1. When *you* or *your* travelling companion are hospitalized due to a medical emergency on *your* scheduled return date, *your* coverage will remain in force during the period of hospitalization and up to 5 days following discharge from hospital.
2. Coverage is automatically extended for up to 5 days when *you* must delay *your* scheduled return date due to *your* or *your* travelling companion's medical emergency.
3. Coverage is automatically extended for up to 72 hours when the delay of a common carrier in which *you* are a passenger causes *your* trip to extend beyond *your* scheduled return date.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your* departure point.

WHAT RISKS ARE INSURED?

This insurance offers coverage to a maximum of \$5,000,000 CAD per insured person, for reasonable and customary expenses incurred by *you*, in excess of any medical expenses payable by *your* government health insurance plan or any other insurance plan, for emergency services medically required during *your* trip as a result of a medical emergency.

WHAT ARE THE BENEFITS?

1. Hospital & Medical Expenses

Covers the cost of a medical emergency including hospital, surgical and medical treatment. Eligible expenses include the following when ordered by a physician during *your* trip:

- hospital room and board, up to semi-private or the equivalent,
- treatment by a physician or surgeon,
- out-patient hospital charges,
- x-rays and other diagnostic tests,
- use of an operating room, intensive care unit, anesthesia and surgical dressings,
- prescription drugs except when *you* need them to continue to stabilize a chronic medical condition or a condition which *you* had before *your* trip,
- local ground ambulance service (or local taxi fare in lieu) to a hospital, physician or medical service provider in a medical emergency,
- the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances, and
- the cost for the professional services of a registered private nurse while *you* are hospitalized, to a maximum of \$10,000, when these services are recommended by a physician and approved in advance through Global Excel.

2. Emergency Dental Expenses

Covers the cost of the following dental expenses when ordered by, or received from, a licensed dentist if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face during *your* trip:

- emergency dental expenses *you* incur during *your* trip, and
- up to a maximum of \$1,000 to continue necessary treatment after *your* return to Canada so long as this treatment is received within 90 days of *your* injury.

This insurance also covers treatment, during *your* trip, for the emergency relief of dental pain, to a maximum of \$250.

3. Physiotherapy and Other Professional Services

Covers the cost for the professional services of a physiotherapist, chiropractor, osteopath, chiroprapist or podiatrist to a maximum of \$250 per profession, when ordered by a physician during *your* trip.

4. Return to your Departure Point

If the physician treating *you* recommends to us in writing that *you* return to *your* country of residence because of *your* medical condition in order to receive emergency medical attention, or if we determine that *you* are able to and recommend that *you* return to *your* country of residence, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Global Excel, when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route to *your* departure point to receive immediate emergency medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to *your* departure point, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost-effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

5. Return of Deceased

Covers:

- the return of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and the cost of the common carrier's standard transportation container; or
- the return of *your* remains to *your departure point*, and up to \$2,000 for the cremation of *your* remains where *your* death occurred; or
- up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains where *your* death occurred.

If someone is legally required to identify *your* remains, this insurance covers the cost of round-trip economy class transportation by the most cost-effective route and up to \$300 for meal and hotel accommodation expenses for that person. That person is covered under the terms of *your* insurance during the period in which he or she is required to identify *your* remains, but for no longer than 3 business days.

6. Additional Hotel & Meal Expenses

Covers the cost of up to \$150 per day, to a maximum of \$1,500 per *trip*, for meal and commercial accommodation expenses *you* have incurred after the date *you* are scheduled to return to the *departure point*, when *your* return is delayed due to *your* or *your travelling companion's* medical *emergency* or when *you* or *your travelling companion* are relocated to receive medical attention.

7. Bringing Bedside Companion to Bedside

- This benefit is subject to the pre-authorization of *Global Excel*.
- Covers the cost of round-trip economy class transportation by the most cost-effective route, to have someone visit *you* when *you* are travelling alone and are hospitalized during *your trip* for more than 3 days. However, if *you* are under age 21, or age 21 and over and physically handicapped and dependent on *your* bedside companion for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*. That person is entitled to a maximum of \$300 for meal and hotel accommodation expenses and is covered under the terms of *your* insurance during the period in which he or she is required at *your* bedside.

8. Return of Vehicle

- This benefit is subject to the pre-authorization of *Global Excel*.
- Covers the reasonable costs for a commercial agency, when arranged and approved through *Global Excel*, to return a *vehicle* to *your* residence or to a commercial rental agency, when *you* are unable to return the *vehicle* due to a medical *emergency*. The *vehicle* can be a private passenger automobile, self-propelled mobile home, camper truck or trailer home that *you* own or rent and which *you* use during *your trip*.

9. Return of Dependent Children

- This benefit is subject to the pre-authorization of *Global Excel*.

- If *dependent children* travel with or join *you* during *your trip*, and *you* are hospitalized for more than 24 hours, or *you* must return to Canada because of *your* medical *emergency* covered under this insurance, this insurance covers, when arranged and approved through *Global Excel*, the extra cost of one-way economy transportation by the most cost-effective route to their *departure point* and the cost of return economy transportation for an escort, when an escort is deemed necessary by the carrier.

10. Return of your Excess Baggage

- This benefit is subject to the pre-authorization of *Global Excel*.
- If *you* return to *your departure point* by air ambulance (pre-authorized by *Global Excel*) because of *your* medical *emergency*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

Under this Certificate of Insurance, the following assistance services are available to *you*:

1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call *Global Excel*, whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, *Global Excel* will:

- provide confirmation of coverage and pay *your* eligible medical expenses 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 ensure that *your* resulting eligible expenses will be covered by this insurance.

