



 **ROGERS** bank™

Comprehensive Travel Certificate

 **ROGERS**™

COMPREHENSIVE TRAVEL COVERAGE

IMPORTANT INFORMATION - PLEASE READ CAREFULLY BEFORE YOU TRAVEL

This **certificate** covers losses arising from sudden and unforeseeable circumstances only. It is important that **you** read and understand **your** coverage limitations and exclusions outlined in this **certificate**.

Your certificate may not provide coverage for **medical conditions** and/or **signs** and **symptoms** that existed before **your trip**. Check to see how this applies in the **certificate** and how it relates to **your trip** payments and **effective date**.

In the event of a medical **emergency**, **you** or someone on **your** behalf must notify the administrator, Allianz Global Assistance (toll free 1-866-856-7323 or worldwide collect (519) 742-1723) within 24 hours of admission to a **hospital** and before any surgery is performed. Also notify Allianz Global Assistance in the event of a trip cancellation, trip interruption or any other emergency within 24 hours of the **incident date**. Failure to notify Allianz Global Assistance as required will delay the processing and payment of claim and may limit the amount of claim payment.

REFER TO THE CLAIMS FILING PROCEDURES SECTION FOR FULL DETAILS.

The **accident** and **sickness** benefits described in this **certificate** are underwritten by CUMIS General Insurance Company ("CUMIS") under Group Policy No. FC310040-G referred to as the "Policy" issued to Rogers Bank (the "Policyholder"). All other benefits are offered by CUMIS General Insurance Company under an individual policy. This insurance is administered by Allianz Global Assistance, a registered business name of AZGA Service Canada Inc. Rogers Bank receives compensation from the **insurer** for the promotion of this insurance. **You** and any claimant under this insurance may request a copy of the Policy, the application and any other written statements (if any) that have been provided to the **insurer** as evidence of insurability, subject to certain access limitations.

You may contact the **insurer** at the following address:

CUMIS General Insurance Company
P.O. Box 5065, 151 North Service Road,
Burlington, ON L7R 4C2
1-800-263-9120

All benefits are subject, in every respect, to the terms of the Policy as described in this **certificate**, which along with **your** application and **your confirmation of coverage** will form the entire agreement under which benefit payments are made.

Please review this **certificate** before **you** travel to ensure it meets **your** travel insurance needs. If **you** are not completely satisfied, **you** have 10 days after purchase to return this **certificate** for a full refund, provided **you** have not departed on **your trip** and a claim has not been incurred.

No person is eligible for coverage under more than one **certificate** providing insurance coverage similar to that provided in this **certificate**. In the event that any person is recorded by the **insurer** as an "insured person" under more than one such **certificate**, that person shall be deemed to be insured only under the **certificate** which provides that person the greatest amount of insurance coverage.

For more information contact Allianz Global Assistance:

From Canada and the U.S. call 1-866-856-7323

From elsewhere call collect (519) 742-1723

This **certificate** contains the terms and conditions of **your** coverage under Rogers Bank Travel Insurance plan. This **certificate** must be accompanied by a **confirmation of coverage**.

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

Table of Contents

| | |
|--|----|
| Important Notice..... | 2 |
| Key Information..... | 3 |
| Definitions..... | 4 |
| Assistance Services..... | 8 |
| Insuring Agreement..... | 9 |
| Effective and Expiry Date..... | 9 |
| Eligibility..... | 9 |
| Extending Your Trip..... | 10 |
| Premium Refunds..... | 10 |
| Emergency Procedures..... | 10 |
| Out-of-Province/Out-of-Country Emergency Medical Coverage..... | 12 |
| Trip Cancellation Coverage..... | 16 |
| Trip Interruption & Trip Delay Coverage..... | 17 |
| Baggage & Personal Effects Coverage..... | 21 |
| Flight Delay Coverage..... | 23 |
| Notice & Proof of Claim..... | 24 |
| Claim Filing Procedures..... | 25 |
| Conditions..... | 27 |
| General Provisions..... | 27 |
| Privacy Information Notice..... | 29 |

Important Notice

You must meet the eligibility criteria prior to the **effective date** of the **certificate** and **departure date** of the **trip**. If on the **departure date** **you** are no longer able to satisfy the eligibility criteria, **you** will not have any coverage.

Please read your certificate carefully before you travel.

- Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances due to an **emergency**.
- **It is important that you read and understand your certificate before you travel as your coverage is subject to certain limitations or exclusions.**
- This insurance contains **pre-existing condition** exclusions for travellers of any age. These exclusions apply to **medical conditions** and/or **signs** or **symptoms** that existed on or before **your trip** payments and **effective date**.
- **Important note about changes in your health.** If **you** experience a change in **your** health after the **effective date** stated on **your confirmation of coverage** but prior to **your departure date**, contact Allianz Global Assistance to see how this may affect **your** coverage.
- If **you** are ineligible for coverage at the time of purchase, the **insurer's** only liability will be to refund any premium paid. Please check **your confirmation of coverage** to ensure **you** have the coverage options **you** require. **You** will be responsible for any expenses that are not payable by the **insurer**.
- **In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.**
- **In the event of a medical emergency, you must notify Allianz Global Assistance (toll free 1-866-856-7323 or worldwide collect (519) 742-1723) within 24 hours of admission to a hospital and before any surgery is performed. In the event your trip needs to be cancelled or interrupted, you must notify Allianz Global Assistance within 24 hours of the incident that caused the cancellation or interruption of your trip.**
- Failure to notify Allianz Global Assistance as required will delay the processing and payment of **your** claim and may limit the amount of **your** claim payment.
- If **you** completed a medical questionnaire and **you** have a change in health after the completion of the medical questionnaire and before the **departure date**, please refer to the provisions regarding **pre-existing conditions** on page 14 and the definition of **stable** on page 6.

