Visitors to Canada

TuGo® Travel Insurance



TRAVEL POLICY

ABOUT US

North American Air Travel Insurance Agents Ltd. doing business as TuGo® is a licensed insurance agency in all Canadian provinces and territories.

TuGo is a third-party administrator of travel insurance products and services. We develop and administer a variety of travel insurance plans for Canadian business and leisure travellers, visitors to Canada and international students.

OneWorld Assist Inc. doing business as Claims at TuGo® is our claims and assistance provider and performs all assistance services and administers claims on our behalf under this policy. Claims at TuGo provides ISO 9001:2015 certified service.

At TuGo, our mission is to help travellers have better experiences. TuGo specializes in products and services that enhance and enable travel. Founded in 1964, TuGo understands its customers' needs and is driven to provide top-rated service how, when and where its customers want it.

Our address is 1200-6081 No.3 Road, Richmond, BC V6Y 2B2 Canada.



TuGo is a proud member of The Travel Health Insurance Association (THIA). Travel insurance is designed to give all travellers the ability to protect themselves against unexpected medical costs and other expenses associated with the cancellation, interruption or delay of travel arrangements. The Travel Health Insurance Association (THIA) has developed a Travel Insurance Bill of Rights and Responsibilities to ensure travellers know what to expect from their travel insurance policies along with responsibilities they have when purchasing travel insurance. The Travel Insurance Bill of Rights and Responsibilities builds upon the following golden rules of travel insurance:

- Know your health
- Know your trip
- Know your policy
- Know your rights

For more information, visit **thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html**

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance policy – what's next? *We* want *you* to understand (and it is in *your* best interests to know) what *your* policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and *emergencies* and typically not *follow-up* or recurrent care).
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions (i.e. *pre-existing medical conditions* that are not *stable*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase. It is *your* responsibility to review the *pre-existing medical condition* exclusions and stability requirements, understand how they apply to *you* and how they relate to *your* departure date, date of purchase and/or effective date.
- In the event of a claim, *your* prior medical history may be reviewed.
- If *you* have been asked to complete a Medical Questionnaire and any of *your* answers are not accurate or complete, an extra *deductible* may apply.
- If *your* health changes after *you* have purchased *your* insurance, *you* are not required to call to update *your* Medical Questionnaire (if applicable) or modify *your* application. However, *your* health change may affect *your* coverage for *pre-existing medical conditions* and *you* may choose to contact *us* to review *pre-existing medical condition* coverage and discuss whether other coverage options are available.
- If *your* Super Visa application is delayed, contact *your* agent before the effective date of the Policy to change the coverage dates of *your* Policy.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CONTACT *US* OR VISIT **tugo.com**.

PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL.

This policy contains a provision removing or restricting the right of the *insured* to designate persons to whom or for whose benefit insurance money is to be payable.

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section on page 35 for details.

INTRODUCTION

Thank *you* for choosing TuGo. Be sure to review *your* policy wording and *your* Policy declaration before *you* travel. These documents also have important contact information, if *you* need *emergency* assistance or want to extend *your* coverage while *you*'re away. In case *you* don't have access to the internet while travelling, *we* recommend that *you* save or download a copy of this policy wording before leaving on *your* trip. Or alternatively, *you* can print the Contact Us section of this policy wording. For printing instructions, see below.

Before *you* go, take note of these exclusive services:

TuGo Telemedicine powered by Maple

Online doctor visits anytime, anywhere in Canada! From *your* smartphone, tablet, or computer, connect directly with a Canadian-licensed doctor who can diagnose and *treat* common medical issues. Then, if applicable, pick up *your* prescription at a local pharmacy or get it delivered at no additional cost. Visit **getmaple.ca/tugo** and enter *your* TuGo policy details to create *your* account.

Note: *You*'ll need to pay for prescriptions upfront, but will be reimbursed by Claims at TuGo. If *you* have a *deductible* on *your* policy, it won't apply to the online visit or to the resulting prescription expenses.

TuGo Emotional Assistance powered by Assistenza

If *you*'re experiencing emotional hardship while travelling or visiting Canada, access complimentary emotional support, available globally 24/7. Simply call *our* TuGo Emotional Assistance global toll-free number found in *your* Policy declaration email to receive immediate support.

myTuGo®

Login to **mytugo.com** to modify or extend *your* Policy. *You* can also find assistance using *our* Clinic Finder, open a claim online or manage an existing one, download forms, as well as check *your* claim's status.

Printing instructions:

To reduce the number of pages, configure *your* print setup to landscape orientation and select 2-sided printing with 2 pages per sheet or "booklet printing". If *you* only need to print certain pages, *you* can choose to just print the current page in view, or a range of pages (i.e. 1-4, 1-10, etc.).

Safe Travels!



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CONTACT INFORMATION

Contact *us* anytime by phone or online. Phone numbers are subject to change. For the most up-to-date contact information or alternate ways to reach *us*, refer to *our* Contact Us page at **tugo.com/en/company/contact-us**.

Dialing instructions vary by country. *We* recommend that *you* save or download the policy wording or print a copy of this page before *you* leave on *your* trip.

Our global toll-free service may not be accessible from all countries. *We* also accept collect calls, but many countries have discontinued this service.

Alternatively, *you* can call *us* direct at +1-604-278-4108 and *we*'ll reimburse the charges incurred for making this call.

Claims/Hospitalization

In the event of *hospitalization*, call *us* immediately:

Emergency Hospitalization
(must include "+" sign by holding "0" on mobile)
+1-800-533-8718

Global toll-free
(must include "+" sign by holding "0" on mobile)
+1-800-663-0399

From Mexico
(Mexican landlines only)
001-800-514-9976
or 800-681-8070

Worldwide (collect)*
604-278-4108

Notice to Insured, Physicians & Hospitals

In the event of a medical *emergency* due to a *medical condition* which may require or result in *hospitalization*, contact *us* as soon as possible.

Customer Service and Policy Extensions During Business Hours

To extend *your* period of coverage while travelling or to speak with Customer Service, simply call *us*:

From Canada & USA
1-855-929-8846

Global toll-free
(must include "+" sign by holding "0" on mobile)
+1-800-663-0399

From Mexico
(Mexican landlines only)
001-800-514-9976
or 800-681-8070

Worldwide (collect)*
604-276-9900

*To call *us* collect, contact the local operator, and let them know *you*'d like to make a collect call to Canada and provide *our* number:

- For policy extensions and customer service, call 604-276-9900
- For claims and *hospitalizations*, call 604-278-4108

10-DAY FULL REFUND PROVISION

You have 10 days starting from the *application date* of the Policy to review this Policy to ensure it meets *your* Insurance needs. A full refund is available provided no travel has taken place, a claim hasn't been submitted, and the Policy has not expired.

If an Emergency Medical Insurance Policy is purchased after arrival in Canada, this provision does not apply.

To cancel *your* Policy, *you* must contact *your* agent or *us* during business hours. The request must be received no later than 10 days starting from the *application date* of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan *you* have purchased.

INSURING AGREEMENT

You will become insured once *you* have:

a Completed the online application, including any applicable Medical Questionnaire, provided by *us* or *your* agent; and,

b Paid the premium in full for the selected coverages; and,

c Received a policy number and Policy declaration.

This policy wording along with *your* Policy declaration become *your* insurance contract.

We will provide Insurance for the coverages *you* have selected and paid for according to the terms and conditions as detailed in this policy wording. Refer to each applicable plan or optional coverage for details on the coverages *you* have purchased insurance for.

All the limits of Insurance under each benefit are *aggregate limits* per *insured*, per trip, unless otherwise stated.

FAMILY & FRIENDS

A Family & Friends plan is available with the Emergency Medical Insurance plan.

- Coverage is available for up to 2 individuals 59 years and under and up to 6 *dependent children*. The individual(s) named in the Family & Friends plan do not have to be the parent(s) or guardian(s) of the *dependent children*.
- *Dependent children* can be on a Family & Friends plan without an adult.
- If *you* pay the premium for the Family & Friends plan, all *insureds* must be named in the Policy declaration and will be covered under one Policy.
- All *insureds* on the Family & Friends plan will remain listed on the Policy until the expiry date of the Policy.
- *Insureds* on the Family & Friends plan do not need to be travelling together.

PLANS

Emergency Medical Insurance

Eligibility

At the time of application, *you* are eligible for coverage if:

1 *You* are:
   a A foreign worker, international student studying in Canada or a visitor to Canada with valid legal status in Canada; or,
   b An immigrant awaiting provincial or territorial government health care coverage; or,
   c A Canadian returning to Canada from an extended leave who is eligible for but not yet covered by a provincial or territorial government health care plan.
2 *You* are not travelling against a ***physician*** or other registered medical practitioner's advice.
3 *You* have not been diagnosed with a ***terminal condition***.
4 *You* are not receiving palliative care or palliative care has not been recommended.
5 *You* do not have Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen.
6 *You* do not have pancreatic cancer, liver cancer or any type of cancer that has metastasized or that required a bone marrow transplant.
7 *You* do not have kidney disease requiring dialysis.
8 *You* have not had or are not waiting for an organ transplant.
9 *You* have not been diagnosed with congestive heart failure also known as pulmonary edema.

Period of Coverage

Coverage commences on the effective date of the Policy as indicated on *your* Policy declaration, which must be on or after the ***application date*** of the Policy. The effective date can be either:

1 The date *you* leave *your* country of permanent residence for direct travel to Canada (direct travel includes stopovers and layovers while in transit), provided travel to Canada does not exceed 48 hours; or,
2 The date *you* arrive in Canada; or,
3 Any date after *you* arrive in Canada.

Coverage is also subject to the ***waiting period*** requirements.

Coverage terminates on the earliest of:

1 11:59 PM on the expiry date of the Policy; or,
2 On the date and time *you* return permanently to *your* country of permanent residence; or,
3 On the date and time *you* become insured under a provincial or territorial government health care plan; or,

4 On the date and time *you* are no longer a visitor to Canada, international student studying in Canada or foreign worker, with valid legal status in Canada.

This Period of Coverage is also applicable to the 24-hour Accident Insurance Additional Benefit as stated in this section.

Travel outside Canada: Travel worldwide during the period of coverage is valid as long as the majority of the period of coverage is spent in Canada and *you* have travelled to Canada first before taking additional trips outside of Canada. Visits to *your* country of permanent residence are permitted; *your* Policy will not terminate, however, expenses will not be covered while in *your* country of permanent residence.

Benefits

Maximum limit — Up to the sum insured as indicated on the Policy declaration

Whenever a benefit limit is not specified, the benefit is limited to the sum insured that is indicated on the Policy declaration and for which the appropriate premium has been paid.

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition*. The charges must result from an *emergency* that first occurs after coverage commences (including after any applicable *waiting period*) and while *you* are travelling outside *your* country of permanent residence.

Eligible medical and related expenses are described below.

Emergency Medical Treatment

- **Hospital Services**
  - *Hospitalization* services (limited to a semi-private room). Any coverage related to *hospitalization* terminates upon release from the *hospital* other than what is specified under the Follow-up Visits Benefit.
  - Out-patient *treatment* provided by a *hospital*.
- **Physician**
  The services of a *physician*.
- **Ambulance Services**
  The services of a licensed ground, air or sea ambulance and paramedics to the nearest *hospital* or medical facility that is capable of providing *medically necessary treatment* for the *emergency medical condition*. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to *your emergency*. If an ambulance is medically required but is unavailable, *we* will reimburse *you* for taxi expenses, but the taxi receipt is required. If *you* are *mountaineering over a 6,000-metre elevation*, coverage for air ambulance services from the mountain is limited to one air ambulance per trip, regardless of how many separate *emergencies you* have. For more details on coverage for *mountaineering over a 6,000-metre elevation*, refer to the Sports & Activities Optional Coverage on page 26.
- **Diagnostic Tests**
  X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial *emergency* or within 7 days after the initial *emergency*.

