

Distribution Guide

Name of the insurance product

Medi-Select Advantage[®]

Travel Insurance

Type of insurance product

Travel Insurance

(Individual Insurance)

Name and address of the Insurer

Royal & Sun Alliance Insurance Company of Canada

18 York Street

Suite 800

Toronto, Ontario

M5J 2T8

Tel: 1-888-877-1710

Name and address of the distributor

Royal & Sun Alliance Insurance Company of Canada

1910 King Ouest Street, Suite 200

Sherbrooke, Quebec

J1J 2E2

Tel: 1-866-662-1600

The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide. The insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

Throughout this distribution guide the words “you” and “your” refers to the applicant and the words “we”, “us” and “our” refers to Royal & Sun Alliance Insurance Company of Canada.

TABLE OF CONTENT

1. INTRODUCTION	4
2. DESCRIPTION OF INSURANCE PRODUCT OFFERED	5
2.1 Nature of guarantee	5
2.2 Conditions of eligibility	5
2.2.1 Eligibility for the Medical Benefits	5
2.2.2 Eligibility for the Non-Medical insurance	6
2.3 Summary of specific features and coverage options	7
2.3.1 Medical Benefits for the Emergency Medical Insurance.....	8
2.3.2 Non-Medical Insurance.....	10
2.3.2.1 Travel Cancellation and Travel Interruption Benefits.....	10
2.3.2.2 Flight Itinerary Schedule Change.....	12
2.3.3 Accidental Death and Dismemberment	13
2.3.4 Travel Baggage and Personal Effects Insurance.....	14
2.3.5 40-Day Supplemental Multi-Trip Annual Plan Benefits	14
2.4 The amount of coverage	15
2.4.1 The amount of the premiums	16
2.4.2 Term of the contract.....	16
2.5 Reissuance procedures and conditions	19
2.6 Exclusions, restrictions or reductions in coverage	19
2.7 End of insurance coverage	29
2.7.1 Emergency Medical Insurance.....	29
2.7.2 Non-Medical Insurance.....	30
2.8 Cancellation of the Insurance.....	31
2.8.1 Statutory Cancellation Right.....	31
2.8.2 Other cancellation	31
2.9 Other Information.....	32
3. PROOF OF LOSS OR CLAIM	32
3.1 How to file an Emergency Medical Insurance Claim:	33
3.2 How to file a Non-Medical Insurance Claim:	33
3.2.1 Claims relating to the Travel Cancellation or Travel Interruption Benefits	33
3.2.2 Claims relating to the Accidental Death and Dismemberment Insurance	
Benefits 35	
3.2.3 Claims relating to the Travel Baggage and Personal Effects Benefits	35
4. SIMILAR PRODUCTS	36
5. REFERRAL TO THE AMF	36
6. DEFINITIONS	38

1. INTRODUCTION

This distribution guide gives you a description of the *Medi-Select Advantage*[®] Travel Insurance. It aims to provide you simple information on this insurance product. It was drafted to allow you to determine, without the assistance of an insurance adviser, if this insurance product is right for you.

You will find at section 2 the description of the *Medi-Select Advantage*[®] Travel Insurance, its options, its features, its exclusions and other useful information.

At section 3, you will find details on how to submit a proof of claim for the *Medi-Select Advantage*[®] Travel Insurance.

Finally, you will find definitions for various words found in **bold** in the Definitions section of this distribution guide.

2. DESCRIPTION OF INSURANCE PRODUCT OFFERED

2.1 Nature of guarantee

Our *Medi-Select Advantage*[®] Travel Insurance allows you to be covered for various risks while on a trip.

You can select amongst our various options which can provide Emergency Medical Travel Insurance (Single Trip Daily Plan, Multi-Trip Annual Plan or 40-Day Supplemental Multi-Trip Annual Plan), Non-Medical Travel Insurance (Single Trip or Multi-Trip Annual Plan) or our **All-Inclusive Multi-Trip Annual Plan**.

Depending on the options you choose, you will be covered for Emergency Travel Medical Insurance, Travel Cancellation and Travel Interruption, Accidental Death and Dismemberment and Travel Baggage and Personal Effects Benefits. You can choose to buy those benefits for a single trip or for an Annual Plan.

For our *Medi-Select Advantage*[®] Emergency Medical Travel Insurance it is possible to purchase family coverage to protect your **spouse** and **children**.

Note that the words “**All-Inclusive Multi-Trip Annual Plan**”, “**spouse**” and “**children**” are in bold. It means that we have defined these expressions in the definition section at page 38 of this distribution guide.

2.2 Conditions of eligibility

2.2.1 Eligibility for the Medical Benefits

In order to be eligible for medical coverage under the *Medi-Select Advantage*[®] Emergency Medical Travel Insurance, the **insured** must meet all of the following criteria:

- a) You are a Canadian resident and covered by the government health insurance plan of your Canadian province or territory of residence. You must also remain covered by such governmental plan during your trip(s) and at the time of your claim.
- b) You must NOT be travelling against the advice of a **physician** or diagnosed with a **terminal illness** or **metastatic cancer**.
- c) You must NOT have a kidney disease requiring dialysis.
- d) You must NOT have been prescribed or used home oxygen during the 12 months prior to your **departure date**; and
- e) You must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus).

2.2.2 Eligibility for the Non-Medical insurance

In order to be eligible for non-medical coverage under the *Medi-Select Advantage*[®] Non-Medical Travel Insurance, the **insured** must meet all of the following criteria:

- a) This insurance must be:
 - i. Issued in Canada for travel arrangements booked through a **supplier of travel services**;
 - ii. For the Single Trip Non-Medical Insurance Plan option, purchased within 7 days of the initial deposit for your **covered trip** or, if purchasing within 7 days after the initial deposit for your **covered trip**, then the insurance must be purchased prior to any cancellation penalties being applicable to you for the **covered trip**; and
 - iii. Purchased prior to the **contracted** date of departure from your province, territory of residence or Canada.

- b) You must meet the following conditions:
 - i. 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;
 - ii. You must NOT be travelling against the advice of a **physician** or have been diagnosed with a **terminal illness** or **metastatic cancer**;
 - iii. You must NOT have a kidney disease requiring dialysis;
 - iv. You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application; and
 - v. You must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus);

- c) It is a condition precedent to our liability under this policy that at the time of purchase:
 - i. You know of no reason for you, an immediate family member, a travel companion, or a travel companion's immediate family member, to seek medical attention;
 - ii. You and your travel companion(s) must be deemed fit to undertake and complete the covered trip as booked.

- d) You must complete and submit the application prior to the effective date of insurance. You are subject to the eligibility criteria outlined on the application and in the policy.
 - i. For the Single Trip Non-Medical Insurance Plan option, you must have applied for the Non-Medical Plan under the Single Trip Plan on the application.

- ii. For the Multi-Trip Non-Medical Annual Insurance Plan option, you must have applied for the All-Inclusive Multi-Trip Annual Plan on the application.
- e) If the non-medical coverage is purchased in any other manner than as stated under this section, the policy will be null and void and our liability will be limited to the refund of your premium.

2.3 Summary of specific features and coverage options

The *Medi-Select Advantage*[®] Emergency Medical Travel Insurance (“Emergency Medical Insurance”) offers you the following medical options (for more details on the specific benefits of the Emergency Medical Insurance, see section 2.3.1):

Period of coverage for Single Trip Daily Plan options		
	Age	Maximum Trip Duration
Single Trip Daily Plan	All ages	182 days in Quebec (or any other applicable number of days in your territory or province of residence)
Canada Plan	All ages	182 days in Quebec (or any other applicable number of days in your territory or province of residence)
55 to 79 Vacation Plan	55-79	Up to 21 days

If you choose the Multi-Trip Annual Plan option (separately or as part of the All-Inclusive Multi-Trip Annual Plan), your period of coverage will be as follows:

Plan	Age	Maximum Trip Duration	Unlimited Travel in Canada Allowed
Multi-Trip Annual Plan	0 – 79	4, 9, 16, 30 or 60 consecutive days	Yes
Multi-Trip Annual Plan	80 +	4, 9 or 16 consecutive days	Yes

You can also choose the 40-Day Supplemental Multi-Trip Annual Plan option (if you are a member of the Public Service Health Care Plan).