Key Information

To help you better understand *your certificate*

Key terms used in this *certificate* are printed in ***bold italics*** and are defined in the Definitions section on page 4.

What am I covered for?

To find out what is included in *your* coverage, please refer to *your confirmation of coverage* and read the section titled Details of Coverage.

What is not covered?

Travel insurance does not cover everything. *Your certificate* has exclusions, conditions and limitations. *You* should read *your certificate* and *your confirmation of coverage* carefully when *you* receive it, so that *you* are aware of, and understand, the limits of *your* coverage.

Are the costs of my *trip* arrangements covered?

The costs of *your* travel arrangements are included in this *certificate*, details about *your* coverage are in *your confirmation of coverage*.

The *trip* arrangement benefits payable under this *certificate* are limited to prepaid travel costs that are non-refundable and/or non-transferable, to the maximum amount insured is as indicated on *your confirmation of coverage*.

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

How do I make a claim?

Notify Allianz Global Assistance as soon as possible in the event a cause for a claim arises.

Where possible, Allianz Global Assistance will arrange to pay the provider directly for approved eligible travel medical insurance expenses.

To submit a claim under this *certificate*, send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please ensure to answer all applicable questions on the claim form, as any missing information may cause delay. See Claim Filing Procedures on page 25 for details.

What if my travel plans change?

If *your* travel plans change, this may affect *your* coverage. Please call Allianz Global Assistance at 1-866-856-7323 to make any changes to *your* travel insurance *certificate*.

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

Your coverage can be extended, if *you* have not departed on *your trip* or *your* current coverage has not reached the *expiry date*.

Please call Allianz Global Assistance at 1-866-856-7323 before coverage under *your* current *certificate* expires.

See Extending Your Trip on page 10 for details.

Travel Assistance

Allianz Global Assistance will use its best effort to provide assistance for a medical *emergency* arising anywhere in the world. However, the *insurer*, Allianz Global Assistance and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

Definitions

In this *certificate*, certain terms have defined meanings. Defined terms are in ***bold italics*** throughout this document.

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

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

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

Actual cash value means the *insurer* will pay the lesser of the:

- actual purchase price of a similar item;
- actual cash value of the item at the time of the loss, which includes depreciation deduction (for items without receipts, this insurance will pay up to 75% of the determined depreciated value); or
- cost to repair or replace the item.

Baggage means luggage and personal possessions, whether owned, borrowed or rented, and taken by *you* on the *trip*.

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

Certificate means a summary of the benefits provided under the Group Policy issued to Rogers Bank covering ***accident*** and ***sickness***, and the individual policy of insurance for all other benefits.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network.

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

Confirmation of coverage means the document outlining the details of *your* coverage under the ***certificate***.

Coverage period means the time coverage is in effect beginning on the ***effective date*** and ending on the ***expiry date***.

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

Departure date means the date *you* exit *your* province or territory of residence.

Dependent child(ren) means *your* unmarried natural, adopted or stepchild dependent on *you* for maintenance and support who is:

- 20 years old and under; or
- 25 years old and under and a full-time student attending a recognized college or university; or
- 21 years old and over, permanently mentally or physically challenged and incapable of self-support and became so while eligible as a ***dependent child***.

Effective date means the date coverage for this ***certificate*** begins as indicated on the ***confirmation of coverage***.

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

Emergency dental care means the services or supplies provided by a licensed dentist, ***hospital*** or other licensed provider that are immediately and ***medically necessary***.

Essential items means necessary clothing and/or toiletries purchased during the time period in which checked ***baggage*** has been delayed.

Expiry date means the date the coverage for this ***certificate*** expires as indicated on the ***confirmation of coverage***.

Family coverage means coverage is provided for *you*, *your spouse* and *your dependent children*. If this option is selected, only *you* and *your spouse* will be listed on the ***confirmation of coverage***.

Family member means **your spouse, dependent child**, parent, step-parents, sibling, step-siblings, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

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

High-risk activity(ies) means:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping or bungee jumping;
- skydiving, sky-surfing or hang-gliding;
- scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters.);
- white water rafting (except grades 1 to 4);
- street luge, skeleton activity;
- rock climbing (includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.);
- mountain climbing (the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.);
- parachuting or parasailing; or
- air travel other than as a ticketed passenger.

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

Incident date means the first date **you** exhibit **signs** or **symptoms** and/or sought **treatment** for a **medical condition, sickness** or **injury** or the date the non-medical cause of cancellation, interruption, delay or loss originated.

Individual coverage means coverage is provided for **you**. If this option is selected, **you** will be listed on the **confirmation of coverage**.

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

Inpatient means a person who is treated as a registered bed patient in a **hospital** or other facility and is charged room and board.

Insurer means CUMIS General Insurance Company, a member of The Co-operators group of companies.

Lung/respiratory condition includes asbestosis, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, pulmonary edema, tuberculosis.

Medical condition means any **sickness, injury** or **symptom**.

Medical consultation means any medical services obtained from a licensed medical practitioner for a **sickness, injury** or **medical condition**, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or **treatment**, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical **signs** or **symptoms** existed between check-ups or were found during the check-up. **Treatment** provided when medical evidence indicates that **you** could delay **treatment** or return to Canada for such **treatment** is not considered a medical **emergency** and is not covered.

Medically necessary means the services or supplies provided by a **hospital, physician**, licensed dentist or other licensed provider that are required to identify or treat **your sickness** or **injury** and that the **insurer** determines are:

- consistent with the **symptom** or diagnosis and **treatment** of **your** condition, **sickness**, ailment or **injury**;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of **you**, a **physician** or other licensed provider;
- the most appropriate supply or level of service that can be safely provided to **you**; and
- when applied to the care of an **inpatient**, it further means that **your** medical **symptoms** or condition require that the services cannot be safely provided to **you** as an **outpatient**.