- **Prescription Drugs**
  Up to a maximum supply of 30 days for prescription drugs. All prescriptions must be issued by a *physician* and purchased in the 30 days from the initial date of the *emergency* visit or the *follow-up visits*. While *you* are *hospitalized*, *we* will pay the total cost of all prescription drugs, in addition to a 30-day maximum supply of related prescription drugs purchased in the 30 days from the release from *hospital*.

  Over the counter medicine, vitamins, minerals and dietary supplements are not covered. Official pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required.
- **Essential Medical Appliances**
  The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.
- **Private Duty Nursing**
  Private duty nursing services, performed by a registered nurse (R.N.) other than a *family member*, when ordered in writing by the attending *physician*.

Follow-up Visits

Up to 5 *follow-up* visits within the 14 days after the initial *emergency treatment*, provided the *follow-up* visits are required as a direct result of the initial *emergency*.

Fracture Treatment

Following the initial *emergency treatment* and any covered *follow-up* visits, *we* will pay up to a maximum of $1,000 for the following *treatments* related to fractures:

- X-ray examinations; and,
- Re-examination *physician* visits; and,
- Casting and re-casting, if *medically necessary*; and,
- Cast removal

Eligible expenses must be incurred during the same trip and before *your* return to *your* country of permanent residence.

This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

Hospital Allowance

Up to $100 per day to cover incidental *hospital* charges, which are billed by the *hospital*, such as TV rental and telephone charges.

Maternity

Up to a maximum of $6,000 for pre-natal care, delivery and/or complications thereof arising within the 9 weeks before the expected date of delivery, provided the pregnancy commenced after the effective date of the Policy.

This benefit does not provide coverage for medical expenses incurred by the newborn child. Newborns can be added to the Policy from 15 days of age provided the appropriate additional premium has been paid.

Other Professional Medical Services

Up to a maximum of $600 for any one incident at any time during the trip, per practitioner for the services of the following registered practitioners as a result of an *emergency*:

- Physiotherapist
- Chiropractor
- Chiropodist
- Osteopath
- Podiatrist
- Optometrist
- Acupuncturist

Dental Services

The services of a dentist or dental surgeon for *emergency* dental *treatment*, including the cost of prescription drugs and x-rays, as follows:

a Up to a maximum of $6,000 for dental expenses *you* incur while on *your* trip, for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. *Treatment* must be completed within the 90 days after the *treatment* began and before *your* return to *your* country of permanent residence.

This benefit does not cover dental *treatment* for veneers or dentures.

b Up to a maximum limit of $600 for dental expenses *you* incur while on *your* trip for any dental *emergencies* other than pain caused by an accidental blow to the face. *Treatment* must be completed within the 90 days after the *treatment* began and before *your* return to *your* country of permanent residence.

Emergency Air Transportation

This benefit is payable only when pre-approved and arranged by *us*

At the time of *hospitalization*, up to the maximum sum insured selected for medical air transfer for return to *your* country of permanent residence or medical air transfer between medical facilities when the first facility is not equipped to provide the required *treatment*.

Airfare to Return Home for Treatment

This benefit is payable only when pre-approved by *us*

The cost of a one-way economy airfare on a commercial flight via the most direct route to return to *your* country of permanent residence for immediate *treatment* as a result of an *emergency.* The *treatment* must be sought in the 10 days from arrival to *your* country of permanent residence and the attending *physician* providing *treatment* outside *your* country of permanent residence must indicate in writing that the *treatment* is required.

The cost of an airline seat upgrade is included if the attending *physician* providing *treatment* outside *your* country of permanent residence indicates in writing that it is also medically required.

This benefit is only available for fracture claims in lieu of the Fracture Treatment Benefit.

Medical Attendant

This benefit is payable only when pre-approved by *us*

If *you* are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will pay:

a The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or *travelling companion* in lieu) to accompany *you* if the attending *physician* providing *treatment* outside *your* country of permanent residence indicates in writing that it is medically required; and,

b The cost of an airline seat upgrade for the medical attendant (or *travelling companion* in lieu) if the attending *physician* providing *treatment* outside *your* country of permanent residence indicates in writing that it is medically required.

Return of Travelling Companion

This benefit is payable only when pre-approved by *us*

If *you* are returned under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Expenses Related to Death Benefit, *we* will reimburse a one-way economy airfare for one *travelling companion* to return back to the original departure point.

Return of Dependent Children

This benefit is payable only when pre-approved by *us*

If *you* are returned to *your* country of permanent residence under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Expenses Related to Death Benefit, *we* will pay for:

a A one-way economy airfare for *dependent children* travelling with *you* to return back to the original departure point; and,

b The cost of a chaperone when necessary.

Expenses Related to Death

This benefit is payable only when pre-approved by *us*

In the event of *your* death during a trip covered under the Policy benefits, *we* will pay for:

a Up to the maximum sum insured selected for the preparation and return of *your* body, including the cost of a standard shipping container and one death certificate (excluding the cost of funeral and related expenses or a burial coffin), to *your* country of permanent residence; or,

b Up to a maximum of $6,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin) including one death certificate, in the event *your* body is not returned to *your* country of permanent residence; or,

c Up to a maximum of $6,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return *your* ashes to *your* country of permanent residence; and

d Transportation costs of one *family member* to go to the place of *your* death to identify *your* body when it is necessary to be identified before the release of *your* body and up to a limit of $400 per day to a maximum of $2,000 for meals and commercial accommodation.

The *family member* identifying *your* body will also be covered for the period of time required to identify *your* body. Coverage for the *family member* is limited to the Emergency Medical Insurance plan.

Family Transportation

This benefit is payable only when pre-approved by *us*

If an attending *physician* considers it necessary, ***we*** will pay one round trip economy airfare or ground transportation costs for one *family member* to be with *you* while *you* are *hospitalized* if *you* are travelling alone, or for one additional *family member* other than *your travelling companion* if *you* are not travelling alone, and $400 per day to a maximum of $2,000 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

Out-of-Pocket Expenses

Up to $500 per day to a maximum of $5,000 for *your* commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and rental car, if:

a *Your travelling companion* is transferred to a different *hospital* in another city for *emergency treatment*; or,

b *Your travelling companion* is *hospitalized* on or after the date *you* are scheduled to return to *your* country of permanent residence.

Under b), there is no coverage for any out-of-pocket expenses *you* incur before the date *you* are scheduled to return to *your* country of permanent residence.

Child Care

Up to $500 per day to a maximum of $5,000 for child care costs for *insured* children 18 years and under who are travelling with *you* (excluding child care provided by a *family member*) when:

a *You* are *hospitalized*; or,

b *You* are transferred to a different *hospital* in another city for *emergency treatment*.

Return of Vehicle

This benefit is payable only when pre-approved by *us*

If the attending *physician* determines that as a result of an *emergency*, *you* are incapable of continuing *your* trip by means of the *vehicle* used to depart from *your* country of permanent residence and the *vehicle* you intended to use to return to *your* country of permanent residence and *your travelling companion* is unable to do so for *you*, ***we*** will pay up to $2,500 for either:

a The charges incurred for a commercial agency to return a *vehicle* that *you* own or rent to either *your* country of permanent residence or the nearest appropriate *vehicle* rental agency; or,

b A one-way economy airfare to the destination where the *vehicle* is located; and gas, meals and accommodation for a *family member* or friend to return a *vehicle* that *you* own or rent to *your* country of permanent residence.

If the *vehicle you* used to depart from *your* country of permanent residence was towing an object (such as a trailer or boat) and *you* had intended to use the same *vehicle* to tow the object back to *your* country of permanent residence, the cost to return the towed object is also included in this benefit. If the towed object must be returned separately, it is not covered.

Additional Benefit

24-Hour Accident Insurance:

Maximum limit — $25,000

Coverage under this benefit applies in addition to the maximum limit for the Emergency Medical Insurance plan.

Refer to section Accidental Death and Dismemberment Insurance for details. The information in that section outlines the terms and conditions of this benefit.

If *you* have also purchased the Optional Accidental Death and Dismemberment coverage, coverage under this benefit applies in addition to the benefit limits specified under that optional coverage.

Pre-existing Medical Condition Stability Exclusion

The Emergency Medical Insurance plan is also subject to the Emergency Medical Insurance Exclusions and to the General Exclusions shown on page 30.

The stability requirements for *pre-existing medical conditions* are outlined below:

We will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of the following:

AGE on the *application date* of the Policy	STABILITY PERIOD
59 years and under	Any *medical condition* which is not *stable* on or within the **120 days** before the effective date of the Policy.
60 to 69 years	Any *medical condition* which is not *stable* on or within the **180 days** before the effective date of the Policy.
70 years and over	Any *medical condition* which is not *stable* on or within the **365 days** before the effective date of the Policy.

Medical conditions that do not meet the stability requirements set out above are not covered.

Refer to the following definitions: *alteration*, *medical condition*, *pre-existing medical condition*, *treatment* and *stable*.

Exclusions

In addition to the General Exclusions shown on page 30, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Any complications that develop after departure, related to a ***pre-existing medical condition*** that was not ***stable*** on or before the effective date of the Policy. For stability requirements, refer to the Pre-existing Medical Condition Stability Exclusion.

2 Any claim incurred after a ***physician*** advised ***you*** not to travel.

3 Any claim incurred after any other registered medical practitioner advised ***you*** not to travel.

4 A trip that is undertaken after the diagnosis of a ***terminal condition***.

5 A trip that is undertaken while ***you*** are receiving palliative care or after palliative care has been recommended.

6 ***Medical conditions*** or any related ***medical conditions*** for which, before the effective date of the Policy, ***diagnostic tests*** took place, were scheduled to take place or were recommended and for which results had not yet been received on or before the effective date of the Policy. This includes ***diagnostic tests*** that were scheduled or were recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.

   This exclusion does not apply to:

   a Tests to monitor an existing ***medical condition*** if there have been no new or more frequent symptoms, whether or not results have been received; or,

   b Screening tests intended to prevent illness or to detect ***medical conditions*** before symptoms are noticed, whether or not results have been received.

7 The cost of any mandated test required for travel.

8 ***Medical conditions*** or any related ***medical conditions*** for which, on or before the effective date of the Policy, tests to follow up on the effectiveness or response to a procedure, surgery or ***hospitalization*** are scheduled to take place or recommended. This includes tests that were scheduled or recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.

9 ***Medical conditions*** or any related ***medical conditions*** for which before the effective date of the Policy, medical procedures, surgeries and/or referrals to a specialist were scheduled to take place or were recommended but had not yet taken place at the time of the effective date of the Policy.

10 ***Emotional or mental disorders***, unless they result in ***hospitalization***.

11 Acute psychosis if drug or alcohol induced.

12 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in ***remission***) for which ***you*** received or were recommended to receive ***active cancer treatment*** on or within the 90 days before the effective date of the Policy.

   This includes ***active cancer treatment*** that ***you*** were recommended to receive but chose to decline.

13 Tests and investigation except when performed at the time of initial ***emergency medical condition*** or within 7 days after the initial ***emergency***.

14 Any expenses incurred as a result of a disease or illness that originated or was symptomatic during the ***waiting period***.