Plan	Age	Maximum Trip Duration	Unlimited Travel in Canada Allowed
40-Day Supplemental Multi-Trip Annual Plan	All ages	40 consecutive days	No

The Medi-Select Advantage Non-Medical Travel Insurance (“Non-Medical Insurance”) offers you the following options (for more details on the benefits of the Non-Medical Insurance, see section 2.3.2):

Plan	Age	Maximum Trip Duration	
Multi-Trip Non-Medical Annual Plan	0-79	4, 9, 16, 30 or 60 consecutive days	As selected on the application and as indicated in your confirmation of insurance for the All-Inclusive Multi-Trip Annual Plan
	80+	4, 9 or 16 consecutive days	
Single Trip Non-Medical Plan	All ages	182 days in Quebec (or any other applicable number of days in your territory or province of residence)	As selected on the Application and as indicated on your confirmation of insurance.

The Non-Medical Insurance includes the following coverage: Travel Cancellation, Travel Interruption, Accidental Death and Dismemberment and Travel Baggage and Personal Effects Insurance. Additional details are provided below.

The Multi-Trip Non-Medical Annual Plan is only offered in conjunction with the Emergency Medical Insurance Multi-Trip Annual Plan (All-Inclusive Multi-Trip Annual Plan). The Single Trip Non-Medical Plan is only offered in conjunction with the Emergency Medical Insurance Single Daily Trip Plan or offered separately.

You can choose the Single Trip Non-Medical Plan as a top up to your **All-Inclusive Multi-Trip Annual Plan** to cover additional value for your trip if it exceeds the amount offered under the **All-Inclusive Multi-Trip Annual Plan**. You can also choose it to cover the number of days in excess of the maximum duration covered under the option you originally purchased. You should note however that if you purchase the Single Trip Non-Medical Plan as a Top Up, the coverage amounts mentioned at section 2.4 will only increase in relation to the Travel Cancellation benefits, other amounts remain unchanged.

For more details about filing claims, please see the section concerning Proof of Loss or Claim on page 32.

2.3.1 Medical Benefits for the Emergency Medical Insurance

Upon prior approval from **Global Excel**, we will reimburse you the **reasonable and customary costs** (less any applicable **deductible**) for the following services if you are requiring **emergency medical treatment** outside your province or territory of residence

while this insurance is in force. You will only be reimbursed for any amount in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan or provincial or territorial government health plan:

Hospital Accommodation- Maximum: semi-private room rate	Physician Fees
Prescription Drugs – Maximum: 30-day supply	Diagnostic Services
Ambulance Services	Paramedical Services – Maximum: \$300/ professionals
Medical Appliances	Emergency Relief of Dental Pain – Maximum: \$350
Private Duty Nursing – Maximum: \$5,000/ insured person	Out-of-Pocket Expenses – Maximum: \$150/day up to \$1,500/policy
Emergency Air Transportation	Vehicle Return Maximum: \$3,000
Qualified Medical Attendant	Preparation and Return of Remains – Maximum: \$5,000/ policy
Transportation to Bedside – Maximum : Round trip economy airfare and \$150/ day up to \$1,500/policy	Escort of Children (and Grandchildren) – Maximum: One-way airfare and up to \$1,000 for a caregiver
Return of Insured Travel Companion – Maximum: One-way economy airfare	Pet Return – Maximum: \$500
Treatment of Dental Accidents – Maximum: \$2,000	Remote Evacuation – Maximum : \$5,000
Hospital Allowance – Maximum: \$250/ policy	

Some of those individual benefits are subject to additional conditions, please review the insurance policy for specific details.

Please review the Pre-existing Medical Conditions Exclusions at section 2.6.

The Medical Benefits coverage for each trip begins when you leave your province or territory of residence. With the exception of the Canada Plan option, your coverage can also begin when you leave Canada.

2.3.2 Non-Medical Insurance

2.3.2.1 Travel Cancellation and Travel Interruption Benefits

This benefit is only available to you if at the time you purchased your travel arrangements, you don't know nor are aware of any reason, circumstances, event, activity or medical condition affecting you, an **immediate family member**, a **travel companion**, a **travel companion's immediate family member** or a business associate which may eventually prevent you from starting and/or completing your **covered trip** as booked.

The Travel Cancellation and Travel Interruption benefits provides you with reimbursements of amounts when the following occurrences prevent you from departing, travelling or returning on the dates of a **covered trip**.

1. **Sickness, injury**, death or quarantine of you, a **travel companion**, an **immediate family member**, a **travel companion's immediate family member** or your **children caregiver**;
2. Death or **emergency hospitalization** of a **business partner**, a **key employee** or a close friend occurring within the 10 days of the contracted **departure date** or during the **covered trip**;
3. Death or **emergency hospitalization** of your host at your trip destination;
4. Complete cancellation of a cruise within 30 days of departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines. The cruise ship must weigh a minimum of 10,000 tons and your ticket must be issued and paid in full at the time of the cancellation;
5. The relocation of your principal residence or that of a **travel companion** by reason of an unforeseen employment transfer initiated by the employer with whom you, your **spouse**, a **travel companion** or a **travel companion's spouse** are employed at the time of purchase of this insurance or the booking of the trip. This insured risk does not apply to cases of self-employment or temporary contract work;
6. Involuntary loss of permanent employment without just cause by you, your **spouse**, a **travel companion**, a **travel companion's spouse**, your parent or legal guardian (if you are under 16 years of age), provided that, at the time you purchased this insurance or booked the trip, the imminent loss of employment was not public knowledge and were the aforementioned person aware that such loss of permanent employment was imminent. This insured risk does not apply if employment began after this insurance was purchased or to cases of self-employment, temporary work, temporary lay-off or if you were in the trial period for a new permanent employment;

7. You or your **travel companion**'s principal residence or place of business is rendered uninhabitable or inoperative. This insured risk does not cover losses caused by your intentional fault;
8. The Government of Canada issues an official notice, after this insurance was purchased and after you booked your trip, a warning to Canadian residents not to travel, or advising to leave, a specific region of any country that is part of your **covered trip**;
9. A delay that causes to miss or interrupt any part of your **covered trip** when the **vehicle** which you are driving or a passenger or **common carrier** or a prepaid connecting flight aboard which you are a passenger is delayed due to weather, a mechanical failure, an emergency road closure or accident, provided that you were scheduled to arrive at your contracted departure or return point at least two hours (or longer if required by the transporter) in advance of the contracted time of departure or return;
10. You or a **travel companion** are the victim of a hijacking during your **covered trip**.

When those risks occur before your departure.

If any of the risks listed from number 1 to 9 occur before your departure, we will provide the payment of one of the following:

- The non-refundable portion of unused travel arrangements that you paid for prior to your departure; or
- The penalty fee charged for the reinstatement of unused travel points; or
- Upgrade expenses for the extra cost of the next occupancy charge if any of those risks prevent a travel companion from departing on a covered trip and you elect to continue with the covered trip; or

If the risks listed in number 1, 2, 7 or 9 occur before your departure, we will provide payment of the reasonable transportation costs for you to travel to the destination of your covered trip by the most direct route if you miss the contracted departure due to those risks; or

If the risk listed in number 4 occurs before your departure, we will provide payment of a maximum of \$1,200 for prepaid accommodation and non-refundable prepaid airfare, not forming part of a fly-cruise package, booked and scheduled so that you may join the cruise ship that is part of your covered trip at its original point of embarkation.