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

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

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

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

Outpatient means someone who receives a covered service while not an **inpatient**.

Personal effects means property normally worn or designed to be carried on or by an insured person solely for private purposes and not used for business.

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

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

- exhibited **signs** or **symptoms**; or
- required or received **medical consultation**; or
- are waiting for test results; or
- have been referred to see a specialist for additional testing; and
- had prior to the **effective date** and/or **departure date**.

Professional means an individual who is considered as such by the governing body of the sport and are paid for participation whether they win or lose.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable **treatment**, services or supplies for a similar **sickness** or **injury**.

Recurrence means the appearance of **symptoms** caused by or related to a **medical condition**, which was previously diagnosed by a **physician** or for which **treatment** was previously received.

Return date means the date and time that **you** return to **your** home province or territory of residence.

Sickness means any illness or disease.

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

Spouse means the person who is legally married to **you** or the person who has lived in the same household for one-year with **you** in a conjugal relationship and is publicly represented as **your spouse**. For the purposes of this insurance **you** may have only one **spouse**.

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

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

The following are also considered **stable**:

- a) Routine (not prescribed by a **physician**) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the **pre-existing conditions** exclusion.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the **pre-existing conditions** exclusion and there is no increase or decrease in dosage.
- c) Routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the **pre-existing conditions** exclusion.
- d) A **minor ailment**.

Travel advisory(ies) means a formal written notice issued by the Canadian government instructing travellers to avoid all travel or avoid non-essential travel to a country, region or city. This does not include travel information reports.

Travel companion means a person with whom **you** have coordinated travel arrangements and with whom they intend to travel during the **trip**. Exception: No more than three individuals (including **you**) will be considered travel companions on any one **trip**.

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

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

Trip means a period during which **you** are travelling outside of **your** province or territory of residence and for which coverage is in effect. The duration of **your** trip cannot exceed the maximum number of days allowed under **your** government health insurance plan for travel outside of Canada. For Trip Cancellation & Trip Interruption and Delay benefits, a trip begins when **you** leave **your** place of ordinary residence.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers; and is either owned or rented by **you**.

You or Your means eligible person(s) as determined by the coverage option selected as indicated on the **confirmation of coverage** and for whom the required premium has been paid.

Assistance Services

Assistance services are available to **you**, 24 hours a day, 7 days a week. Allianz Global Assistance can provide **you** with important information **you** need before **your trip** and **emergency** medical services or non-medical **emergency** services **you** may require during **your trip**.

NOTE: The following assistance services are for **your** convenience only, expenses related to these helpful services may not be covered under this **certificate**. Please refer to the benefit wording for details of what is covered.

Pre-Trip Assistance

- Passport and travel visa information
- Health hazards and **travel advisories**
- Inoculation and vaccination requirements
- Weather information
- Currency exchange information
- Consulate and embassy locations
- Coverage questions and inquiries

Medical Emergency Assistance

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

Non-Medical Emergency Assistance

- Cash services – in the event of an **emergency**, Allianz Global Assistance will coordinate between **you** and **your** friend, **family member**, business or credit card company for a cash transfer.
- Message services – Allianz Global Assistance will take **emergency** messages from or for **you**.
- Ticket/document replacement – Allianz Global Assistance will help **you** replace lost or stolen airline tickets or travel documents.
- Legal services – Allianz Global Assistance will help **you** contact a local attorney or the appropriate consular officer if **you** are arrested or detained, are in a traffic **accident** or otherwise require legal help.
- Bail bond services – these can be coordinated for **you** in all locations where they are available.
- Interpretation services – Allianz Global Assistance can connect **you** with an interpreter when required for **emergency** services abroad.

Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this **certificate**, the **insurer** will pay **reasonable and customary** costs for eligible expenses incurred during the **coverage period**, up to the amounts specified in this **certificate**, in excess of the amount allowed and/or paid for by any other insurance plan(s). Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by Allianz Global Assistance. **You** will be responsible for any expenses that are not payable by the **insurer**.

Eligibility

Coverage Options

Individual coverage and **family coverage** options are available.

General Eligibility Requirements

To be eligible for this coverage meet the following conditions:

- be a **Canadian resident**;
- be a Rogers Bank customer;
- be age 75 or under;
- be covered by a government health insurance plan for the duration of the **trip**;
- if 60 years up to and including 75 years of age, have completed the medical questionnaire and have qualified for coverage; and
- paid the applicable premium.

Effective Date and Expiry Date

Coverage starts on the later of:

- the date shown on the **confirmation of coverage**, or,
- the date **you** actually depart for **your trip**.

Coverage ends on the earliest of:

- the date the **you** are no longer eligible for coverage;
- the date indicated as the **expiry date** on the **confirmation of coverage**; or
- the date and time **you** return to **your** province or territory of residence.

Automatic Extension of Coverage

If **you** cannot return home as originally scheduled, coverage will automatically be extended under the following circumstances:

- a) **Delay of transportation (a vehicle, airline, bus, train, or government-operated ferry system)**: Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond **your** control, of the transportation in which **you** are riding or are scheduled to ride as a passenger that causes **you** to delay **your** scheduled return date.
- b) **Medically unfit to travel**: Coverage will be automatically extended for up to five days, if medical evidence supports that **you** or **your travel companion** are medically unfit to travel on the scheduled return date due to a covered **sickness** or **injury**.
- c) **Hospitalization**: Coverage will be automatically extended during the period of **hospital** confinement, plus five days after release to travel home, if **you** or **your travel companion** is hospitalized as a result of a covered **injury** or **sickness** during the **trip**.