2. Payment Assistance

Whenever possible, 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.

3. Emergency Message Centre

In case of a medical *emergency*, *Global Excel* will help exchange important messages with *your immediate family*, business or *physician*.

4. Replacement Coordination

Whenever possible, *Global Excel* will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.

WHAT IS NOT COVERED?

PRE-EXISTING CONDITION EXCLUSION

In addition to the exclusions outlined below under "General Exclusions," the following exclusion applies to *you*.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*.
2. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency* treatment of that condition during *your trip*, if we determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
3. The treatment of any heart or lung condition following *emergency services* for a related or unrelated heart or lung condition during *your trip* if we determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
4. Any services that are not *emergency services*.
5. Routine care of a chronic condition.
6. Routine pre-natal care.
7. A child born during *your trip*.
8. Pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
9. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by *Global Excel* prior to being performed.
10. *Your* participation as a *professional* in sports, participation as a *professional* in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
11. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
12. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide.
13. Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
14. *Your* abuse of medication, drugs or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment, whether prior to or during *your trip*.
15. *Your mental or emotional disorders*.
16. War (declared or not), act of foreign enemies or rebellion.
17. Any portion of the benefits that require prior authorization and arrangement by *Global Excel* if such benefits were not pre-authorized and arranged by *Global Excel*.
18. Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
19. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
20. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication within the 90 days before *your trip*.
21. Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.
22. Any sickness, *accidental bodily injury* or *medical condition* *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Department of Foreign Affairs and International Trade of 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 Canadian Government issues a travel advisory or formal notice after *your* departure date from Canada, *your* coverage for sickness, *accidental bodily injury* or *medical condition* is 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 to safely evacuate the country, region or area.
23. Any *medical condition* if the medical advisors of *Global Excel* recommend that *you* return to *your departure point* following *emergency services* *you* have received, and *you* chose not to return.
24. Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
25. Any *medical condition* for which *you* incur a claim after *your* departure date and prior to the *effective date* of this *Top-Up*, if the *Top-Up* was purchased after *your* departure date.

HOW DO YOU SUBMIT A CLAIM?

1. When you call *Global Excel* at the time of an *emergency*, you are given all the information required to file a claim. Otherwise, please refer to the instructions below.
2. This insurance does not cover fees charged for completing a medical certificate.
3. You must file your claim with us within 90 days of your return to your *departure point*.
4. If you need a Claim & Authorization form, please contact our Claims Department at:

**73 Queen Street, Sherbrooke, Quebec J1M 0C9
1-844-780-0501 or +819-780-0501**

Emergency Medical Insurance

We require the fully completed Claim & Authorization form, and where applicable:

- Proof of your departure and *return date*.
- Original of all bills, invoices and receipts.
- Proof of payment by your *government health insurance plan* and payment from any other insurer or benefit plan.
- The completed and signed government specific forms if you reside in Quebec, British Columbia or Newfoundland.
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* that provided the treatment, including, where applicable, written verification from the *physician* who treated you during your *trip* that the expenses were medically necessary.

In addition, for accidental dental expenses, we require proof of the accident.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.

OTHER CLAIM INFORMATION

During the processing of a claim, the Insurer may require you to undergo a medical examination by one or more *physicians* selected by the Insurer and at the Insurer's 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;
- b) your authorization to *physicians, hospitals* and other medical providers to provide to us, and *Global Excel*, 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.

After we pay your health care provider or reimburse you for covered expenses, we will seek reimbursement from your *government health insurance plan* and any other medical insurance plan under which you may have coverage. 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.

In the case of out-of-country/province health care coverage:

- a) if you are retired and your former employer provides to you under an extended health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, we will not coordinate payment with such coverage;
 - more than \$50,000, we will coordinate payment with such coverage only in excess of \$50,000;in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
- b) if you are actively employed and your current employer provides to you under a group health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, we will not coordinate payment with such coverage;
 - more than \$50,000, we will coordinate payment with such coverage only in excess of \$50,000.

You and we agree that all disputes, controversies or claims arising under this insurance or otherwise in connection with this insurance, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the insurance shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this insurance was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended.

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.

GENERAL CONDITIONS

1. Any of our policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of our policies.
2. When you contact *Global Excel*, they will, on the Insurer's behalf, refer you or may transfer you, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to you.
3. If you are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to you by all insurers cannot exceed the actual expense that you have incurred. We will coordinate the payment of benefits with all insurers from whom you are eligible for benefits similar to those

provided under this insurance, to a maximum of the largest amount specified by each insurer.

4. The statements *you* furnish as evidence of insurability at the time of application are material to the decision to approve *your* application for insurance. Accordingly, any information that has been misrepresented, misstated or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your* trip.
5. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.
6. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the claim is paid. This insurance will not pay for any interest.
7. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
8. Throughout this document, any reference to age refers to *your* age on the *effective date*.
9. When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
10. The Insurer, *Global Excel*, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
11. This Certificate of Insurance, including the application for insurance and Confirmation of Insurance is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
12. On request, *you* or a claimant under the contract will be provided with a copy of *your* application and any evidence of *your* insurability provided to the Insurer. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation and subject to certain access limitations permitted by applicable legislation).
13. The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.

The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach

economic, financial or trade sanctions ("Sanctions") imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

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

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

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