When those risks occur after your departure.

1. If you must return earlier or later than the contracted date of return due to the occurrence of insured risk listed in number 1, 2, 3, 7, 8, 9 or 10:

- a. up to the cost of a one-way economy airfare to the contracted point of departure or the fee charge by the airline to change the contracted date of return shown on your current and usable ticket, whichever is less; and
- b. the non-refundable portion of unused land arrangements (if any) paid prior to your contracted date of departure.

This benefit does not reimburse the unused portion of any travel ticket.

- 2. If you miss part of the covered trip due to the occurrence of an insured risk listed in number 1, 2, 3, 8, 9 or 10:
 - a. reasonable and additional transportation costs for you to rejoin the tour group by the most direct route; and
 - b. the non-refundable portion of other unused land arrangements paid prior to your contracted date of departure.

In addition, you will also be reimbursed for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$1,500, subject to a limit of \$150 per day, provided:

- a. you missed part of a **covered trip**; or
- b. your or an insured **travel companion**'s returned to the **contracted** point of departure is delayed beyond the **contracted** date of return; or
- c. you must return earlier than the **contracted** date of return.

In the event of your death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, home transportation of the deceased **insured person** to their province or territory of residence; or cremation and/or burial and the place of death of the **insured person**. The cost of the casket or urn is not covered by this benefit.

2.3.2.2 Flight Itinerary Schedule Change

If an unexpected and unplanned change in the schedule (not a flight delay) of your confirmed, prepaid and ticketed flight reservation is announced, we will reimburse you any additional expenses incurred for your re-scheduled flight(s) arising under the following conditions:

- a. When a change by any of the **non-aligned air carriers** providing a portion of the air transportation for your **covered trip** requires you to re-schedule a flight to complete your **covered trip**; or
- b. When your original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and you incur additional expenses for new flight arrangements to join your cruise embarkation point of cruise departure.

This coverage applies to any flight that is part of your **covered trip**, from your **contracted** date and point of departure up to and including your **contracted** date of return to your original point of departure. This coverage is subject to one **Flight**

Itinerary Schedule Change per connecting point in the covered trip, to a maximum of \$1,200 per **covered trip**.

We will reimburse to you, for re-scheduled flights forming part of the **covered trip**, the lesser of the difference in costs (including usual and customary agency service fees, if normally applicable for similar reservation services) between your refundable and/or unusable ticket(s) and the cost of:

- a. The change fee for your new ticket, charged to you by the agency and/or air carrier(s) involved to bring you to the next connecting point or the point of initial cruise embarkation as shown on your original ticket itinerary; or
- b. One-way economy ticket by the most cost-effective route, charged to you by the agency and/or air carrier(s) involved to bring you to the next connecting point or to the point of initial cruise embarkation on your original ticket itinerary.

2.3.3 Accidental Death and Dismemberment

The Accidental Death and Dismemberment benefits will be payable to you:

- A) Flight Accident Insurance: if you die or are dismembered as a result of **injury** sustained during the **covered trip** while you are:
 - i) Travelling as a passenger, not as a pilot or crew member, aboard an **aircraft**; or
 - ii) Travelling as a passenger, not as a pilot or crew member, aboard an **aircraft** operated by the Canadian Armed Forces or its British or American counterparts.
- B) Common Carrier Accident Insurance: if you die or are dismembered as a result of injury sustained during the **covered trip** while you are:
 - i) On an airport premises immediately prior to boarding or after alighting from an **aircraft**; or
 - ii) Travelling as a passenger in an airport limousine, bus or other ground vehicle provided or arranged for by the airline or airport authority for the purpose of boarding or alighting from an **aircraft**; or
 - iii) Travelling to or from an airport in connection with a flight that is part of your covered trip as a fare-paying passenger (not as a pilot or crew member) aboard a common carrier which is involved in an **accident**.
- C) 24-Hour Accident Insurance: if you die or are dismembered as a result of an injury sustained during the **covered trip** while you are in any situation other than those listed above for Flight Accident Insurance or Common Carrier Accident Insurance.
- D) Exposure and Disappearance due to Accident:

- i) If you are unavoidably exposed to the elements due to an **accident** resulting in the disappearance, sinking or damage of a **common carrier** aboard which you are a passenger and if, as a result of such exposure, you sustain a loss for which benefits would otherwise be payable, such loss will be covered by this policy.
- ii) If you disappear due to an **accident** resulting in the disappearance, sinking or damaging of a **common carrier** aboard which you are a passenger and if your body is not found within 52 weeks of such accident, we will presume that you sustained loss of life as a result of **injury** covered by this policy, unless there is evidence to the contrary.

2.3.4 Travel Baggage and Personal Effects Insurance

The Travel Baggage and Personal Effects Insurance benefits provides you with the protection for losses or damages to your baggage or personal effects you own and use by reason of theft, burglary, fire or transportation hazards during a **covered trip**.

We reserve the right to repair or replace damaged or lost property with other property of like quality and value and we will not be liable beyond the **actual cash value** of the property at the time of loss or damage.

When property is lost by a **common carrier**, we will assess and pay the claim after a reasonable period of time. For more details on the filing a claim for this policy, please see section “Proof of Loss or Claim” at page 32.

If you lose, or have one or more stolen, we will also reimburse you up to \$200 for the cost of replacing your passport, your driver’s license, your birth certificate or your **travel visa**.

If your checked baggage is delayed by the **common carrier** for more than 12 hours while en route and before returning to your point of departure, we will reimburse you for up to \$400 of necessary toiletries.

2.3.5 40-Day Supplemental Multi-Trip Annual Plan Benefits

The following benefits are only available under the 40-Day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members for any number of trips of up to 40 consecutive days for travel outside your province or territory of residence. Each trip must be separated by a return to your province or territory of residence.

Emergency Medical benefits as described in section 2.3.1 are payable in excess of the overall benefit maximum provided by your PSHCP Plan. For details about the benefits provided and the maximum payable by your PSHCP plan (either \$100,000 or \$500,000), please refer to your PSHCP Plan. For Non-Medical benefits under the 40-Day Supplemental Multi-Trip Annual Plan, please see below.

Trip Cancellation, Interruption or Delay Benefits

When you incur expenses as a result of **sickness, injury** or death of you, an **immediate family member**, a **travel companion**, a **travel companion's immediate family member** or a business associate with whom you are travelling during the policy period, we will pay up to \$4,000 per policy, per year for:

- a. Trip Cancellation (when the cancellation occurs before departure).
The non-refundable portion of your deposit paid in advance and irrevocable from any other source if you must cancel a **covered trip**.
- b. Trip Interruption or Delay
 - 1.) the non-refundable portion of your prepaid accommodation if you must interrupt a **covered trip** already commenced; and
 - 2.) the cost to upgrade your return ticket to a one-way economy fair by regular scheduled transportation if you must interrupt a **covered trip** already commenced, or if the return portion of **covered trip** is delayed in the scheduled return date.

This benefit is valid only when your insurance policy is in effect at time of initial deposit or prior to any cancellation penalties being chargeable to you.

This benefit is only available to you if at the time you purchased your travel arrangements, you don't know nor are aware of any reason, circumstance, event, activity or medical condition affecting you, an **immediate family member**, a **travel companion**, a **travel companion's immediate family member** or a business associate which may eventually prevent you from starting and/or completing your **covered trip** as booked.

2.4 The amount of coverage

What is the amount of coverage?