Extending Your Trip

If **you** decide to extend **your trip** please call Allianz Global Assistance toll-free 1-866-856-7323 or collect at (519) 742-1723.

Prior to Departure

You can extend **your** coverage before **you** leave **your** province or territory of residence.

After Departure

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

- a) purchase additional coverage prior to the **expiry date** of **your** current coverage;
- b) have no reason to seek **treatment** during the new term of coverage.

If **you** have incurred a claim, Allianz Global Assistance will review **your** file before deciding on granting additional coverage.

The duration of **your trip** cannot exceed the maximum number of days allowed under **your** government health insurance plan for travel outside of Canada.

Each **certificate** or term of coverage is considered a separate contract and all limitations and exclusions will apply. Allianz Global Assistance reserves the right to decline any request for new terms of coverage.

Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, provided **you** have not departed on **your trip** and a claim has not been incurred.

Comprehensive Travel Coverage is refundable prior to the **departure date** only when:

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

IMPORTANT NOTE

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

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days **you** were out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid. The refund will be calculated based on the date the refund request is received by Allianz Global Assistance.

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

Emergency Procedures

In the event of a medical **emergency**, **you** or someone acting on **your** behalf must notify Allianz Global Assistance as soon as possible upon admission to a **hospital** and before any surgery is performed.

In the event **you** have reason to file a non-medical claim, **you** or someone acting on **your** behalf must notify Allianz Global Assistance as soon as possible. **You** must contact **your travel supplier** as soon as possible following a trip cancellation or trip interruption as **you** may be eligible for reimbursement.

Limits on Coverage

Emergency Medical Claims: If Allianz Global Assistance is not notified at an early stage in the claim, **you** may receive inappropriate or unnecessary medical **treatment**, which may not be covered by this insurance. **You** will be responsible for any expenses that are not payable by the **insurer**.

Trip Cancellation or Trip Interruption/Delay Claims: If Allianz Global Assistance and **your travel supplier** are not notified at an early stage in the claim, the amount payable may be reduced. **You** may be eligible for reimbursement from **your travel supplier**. **You** will be responsible for any expenses that are not payable by the **insurer**.

From Canada and the United States call: 1-866-856-7323

From elsewhere call collect: (519) 742-1723

Fax: (519) 742-9471

Allianz Global Assistance is here to help with service 24 hours a day, 7 days a week. Allianz Global Assistance will assist in finding and arranging medical care; provide claims management and payment assistance under this insurance; pay **hospitals** and other medical providers directly whenever possible; and coordinate claims with **your** government health insurance plan whenever possible.

If the covered medical expense is relatively small, the **hospital** or **physician** may ask **you** to pay. **You** will be reimbursed for covered expenses upon submission of a claim. Please refer to Claim Filing Procedures on page 25.

Subject to the limitations of this insurance, Allianz Global Assistance will offer to all **hospitals**, which provide **you** with **medically necessary treatment**, a guarantee of coverage for covered services. If the guarantee is not accepted, Allianz Global Assistance will assist in arranging and coordinating payment wherever possible.

Please call Allianz Global Assistance at 1-866-856-7323 or (519) 742-1723 if **you** have any questions regarding what is not covered.

Out-of-Province/Out-of-Country Emergency Medical Coverage

Benefits

The **insurer** agrees to cover the **reasonable and customary** charges up to a maximum of \$5 million incurred by **you** for medical **treatment** and covered services arising from a medical **emergency** when the **incident date** occurs during the **coverage period**.

The following are eligible expenses covered by this insurance, subject to all exclusions and limitations described in this **certificate**. Any **treatment** or service not listed below is not covered. Neither the **insurer**, nor Allianz Global Assistance, nor Rogers Bank are responsible for the availability, quality or results of any medical **treatment** or transportation, or **your** failure to obtain medical **treatment**.

Emergency Hospital, Ambulance & Medical Expenses

1. The **insurer** agrees to provide coverage for **hospital** accommodation, including private or semi-private room, and for **reasonable and customary** services and supplies necessary for **your emergency** care while a resident **inpatient**, including drugs or medications prescribed by a **physician**.
2. The **insurer** agrees to provide coverage for the following services, supplies or **treatment**, when received during **your trip** and provided by a licensed health practitioner who is not related to **you** by blood or marriage.
 - a) The services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse.
 - b) Up to \$5,000 for private duty services of a registered nurse, when approved in advance by Allianz Global Assistance.
 - c) The services of the following legally licensed practitioners for **treatment** of a covered **injury**, up to \$150 per profession:
 - chiropractor
 - osteopath
 - chiropodist
 - podiatrist
 - acupuncturist
 - physiotherapist
 - d) When performed at the time of the initial **emergency**, lab tests and/or X-ray examinations as ordered by a **physician** for the purpose of diagnosis.
 - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), or taxi to and from the nearest **hospital** when reasonable and necessary.
 - f) Rental of crutches or hospital-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
 - g) **Emergency outpatient** services provided by a **hospital**.
 - h) Drugs or medications that require a **physician's** written prescription, other than those required to continue to stabilize a **medical condition** or related condition which **you** had before **your trip**, up to a 30 day supply, except during hospitalization as an **inpatient**.