15 The continued ***treatment***, recurrence or complication of a ***medical condition*** or related condition, following ***emergency treatment*** during ***your*** trip, if ***we*** determine that ***your emergency*** has ended, unless otherwise specified in a benefit.

16 a Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip.

b Any *medical condition* arising during *your* trip from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when *you* have reached a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate *you* were intoxicated and no blood alcohol level is specified.

17 Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by *us*.

18 Any *medical condition* or related expenses if *we* determine that *you* should transfer to another facility or could return to *your* country of permanent residence for *treatment*, and *you* choose not to, benefits will not be paid for further *treatment* related to the *medical condition*.

19 An official travel advisory issued by a Canadian government stating to avoid optional, discretionary and/or non-essential travel into Canada, before the date *you* arrive in Canada.

If an official travel advisory is issued for a province/territory, region or city within Canada after *you* have already arrived to that province/territory, region or city, *your* coverage for an *emergency* or a *medical condition* related to the travel advisory in Canada will be limited to a period of 30 days from the date the travel advisory was issued. *We* may extend this coverage beyond 30 days if authorized at *our* discretion.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory or to claims incurred for COVID-19.

If *you* are a foreign worker, international student studying in Canada, an immigrant awaiting provincial or territorial government health care coverage or a Canadian returning to Canada, coverage for an *emergency* or a *medical condition* related to the travel advisory, will remain in place until *your* policy expires.

For Travel Outside of Canada

An official travel advisory issued by a Canadian government stating to "avoid all travel" or "avoid non-essential travel" regarding the country, region or city of *your* destination, before the date *you* travel to that destination (including any stopovers, layovers or any other destinations *you* are transiting through).

To view the travel advisories, visit the Government of Canada Travel site.

If an official travel advisory is issued while *you* are travelling outside of Canada for the country, region or city of *your* destination after *you* have already arrived to that country, region or city, *your* coverage for an *emergency* or a *medical condition* related to the travel advisory in that specific destination will be limited to a period of 30 days from the date the travel advisory was issued. *We* may extend this coverage beyond 30 days if authorized at *our* discretion.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory or to claims incurred for COVID-19.

20 A *medical condition* for which symptoms arose or worsened or for which *treatment* by a *physician* or other registered medical practitioner was received during a temporary visit to *your* country of permanent residence during the period of coverage or any *medical condition* wholly or partly, directly or indirectly, related thereto. This exclusion does not apply if the *treatment* was for either:

a The unchanged use of *prescribed* drugs or medication for a *stable medical condition*, symptom or problem; or,

b A check-up where the *physician* or other registered medical practitioner observes no change in a previously noted *medical condition*, symptom or problem.

21 *Treatment* by a *physician* or other registered medical practitioner and expenses incurred while in *your* country of permanent residence or the country *you* were travelling or residing in before arriving in Canada.

This exclusion does not apply to a returning Canadian.

22 Loss, theft, breakage of prescription glasses, contact lenses, prosthetic devices, hearing aids and dentures.

23 *Your* participating, training, or practicing for the following sports or activities (except when coaching and/or officiating as a referee or sports official) unless *you* have paid the applicable surcharge(s) for the Sports & Activities Coverage as shown on *your* Policy declaration:

- *Backcountry* skiing/snowboarding
- Base jumping
- Boxing
- *Downhill freestyle skiing/ snowboarding in organized competitions*
- *Downhill mountain biking*
- Hang gliding/paragliding
- *High risk motorized speed activities*
- *High risk snowmobiling and motorized snow biking*
- *Ice climbing*
- *Mixed martial arts*
- *Mountaineering over a 6,000-metre elevation*
- *Mountaineering up to a 6,000-metre elevation*
- Parachuting/skydiving/tandem skydiving
- *Rock climbing*
- Scuba diving or free diving over 40 metres
- *White water sports – Class VI*
- Wingsuit flying

24 *Your* participating, training, or practicing as part of a registered team, league, association or club; or while competing in a registered tournament, competition or sporting event for the following sports or activities (except when coaching and/or officiating as a referee or sports official), if *you* are 21 years of age or over at the time of application, unless *you* have paid the applicable surcharge(s) for the Sports & Activities Coverage as shown on *your* Policy declaration:

- Football (American and Canadian)
- Ice hockey
- Rugby

Deductible

We will pay eligible expenses for losses incurred in excess of the amount of the ***deductible*** as shown on the Policy declaration, per ***insured*** per incident claimed.

This ***deductible*** applies to the portion of eligible expenses remaining after payment by other insurance policies, plans or contracts, including private or automobile insurance. This ***deductible*** applies to all Emergency Medical Insurance benefits except for the coverage specified under the Additional Benefit for 24-Hour Accident Insurance.

Applicable to *Insureds* 60 Years and Over at the Time of Application

If *you* qualify for the coverage selected but *you* or a representative purchasing insurance on *your* behalf have failed to answer truthfully and accurately any question asked in the Medical Questionnaire, any incident claimed will be subject to an extra ***deductible*** of $15,000 CAD in addition to any other applicable ***deductible*** amount, and no future coverage will be provided under this Policy unless *you* pay the additional premium reflecting true and accurate answers to those questions.

Automatic Extensions to Coverage

At the time the period of coverage ends *your* coverage will be automatically extended at no additional premium:

Hospitalization

If *you*, *your* family travelling with *you* or *your travelling companion* are ***hospitalized***. The automatic extension will be provided to *you* for the remaining period of the ***hospitalization***, plus up to 7 days after ***hospital*** release to recover and/or travel home.

Medically Unfit to Travel

If *you*, *your* family travelling with *you* or *your travelling companion* are unable to travel on the scheduled return date due to a ***medical condition*** that does not require ***hospitalization***. The automatic extension will be provided to *you* for up to 7 days to recover and/or travel home. In the event of a claim, written documentation must be provided to ***us*** by the attending ***physician*** to substantiate the inability to travel home as originally scheduled.

Delay of Common Carrier or Chartered Carrier

If *your common carrier* or ***chartered carrier*** is delayed due to circumstances beyond *your* control, preventing *you* from returning to *your* country of permanent residence. The automatic extension will be provided to *you* for up to 7 days. In the event of a claim, written documentation must be provided to ***us*** to substantiate the ***common carrier*** or ***chartered carrier*** delay.

Quarantine

If *you*, *your* family travelling with *you* or *your travelling companion* are unable to travel on *your* scheduled return date due to being placed under quarantine after a positive COVID-19 test, the automatic extension will be provided to *you* for up to 14 days. In the event of a claim, written documentation must be provided to ***us*** to substantiate the quarantine.

Refunds

Refunds for policies with a 365-day trip length or longer with a sum insured of $100,000 or more, or any refunds after the effective date of the Policy must be requested in writing. Refunds are not available if a claim has been or will be submitted.

Applicable to Super Visa Applicant/Holder Refund Requests Only

1 A refund is available, subject to a $250 cancellation fee, provided no travel has taken place. For cancellation after the effective date of the Policy, the request must be received within the 90 days after the expiry date of the Policy; or,

2 If a Super Visa application was denied, withdrawn or cancelled, a full refund is available before the effective date of the Policy, or a refund less an administration fee is available after the effective date of the Policy, provided the request is received within the 90 days after the expiry date of the Policy. Supporting documentation must be sent to ***us***.

3 If a Super Visa application was approved but ***your*** entry to Canada was denied, a full refund is available before the effective date of the Policy, or a refund less an administration fee is available after the effective date of the Policy, provided the request is received within the 90 days after the expiry date of the Policy. Supporting documentation must be sent to ***us***.

If ***your*** Super Visa application is delayed, please contact ***your*** agent before the effective date of the Policy to change the coverage dates of ***your*** Policy.

Note: If ***you*** have a policy with a 365-day trip length or longer and a sum insured of $100,000 or more that was not purchased for a Super Visa application, the $250 cancellation fee will not apply, and refund requests will be processed according to the requirements listed in the section below. Supporting documentation of ***your*** alternate status in Canada must be sent to ***us*** to substantiate that coverage is not for a Super Visa.

Applicable to All Other Refund Requests

1 When the request for refund is received BEFORE the effective date of the Policy, a full refund is available.

2 When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:

- a A full refund is available in the 10 days from the ***application date*** of the Policy; or,
- b A partial refund less an administration fee is available when the request for refund is received more than 10 days after the ***application date*** of the Policy but within the 90 days after the expiry date of the Policy.

3 When travel has taken place, a partial refund less an administration fee is available. Refunds are calculated as follows:

- a From the date the cancellation request is submitted to ***us***, whether or not ***you*** have returned to ***your*** country of permanent residence or ***you*** became eligible and/or covered under a provincial or territorial government health care plan during the period of coverage; or,
- b From the date ***you*** return to ***your*** country of permanent residence if a satisfactory proof of return is sent to ***us*** and the request is received by ***us*** within the 90 days after the expiry date of the Policy; or,
- c From the date ***you*** become eligible and/or covered under a provincial or territorial government health care plan during the period of coverage if a satisfactory proof of the provincial or territorial government health care coverage is sent to ***us*** and the request is received by ***us*** within the 90 days after the date ***you*** became eligible.

Note: A minimum premium requirement applies for this Insurance at the time of purchase which becomes non-refundable after travel has taken place. If ***you*** request a partial refund after travel has taken place, ***we*** will retain this non-refundable minimum premium.

Trip Cancellation & Trip Interruption Insurance Or Trip Interruption Insurance Only

- Trip cancellation means an event occurring before *your departure date*, causing *you* to cancel *your trip* or a portion of *your trip*.
- Trip interruption means an event occurring on or after *your departure date* causing *you* to disrupt *your trip* as originally scheduled or interrupt *your trip* and return earlier or later than *your return date*.

Eligibility

At the time of application, *you* are eligible for coverage if:

You are a visitor to Canada purchasing Insurance as follows:

a Before arriving in Canada, provided part of or all of *your trip* is in Canada; or,

b After arriving in Canada, for subsequent travel anywhere in the world provided that travel originates in Canada.

Applicable to Trip Interruption Insurance Only

To be eligible for coverage this Insurance must be purchased before leaving for *your trip*.

Period of Coverage

Trip Cancellation

Coverage commences on the *application date* of the Policy at the time of purchase and terminates on the earlier of:

1 The date and time the entire *trip* is cancelled before *your departure date*; or,

2 At 11:59 PM on the day before *your departure date*.

Trip Interruption and Trip Interruption Only

Coverage commences on the later of:

1 12:01 AM on the *departure date*; or,

2 On the effective date of the Policy.

Coverage terminates on the earlier of:

1 The date and time *you* return to *your departure point*; or,

2 At 11:59 PM on the expiry date of the Policy, as shown on the Policy declaration.

Under 2), if *your* return is delayed due to a covered risk, coverage terminates on the date and time *you* return to *your departure point* or within 30 days after the original scheduled *return date*, whichever is earlier.

Covered Risks

Benefits will only be payable if the ***trip*** has been cancelled or interrupted as a result of one of the following covered risks. Refer to pages 20 to 21 for a description of the benefits applicable to the covered risks described below.