<i>Your benefits:</i>	<i>Amount you are covered for:</i>		
<i>Medical Benefits:</i>	<i>Multi-Trip Annual Plan</i>	<i>Single Trip Plan</i>	<i>40-Day Supplemental Multi-Trip Annual Plan</i>
Emergency Medical Insurance (see section 2.3.1)	Up to \$ 5 million per insured person , per trip (less any applicable deductible)	Up to \$ 5 million per insured person , per trip (less any applicable deductible)	Up to \$ 5 million per insured person , per trip (in excess of your PSHCP Plan)
<i>Non-Medical Benefits:</i>			
Travel Cancellation Insurance	\$2,500 per person (\$5,000 maximum)	Up to sum insured per policy	Up to \$4,000 per policy, per year

(see section 2.3.2.1)	per policy period)	period	(see section 2.3.5)
Travel Interruption Insurance (see section 2.3.2.1)	Unlimited	Unlimited	Up to \$4,000 per policy, per year (see section 2.3.5)
Flight Itinerary Schedule Change (see section 2.3.2.2)	Up to \$1,200 per covered trip	Up to \$1,200 per covered trip	n/a
Accidental Death and Dismemberment Insurance (see section 2.3.3):	The greatest of the following benefits: <ul style="list-style-type: none"> • 100% resulting in loss of life, dismemberment of two limbs or loss of sight in both eyes • 50% for dismemberment of one limb or sight in one eye. 		n/a
- Flight Accident Insurance	\$150,000	\$150,000	n/a
- Common Carrier Accident Insurance	\$75,000	\$75,000	n/a
- 24-Hour Accident Insurance	\$25,000	\$25,000	n/a
Travel Baggage and Personal Effects Insurance (see section 2.3.4):	\$1,000 per trip	\$1,000	n/a
- Personal Effects	Actual cash value or \$500 (whichever is less)	Actual cash value or \$500 (whichever is less)	n/a
- Document Replacement (passport, driver's license, birth certificate or travel visa)	Actual cost of replacement up to \$200	Actual cost of replacement up to \$200	n/a
- Baggage Delay	Up to \$400	Up to \$400	n/a

2.4.1 The amount of the premiums

You will pay the premiums to us on the date of the purchase of your policy.

2.4.2 Term of the contract

The effective date of coverage for Medical benefits will begin on the latest of the following:

- a) The date you leave your province, territory of residence or Canada; or
- b) Under the Canada Plan; the date you leave your province or territory of residence; or
- c) Your effective date as indicated on your confirmation of insurance.

The effective date of coverage for the Non-Medical benefits:

- a) For Travel Cancellation begins on the later of the following:
 - a. The date you pay your premium (either at the time of initial deposit or prior to any cancellation penalties being applicable to your covered trip);
or
 - b. The date the policy is issued.
- b) For Travel Interruption, Accidental Death and Dismemberment and Travel Baggage and Personal Effects begins on your departure date from your province or territory of residence.

The policy period for your Emergency Medical Travel Insurance Multi-Trip Annual Plan, your Non-Medical Travel Insurance Multi-Trip Annual Plan, your All-Inclusive Multi-Trip Annual Plan or your 40-Day Supplemental Multi-Trip Plan is for 12 months from the moment the coverage begins.

No coverage is in effect for a trip outside of Canada that commenced prior to the effective date of the Multi-Trip Annual Plan. Upon reissuance of a Multi-Trip Annual Plan to take effect on the day after your original Multi-Trip Annual Plan expires, you can maintain your coverage for a trip that extends beyond that expiry date as long as the total trip duration is within the maximum number of days allowed under the option you have chosen.

Example:

If you have purchased the 16 days option for a Multi-Trip Annual Plan and you begin a trip 5 days before the expiry date of that Multi-Trip Annual Plan, and you ask us to reissue a new Multi-Trip Annual Plan upon expiry of your Multi-Trip Annual Plan, you will be able to continue your trip for an additional 11 days. Take note that we must reissue the new Multi-Trip Annual Plan under the same option, in this case the 16 days option, and you must be eligible for that new Multi-Trip Annual Plan.

In the above mentioned example, coverage must be purchased prior to your departure from your province or territory of residence.

Instead if you have chosen the Single Trip Daily Plan Emergency Medical Travel Insurance and/or the Single Trip Daily Plan Non-Medical Travel Insurance, the policy's term will be as indicated on the insurance certificate provided to you.

Your Emergency Medical Travel Insurance coverage will automatically be extended up to 5 days (without additional premiums) if your return is delayed beyond the expiry date of your policy period due to any of the following reasons:

- 1) The delayed arrival or departure of a **common carrier** aboard which you are travelling causes you to miss your scheduled return to your province or territory of residence.

- 2) The **vehicle** in which you are travelling is involved in an **accident** or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your expiry date of your policy.
- 3) You or your **travel companion**'s return is delayed beyond the expiry date of your policy as a direct result of **sickness** or **injury** for which you or your **travel companion** are not deemed medically stable to return to your province or territory of residence in the opinion of **Global Excel**.
- 4) If you are driving, a delay due to inclement weather provided the return journey commences prior to the expiry date of your policy.

Your Emergency Medical Travel Insurance coverage will also be extended beyond the expiry date of the policy if you or your **travel companion** must remain **hospitalized** for **medical treatment** of a **sickness** or **injury**. That extension will be for a maximum of 365 days or until you or your **travel companion** are deemed medically **stable** to return to your province or territory of residence in the opinion of **Global Excel** plus 5 consecutive days after.

You can purchase optional Extensions for the Single Trip Daily Plan, the Canada Plan and the 55 to 79 Vacation Plan (see section 2.3). You can also purchase a Top Up. A Top Up is a Single Trip Daily Plan that provides additional days of coverage beyond the duration of another insurance plan. Those additional days are commencing the day after the expiry of the other plan. That other insurance plan may be offered under this distribution guide or not, even be a plan of another insurer, but in this case it will be your responsibility to ensure that the other plan allows for Top Up or Extension. Extensions or Top Ups may be purchased provided that:

- a) Your additional coverage is purchased for the entire number of remaining days of your trip;
- b) Your additional coverage is purchased before or after the departure date but it must be purchased before the expiry of prior coverage;
- c) You must pay the premium prior to the effective date of the Extension or Top Up;
- d) For a Top Up, you may be required to provide proof of departure.

The coverage for an Extension or Top Up can be extended if:

- 1) You have not made any claim under your initial policy for the specific trip. If you have filed a claim an Extension or Top Up may be granted after we review your file;
- 2) You have not experienced any changes in your health since the later of your effective date or departure date;
- 3) You remain eligible for insurance (see section 2.2 for more details);
- 4) The request for Extension or Top Up from destination is received by phone prior to the expiry date of your coverage; and

- 5) The total trip duration outside your province or territory of residence, including the Extension, does not exceed the maximum period of coverage for which you are eligible (see section 2.3 for more details).

2.5 Reissuance procedures and conditions

If you purchase an Annual Plan, you will receive notice in advance of the expiry date inviting you to contact us to purchase a new policy at the price and coverage terms in effect on the effective date of your new policy.

If you are age 54 or under, you will receive your new coverage in advance of your expiry date accompanied by an invoice or statement. You may choose not to purchase the new policy by contacting us prior to the effective date of your new coverage term. You can choose to pay the premiums of the new Annual Plan with a one-time pre-authorized bank withdrawal or by cheque, money order or credit card (VISA or MasterCard). Annual Plans paid by cheque, money order or credit card (VISA or MasterCard) are payable in full before your coverage begins. Annual Plans paid by pre-authorized bank withdrawal are payable on the effective date. The coverage is conditional on the payment of your premium.

2.6 Exclusions, restrictions or reductions in coverage

CAUTION		
Pre-existing Medical Conditions Exclusions relating to the Emergency Medical Insurance (see section 2.3.1 for more details)		
	Pre-Existing Medical Condition Exclusions and Period	
	Exclusions (see details below table)	Pre-Existing Period
Age 54 or under	1,2 and 3	90 days
Age 55 or over (as indicated at Section F – Qualification Table of the Application)		
- Supreme	1,2 and 3	90 days
- Elite	1,2 and 3	90 days
- Preferred	1,2 and 3	90 days
- Advantage	1,2 and 3	365 days
- Standard	1,2 and 3	365 days
55 to 79 Vacation Plan	1,2 and 3	90 days
All ages		
- Canada Plan	Not applicable	Not applicable
- 40-Day Supplemental Multi-Trip Annual Plan for PSHCP members	1,2 and 3	90 days

The following exclusions are applicable to any medical condition you have, including any medical condition you have disclosed on the Application (if applicable).