Emergency Air Transportation or Evacuation

3. If required, Allianz Global Assistance, on the **insurer's** behalf, agrees to arrange **your** transportation to the nearest appropriate medical facility or to a Canadian **hospital** due to a covered **emergency sickness** or **injury**. Any **emergency** transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

Attendant / Return of Travel Companion

4. If **you** return to Canada under the Emergency Air Transportation or Evacuation benefit, the **insurer** agrees to cover the extra cost of a one-way economy class airfare to return **your dependent children** and/or **travel companion** to their province or territory of residence. If required, the cost of an attendant's return economy class airfare (not related to **you** by blood or marriage) to travel with **your dependent children** or **travel companion** who are physically or intellectually disabled and reliant on **you** for assistance to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

Emergency Dental Care Expenses

5. The **insurer** agrees to cover the cost to repair or replace natural teeth or permanently attached artificial teeth required as the result of an **accidental** blow to the mouth, to a maximum of \$2,000 per insured person. Chewing accidents are not covered. To be eligible for coverage, dental **treatment** must take place during the **trip**.

Treatment for the **emergency** relief of dental pain is covered to a maximum of \$150 per insured person.

Transportation to Bedside

6. The **insurer** agrees to reimburse the cost of one round-trip economy airfare by the most direct and cost effective route from Canada, plus **commercial accommodation** and meals up to a maximum of \$200 per day to a maximum of 10 days, for any one **family member** or friend to:
 - be with **you**, if **you** are travelling alone and have been admitted to a **hospital** due to a covered **sickness** or **injury** as an **inpatient**. **You** must be expected to be an **inpatient** for at least seven days outside **your** home province or territory of residence and have verification from the attending **physician** that the situation is serious enough to require the visit; or
 - identify **your** remains in the event of death due to a covered **sickness** or **injury** and the local authorities legally require the attendance of a **family member** or close friend before the release of the body.

Return of Deceased (Repatriation)

7. If during an **your trip** a covered **sickness** or **injury** results in death, the **insurer** agrees to reimburse up to \$5,000 for the preparation (including cremation) and transportation of the deceased's remains to their province or territory of residence. The cost of a burial coffin or urn is not covered.

Hotel and Meal Expenses

8. If **your** return to Canada is delayed due to a medical **emergency**, the **insurer** agrees to reimburse the cost for **commercial accommodation** and meal expenses incurred after **your** planned **return date** up to \$200 per day to a maximum of 10 days. Original receipts must be submitted to receive reimbursement.

Return of Vehicle

9. If as a result of a covered **sickness** or **injury**, **you** are unable to return to Canada with the **vehicle** used for **your trip**, this insurance will reimburse up to \$1,000 for the cost of a commercial agency to return the **vehicle** to its point of origin.

Benefits will only be payable when the return of the **vehicle** is pre-approved and/or arranged by Allianz Global Assistance and the **vehicle** is returned to **your** normal place of residence or the nearest appropriate rental agency within 30 days of **your** return to Canada.

Original itemized receipts must be submitted to receive reimbursement.

Out-of-Province/Out-of-Country Emergency Medical Exclusions

1. Benefits are not payable for costs incurred due to, contributed by, or resulting from **pre-existing conditions**: The **pre-existing conditions** exclusion that applies to **your** coverage will be stated on **your confirmation of coverage**. Every insured person under this coverage will be subject to one of the **pre-existing conditions** exclusions listed below. Please refer to **your confirmation of coverage** for the exclusion that applies to **you**.

| | |
|--|---|
| <p>PRE-EXISTING EXCLUSION #1</p> <p>The medical condition was stable for at least 90 days before your departure date.</p> | <p>a) any medical condition or related condition, other than a minor ailment, that was not stable within the 90 days immediately before the departure date; or</p> <p>b) any heart condition if nitroglycerine in any form has been used for a heart condition within the 90 days immediately before the departure date; or</p> <p>c) any lung/respiratory condition if home oxygen or prednisone has been prescribed or used for a lung/respiratory condition within the 90 days immediately before the departure date.</p> |
| <p>PRE-EXISTING EXCLUSION #2</p> <p>The medical condition was stable for at least 180 days before your departure date.</p> | <p>a) any medical condition or related condition, other than a minor ailment, that was not stable within the 180 days immediately before the departure date; or</p> <p>b) any heart condition if nitroglycerine in any form has been used for a heart condition within the 180 days immediately before the departure date; or</p> <p>c) any lung/respiratory condition if home oxygen or prednisone has been prescribed or used for a lung/respiratory condition within the 180 days immediately before the departure date.</p> |
| <p>PRE-EXISTING EXCLUSION #3</p> <p>The medical condition was present in the 180 days before your departure date.</p> | <p>a) any medical condition or related condition within the 180 days immediately before the departure date that you:</p> <ul style="list-style-type: none"> • experienced signs or symptoms; • received consultation or investigation; or • received treatment or a diagnosis. <p>b) any heart condition if nitroglycerine in any form has been used for a heart condition within the 180 days immediately before the departure date; or</p> <p>c) any lung/respiratory condition if home oxygen or prednisone has been prescribed or used for a lung/respiratory condition within the 180 days immediately before the departure date.</p> |

2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
- continued **treatment** or **recurrence** or complication of the **sickness, injury or medical condition** for which **you** refused to be transferred or transported when declared medically fit to travel; or
 - any **treatment**, investigation or hospitalization that is a continuation of, or subsequent to, any previous **emergency treatment** of a **sickness** or **injury** for the same diagnosis.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following not approved in advance by Allianz Global Assistance:
- surgery except in extreme circumstances where performed on an **emergency** basis immediately following **hospital** admission; or
 - MRI (Magnetic Resonance Imaging); or
 - CAT (Computer Axial Tomography) scans; or
 - Sonograms, ultrasounds, biopsies; or
 - emergency air transportation.

4. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **treatment** not performed by or under the supervision of a legally licensed **physician** or dentist.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following conditions or complications thereof occurring within nine weeks of the expected date of birth:
 - pregnancy; or
 - routine prenatal care; or
 - miscarriage; or
 - childbirth.
6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **you** exposing yourself to risk from or participation in:
 - riot or civil disorder; or
 - committing or attempting to commit a criminal offence; or
 - **act of war** (declared or undeclared); or
 - rebellion or revolution; or
 - **act of terrorism**; or
 - service in the armed forces.
7. Benefits are not payable for costs or losses incurred due to, contributed by, or resulting from:
 - **nuclear** reaction/radiation; or
 - **nuclear, chemical or biological** occurrence, however caused; or
 - radioactive, seepage, pollution or contamination.
8. Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from:
 - mental or nervous disorders that do not require immediate hospitalization; or
 - intentional self-injury; or
 - suicide or attempted suicide.
9. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **injury** or **accident** occurring while **you** are under the influence of illicit drugs or alcohol (where the concentration of alcohol in **your** blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the **you** illustrate a visible impairment due to alcohol or illicit drugs) and any chronic **sickness** or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
10. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from:
 - abuse of any medication or non-compliance with prescribed medical **treatment** or therapy; or
 - drugs or medications commonly available without a prescription; or
 - drugs or medications which are not legally registered and approved in Canada; or
 - prescription refills.
11. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **injury** as a result of training for, competing or participating in:
 - any speed contests; or
 - **high-risk activities**; or
 - full contact bodily sports; or
 - **professional** sport activities.
12. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from epidemic, pandemic or organ harvesting surgery.
13. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **treatment** or surgery, where **you** can return to **your** province or territory of residence for such **treatment** without adversely affecting **your medical condition**.
14. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury** or **medical condition** if **you** undertook **your trip** with the prior knowledge that **treatment**, palliative care or alternative therapy of any kind would be required.

15. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a **trip** commenced or continued against the advice of **your physician**.
16. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **medical consultation** that is non-emergency or elective.
17. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury** or **medical condition** for which future investigation or **treatment** (other than routine monitoring) is planned or recommended before **your departure date**.
18. Benefits are not payable for costs incurred due to the loss, damage or replacement of eyeglasses, contact lenses or hearing aids.
19. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **sickness** or **injury** when such **sickness** or **injury** occurs in a city, region, or country for which the Canadian government issued a written **travel advisory** prior to the **departure date** to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such **sickness** or **injury** is due to, contributed to by, or resulting from the reason for the **travel advisory**.

Trip Cancellation Coverage

IMPORTANT NOTE: If **you** need to cancel **your trip** before the scheduled **departure date**, **you** must cancel the **trip** with the **travel supplier** within 48 hours of the **incident date**. Failure to do so may reduce the amount payable. The benefit amount is calculated based on the date of the event that resulted in the cancellation and not the date **you** cancelled the **trip**. **You** are not covered for circumstances which **you** were aware of at time of purchasing the **trip**.

Benefit Period (Prior to Departure)

Coverage begins on the **effective date** as indicated on the **confirmation of coverage**.

Coverage ends the earlier of:

- the time of the **trip's** scheduled departure; or
- the **incident date**.

Benefits

If **your trip** is cancelled due to a Covered Reason listed below, the **insurer** agrees to reimburse the prepaid portion of the **trip** which is non-refundable or non-transferable to another travel date, up to the sum insured as indicated on **your confirmation of coverage** to an overall maximum of \$20,000 per **certificate**.

Covered Reasons

Health

1. The unexpected death, **sickness, injury**, or quarantine of **you, your family member, your travel companion** or **your travel companion's family member**. **Sickness** and **injury** must require the care and attendance of a **physician** and the **physician** must recommend in writing cancellation of the **trip**.
2. The unexpected death, **sickness** or **injury** of a caregiver with whom **you** have contracted to care for a dependent in **your** absence. **Sickness** and **injury** must require the care and attendance of a **physician** and the **physician** must then recommend in writing cancellation of **your trip**.
3. Side effects and/or adverse reactions to vaccinations required for **your trip**.
4. Hospitalization or death of **your** host at the principal destination.
5. Complications of **your, or your travel companion's**, pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.

Work

6. Cancellation of a planned business meeting due to death or hospitalization of the person with whom **you** are to meet, or cancellation of a conference (for which **you** have paid registration fees) due to circumstances beyond **your** or **your** employer's control. Benefits are only payable to insured person(s) who are attending the meeting. Proof of registration will be required in the event of a claim.
7. A transfer by **your** employer that requires a change of **your** permanent residence.
8. **You** are called to service by the Canadian government with respect to reservists, military, police or fire personnel.

9. After having been with the same employer for at least one-consecutive year, **you** are terminated or laid-off through no fault of **your** own after the **coverage period** began.

Travel advisories and weather

10. A disaster renders **your**, or **your travel companion's**, principal residence uninhabitable or place of business unusable.
11. A **travel advisory** issued by the Canadian government for **your** destination after the **trip** was booked. An itinerary, hotel booking or other documentation showing **you** are travelling to the destination with the **travel advisory** is required.
12. Weather conditions delay **your** scheduled carrier for 30% or more of the total duration of the **trip** and **you** elect not to continue with the **trip**.

Other

13. Refusal of **your**, or **your travel companion's**, visa application for the destination country provided that documentation shows that they were eligible to apply, that refusal is not due to late application, and the application is not a subsequent attempt for a visa that had been previously refused.
14. **You** or **your travel companion** are selected for jury duty or subpoenaed to appear as witness in court whereby the date of the hearing conflicts with the **trip**.
15. **Default** whereby a contracted **travel supplier** stops all service completely as a result of bankruptcy or insolvency and the losses are not recoverable from any other source.
16. As a result of the delay of a connecting vehicle, **you** miss the scheduled departure as ticketed due to: inclement weather; mechanical failure or **accident** of a **common carrier**; a traffic **accident**; or an emergency police-directed road closure. Such delay due to a traffic **accident** or emergency police-directed road closure must be substantiated by an official police report. All such misconnections are subject to the connecting vehicle arriving at the point of departure not less than two hours prior to scheduled departure time. In the event of a misconnection this insurance covers the entire **trip**, up to the coverage limits, as originally ticketed or the cost of a one-way economy fare, via the most cost-effective route, to catch up to the tour or to continue the **trip** as originally booked.