Health

1 ***Medical condition***, death or quarantine of ***you*** or ***your travelling companion***.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7, 8

2 ***Medical condition***, death or quarantine of ***your family member*** or ***your travelling companion***'s ***family member***.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

3 ***Medical condition***, death of ***your*** or ***your travelling companion***'s business partner, employer or key employee, ***caregiver***, or death of a friend not travelling with ***you*** on the ***trip***.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

4 ***Medical condition***, death or quarantine of ***your*** host at ***your*** destination.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

Pregnancy and Adoption

5 ***You*** or ***your travelling companion*** being notified, after the ***trip*** is booked or after the date this Insurance is purchased, whichever occurs later, that the actual date of a legal adoption of a child by ***you*** or ***your travelling companion*** is scheduled to take place during ***your trip***.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

6 ***Your***, ***your spouse***'s or ***your family member***'s pregnancy, or ***your travelling companion***'s, ***your travelling companion***'s ***spouse***'s or ***your travelling companion***'s ***family member***'s pregnancy, being diagnosed after the date the ***trip*** is booked or after the date this Insurance is purchased, whichever occurs later, if ***you*** or ***your travelling companion***'s ***trip*** is scheduled to take place in the 9 weeks before or after and including the expected date of delivery.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

7 Complications of ***your***, ***your spouse***'s or ***your family member***'s pregnancy, or ***your travelling companion***'s, ***your travelling companion***'s ***spouse***'s or ***your travelling companion***'s ***family member***'s pregnancy, occurring within the first 31 weeks of pregnancy.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: none

Employment and Education

8 ***Your***, ***your spouse***'s, ***your travelling companion***'s or ***your travelling companion***'s ***spouse***'s job transfer which results in the relocation of ***your*** or ***your travelling companion***'s principal residence (excluding contract or self-employment).
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

9 Involuntary loss of *your*, *your spouse*'s, *your travelling companion*'s or *your travelling companion*'s *spouse*'s permanent employment (excluding contract or self-employment) if *you*, *your spouse*, *your travelling companion* or *your travelling companion*'s *spouse* had been continuously employed by the same employer for at least 365 days before the date the *trip* is booked or before the date this Insurance is purchased, whichever occurs later.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

10 The cancellation of a *business meeting* at *your* or *your travelling companion*'s destination beyond *your* or *your* employer's control or beyond *your travelling companion*'s or *your travelling companion*'s employer's control. Only the *travel costs* related directly to the *business meeting* will be reimbursed.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

11 The cancellation of a conference, seminar, workshop, convention, symposium or retreat at *your* or *your travelling companion*'s destination that is beyond *your* or *your travelling companion*'s control.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

Legal

12 *You* and/or *your travelling companion* have been advised by a Canadian government (including provincial/territorial government) that if *you* travel to a specific country, region or city, *you* will have to self-quarantine or self-isolate upon *your* return to the province/territory *you* are staying in in Canada, provided such requirement was issued after the date and time *your trip* is booked or after the date and time this Insurance is purchased, whichever occurs later.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

13 *You* or *your travelling companion* (excluding law enforcement officers) being subpoenaed, after the date and time the *trip* is booked or after the date and time this Insurance is purchased, whichever occurs later, for jury duty, as a witness, or is required to appear at a court proceeding during the period of travel.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

14 *You* or *your travelling companion* being summoned to police, fire, paramedic or military service (active or reserve) during the period of travel.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

15 An official travel advisory issued by a Canadian Government stating to "avoid all travel" or "avoid non-essential travel" to any of *your* travel destinations (including any stopovers, layovers or any other destinations *you* are transiting through), provided such travel advisory was issued after the date *your trip* is booked or after the date this Insurance is purchased, whichever occurs later, and the travel advisory is still in effect on *your* scheduled *departure date* or at any time within the 7 days before *your* scheduled *departure date*.

This covered risk also applies if a Canadian government (including provincial/territorial governments) issues an advisory for visitors to Canada stating to avoid optional, discretionary and/or non-essential travel into Canada or against travel to any province/territory, region or city within Canada, and the advisory affects any of *your* travel destinations in Canada (including stopovers, layovers or any other destination *you* are transiting through).
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: none

16 An official travel advisory issued after *your* departure by a Canadian Government stating to "avoid all travel" or "avoid non-essential travel" to any of *your* travel destinations (including any stopovers, layovers or any other destinations *you* are transiting through), provided such travel advisory was issued for *your* scheduled travel dates and this Insurance was purchased before the travel advisory being issued.

This covered risk also applies if a Canadian government (including provincial/territorial governments) issues an advisory for visitors to Canada stating to avoid optional, discretionary and/or non-essential travel into Canada or against travel to any province/territory, region or city within Canada, and the advisory affects any of *your* travel destinations in Canada (including any stopovers, layovers or any other destinations *you* are transiting through).
Trip Cancellation Benefits: none
Trip Interruption Benefits: 4, 5, 6, 7

17 The non-issuance of *your* or *your travelling companion*'s digital travel authorization (including but not limited to an Electronic Travel Authorization (eTA)) and/or travel or student visa (not including an immigration or employment visa) for reasons beyond *your* or *your travelling companion*'s control, provided:

a *You* or *your travelling companion* were eligible to make such an application; and,

b The application was submitted with enough processing time to receive the digital travel authorization or visa before *your departure date*, according to the timeline posted by the consulate or authority who issues the digital travel authorization or visa.

Note: If the consulate or authority issuing the digital travel authorization or visa temporarily stops processing applications, *you* or *your travelling companion* must be able to prove that the stoppage had a direct impact on *you* or *your travelling companion* not being able to obtain the digital travel authorization or visa before *your* scheduled *departure date*.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: none

Cancellations and Delays

18 The early departure, the late departure or the late arrival of *your* or *your travelling companion*'s *common carrier* or *chartered carrier* causing a missed connection.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

19 The early departure, the late departure or the late arrival of *your* or *your travelling companion*'s *common carrier* or *chartered carrier* by at least 4 hours when there is no connection.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

20 The cancellation of *your* or *your travelling companion*'s *common carrier* or *chartered carrier* for any reason other than bankruptcy, insolvency or quarantine.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

21 The unforeseeable cancellation of *your* or *your travelling companion*'s *tour* by the tour operator. The cancellation must be for reasons beyond the tour operator's control and unrelated to bankruptcy or insolvency
Trip Cancellation Benefit: 3
Trip Interruption Benefit: 9

22 An accident on the way to board a ***common carrier*** or ***chartered carrier***, involving:

a A private ***vehicle*** in which ***you*** are a passenger or driver; or,

b Another ***common carrier*** or ***chartered carrier*** in which ***you*** are a passenger.

Under a) and b), a police report or written confirmation from the ***common carrier*** or ***chartered carrier*** is required.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

23 The delay of a private ***vehicle*** resulting from mechanical failure of the ***vehicle***, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

Other

24 A natural disaster occurring within the 90 days before ***your*** scheduled ***departure date*** or during ***your trip***, which renders ***your*** or ***your travelling companion***'s principal residence ***uninhabitable*** or place of business inoperative.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

25 An unforeseeable event completely independent of any intentional or negligent act occurring within the 90 days before ***your*** scheduled ***departure date*** or during ***your trip***, which renders ***your*** or ***your travelling companion***'s principal residence ***uninhabitable*** or place of business inoperative.
Trip Cancellation Benefits: 1,2
Trip Interruption Benefits: 4, 5, 6, 7

Benefits

Maximum limit — Up to the sum insured as indicated on the Policy declaration

The maximum limit is the sum insured as shown on the Policy Declaration, which is an *aggregate limit* per *insured*, per Policy.

Benefits 1b, 3b, 7, 8b, 8c and 9b apply per *insured*, per *trip* and are payable either up to the maximum limit or to the amount listed in the benefit, whichever is lower. All other benefits are payable up to the maximum limit per *insured*, per *trip*.

Trip Cancellation Before Departure

Benefits outlined below are payable if cancellation of *your trip* results in unexpected expenses.

1 Reimbursement of:
   - a Non-refundable *prepaid travel costs*, other than *prepaid* transportation costs, that cannot be recovered from another source; and,
   - b Up to a maximum of $350 for additional commercial accommodation to resume *your* travel itinerary to *your* next pre-scheduled destination, when *you* choose to cancel a portion of *your trip*; and,
   - c Non-refundable *prepaid* transportation costs that cannot be recovered from another source; or,
   - d Either of the following, if *you* choose not to cancel *your trip* or if *you* choose to cancel a portion of *your trip*:
     - i The change fees or difference in fare charged by the transportation supplier and/or travel supplier; or,
     - ii A one-way *common carrier* economy fare via the most direct route to resume *your* travel itinerary to *your* next pre-scheduled destination.

   Under 1b) and 1dii), if *you* received any refunds, travel credits or any other financial benefits from the travel supplier for *your* original, unused *prepaid travel costs*, reimbursement towards an economy fare or commercial accommodation will be limited to the amount over and above the refund, travel credit or financial benefit received.
2 Reimbursement of the additional single supplement commercial accommodation expense in the event a *travelling companion* cancels their *trip*.
3 Reimbursement of:
   - a *Your* non-refundable *prepaid tour*; and,
   - b *Your* non-refundable *prepaid* transportation that is not part of *your tour*, up to a maximum of $1,000.

Trip Interruption After Departure

Benefits outlined below are payable if interruption of *your trip* results in unexpected expenses.

4 Reimbursement of either:

- a *Your* non-refundable, unused *prepaid* airfare costs; or,
- b Change fees or difference in fare charged by the transportation supplier and/or travel supplier; or,
- c One-way economy transportation costs (or reasonable rental car costs in lieu) to the next travel destination or to return to the original *departure point*; or,
- d An airline seat upgrade when *medically necessary* to the original *departure point* to return earlier or later than the *return date*. This benefit is only payable if the attending *physician* indicates in writing that the upgrade is medically required and when pre-approved and arranged by *us*.

Under c) and d), if *you* received any refunds, or travel credits or any other financial benefit from the travel supplier for *your* original, unused *prepaid* airfare, reimbursement towards a new one-way airfare will be limited to the amount over and above the refund, travel credit or financial benefit received.

5 Reimbursement of *your* other non-refundable unused *prepaid travel costs*, excluding the cost of unused *prepaid* transportation back to the original *departure point* from a destination where *you* have already been reimbursed for transportation costs under Benefit no.4c) to return *you* to *your* original *departure point*.

6 Reimbursement of the additional single supplement commercial accommodation expense in the event a *travelling companion* cancels or interrupts their *trip*.

7 Up to the limit of $350 per day to a maximum of $1,500 for *your* reasonable and unexpected out-of-pocket expenses for commercial accommodation, meals, internet, telephone, kennel fees, parking charges and taxi expenses. Coverage under this benefit is only available until there is an opportunity for *you* to resume travel to catch up to the next travel destination or to return to the original *departure point*, regardless of whether *you* choose to do so.

8 **Expenses Related to Death** — In the event of *your* death during a *trip*, *we* will pay:

- a Up to the Policy limit for preparation and return of *your* body, including the cost of a standard shipping container (excluding the cost of funeral and related expenses or a burial coffin) to *your* country of permanent residence; or,
- b Up to a maximum of $5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin), including one death certificate, in the event *your* body is not returned to *your* country of permanent residence; or,
- c Up to a maximum of $5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn), including one death certificate and the standard shipping cost to return *your* ashes to *your* country of permanent residence.

9 Reimbursement of:

- a *Your* non-refundable, unused *prepaid tour*; and,
- b Up to a maximum of $1,000, for the lesser of the change fees or difference in fare charged by the *common carrier* or *chartered carrier* involved to return *you* to the original *departure point* (if such option is available to *you*) or for the extra cost of a one-way economy airfare on a commercial flight via the most direct route to return *you* to *your* original *departure point*, if cancellation occurs prior to the departure of the *tour* but after *your* departure.