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- 1. Any sickness, injury or medical condition (other than a minor ailment) that was not stable at any time during the applicable Pre-Existing Period prior to each departure date.**
- 2. Your heart condition, if any heart condition was not stable at any time during the applicable Pre-Existing Period prior to each departure.**
- 3. Your lung condition, if:
 - i. Any lung condition was not stable; or**
 - ii. You have been treated with home oxygen or taken oral steroid (e.g. prednisone) for any lung condition; At any time during the applicable Pre-Existing Period prior to each departure date.****

In addition to the Pre-Existing Medical Condition Exclusions, this insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Expenses for which no charge would normally be made in the absence of insurance.**
- Committing or attempting to commit an illegal or criminal act.**
- Your participation in and/or voluntary exposure to any risk from: war or act of war, 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.**
- Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or any accident while you are impaired by drugs or alcohol or have an alcohol concentration that exceed 80 milligrams in 100 milliliters of blood.**
- Suicide (or any attempt) self-inflicted injury whether or not you are sane.**
- Radiotherapy or chemotherapy.**
- A disorder, disease, condition or symptom that is emotional, psychological or mental in nature, unless you are hospitalized.**
- Treatment or surgery during your trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or hospital**

services, whether or not such trip is taken on the advice of physician; or a sickness, injury or related condition for which it was reasonable to expect treatment or hospitalization during your covered trip.

- Treatment or hospitalization of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications occurring in the nine (9) weeks before and/or after the expected delivery date.
- Sickness, injury or medical condition which first appeared, was diagnosed or received treatment after the departure date and prior to the effective date of the Single Trip Daily Plan if purchased as a Top Up to another insurer's travel insurance product.
- Any medical condition for which you incur a claim after your departure date and prior to the effective date of the Top Up or Extension, if the Top Up or Extension was purchased after your departure date.
- Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that you elect to have provided outside your province or territory of residence when medical evidence indicates that you could return to your province or territory of residence to receive such treatment. The delay to receive treatment in your province or territory of residence has no bearing on the application of this exclusion.
- Cardiac catheterization, angioplasty and/or cardiovascular surgery including the associated tests or charges unless approved by Global Excel prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to the hospital.
- Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless approved prior by Global Excel.
- Non-compliance with prescribed medical treatment (as determined by us) or failure to carry out physician's instructions.
- Hospitalization or services rendered in connection with general health examination for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home healthcare, investigative testing, rehabilitation or ongoing care in connection with drugs, alcohol or any other substance.
- Treatment of a sickness or injury after the initial medical emergency has ended, as determined by us.

- **Emergency air transportation and/or car rental unless preapproved and arranged by Global Excel.**
- **Treatment not performed by or under the supervision of a physician or dentist.**
- **Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic test or charges.**
- **Participation in any sports as a professional athlete (person who engages in an activity as one's main paid occupation) or any competitive motorized sporting events, racing or speed contests.**
- **The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription.**
- **Optometrist services or cataract surgery.**
- **The replacement of existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (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 a medical emergency.**
- **Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by Global Excel.**
- **Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.**
- **Sickness, injury or medical condition you suffer or contract in a specific country, region or area for which the Canadian Government has issued official travel warning before your departure date if such notice advised travellers to avoid all or non-essential travel to that specific country, region or area. If the notice is issued after your departure, your coverage will be limited to the period of 10 days after the notice is issued or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any sickness, injury or medical condition that is attributable to the reason for which the notice was issued or any related complications.**
- **Crowns and roots canals.**

- Self exposure to exceptional risk, hazardous pursuits or occupations or flight accident (unless you are travelling as a fare-paying passenger on a commercial airline).
- A trip outside your province or territory of residence on a commercial vehicle for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.

CAUTION

THE FOLLOWING ADDITIONAL EXCLUSIONS APPLY TO THE 40-DAY SUPPLEMENTAL MULTI-TRIP ANNUAL PLAN

This benefit does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- 1) A trip undertaken for the purpose of visiting a sick or injured person when the covered trip is cancelled, interrupted, delayed due to such person's medical condition or death.
- 2) A return delayed for more than 10 days beyond the scheduled date of return, unless you, an immediate family member, a travel companion, a travel companion's immediate family member, a business associate with whom you are travelling during the policy period were hospitalized for at least 48 consecutive hours within the 10-day period.

CAUTION

**Exclusions relating to the
Non-Medical Insurance (excluding the 40-Day Supplemental Multi-Trip Annual Plan)**

Benefits	Applicable Exclusions
Travel Cancellation and Travel Interruption (see section 2.3.2.1 for more details)	1 to 18
Accidental Death and Dismemberment (see section 2.3.3 for more details)	3 to 6, 8, 9, 16, 18, 19 and 20
Travel Baggage and Personal Effects (see section 2.3.4 for more details)	3 to 6 and 21 to 28

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- 1. a. Any sickness, injury or medical condition (other than a minor ailment) that was not stable at any time during the 90 days prior to the date of purchase of your travel arrangements.**
 - b. A heart condition, if any heart condition was not stable at any time during the 90 days prior to the date of purchase of your travel arrangements.**
 - c. A lung condition if, at any time during the 90 days prior to the date of purchase of your travel arrangements:**
 - i) any lung condition was not stable; or**
 - ii) you have been treated with home oxygen or taken oral steroids (e.g. prednisone) for any lung condition,****This exclusion applies to you and the following persons who are age 60 or over: an immediate family member, a travel companion, a travel companion's immediate family member, or a business associate.**
- 2. Any injury, sickness or medical condition which, prior to the date of purchase of your travel arrangements:**
 - a. was such as to render medical consultation or hospitalization expected;**
 - b. which has been shown, by prior medical history, as probable or certain to occur.**
- 3. Expenses for which no charge would normally be made in the absence of insurance.**
- 4. Committing or attempting to commit an illegal act or a criminal act.**
- 5. Your participation in and/or voluntary exposure to any risk from: war or act of war, 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.**
- 6. Labour disruptions or strikes (legal or illegal).**
- 7. Sickness, injury or medical condition if you, a travel companion or an immediate family member of you or your travel companion are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation prior to the date of purchase of your travel arrangements:**
 - a. for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided);**
 - b. for a new or changed medical condition which may eventually cause you, a travel companion, or an immediate family member of you or your travel companion to seek medical attention.**
- 8. Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or any accident while you are impaired**

by drugs or alcohol or have an alcohol concentration that exceed 80 milligrams in 100 milliliters of blood.