Trip Interruption & Trip Delay

Benefit Period (After Departure)

Coverage begins when **you** depart on **your trip**.

Coverage ends on the earlier of:

- the time **you** return to **your** original point of departure; or
- the date indicated as the **expiry date** on **your confirmation of coverage**.

Benefits

If **your trip** is interrupted due to a Covered Reason listed below, the **insurer** agrees to reimburse the extra cost of a one-way economy airfare to the departure point or to the destination point and any prepaid, unused non-refundable, non-transferable **trip** expenses up to a maximum of \$2,000 per insured person.

Covered Reasons

Health

1. The unexpected death, **sickness, injury** or quarantine of **you, your family member, your travel companion** or **your travel companion's family member**. **Sickness** and **injury** must require the care and attendance of a **physician** and the **physician** recommends in writing the interruption or delay of the **trip**.
2. The unexpected death, **sickness** or **injury** of a **caregiver** whom **you** have contracted to care for a dependent in **your** absence. **Sickness** and **injury** must require the care and attendance of a **physician** and the **physician** recommends in writing the interruption or delay of the **trip**.
3. Complications of **your** or **your travel companion's** pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.
4. Side effects and/or adverse reactions to vaccinations required for **your trip**.
5. Hospitalization or death of the host at **your** principal destination.

Work

6. Cancellation of a planned business meeting due to death or hospitalization of the person whom **you** are to meet, or cancellation of a conference (for which **you** have paid registration fees) due to circumstances beyond **your** or **your** employer's control. Benefits are only payable to insured person(s) who are attending the meeting. Proof of registration will be required in the event of a claim.
7. **You** are called to service by the Canadian government with respect to reservists, military, police or fire personnel.

Travel advisories and weather

8. A disaster renders **your** or **your travel companion's** principal residence uninhabitable or place of business unusable.
9. Weather conditions delay **your** connecting scheduled carrier for 30% or more of the total duration of the **trip** and **you** elect not to continue with the **trip**.
10. A **travel advisory** is issued by the Canadian government for **your** travel destination after departure on **your trip**. An itinerary, hotel booking or other documentation showing **you** were travelling to the destination with the **travel advisory** is required.

Other

11. **You** or **your travel companion** are selected for jury duty or subpoenaed to appear as witness in court whereby the date of the hearing conflicts with the **trip**.
12. Hijacking of **your common carrier** while en route to the scheduled destination point.

If for one of the reasons listed above **you** must interrupt a **trip** already commenced or if **you** must delay **your** return beyond the scheduled **return date**, expenses will be reimbursed up to an aggregate of \$2,000 per insured person for:

- the extra cost for **you** to change **your** return **ticket** to a one-way economy fare, via the most cost-effective route, back to **your** departure point; or
- if **your** existing **ticket** cannot be changed, the cost of a one-way economy fare transportation to **your** departure point; and
- the non-refundable portion of any unused prepaid travel arrangements if **your trip** is interrupted; and
- if **your travel companion's trip** is interrupted for any of the reasons stated under the Trip Interruption and Trip Delay benefits, the **insurer** agrees to reimburse for the cost incurred to adjust the prepaid accommodations to a single supplement.

If for one of the reasons listed above **you** must delay the scheduled return, reimbursement for the costs of **commercial accommodation** and meals up to \$150 a day, per insured person to a maximum of three days.

Trip Cancellation, Trip Interruption & Trip Delay Exclusions

1. Benefits are not payable for costs incurred due to, contributed by or resulting from **pre-existing conditions**:
 - a) any **medical condition** or related condition, other than a **minor ailment**, that was not **stable** within the 90 days immediately before **your coverage period** began, any **trip** payment or **your departure date**; or
 - b) any **heart condition** if nitroglycerine in any form has been used for a **heart condition** within the 90 days immediately before **your coverage period** began, any **trip** payment or **your departure date**; or
 - c) any **lung/respiratory condition** if home oxygen or prednisone has been prescribed or used for a **lung/respiratory condition** within the 90 days immediately before **your coverage period** began, any **trip** payment or **your departure date**.
2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following conditions or complications thereof occurring within nine weeks of the expected date of birth:
 - pregnancy; or
 - routine prenatal care; or
 - miscarriage; or
 - childbirth.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **you** exposing yourself to risk from or participation in:
 - **act of war** (declared or undeclared); or
 - **act of terrorism**; or
 - hijacking; or
 - kidnapping; or
 - riot or civil disorder; or
 - rebellion or revolution; or
 - service in the armed forces; or
 - unlawful visit in any country; or
 - participation in the commission or attempted commission of any criminal offence.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:
 - **nuclear** reaction/radiation; or
 - **nuclear, chemical** or **biological** occurrence, however caused; or
 - radioactive, seepage, pollution or contamination.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a **trip** undertaken for the purpose of visiting or attending to an ailing person whose **medical condition** or ensuing death is the cause of cancellation or curtailment of the **trip** or delays **your** return home.
6. Benefits are not payable for costs incurred due to losses arising as a result of the **default** of a **travel supplier** if, at the time of booking and/or application, the **travel supplier** is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.
7. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - any event prior to **your departure date**, which might reasonably have been expected to necessitate **your** immediate return or delayed return; or
 - any event which, on the **departure date** or date of **trip** payment, could reasonably have been expected to prevent **you** from travelling as booked.
8. Benefits are not payable for costs incurred due to, contributed to by, or resulting from epidemic or pandemic.
9. Benefits are not payable for costs or losses due to, contributed to by, or resulting from:
 - mental or emotional disorders not requiring immediate hospitalization; or
 - suicide or attempted suicide; or
 - intentional self-inflicted injury.
10. Benefits are not payable for costs or losses due to, contributed to by, or resulting from:
 - chronic use of alcohol or drugs before or after the **departure date**; or