Conditions

In addition to the General Conditions shown on page 32, the following conditions apply:

1 **Duplication of Coverage** — If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* or on *your* behalf cannot exceed *your* total expenses. Expenses are paid to an overall maximum limit of $100,000 for any trip cancellation and/or trip Interruption claim.

2 When the reason for cancellation occurs before departure, *you* must:

   a Contact the travel or booking agent or airline on the day the reason for cancellation occurs or on the next business day; and,

   b Advise *us* within the same period. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect at the time the cause of cancellation occurs.

3 No claims will be considered unless the unused transportation ticket(s) or electronic ticket(s) are provided to *us*. If applicable, *we* will also require copies of substitute transportation ticket(s) or electronic ticket(s) and travel or booking agent or travel supplier invoices.

4 **Trip Cancellation** — If *you* need to cancel *your trip* because of a *medical condition*, the patient must consult a *physician* before *you* cancel *your trip* and before the date and time *you* are scheduled to leave from *your departure point*. If it's not possible for the patient to consult a *physician* on or before the date and time *you* are scheduled to leave from *your departure point*, the patient must consult a *physician* within one business day from the scheduled date of departure.

   Trip Interruption — If *you* need to interrupt *your trip* because of a *medical condition*, the patient must consult a *physician* at the place where the *medical condition* occurred, on or before the date and time *you* interrupt or disrupt *your trip*.

   In both cases, *you* must provide a medical certificate or letter completed by the attending *physician* at the place where the *medical condition* occurred, advising against travel that includes: a complete diagnosis, the date of onset of the *medical condition*, the dates and type of *treatment*, and the medical necessity of cancelling or interrupting or disrupting *your trip*. If a *physician* was not consulted as required or if *you* do not provide the complete written certificate, *your* claim will be denied.

5 If *your* travel dates change, *you* must notify *us* of *your* new travel dates. Failure to do so will result in denial of *your* claim.

6 The benefits are only applicable if:

   a *You* had left enough travel time to comply with the *common carrier*'s or *chartered carrier*'s recommended check-in time before departure; and,

   b *Your trip*, whether booked online or through a travel or booking agent, meets the minimum connection times approved by the applicable travel provider.

7 *We* do not reimburse the cash value of any *travel costs* that have been booked and paid for with points, air miles or any other type of travel reward program. However, *we* will reimburse the cost of any applicable administration fees to reinstate points.

8 If *you* increase *your* Policy sum insured, all exclusions below will apply to the date *you* increased *your* sum insured, for the amount of the increase.

9 Coverage will not be provided for any unused *prepaid* travel expenses when a refund, travel credit or any other financial benefit is available to cover the cost, whether *you* choose to accept the refund, credit and/or financial benefit or not.

10 If *you* purchased an adventure tourism travel package that includes a *tour*, accommodation, meals, transportation and/or other amenities and *you* only miss the *tour* portion of the *trip*, but an itemized invoice breaking down the charges is not available from the travel supplier, reimbursement will be limited to 70% of the total package costs for the unused *tour* portion of the *trip*.

Exclusions

In addition to the General Exclusions shown on page 30, *we* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 A *trip* booked or for which Insurance is purchased after the diagnosis of a *terminal condition*.

2 A *trip* booked or for which Insurance is purchased while receiving palliative care or after palliative care was recommended.

3 Any claim incurred for a *trip* booked or for which Insurance is purchased after a *physician* advised *you* or *your travelling companion* not to travel.

4 Any claim incurred for a *trip* booked or for which Insurance is purchased after any other registered medical practitioner advised *you* or *your travelling companion* not to travel.

5 Cancellation or interruption caused by or related to a circumstance known to *you* or any person purchasing insurance on *your* behalf before the date and time the *trip* is booked or before the date and time this Insurance is purchased, whichever occurs later.

6 Cancellation or interruption caused by or related to the following events occurring before the date and time this Insurance is purchased or before the date and time the *trip* is booked: earthquakes, tsunamis, hurricanes, tornados, cyclones, avalanches, rock slides, snow storms/blizzards, floods, wildfires, volcanic eruptions, volcanic ash clouds, political unrest, epidemics and/or pandemics. This exclusion applies whether or not *you* were aware of these events at the date and time this Insurance was purchased and/or the *trip* was booked and whether or not these events were affecting any of *your* travel destinations at the date and time this Insurance was purchased and/or the *trip* was booked.

7 Cancellation or interruption caused by or related to any of the following:

   a Coronavirus disease (COVID-19);

   b Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);

   c Any mutation or variation of SARS-CoV-2.

   This exclusion does not apply if *you* must cancel or interrupt *your trip* as a result of a *medical condition* caused by or related to any of the above.

8 *Travel costs* which were not *prepaid.*

9 A *trip* if at any point *you* are *mountaineering over a 6,000-metre elevation* or heliskiing (at any elevation) when the *travel costs* for these activities were purchased before departure, unless *you* have paid the applicable surcharge(s) for the Sports & Activities Travel Costs Coverage as shown on *your* Policy declaration. This applies to all *trip* cancellation or interruption benefits and all *travel costs*, regardless of whether the claim is related to the activity of *mountaineering over a 6,000-metre elevation* or heliskiing (at any elevation).

   If *you* purchased *travel costs* after departure for the activity of *mountaineering over a 6,000-metre elevation* or heliskiing (at any elevation), coverage for these *travel costs* is excluded.

10 *Medical conditions* or any related *medical conditions* for which, on or before the *departure date*, *diagnostic tests* took place, were scheduled to take place or were recommended and for which results had not yet been received at the time of departure. This includes *diagnostic tests* that were scheduled or recommended on or before the *departure date* but had not yet taken place at the time of departure.

This exclusion does not apply to:

a Tests to monitor an existing *medical condition* if there have been no new or more frequent symptoms, whether or not results have been received; or,

b Screening tests intended to prevent illness or to detect *medical conditions* before symptoms are noticed, whether or not results have been received.

11 *Medical conditions* or any related *medical conditions* for which, on or before the *departure date*, tests to follow up on the effectiveness or response to a procedure, surgery or *hospitalization* were scheduled to take place or were recommended. This includes tests that were scheduled or were recommended on or before the *departure date* but had not yet taken place at the time of departure.

12 *Medical conditions* or any related *medical conditions* for which before the *departure date*, medical procedures, surgeries and/or referrals to a specialist were scheduled to take place or were recommended but had not yet taken place at the time of departure.

13 *Emotional or mental disorders*, unless they result in *hospitalization*.

14 Acute psychosis if drug or alcohol induced.

15 A disease, illness or death (other than death caused by an accident) occurring within 72 hours after the date and time this Insurance was purchased, a sum insured upgrade was purchased and/or an optional coverage was added to the Policy if the Policy, upgrade, or optional coverage was purchased more than 72 hours after the *travel costs* are booked.

16 Travel undertaken to visit an ailing *family member* where the *medical condition* or death of that *family member* is the cause of the cancellation or interruption of the *trip*.

17 An early or late return due to a *medical condition*, unless ordered in writing by the attending *physician* that *you* return to *your departure point*.

18 Any *pre-existing medical condition* affecting *you* or *your family member*, *caregiver*, friend, business partner, host at destination, employer or key employee, unless the *pre-existing medical condition* was *stable* on or within the 60 days before the date this Insurance is purchased.

19 Any *pre-existing medical condition* affecting *your travelling companion* or *your travelling companion's family member*, *caregiver*, business partner, host at destination, employer or key employee, unless the *pre-existing medical condition* was *stable* on or within the 60 days before the date this Insurance is purchased.

20 **Applicable to Trip Cancellation**
Any complications that develop after the date this Insurance is purchased, related to a *pre-existing medical condition* that was not *stable* on or within 60 days before the date this Insurance is purchased.

21 **Applicable to Trip Interruption**
Any complications that develop after the *departure date*, related to a *pre-existing medical condition* that was not *stable* on or within the 60 days before the *departure date*.

22 a Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to the chronic use of alcohol, drugs or other intoxicants whether prior to or during the *trip*.

b Any *medical condition* arising from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood has been reached or when records indicate intoxication and no blood alcohol level is specified.

23 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in *remission*) where *active cancer treatment* was received or recommended (including *active cancer treatment* that was recommended but declined) on or within the 90 days before the date this Insurance is purchased.

24 Cancellation due to a *medical condition* when a *physician* has not been consulted and has not advised against travel, on or before the date and time of cancellation. When it's not possible for the patient to consult a *physician* on or before the date and time *you* are scheduled to leave from *your departure point*, the patient must consult a *physician* within one business day from the scheduled date of departure.

25 Interruption due to a *medical condition* when a *physician* has not been consulted at the place where the *medical condition* occurred and has not advised against travel, on or before the date and time of interruption or disruption.

Refunds

Refunds must be requested in writing. Refunds are not available if a claim has been or will be submitted, except when a claim is submitted and *you* are eligible for a refund as specified under no. 3 under the heading Applicable to Trip Cancellation & Trip Interruption Insurance.

Applicable to Trip Cancellation & Trip Interruption Insurance

1 When no travel has taken place, a full refund is available in the 10 days from the *application date* of the Policy.

2 A refund less an administration fee is available when the *trip* is cancelled before any penalties from the travel supplier apply.

3 If *you* purchased a trip cancellation sum insured that exceeded any payments or deposits made for *your trip*, a partial refund less an administration fee may be provided if the partial refund is requested before departure. Proof of all payments made up to the date the refund was requested must be submitted to *us*.

Applicable to Trip Interruption Insurance Only

1 When no travel has taken place and the request for refund is received BEFORE the effective date of the Policy, a full refund is available.

2 When no travel has taken place and the request for refund is received AFTER the effective date of the Policy, a full refund is available in the 10 days from the *application date* of the Policy.

OPTIONAL COVERAGES

The optional coverages listed in this section may only be purchased as an endorsement to an insurance plan described in this Policy. The Optional Coverages are also subject to the 10-day Full Refund Provision, Insuring Agreement, General Exclusions, General Conditions, Authorized Extensions, Definitions, Statutory Conditions and How to Claim sections of the Policy.

Sports & Activities Coverage

This Optional Coverage can be purchased as an endorsement to an Emergency Medical Insurance plan.

If a sport or activity is not listed in the benefits below or excluded under the General Exclusions, coverage for that sport or activity will be provided under the Emergency Medical Insurance plan without the purchase of this Optional Coverage. For more details on excluded sports and activities, refer to the General Exclusions on page 30.

Benefits

This coverage does not increase the maximum limits of the Emergency Medical Insurance plan stated in this Policy.

Coverage is subject to the terms and conditions specified in the section entitled Emergency Medical Insurance.

Applicable to All Ages

Maximum limit – Up to the sum insured as indicated on the Policy declaration

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition* while participating in, training or practicing for the following sports or activities, if *you* select the applicable sport or activity at the time of application:

- *Backcountry* skiing/snowboarding
- BASE jumping
- Boxing
- *Downhill freestyle skiing/ snowboarding in organized competitions*
- *Downhill mountain biking*
- Hang gliding/paragliding
- *High risk motorized speed activities*
- *High risk snowmobiling and motorized snow biking*
- *Ice climbing*
- *Mixed martial arts*
- *Mountaineering over a 6,000-metre elevation*
- *Mountaineering up to a 6,000-metre elevation*
- Parachuting/skydiving/tandem skydiving
- *Rock climbing*
- Scuba diving or free diving over 40 metres
- *White water sports – Class VI*
- Wingsuit flying

The charges must result from an *emergency* that first occurs after coverage commences (including after any applicable *waiting period*) and while *you* are travelling outside *your* country of permanent residence.