9. **Suicide (including any attempt thereat) or self-inflicted injury whether or not you are sane.**
10. **A disorder, disease, condition or symptom that is emotional, psychological or mental in nature, unless you are hospitalized on the date of occurrence of the event that caused a trip cancellation.**
11. **Treatment or surgery during your trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such trip is taken on the advice of physician or surgeon.**
12. **A trip undertaken for the purpose of visiting a sick or injured person when the covered trip is cancelled, interrupted or delayed due to such person's medical condition or death therefrom.**
13. **Treatment or hospitalization of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications occurring in the nine (9) weeks before and/or after the expected delivery date.**
14. **A return earlier than the contracted date of return, unless recommended by the attending physician.**
15. **A return more than 10 days beyond the contracted date of return, unless you, an immediate family member or a travel companion were hospitalized for at least 48 consecutive hours within the 10-day period.**
16. **Sickness, injury or medical condition you suffer or contract in a specific country, region or area for which the Canadian Government as issued an official travel warning, before the date of purchase of your travel arrangements, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the Canadian Government issues an official travel warning after your departure date from Canada, your coverage for sickness, injury or medical condition is limited to a period of 10 days from the date the travel warning was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical conditions" means any sickness, injury or medical condition that is attributable to the reason for which the official travel warning was issued or complication arising from such sickness, injury or medical condition.**
17. **Any cause or event which might reasonably have been expected to necessitate the immediate return of the insured.**

- 18. Flight accident (unless you're travelling as a fare paying passenger on a commercial airline).**
- 19. Participation in:**
 - a. Any sports as a professional athlete (person who engages in an act or duty as a one's main paid occupation);**
 - b. Any competitive motorized sporting events, racing were speed contest.**
- 20. Injury sustained while making a parachute jump for any purpose other than to save your life.**
- 21. Property illegally acquired, kept, stored or transported.**
- 22. The purchase or replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.**
- 23. Loss or damage resulting from moths, vermin, deterioration or wear and tear.**
- 24. Loss or damage caused by an imprudent action or omission by the insured person.**
- 25. Loss or damage by theft from an unattended vehicle unless it was locked and there was visible evidence of forced entry.**
- 26. Belongings insured under another insurance policy.**
- 27. Jewellery, cameras, camera equipment and sports equipment while held by a common carrier.**
- 28. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects or art objects.**

CAUTION

**THE FOLLOWING CONDITIONS APPPLY TO THE FLIGHT ITINERARY
SCHEDULE CHANGE BENEFIT**

At the time of booking, you and/or your supplier of travel services must be completely unaware of any pending announcements regarding a Flight Itinerary Schedule Change that is applicable to your covered trip.

You must make the new flight arrangements within five (5) business days of the

Flight Itinerary Schedule Change announcement made to you or your supplier of travel services by the air carrier(s) involved to bring you to the next connecting point or to the point of initial cruise embarkation on your original ticket itinerary.

This coverage is applicable only to the schedules of air carriers that, on the date of booking of the covered trip, are duly authorized by appropriate and governing air transportation authorities.

Local and standard minimum airline connecting rules and procedures, as well as printed instructions for re-confirmation for the covered trip, must be respected and adhered to.

IN THE EVENT OF A MEDICAL EMERGENCY

You must contact **Global Excel**, immediately:

From Canada and the U.S., call toll free 1-800-715-8833

From Mexico, call toll free 001-800-514-7798

From Australia, call toll free 1-800-002-554

From the Dominican Republic, call toll free 1-888-751-4335

From anywhere, call collect 1-819-566-8839

For more details on the claim procedure, please see the “Proof of Loss or Claim” at page 32.

For the 40-Day Supplemental Multi-Trip Annual Plan, if you require medical assistance during the first 40 days outside your province or territory of residence, call the PSHCP’s assistance company.

Global Excel must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the **insured** undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending **physician** to call **Global Excel** for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

In the event of an **emergency** during a **covered trip**, you must call **Global Excel** immediately, prior to seeking treatment. If it is not reasonably possible for you to contact **Global Excel** prior to seeking treatment due to the nature of the **emergency**, you must have someone else call on your behalf or you must call as soon as possible.

Failure to do so limits benefits payable to:

- a) In the event of **hospitalization**, 80% of eligible expenses, based on **reasonable and customary costs**, to a maximum of \$25,000; and
- b) 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.

LIMITATIONS TO INCURRED EXPENSES

Transfer or Medical Repatriation

During an **emergency** (whether prior to admission, during a **hospitalization** or after your release from the **hospital**), we reserve the right to:

- a) Transfer you to one of our preferred health care providers; and/or
- b) Return you to your province or territory of residence for the **medical treatment** of your **sickness** or **injury** without 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**. If you choose to decline the transfer or return when declared medically **stable** by the **insurer**, we will be released from any liability for expenses incurred for such **sickness** or **injury** after the proposed date of transfer or return.

Limitation of benefits

Once you are deemed medically **stable** to return to your province or territory of residence (with or without escort) either in the opinion of the **insurer** or by virtue of discharge from a medical facility where you do not require follow-up visit within 10 days, your **emergency** is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the **emergency** will no longer be eligible for coverage under this policy.

Other insurance

This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts 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 the province of residence that are in excess of the amounts for which an insured person is 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.

Benefits Limited to Incurred Expenses

The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

Misrepresentation and Non-Disclosure

The completed and signed application and medical questionnaire is essential to the appraisal of the risk by the insurer and is the basis of and forms part of your contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders your insurance void. Consequently in following a loss, no claim shall be payable by the insurer and you shall be solely responsible for all expenses relating to your claim, including repatriation costs. Entire coverage under this policy shall be void if the insurer determines, whether before or after loss, you have concealed, misrepresented or failed to disclose any material facts or circumstances concerning this policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the insured person under this contract of insurance.

2.7 End of insurance coverage

2.7.1 Emergency Medical Insurance

The coverage under your Emergency Medical Insurance will terminate at different times depending on the option you have chosen.

For the Single Trip Daily Plan, your coverage terminates on the earliest of the following:

- a) The date you returned your province or territory of residence or Canada; or
- b) under the Canada Plan: the date you either return to your province or territory of residence or to the date you leave Canada; or
- c) the expiry date indicated on your confirmation of insurance.

However, if you returned to your province or territory of residence for an unexpected temporary visit prior to your expiry date, provided you have not incurred a claim, your coverage may resume with no additional premium once you leave your province or territory of residence to resume your trip. The premium for the number of days of your

temporary return will not be refunded or reissued. If, during a temporary visit you are treated or you receive **medical treatment** for medical condition (other than the **minor ailment**), your policy will terminate and you may be eligible for partial refund.

For the Multi-Trip Annual Plan, your coverage terminates:

- a) On the day prior to the one-year anniversary of your effective date;
- b) for each trip under the Multi-Trip Annual Plan terminates on the earliest of:
 - a. the expiry date of your Multi-Trip Annual Plan as indicated on your confirmation of insurance; or
 - b. the date you returned to your province or territory or residence; or
 - c. the date you reached a maximum number of days outside of Canada allowed under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance.

Exception: When a planned trip extends beyond the expiry date of a Multi-Trip Annual Plan and you have purchased a new Multi-Trip Annual Plan to take effect on the day after the expiry date of the Multi-Trip Annual Plan under which your trip commenced, coverage ends on the earlier of:

- i. the day you end your trip and return to your province of residence; or
- ii. the date when the total number of days since you left Canada exceeds the number of days allowable under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance.

2.7.2 Non-Medical Insurance

For the Single Trip Non-Medical Plan, coverage terminates on the earliest of the following:

1. the date you returned to your province or territory of residence; or
2. the expiry date as indicated on your confirmation of insurance; or
3. the date the insured risk occurs (if the trip is cancelled prior to the **contracted** date of departure).

For the Multi-Trip Non-Medical Annual Plan, coverage terminates on the earliest of the following:

1. the date you reached a maximum sum insured per policy; or
2. the date you reach the maximum number of days allowed under the trip duration you selected at the time of purchase; or
3. the date you return to your province or territory of residence; or
4. the expiry date as indicated on the confirmation of insurance.

For the 40-Day Supplemental Multi-Trip Annual Plan, coverage terminates on the day prior to the one year anniversary of your effective date. Coverage also terminates on the earliest of the following:

1. The expiry date of your 40-Day Supplemental Multi-Trip Annual Plan as indicated on your confirmation of insurance;

2. The date you return to your province or territory of residence;
3. The date you reach the 41st day outside your province or territory of residence; or
4. The date you cease to be a PSHCP member.

2.8 Cancellation of the Insurance

2.8.1 Statutory Cancellation Right

You may cancel the policy within the first 10 days of purchase without any fees or penalties by sending us by registered mail the notice found at Appendix A on page 43.

You will not however be able to cancel the policy if:

- you have purchased it in the 11 days before your first **covered trip**; or
- the duration of your trip is 10 days or less and your **contracted** trip commenced at the time of your request for policy cancellation.

If you cancel the policy, we will be unable to honour any claim for any period (other than claims filed prior to a policy term where coverage was in effect).

2.8.2 Other cancellation

An Annual Plan is non-refundable after the effective date of coverage. However, you have the right to cancel this policy within 10 days of receipt of the contract and receive a full refund. You must notify us immediately if you wish to cancel your coverage and written confirmation must be received within 10 days of receipt of the contract.

If you purchased a Single Trip Daily Plan, you can obtain a full refund of the premiums you paid provided that we receive your written request prior to the effective date of your coverage. The same refund can be obtained if you purchased your Single Trip Daily Plan as a Top Up.

You can obtain a partial refund (less administrative charges) of the premiums you paid for a Single Trip Daily Plan if you must return to your province or territory of residence or Canada prior to your scheduled return date provided no claim has been at any time during your policy and/or the return requires a termination of your policy. We must receive your request for a refund within 90 days of your policy's expiry date. If we receive satisfactory proof of your return to your province or territory of residence or Canada, your refund will be calculated from that date. Otherwise calculation for your refund will be based on the postmark of your written request. We will not issue any refund for an amount of less than \$10 per policy.

2.9 Other Information

You can obtain more information about the *Medi-Select Advantage*[®] Travel Insurance, or obtain a copy of the policies, by contacting Royal & Sun Alliance Insurance Company of Canada at 1-866-662-1600.

We cannot be held responsible for the availability or quality of any **medical treatment** (including the results thereof) or transportation at the vacation destination, or your failure or inability to obtain **medical treatment**.

3. **PROOF OF LOSS OR CLAIM**

At this section of the distribution guide, you will find the details about the procedure to submit a claim under the *Medi-Select Advantage*[®] Travel Insurance.

In the event you have to file a claim for the Non-Medical Insurance, you must contact Global Excel on the date the insured risk occurs or on the next business day:

- from Canada and US, call 1-877-644-4215
- from anywhere, call collect +1-819-566-4215.

We will pay you all money payable under this insurance within 60 days after we have received proof of claim.

In the event we refuse your claim or we can't agree to the settlement of such claim, you may consult with an independent legal advisor or contact the Autorité des marchés financiers (see contact information at section 5).

In addition to the details provided below for specific claims, **Global Excel** may ask you to provide additional evidence to support your claim. Any information not provided may lead to a delay in processing your claim. We are not responsible for any charge levied in relation to any such documents.

Any pertinent documents relating to your claim must be sent to:

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

If you are submitting a claim while in the U.S., please forward the documents to:

Global Excel Management Inc.
P.O. Box 10
Beebe Plain, Vermont
05823 USA

All sums in this policy are in Canadian currency unless otherwise indicated. If you have paid any covered expenses, we will reimburse you in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. We do not pay you any interest.

3.1 How to file an Emergency Medical Insurance Claim:

You are responsible to provide all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents.

- a) Your policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial government health insurance plan number (including the expiry date or version code, where applicable).
- b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of treatment, and the name of the medical facility and/or **physician**.
- c) For prescription drugs, the original prescription receipts (not cash receipts) from the pharmacist, **physician** or **hospital** showing the name of the prescribing **physician**, prescription number, name of preparation, date, quantity and total cost.
- d) For a Multi-Trip Annual Plan, proof of the **departure date** and return date.
- e) A completed and signed Mandate/Authorization Form, as provided to you by **Global Excel** when notice of claim has been given, which you must complete and sign for purpose of allowing us to recover payment from any other insurance contract or health plan (group, individual or government).
- f) For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.
- g) If the Emergency Air Transportation benefit is used, the unused portion of your air ticket.

3.2 How to file a Non-Medical Insurance Claim:

3.2.1 Claims relating to the Travel Cancellation or Travel Interruption Benefits

The **physician** recommending cancellation, interruption or delay of the covered trip must be your personal **physician** or a **physician** actively and personally attending to your care.

You must call **Global Excel** and your **supplier of travel services** on the date the insured risk occurs or on the next business day to advise them of your cancellation or interruption. Failure to do so may limit the benefits payable to you. Only the non-refundable prepaid amounts that apply on the date of the insured risk occurs shall be considered for the purpose of your claim.

When you contact **Global Excel** by telephone, be prepared to provide the following information:

- a. your name;
- b. your policy number;
- c. the insurance plan you purchased;
- d. your contracted dates of travel for the **covered trip**;
- e. the reason why your cancelling or interrupting your **covered trip**;
- f. the telephone, fax number and/or email address where you can be contacted immediately.

Once you have reported the cancellation or interruption of your **covered trip**, you must submit the following documents:

- a. a claim form (available by contacting **Global Excel**) fully completed and signed by you as well as your regular attending **physician** or to **physician** actively attending to your care who is recommending that you do not travel on the dates of your **covered trip**.
- b. Original invoice receipts for transportation, meals and accommodations and transfer vouchers.
- c. Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send us a copy of the airline ticket and proof of refund.
- d. Original receipts as proof of payment for **covered trip** showing date(s), amount(s) paid, **supplier of travel services** fees and penalties and the method of payment for your insurance. This is required for all of the deposits and final payments you made to your **supplier of travel services**.

For Travel Cancellation (please refer yourself to section 2.3.2.1 for the appropriate risks covered):

- For a claim under insured risk 1, 2 or 3 due to death or **hospitalization**, a claim form (available by contacting **Global Excel**), a death certificate, **hospital** records and an explanation of your relationship to the person in question and why this event caused you to cancel your **covered trip**;
- For a claim under insured risk 4, the applicable letters from the cruise line;
- for a claim under insured risk 5 or 6, a letter from the employer confirming the relocation or termination of employment;
- for a claim under insured risk 7, the applicable reports from the proper authorities;
- for a claim under insured risk 8, a proof of the official travel warning;
- for a claim under insured risk 9, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or commercial invoice detailing the necessary repairs to the **vehicle**.

For Travel Interruption (please refer yourself to section 2.3.2.1 for the appropriate risks covered):

- For a claim under insured risk 1, 2, 3, 7, 8, 9 or 10:
 - the original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for your **covered trip**.
 - An explanation of the events that cause you to drop your **covered trip** under the insured risk.
 - Complete details and dates of the event and an explanation of your relationship to the person in question where a person other than yourself is involved.
 - For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.
 - For a **hospitalization**, death or repatriation: a copy of the **hospital** records, that certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.

Global Excel may ask you or your attending **physician** to provide additional evidence to support your claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant’s attending **physician(s)** or any **hospital(s)** for the purpose of determining the validity of the claim. In this event, you will be responsible for any fees required to substantiate your claim. You may also be required to undergo examination by one or more of our **physicians**. In this event, **Global Excel** will cover any associated cost.

For claim under **Flight Itinerary Schedule Change** (please refer to section 2.3.2.2), you must provide proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if the ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

3.2.2 Claims relating to the Accidental Death and Dismemberment Insurance Benefits

For a claim under Accidental Death and Dismemberment insurance, you must contact Global Excel for forms and instructions:

- from Canada and US, call 1-877-644-4215
- from anywhere, call collect +1-819-566-4215.

3.2.3 Claims relating to the Travel Baggage and Personal Effects Benefits

To file a claim relating to the Travel Baggage and Personal Effects benefits, you must:

- a. take all reasonable steps to protect, save and/or recovered a property;
- b. notify **Global Excel** of the loss within 24 hours;
- c. promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notified the hotel manager, or tour guide or police; and

- d. provide adequate proof of loss, ownership and **actual cash value** within 90 days from the date of loss.

Failure to comply with these conditions shall invalidate any claim under this insurance and for such loss.