For any of the sports or activities listed above, if *you* are coaching and/or officiating as a referee or sports official, the Sports & Activities Optional Coverage is not required for coverage to apply.

Applicable to *Insureds* 21 Years and Over at the Time of Application

Maximum limit — Up to sum insured as indicated on the Policy declaration

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition* while participating in, training or practicing on behalf of a registered team, league, association or club; or while competing in a registered tournament, competition or sporting event for the following sports, if *you* select the applicable sport at the time of application:

- Football (American and Canadian)
- Ice hockey
- Rugby

The charges must result from an *emergency* that first occurs after coverage commences (including after any applicable *waiting period*) and while *you* are travelling outside *your* country of permanent residence.

For any of the sports or activities listed above, if *you* are coaching and/or officiating as a referee or sports official, the Sports & Activities Optional Coverage is not required for coverage to apply.

Sports & Activities Travel Costs Coverage

This Optional Coverage can be purchased as an endorsement to the following plans:

- Trip Cancellation & Trip Interruption Insurance
- Trip Interruption Insurance Only

Benefits

This coverage does not increase the maximum sum insured(s) for *trip* cancellation and/or *trip* interruption as stated on the Policy declaration.

If at any point during *your trip you* are *mountaineering over a 6,000-metre elevation* or heliskiing (at any elevation), *you* will be covered for all eligible *trip* cancellation and/or interruption benefits available under the base plan that *you* purchased this Optional Coverage with.

Coverage is subject to all terms and conditions specified in the section entitled Trip Cancellation & Trip Interruption Insurance.

Accidental Death and Dismemberment Insurance

This Optional Coverage can be purchased as an endorsement to an Emergency Medical Insurance plan. If *you* have purchased this Optional Coverage, coverage under the Additional Benefit 24-hour Accident Insurance in the Emergency Medical Insurance plan will be provided in addition to the benefit limits specified below.

Air Flight/Common or Chartered Carrier Accident:

Maximum limit — $100,000

24-hour Accident:

Maximum limit — $25,000

Covered Risks

Air Flight/Common or Chartered Carrier Accident

Death or dismemberment as a result of an accident sustained during the period of coverage while riding, entering or leaving a lawfully operated, licensed *common carrier* or *chartered carrier*.

Coverage is also applicable to *insured* children under 2 years of age (who are accompanied by a fare paying passenger) while riding, entering or leaving a lawfully operated, licensed *common carrier* or *chartered carrier*.

24-hour Accident

Death or dismemberment as a result of an accident sustained during the period of coverage in any other situation not specifically mentioned under Air Flight/Common or Chartered Carrier above.

Benefits

In the case of *your* accidental death or certain *losses* resulting from an accident, *we* will pay to or on behalf of *you*, *your* estate or other *beneficiary*, the benefits as outlined below, but in no event shall payment exceed the sum insured under this section:

1 100% of the sum insured for loss of life, double dismemberment or *loss* of sight in both eyes.

2 50% of the sum insured for single dismemberment or *loss* of sight in one eye.

Benefits for loss of life, limb or sight are payable for *loss* which occurs in the 90 days from the date of the accident.

Any claim for indemnity for loss of life, dismemberment or *loss* of sight must be substantiated by a certificate from the attending medical *physician* at the place of the accident attesting to the actual injuries sustained.

Coverage is subject to the terms and conditions specified in the section entitled Emergency Medical Insurance, except for the wording under the sub-heading Deductible.

Exclusions

In addition to the Emergency Medical Insurance Exclusions and to the General Exclusions shown on page 30, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 An official travel advisory issued by a Canadian government stating to "avoid all travel" or "avoid non-essential travel" regarding the country, region or city of ***your*** destination, before the effective date of the Policy or the date ***you*** travel to that destination (including any stopovers, layovers or any other destinations ***you*** are transiting through).

To view the travel advisories, visit the Government of Canada Travel site.

If an official travel advisory is issued for the country, region or city of ***your*** destination after ***you*** have already arrived to that country, region or city, ***your*** coverage for an ***emergency*** or a ***medical condition*** related to the travel advisory in that specific destination will be limited to a period of 30 days from the date the travel advisory was issued. ***We*** may extend this coverage beyond 30 days if authorized at ***our*** discretion.

This exclusion does not apply to claims for an accident unrelated to the travel advisory.

2 ***Your*** participating, training, or practicing for any of the following activities (except when coaching and/or officiating as a referee or sports official):

- *Backcountry* skiing/snowboarding
- Base jumping
- Boxing
- *Downhill freestyle skiing/ snowboarding in organized competitions*
- *Downhill mountain biking*
- Hang gliding/paragliding
- *High risk motorized speed activities*
- *High risk snowmobiling and motorized snow biking*
- *Ice climbing*
- *Mixed martial arts*
- *Mountaineering over a 6,000-metre elevation*
- *Mountaineering up to a 6,000-metre elevation*
- Parachuting/skydiving/tandem skydiving
- *Rock climbing*
- Scuba diving or free diving over 40 metres
- *White water sports – Class VI*
- Wingsuit flying

3 ***Your*** participating, training, or practicing as part of a registered team, league, association or club; or while competing in a registered tournament, competition or sporting event for the following sports (except when coaching and/or officiating as a referee or sports official) if ***you*** are 21 years of age or over at the time of application:

- Football (American and Canadian)
- Ice hockey
- Rugby

Condition

1 **Duplication of Coverage** — If ***you*** have purchased this optional coverage, coverage applies in addition to the benefit limit specified under the Additional Benefit for the Emergency Medical Insurance plan.

2 Coverage is not subject to the ***deductible*** as specified in the section entitled Emergency Medical Insurance.

Limitation

The total *aggregate limit* is $10,000,000 for any one event under this Policy and all policies administered and issued by *us*. If the total sum of all claims resulting from the same event exceeds the total *aggregate limit*, the $10,000,000 will be shared proportionately among all *insureds*. The proportionate share for each *insured* will not exceed the maximum limits of their plan. Payment will be processed after *we* have completed the review of all submitted claims related to the same event.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERAGES

In addition to the exclusions specified in each Insurance coverage, *we* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 *Your* participation in and/or voluntary exposure to *acts of war* or *acts of terrorism*.

2 Death, disablement or injury in any way caused by or contributed by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by *acts of war* or *acts of terrorism*).

3 Any *medical condition* that is the result of *you* not following *treatment* as *prescribed* to *you*, including *prescribed* or over the counter medication.

4 Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).

5 *Your* participating, training or practicing in any areas that have been closed off to public access and/or can typically only be accessed by crossing a fenced, gated or roped-off area that has been marked as off limits according to recommendations of safety authorities in the area for the following activities:

- *Backcountry* skiing/snowboarding
- *Downhill freestyle skiing/ snowboarding in organized competitions*
- *High risk snowmobiling and motorized snow biking*
- *Ice climbing*
- *Mountaineering over a 6,000-metre elevation*
- *Mountaineering up to a 6,000-metre elevation*
- *Rock climbing*

6 *Your* participating in, training or practicing for any of the following sports or activities:

- Barrel racing
- Bronc riding
- Bull riding
- Chariot racing
- Chuck wagon racing
- Harness racing
- Rodeo bareback racing
- Rodeo clowning
- Rodeo team roping
- Steer wrestling/chute dogging
- Trick riding

7 Any *medical condition* or recognized complication of a *medical condition*, where the purpose of *your* trip is to seek *treatment*, advice or services, and where the medical evidence indicates the *treatment*, advice or services received are related to that *medical condition*.

8 a Routine pre-natal care except as specified under the Maternity benefit or post-natal care; or,

b Pregnancy, delivery, or complications of either, arising within the 9 weeks before the expected date of delivery or within the 9 weeks after except as specified under the Maternity benefit.

9 *Your* voluntary termination of pregnancy or resulting complications.

10 *Your* suicide or attempt thereat or self-inflicted injury.

11 *Your* commission or attempted commission of a criminal offence or illegal act based on the law where the cause of the claim occurred.

12 *Non-emergency*, experimental or elective ***treatment*** or procedures (including but not limited to ongoing care, chronic care, rehabilitation or check-ups) and their related complications.

13 a Cosmetic surgeries, procedures and/or ***treatments***, and,

b Complications related to cosmetic surgeries.

14 Any ***medical condition*** or symptoms for which it is reasonable to believe or expect that ***treatments*** will be required during *your* trip.

15 Unless otherwise stated in this Policy (see General Condition, number 4), expenses incurred if other insurance policies, plans or contracts cover the loss. This includes but is not limited to any private or automobile insurance plan. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to Accidental Death and Dismemberment Insurance.

GENERAL CONDITIONS APPLICABLE TO ALL COVERAGES

Provisions & Conditions

1 This Policy is issued on the basis of information in *your* application or provided in connection with *your* application, which includes:

a The eligibility requirements for the coverage purchased as specified under the heading Eligibility in this policy wording; and,

b Any questions asked at the time of application or at any other time that *your* coverage is modified.

When completing the application and answering any questions asked, the answers must be complete and accurate. If *you* were not eligible for coverage as specified under the heading Eligibility in the policy wording and/or if any of the answers are found to be incomplete or inaccurate, *your* coverage will be void, which means that any claim submitted will not be paid, and *your* premium will be refunded.

This does not apply to rate qualification questions if a Medical Questionnaire is required. For terms that apply to rate qualification questions, refer to General Condition #2.

2 **Applicable to Rate Qualification Questions in the Medical Questionnaire** — This Policy is issued on the basis of information in *your* application in connection with the answers to the rate qualification questions in the Medical Questionnaire. When answering the rate qualification questions in the Medical Questionnaire, the answers must be complete and accurate.

If any of the answers from the rate qualification questions in the Medical Questionnaire are found to be incomplete or inaccurate, the Emergency Medical Insurance plan will be impacted as follows:

a A $15,000 CAD ***deductible*** will apply to any incident claimed, in addition to any other ***deductible*** *you* may have selected; and,

b Coverage won't be provided until *you* correct *your* answers; and if applicable, *you* pay any additional premium that may be required.

3 If *you*, any person insured under this Policy or anyone acting on *your* behalf fails to disclose any material fact or makes a fraudulent, false or exaggerated statement or claim, *your* coverage will be void, which means that any claim submitted will not be paid, and *your* premium will be refunded.

4 **Subrogation** — *We* will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently $100,000 or less. If the lifetime maximum limit under that plan is greater than $100,000, ***we*** may exercise ***our*** right to subrogate, but, if applicable, ***we*** will limit ***our*** subrogated claim to the extent required to preserve $50,000 of the lifetime limit available under that plan, except in the event of *your* death.

If compensation is or will be available from a third party for any payments made by ***us*** under this Policy, ***we*** have the right to subrogate to recover those payments. ***We***, at ***our*** own expense, can file a suit in *your* name for that purpose and *you* authorize ***us*** to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if *you* make any claim against a third party related to payments that ***we*** made under this Policy, *you*

will include the amount of those payments in *your* claim against the third party. If *you* obtain compensation for a portion or all of the included payments *we* made, *you* must immediately remit that compensation to *us*. *You* understand that *you* shall do nothing to prejudice *our* rights of subrogation, which includes not releasing third parties from liability without *our* express written agreement.

5 **Coordination of Benefits** — Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, *we* will coordinate benefits of all eligible expenses with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.

6 *You* may not claim or receive more than 100% of *your* total covered expenses. This general condition does not apply to Accidental Death and Dismemberment.

7 **Misstatement of Age** — If *your* age has been misstated to *us*, the coverage and/or premium may be adjusted in accordance with the correct age as of the date *you* became covered. Any premium adjustment is payable upon receipt of a premium notice.

8 *You* must be accurate and complete in *your* dealings with *us* at all times.

9 **Currency** — Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by *us* to be in Canadian currency, unless otherwise stated.

10 **Duplication of Coverage** — If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* or on *your* behalf cannot exceed *your* total expenses. Benefits are paid under the one Policy, Plan or Optional Coverage with the greatest benefit limit, except for Trip Cancellation & Trip Interruption and Trip Interruption Only and Accidental Death and Dismemberment Insurance. For limits that apply to the Trip Cancellation & Trip Interruption and Trip Interruption Only plan and to the Accidental Death and Dismemberment Insurance, refer to Duplication of Coverage under the Conditions sections of those coverages.

11 In the case of duplicate benefits in this Policy, claims are payable under the one benefit with the greatest benefit limit.

12 The date and time of commencement and termination of coverage is based on the time zone of the province or territory the Policy was purchased in.

13 Premium and coverage are based on factors including but not limited to age, trip length, travel destination and answers to the Medical Questionnaire, if applicable.

14 The availability, quality, results or effects of any *treatment*, assistance, *hospitalization*, transportation or *your* failure to obtain any of the above, is not *our* responsibility or the responsibility of any company or agency providing services on *our* behalf.

15 *We* reserve the right to accept or to decline any person as an *insured*.

16 In the event of *your treatment* by a *physician* or other registered medical practitioner or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any *hospital*, *physician* or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide *us* that information and authorize *us* to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.

17 If requested by ***us***, ***you*** must furnish or consent to the release of ***your*** medical records for the relevant period before the effective date of the Policy and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate ***your*** claim.

18 In the event of a claim, upon request, ***you*** will establish the date and time of departure and initially planned date of return of the trip.

19 ***You*** shall be responsible for the verification of any ***hospital*** and medical expenses incurred and shall obtain itemized accounts of all ***hospital*** and medical services which have been provided.

20 ***We*** shall not reimburse any expense incurred after a period of 365 days has elapsed following the date
on which the loss first occurred or the relevant ***emergency*** first occurred.

21 ***We*** shall comply with all applicable privacy legislation and regulations. ***You*** can learn about ***our*** privacy policy at **tugo.com/en/privacy**.

22 If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

23 In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. ***You*** can learn about ***our*** complaint procedure at **tugo.com**.

24 The law of the province or territory of Canada in which ***you*** are staying while a visitor to Canada, will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by ***you*** or anyone claiming on ***your*** behalf or by an assignee of benefits under this Policy must take place in the courts of the province/territory of Canada in which ***you*** purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.

25 This Insurance provides no coverage and no ***insurer*** shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that ***insurer*** to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

26 ***We*** shall not reimburse any interest charges accrued by ***you***.

27 If ***you*** are a US citizen, ***you*** may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact ***your*** tax adviser or lawyer if ***you*** think the ACA obligations may apply to ***you***.

If ***you*** are a US citizen or US resident, ***you*** may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact ***your*** tax adviser or lawyer if ***you*** think the ACA obligations may apply to ***you***.

28 When a premium is not paid, ***we*** reserve the right to terminate the Policy with notice, except as otherwise provided by law.

AUTHORIZED EXTENSIONS

You can extend *your* period of coverage before *your* Policy expires by calling *your* agent or *us* during business hours.

Please refer to Contact Information on page 1.

An administration fee may be charged in addition to the premium for the additional number of days required.

You must meet the following conditions:

Applicable to All Coverages

1 *You* have not submitted a claim and have no intent to submit a claim.

2 *Your* period of coverage has not already expired.

3 Extensions are not available if total trip length exceeds 2 years from the effective date of the original Policy.

Applicable to Emergency Medical Insurance

1 *You* have not seen a *physician* or other registered medical practitioner since the effective date of the Policy.

2 *You* are not currently experiencing any symptoms and *you* do not know of any reason to seek medical attention.

If these conditions haven't been met, *we* may authorize an extension at *our* discretion. If an extension has been authorized, there would be no coverage for subsequent claims related directly or indirectly to the *medical conditions* or symptoms for which a claim has been or will be submitted or for which *treatment* by a *physician* or other registered medical practitioner was received or required before the effective date of the extension.

DEFINITIONS

Active cancer surveillance
Also known as 'watchful waiting' is a *treatment* plan that involves monitoring cancer without giving any other form of *treatment*. It is used to monitor changes in test results to see if the cancer is getting worse and whether other forms of *active cancer treatment* might also be needed. This method of *treatment* is often used when the cancer is newly diagnosed and before it's clear what types of *treatment* would be most effective, for conditions that progress slowly and/or when the risks of *active cancer treatment* are greater than the possible benefits.

Active cancer treatment
Treatment that is not limited to but includes chemotherapy, radiation therapy, surgery, medication, experimental treatment or *active cancer surveillance*.

Acts of terrorism
An act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Acts of war
War, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

Acute
Initial or *emergency* short course (not chronic) *treatment* by a *physician* of a *medical condition*.

Aggregate limit
The maximum amount of coverage available, regardless of the number of separate claims.

Alteration
The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been *prescribed*.

Alteration does not include:

a Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,

b Routine dosage adjustments within *prescribed* parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the *medical condition* must remain unchanged; or,

c Routine dosage adjustments within *prescribed* parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the *medical condition* must remain unchanged; or,

d A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,

e Usage changes due to the combination of several medications into one; the *medical condition* must remain unchanged.

Application date
The date when premium for this Insurance is paid.

Backcountry
An area that is not marked, not patrolled and/or not cleared for avalanche dangers, but where public access is permitted. Backcountry is also known as slackcountry, sidecountry and/or off-piste and does not include heli-skiing or cat skiing.

Beneficiary
Estate by default unless otherwise requested in writing.

Business meeting
A meeting between companies with unrelated ownership that pertains to *your* full-time occupation or profession and is the primary purpose of *your trip*. The meeting must be pre-arranged before the date the *trip* was booked or the date this Insurance was purchased, whichever occurs later.

Courses and legal proceedings are not business meetings.

Caregiver
A person entrusted with the care and guidance of *your* dependent(s) on a permanent, full-time basis and whose absence cannot reasonably be replaced.

Chartered carrier
A contracted boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, has a customizable schedule and/or route, and is intended and used primarily to transport passengers for hire.

Vehicles that are not available for hire by the general public (such as privately owned and operated planes, vehicles used by a private resort or vehicles used by a tour operator for the purpose of providing the *tour* experience) are not considered chartered carriers.

Common carrier
A commercial boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, has a posted schedule and/or fixed route and is intended and used primarily to transport passengers for hire.

Vehicles that are not available for hire by the general public (such as vehicles used by a private resort or by a tour operator for the purpose of providing the *tour* experience) are not considered common carriers.

Deductible
The portion of eligible expenses *you* must pay from *your* own pocket when an eligible claim occurs. The deductible applies per *insured*, per incident claimed.

Departure date
The date *you* leave *your departure point* to begin *your trip*.

Departure point
The place *you* depart from on the first day of *your trip*.

Dependent children
Unmarried children who are dependent on a parent or guardian and are:

a Up to and including 21 years, if they are residing with their parent or guardian; or,

b Up to and including 25 years, if they are attending an educational institution full-time, whether or not they are residing with their parent or guardian; or,

c Any age, if they have a cognitive, developmental or physical disability, whether or not they are residing with their parent or guardian.

Diagnostic tests
Tests required to:

a Assess, identify or investigate a symptom or a *medical condition*; or,

b Follow up on abnormal test results.

Downhill freestyle skiing/snowboarding in organized competitions
Any skiing/snowboarding competition with the following activities: aerial skiing/snowboarding, kite-skiing, mogul or cross competitions, half-pipes and/or slopestyle activities, rails, jumps and other terrain park features.

Downhill mountain biking
Biking down mountain trails or rough mountain terrain (whether as part of a race or not) and often features jumps, drops, rock gardens or other obstacles. It often requires the use of mechanical lifts or elevators.

Emergency
An unforeseen *medical condition*, which requires immediate *treatment* to alleviate existing danger to life or health. An emergency no longer exists, when the medical evidence indicates that *you* are able to continue the trip or return to *your* country of permanent residence. Once such emergency ends, no further benefits are payable in respect of the *medical condition* which caused the emergency, unless otherwise specified in a benefit.

Emotional or mental disorder
An emotional condition, state of anxiety, situational crisis, anxiety or panic attack, or any other illness or disorder impacting mood, thinking and/or behaviour.

Family member
(Whether by birth, adoption or marriage) *your* legal or common-law *spouse*, parents, step-parents, brothers, sisters, fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, natural or adopted children, stepchildren, stepbrothers or stepsisters, grandparents, grandchildren, aunts, uncles, nieces, nephews, foster children or any individual of whom *you* are a legal guardian.

Follow-up
Re-examination of *you* to monitor the effects of earlier *treatment* related to the initial *emergency*, except while *hospitalized*. Follow-up does not include *diagnostic tests* and/or continued *treatment* (as determined by *us*).

High risk motorized speed activities
a Motocross, dirt biking and/or motorcycling unless only riding as a mode of transportation; and/or,

b Any motorized vehicle racing competitions, endurance events or timed activities, including but not limited to snowmobiling racing competitions or endurance events.

If *you* are participating in a motorized vehicle activity, other than the ones specified under part a), and the activity is solely for leisure and not part of a timed activity or done for the purpose of training or practicing for any kind of racing competition or endurance event, this activity is not considered a high risk motorized speed activity and the Sports & Activities Optional Coverage is not required for coverage to apply.

High risk snowmobiling and motorized snow biking
Snowmobiling (including highmarking) and/or motorized snow biking in unguided *backcountry* terrain.

Hospital
An institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A hospital is not an 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.

Hospitalization or **hospitalized**
Formal admission to the in-patient services of a ***hospital***. This does not include visits to the emergency room unless they result in the formal admission to the in-patient services of a ***hospital***.

Ice climbing
The act of climbing or rappelling from vertical or nearly vertical ice formations such ice falls, frozen waterfalls or cliffs or rock slabs that are covered with ice from flows of water freezing over. Ice climbing requires the use of specialized equipment including but not limited to ice axes, crampons or ice screws. Glacier hiking is not ice climbing. If the glacier hike is on a mountain, it is considered *mountaineering up to a 6,000-metre elevation* or *mountaineering over a 6,000-metre elevation*.

Insured or **insured persons**
The person named in the Policy declaration for whom the applicable premiums have been paid.

Insurer
The insurers listed under the definition of *us*, *we*, *our*.

Loss
For Accidental Death and Dismemberment Insurance
In respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

Medical condition
Any disease, illness or injury (including symptoms of undiagnosed conditions).

Medically necessary
The medical service or product in question is necessary to preserve, protect or improve *your medical condition* and well being.

Mixed martial arts
A combat sport in which participants use fighting and grappling techniques from any combination of wrestling, boxing and martial arts. Mixed martial arts include ultimate fighting.

Mountaineering over a 6,000-metre elevation
The act of climbing or descending a mountain to or from an elevation of over 6,000 metres (measured from sea level) while using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment. Mountaineering includes ski mountaineering also known as 'skimo'.