You must submit:

- a. the completed claim form (available by contacting **Global Excel**).
- b. A copy of the insurance policy with the policy/confirmation number (if applicable) identified prominently.
- c. For loss:
 - a. a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - b. adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss (failure to supply some information shall invalidate your claim);
 - c. a property irregularity report when luggage is lost or damaged while in the custody of the airline or **common carrier**;
 - d. adequate proof of home insurance coverage and/or amount of deductible (if applicable).
- d. For Baggage Delay:
 - a. original itemized receipts for expenses actually incurred;
 - b. a copy of the baggage claim ticket;
 - c. a copy of your airline ticket;
 - d. a copy of the airline report confirming the delay of your checked baggage including the reason and the duration of the delay;
 - e. a copy of the delivery receipt for your checked baggage.

4. SIMILAR PRODUCTS

Other travel insurance products on the market have similar insurance coverage as that described in this distribution guide.

5. REFERRAL TO THE AMF

For additional information regarding Royal & Sun Alliance Insurance Company of Canada's obligations to you, please contact the AMF at:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, 4^e étage
Québec (Québec) G1V 5C1

Québec City: 418-525-0337
Montréal: 514-395-0337

Toll-free: 1-877-525-0337
Fax: 418-525-9512

6. DEFINITIONS

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

“**Actual Cash Value**” means the estimated value at the time of loss.

“**Aircraft**” means a fixed wing multi-engine transport aircraft with an authorized takeoff weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by scheduled or charter airline of Canadian or foreign registry or holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline’s Schedule Regular Specific Point or Charter Air Carrier License.

“**All-Inclusive Multi-Trip Annual Plan**” means that you elected to choose both the Emergency Medical Travel Insurance Multi-Trip Annual Plan and the Multi-Trip Non-Medical Annual Plan.

“**Caregiver**” means a person you have entrusted with the care of your child(ren) on a permanent, full-time basis and who services cannot reasonably be replaced.

“**Child(ren)**” means an unmarried child of the insured or his/her spouse who is, on the effective date, dependant on you for support and is:

- a) under 21 years of age;
- b) a full-time student who is under 26 years of age;
- c) of any age with a permanent physical impairment or a permanent mental deficiency.

“**Common Carrier**” means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which licensed, intended and used to transport paying passengers.

“**Contracted**”, in reference to a destination, a date or to time and place of arrival or departure, means that which is indicated in the travel documents for the **covered trip**.

“**Covered Trip**” mean the travel arrangements which you have contracted and paid for prior to your departure from your province or territory of residence and for which insurance premium has been paid in full cover the total non-refundable amount of your travel arrangements, when you have selected and paid for the *Medi-Select Advantage All-Inclusive Multi-Trip Annual Plan* or the *Single Trip Non-Medical Plan* at the time of application.

“**Day**” means 24 consecutive hours.

“**Deductible**” means the amount in US dollars which the **insured person** must pay before any remaining covered expenses are reimbursed under this policy. The deductible applies once, per insured person, per trip.

“**Emergency**” means that you require immediate **medical treatment** for the relief of acute pain or suffering resulting from an unexpected and unforeseen **sickness** or **injury** occurring while on a **covered trip** and that such **medical treatment** cannot be delayed until your return to your province or territory of residence.

“**Flight Itinerary Schedule Change**” means:

- a. the rescheduled departure of an air carrier causing you to miss your next connecting flight with another air carrier when both air carriers are part of your **covered trip**;
- b. the earlier departure of an air carrier causing the ticket you purchased to be unusable for the prior connecting flight with another air carrier when both air carriers are part of your **covered trip**;
- c. when your flight itinerary, not forming part of Fly-Cruise package, is changed more than 72 hours prior to departure, and you must incur additional expenses for new flight arrangements to meet your original Cruise embarkation.

Flight Itinerary Schedule Change does not mean a change resulting from a labour dispute, strike or flight delay.

“**Global Excel**” means the company appointed by the **Insurer** to provide medical assistance and claim services.

“**Hospital**” means an institution which is designated as a hospital by law; which is continuously staffed by one or more **physicians** at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of **sickness** or **injury** in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities whether separate from or part of a regular general hospital, or a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

“**Hospitalized**” or “**Hospitalization**” means an **insured** occupies a **hospital** bed for more than 24 hours for **medical treatment** and for which admission was recommended by a **physician** when **medically necessary**.

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

“**Injury**” means an unexpected and unforeseen harm to the body caused by an **accident**, occurring while on a **covered trip** and requiring immediate **emergency** treatment that is covered by this policy.

“**Insurer**” means Royal & Sun Alliance Insurance Company of Canada who provides this insurance.

“**Insured**”, “**insured person(s)**”, “**you**”, “**your**”, “**yourself**”, and “**yours**” refers to any eligible person named on the confirmation of insurance.

“**Medical Treatment**” means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is **medically necessary** and which is prescribed by a **physician**. Medical treatment includes **hospitalization**, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the **sickness, injury** or symptom.

“**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;
- b) is not experimental or investigative in nature;
- c) cannot be omitted without adversely affecting your condition or quality of medical care;
- d) cannot be delayed until you return to your province, territory of residence or Canada.

“**Metastatic Cancer**” means a cancer that is spread from its original site to one or more other area(s) of the body.

“**Minor Ailment**” means any **sickness** or **injury** which does not require: the use of medication for a period 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**.

“**Non-Aligned Air Carriers**” means to different connecting air carriers that are part of the **covered trip** when no fare agreement exists between these air carriers for this portion of the air transportation.

“**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/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her license authority. A physician must be a person other than **yourself** or an **immediate family member**.

“**Reasonable and Customary Costs**” means costs that are incurred for approved, eligible medical services or supplies that do not exceed the average reimbursement the provider receives for all services rendered to its patients, up to a maximum of one and half time the rate that would be applicable if the costs were payable by US Medicare.

“**Regular Check-Up**” means any standard or customary medical examination unrelated to any specific medical condition and which is carried out for the purpose of screening, health monitoring or preventive care and may include routine medical tests and investigations.

“**Sickness**” means a disease or disorder of the body which 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 the person to whom you are legally married or with whom you have been residing for at least the last 12 months.

“**Stable**” means any medical condition (other than a **minor ailment**) for which any of 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 name medication to a generic brand medication (provided that the dosage is not modified);
- c) there has been no new symptom, more frequent symptom or more severe symptom;
- d) there have been no test results showing deterioration;
- e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results and/or further investigations for that medical condition.

“**Sum Insured**” means the maximum sum payable that applies to a given insurance coverage.

“**Supplier of Travel Services**” means a travel agent, a tour operator, a travel wholesaler, an airline, or cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell travel services to the general public.

“**Terminal Illness**” means that you have a medical condition that is cause for a **physician** to estimate that you have less than six months to live or for which palliative care has been received.

“**Travel Companion**” means a person accompanying you on the trip, who shares accommodation or transportation with you, and who has paid for such accommodation or transportation in advance of departure. A maximum of 3 persons will be considered your travel companions.

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

“**Treated**” means that you have been **hospitalized**, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.

“**Vehicle**” means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, boat, pick-up truck or mobile home, camper truck or trailer home, used exclusively for the transportation of passengers other than for hire, in which you are a passenger or driver during your trip.

APPENDIX A

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the *Act respecting the distribution of financial products and services*

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows you to cancel an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, you must give the insurer notice by registered mail within that delay. You may use the attached model for this purpose.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.
- After the expiry of the 10-day delay, you may cancel the insurance at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at (418) 525-0337 or 1-877-525-0337

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: _____
(name of insurer)

(address of insurer)

Date: _____
(date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby cancel insurance contract no. :

(number of contract, if indicated)

Entered
into on: _____
(date of signature of contract)

In: _____
(place of signature of contract)

(name of client)

(signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.