For the Sports & Activities Optional Coverage (that applies to the Emergency Medical plan)

- If *you* are mountaineering both below and above 6,000 metres elevation, *you* only need to select mountaineering over a 6,000-metre elevation.
- If *you* are using ice climbing equipment while mountaineering over 6,000 metres elevation, *you* do not need to select *ice climbing*. *You* only need to select mountaineering over a 6,000-metre elevation, and any ice climbing done as part of the mountaineering will automatically be covered.

Mountaineering up to a 6,000-metre elevation
The act of climbing or descending a mountain to or from an elevation of 6,000 metres or less (measured from sea level) while using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment. Mountaineering includes ski mountaineering also known as 'skimo'.

For the Sports & Activities Optional Coverage (that applies to the Emergency Medical plan)

If *you* are using ice climbing equipment while mountaineering up to a 6,000-metre elevation, *you* do not need to select *ice climbing*. *You* only need to select mountaineering up to a 6,000-metre elevation, and any ice climbing done as part of the mountaineering will automatically be covered.

Non-emergency
Any *treatment*, investigations or surgery either:

a not required for the immediate relief of *acute* pain and suffering; or,

b which reasonably could be delayed until *you* return to *your* country of permanent residence; or,

c which *you* elect to have during a trip following *emergency treatment* by a *physician* or other registered medical practitioner of a *medical condition* or the diagnosis of a *medical condition*, which on medical evidence would not prevent *you* from returning to *your* country of permanent residence before such *treatment* or surgery.

Physician
A medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than *you* or a *family member*.

Pre-existing medical condition
For Emergency Medical Insurance
Any *medical condition* that exists on or before the effective date of the Policy.

For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only
Any *medical condition* that exists on or before the date this Insurance is purchased.

Prepaid
For Trip Cancellation & Trip Interruption Insurance

Payments made before, on or after *your departure date* and:

Applicable to Trip Cancellations
Before the event that causes *you* to cancel *your trip* or a portion of *your trip*.

Applicable to Trip Interruptions
Before the event that causes *you* to interrupt *your trip*.

Prescribed
Treatment ordered or recommended by a *physician* and/or any other registered medical practitioner, as documented in *your* medical records.

Reasonable and customary charges
Charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Remission
The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by *your physician* and noted in *your* medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

Return date
The date on which *you* are scheduled to return from *your trip* as shown on the Policy declaration or the date of *your* actual return to *your departure point*.

Rock climbing
The sport of climbing rock faces, especially with the aid of ropes and special equipment. Rock climbing includes the following activities: bouldering, traditional climbing, free soloing, top-rope, sports climbing, canyoning/canyoneering, but does not include climbing indoor or outdoor artificial rock climbing walls.

Spouse
The person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your* spouse.

Stable
A *medical condition* is considered stable when all of the following statements are true:

a There has been no deterioration of the *medical condition* as determined by a *physician* or other registered medical practitioner, and

b There have been no new symptoms or findings or more frequent or severe symptoms or findings, and

c There has been no change in *treatment* by a *physician* or other registered medical practitioner or any *alteration* in any medication related to the *medical condition*, and

d There has been no new *treatment* received, *prescribed* or recommended by a *physician* or other registered medical practitioner.

Terminal condition
A *medical condition* for which, before the effective date of the Policy, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

Tour
A planned, structured and guided experience for which participants have paid for that:

a Is arranged by a travel company or tour operator; and,

b Involves an itinerary and/or sequential journey.

Travel costs
Non-refundable unused *prepaid* travel arrangements (including any related booking fees from travel suppliers) for: hotels, hostels and campgrounds; timeshares and vacation rentals that are booked through a rental agency or platform with a published cancellation process; airfares, car rentals, boat rentals, RV rentals, bus, train, ferry and cruise tickets; conference, seminar, workshop, convention, symposium and training fees; entrance fees, theatre and concert tickets, sports tickets and passes (intended for a participant or a spectator); *tours*, retreats, excursions, city passes and ski passes.

Travelling companion
A person who is travelling with *you* for the majority of *your trip* (at least 51% of the total duration). In the event of a claim, *we* require proof of *prepaid* travel arrangements from *you* and *your* travelling companion to substantiate that *you* are travelling together for the majority of *your trip*.

Treatment, treat, treated
A procedure *prescribed*, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to *prescribed* medication, investigative testing and surgery.

Trip
For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only
The period of time *you* are travelling and for which coverage under this Policy has been purchased.

Uninhabitable
Damage that renders the home inaccessible or unsafe for use, including extended loss of power, gas, or water.

Us, we, our
OneWorld Assist Inc. doing business as Claims at TuGo and North American Air Travel Insurance Agents Ltd. doing business as TuGo. TuGo is a third party administrator for the following insurer: Industrial Alliance Insurance and Financial Services Inc.

Vehicle
Car, recreational vehicle, motorcycle, boat or other land or water conveyance used for the trip.

Waiting period
For Emergency Medical Insurance

a For Insurance purchased within 60 days after arrival in Canada:

There is no coverage for any disease or illness arising in, occurring in or symptomatic in the first 48 hours from the effective date of the Policy.

This includes any related expenses incurred after the first 48 hours from the effective date of the Policy.

b For Insurance purchased 61 days or more after arrival in Canada:

There is no coverage for any disease or illness arising in, occurring in or symptomatic in the first 7 days from the effective date of the Policy.

This includes any related expenses incurred after the first 7 days from the effective date of the Policy.

The waiting period is not applicable when insurance is purchased before arrival in Canada.

White water sports – Class VI
Rafting on extreme rapids or waterfalls deemed unnavigable according to safety authorities. Class VI white water sports include rafting on rapids with substantial levels of white water, large waves, hazardous rocks and/or drops with the potential to damage most rafting equipment.

You or **your**
The same as *insured* or *insured persons*.

STATUTORY CONDITIONS

The Contract
The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Material Facts
No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination of Insurance

1 The contract may be terminated
   a by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
   b by the insured at any time on request.
2 If the contract is terminated by the insurer,
   a the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
   b the refund must accompany the notice.
3 If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.
4 The 15 day period referred to in subparagraph (1) (a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

Notice and Proof of Claim
Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and if it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim
The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination
As a condition precedent to recovery of insurance moneys under the contract,

a the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and

b in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable
All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the limitation period specified in the Insurance Act, Limitations Act, Civil Code of Quebec or other relevant legislation of the applicable jurisdiction.

Applicable to Quebec Residents
Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

Action Against Company
Service of legal proceedings to enforce the obligations under this Policy to the *insurer* listed in the definition of *us* may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.

Notice to Company
Notice under this Policy to the *insurer* listed in the definition of *us* may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a.
TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be submitted to Industrial Alliance Insurance and Financial Services Inc. by completing the form available at **www.ia.ca/complaints**.

PRIVACY

Privacy Notice

The protection of your personal information is very important to us. TuGo is committed to the protection of your personal information. TuGo fully complies with Canada's privacy laws. TuGo's privacy policy determines our responsibilities on the collection and use of your personal information. You can review TuGo's entire Privacy Policy at **tugo.com/en/privacy**.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with your agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. Your information may need to be shared with or by organizations located outside of Canada, such as the country you are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage you to review TuGo's Privacy Policy occasionally as it could be amended.

Upon written request, you may also review your personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 1200-6081 No. 3 Road, Richmond BC, Canada, V6Y 2B2. Email: **privacy@tugo.com** Fax: (604) 276-9409.

Notice on Privacy & Confidentiality

PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices**.

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400 - 988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at **ia.ca** or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

In witness whereof this Policy has been authorized by the *insurer* listed in the definition of *us*.

K. Starko, Executive Director

HOW TO CLAIM

Claims Procedures & Payment of Benefits

For information on how to contact *us*, please refer to Contact Information at the beginning of this policy wording booklet.

Applicable to All Claims

1 Claims can be opened online at **tugo.com/claims**, although some restrictions apply. If *you* are unable to open *your* claim online, please contact *us* using the Contact Information at the beginning of this policy wording.

2 Once *you* have received *your* claim number, all forms and supporting documentation required for *your* claim can be uploaded to *us* at **mytugo.com**. This is the fastest way to send *us* documents and follow the status of *your* claim.

3 Any cost incurred to obtain documentation required to confirm eligibility of *your* claim, other than medical records requested by *us* is the responsibility of the claimant.

4 To receive benefits, any requested supporting documentation must be provided by the claimant. Claim Forms will be provided to the claimant to complete and return to *us*. It is the claimant's responsibility to complete and/or produce any documentation that *we* require to process and confirm the eligibility of the claim.

5 All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.

6 To qualify for reimbursement, itemized receipts must be provided as support for all eligible expenses. If itemized receipts are not provided, the expense will not be reimbursed.

7 If the claim is the result of a death, the following documents are required:

- a A copy of the death certificate
- b A copy of the Will or Power of Attorney
- c A police report, if applicable

The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.

8 Any notices of claim or correspondence concerning a claim that require physical delivery can be sent to:

Claims at TuGo
1200-6081 No. 3 Road
Richmond, BC V6Y 2B2 Canada

Applicable to Emergency Medical Insurance

1 Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate *your* claim.

2 Only bills from *physicians*, *hospitals* and other medical care provider(s) that are itemized and which state the *insured*'s name, diagnosis, date(s) of service and type of *treatment* or service will be considered. Only official pharmacy prescription receipts will be considered. For all other benefits, itemized receipts are required.

Applicable to Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only

1 To receive benefits, the following documents must be provided:

a The unused tickets or e-tickets and/or all additional travel tickets or e-tickets purchased to return home, to catch up to *your* next destination or to rejoin the ***tour***.

b Itemized, dated invoices and receipts from all travel suppliers showing full payment, taxes and fees paid.

c A copy of the originally scheduled travel arrangements or itinerary, confirming traveller name(s), destination(s) and dates.

d Proof of cancellation from all airlines, hotel or accommodation providers, tour operators, cruise lines and any other travel suppliers, for all unused expenses.

e A statement from the travel agency/airline/travel supplier documenting their refund policies and copies of all refunds, travel credits and/or any other financial benefits provided for cancelled or unused expenses.

f If the claim occurred before departure, a medical certificate completed by the attending *physician* at the place where the *medical condition* occurred, stating the diagnosis, the date of onset of symptoms, the dates and type of ***treatment***, and the reason why travel was not possible.

g If the claim occurred after departure, a medical certificate completed by the attending *physician* at the place where the *medical condition* occurred, stating the diagnosis, the date of onset of the symptoms, the dates and type of ***treatment***, and the reason why it was necessary to interrupt the ***trip***.

INTERNATIONAL ASSISTANCE SERVICES

The following services will be provided to all insureds:

1 Toll-free help line 24 hours a day, every day (for medical and trip interruption emergencies only).

2 Vital communications link between claimant/hospital regarding insurance coverage and procedures.

3 Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.

4 Monitoring of progress during treatment and recovery.

5 Establishing contact with family, personal physician and/or employer as appropriate.

6 Multilingual capabilities.

7 Coordination of payments.

8 Special assistance respecting claims.

9 Management, arrangement and authorization of emergency medical evacuation.

10 Arrangement and coordination of the return of remains after death.

11 Interpretation of policy wordings.

12 Assistance in locating the nearest and most appropriate medical care.

13 Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.

14 Travel arrangements assistance for family members.

15 Provision of medical assistant to travel with claimant when necessary.

16 Physicians, hospitals/administrators and ambulance arrangements and communications.

17 Assistance on how to contact:

- Consulates and embassies
- Travel or booking agents
- Tour Guides
- Airlines
- Police
- Foreign Affairs Department

18 Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information section at the beginning of this policy wording

tugo.com

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