- abuse of alcohol (where the concentration of alcohol in **your** blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when **you** illustrate a visible impairment due to alcohol or illicit drugs) during the **trip**; or
 - use of prohibited drugs or any other intoxicant during the **trip**; or
 - non-compliance with prescribed **treatment** or medical therapy before or after the **departure date**; or
 - misuse of medication before or after the **departure date**.
11. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **injury** as a result of training for, competing or participating in:
- motorized speed contests; or
 - **high-risk activities**; or
 - stunt activities; or
 - **professional** sport activities; or
 - a flight **accident**, except as a passenger on a commercially licensed airline.
12. Benefits are not payable for costs incurred due to failure to obtain a valid travel visa as a result of a late or previously denied application or non-presentation of travel documents (passport, visa, vaccination reports).
13. Benefits are not payable when **you** booked, commenced or continued a **trip** against the advice of a **physician**.
14. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **your** booking travel or **your** travel to a location for which the Canadian government has issued a **travel advisory** prior to **your** booking date or **departure date**.

Baggage & Personal Effects Coverage

Benefit Period

Coverage begins when **your baggage** is checked with the **common carrier**. Coverage ends when **you** return to **your** original point of departure.

Benefits

The **insurer** agrees to pay up to \$750 per insured person to a maximum of \$2000 per **trip**, for the item's **actual cash value** to a maximum of \$500 per item. The **baggage** and **personal effects** must accompany **you** on the **trip**.

Benefits are payable in the event of:

1. Loss or damage to **baggage** and **personal effects** worn or used by **you** during the **trip**.
2. Theft, burglary, fire or transportation damage to **your baggage** or **personal effects** while on **your trip**.
3. Loss or damage to camera equipment during the **trip**. Camera equipment is considered one item.
4. Loss or damage to jewelry during the **trip**. Jewelry is considered one item.
5. If **your** luggage or personal items are delayed for 24 hours or more, while en route and before returning to the original point of departure, the **insurer** will reimburse up to \$100 per day for three days for **essential items**. Purchases must be made within 72 hours of arrival at **your** destination and before **you** receive **your baggage**. The cost of items purchased under this benefit will reduce the overall maximum for **baggage** and **personal effects**.

Baggage and Personal Effects Exclusions

1. Benefits are not payable for costs incurred due to, contributed to by, or resulting from normal wear and tear, deterioration, insects or vermin.
2. Benefits are not payable for loss of or damage to:
 - animals; or
 - automobiles (including equipment and contents), trailers, motorcycles, bicycles, boats, motors, other vehicles, accessories; or
 - souvenirs, fragile or collectible items; or
 - consumable or perishable goods; or
 - household effects, furnishings; or
 - contact lenses, non-prescription sunglasses; or
 - artificial teeth, prostheses, medical equipment and appliances; or
 - money, securities; or
 - tickets, documents; or
 - property pertaining to a business, profession or occupation; or
 - personal computers, tablet computers, software and cellular phones.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from loss or damage to the following items while in the custody of an airline or **common carrier**:
 - jewelry, gems, watches; or
 - garments trimmed with fur; or
 - camera equipment.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from loss or damage to:
 - items while being repaired; or
 - confiscation by any government authority; or
 - contraband or illegal trade.

5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - **act of war** (declared or undeclared); or
 - **act of terrorism** caused directly or indirectly by **nuclear, chemical** or **biological** means; or
 - **nuclear** occurrence, however caused; or
 - epidemic or pandemic.
6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from performing negligent acts or criminal acts.
7. Benefits are not payable for items specifically or otherwise insured.

Baggage and Personal Effects Conditions

1. In the event of a loss, damage or theft of an article which is part of a set, the loss will be calculated at a reasonable and fair portion of the total value of the set. The loss of a portion of the set will not be considered loss of the total set.
2. The **insurer** will not be liable beyond the **actual cash value** of the property at the time of the loss.
3. The **insurer** reserves the right to repair or replace damaged or lost property with property of like quality and to require submission of the property for appraisal of damage.

Flight Delay Coverage

Benefit Period

Coverage begins at the time of **your** scheduled **departure date** and ends on **your return date**.

Benefits

If **your** scheduled arrival or departure flight is delayed for more than six hours, the **insurer** agrees to reimburse additional meals, **commercial accommodations** and travelling expenses up to a maximum of \$500 per **trip**. **You** must incur the additional expenses as a result of the flight delay.

Original itemized receipts will be required upon submission of a claim.

Flight Delay Exclusions

Benefits are not payable for costs incurred due to, contributed to by, or resulting from any event which on the booking date could reasonably have been expected to prevent **you** travelling as scheduled.

Notice and Proof of Claim

Notice of Claim

You or someone acting on **your** behalf, must give written notice of a claim to Allianz Global Assistance not later than 30 days from the date the claim arises. **You** or someone acting on **your** behalf, must provide Allianz Global Assistance with satisfactory proof of loss no later than 90 days from the date the claim arises.

Satisfactory proof of loss means proof satisfactory to the **insurer** of:

- the **departure date**;
- the **incident date**;
- the cause or nature of the **injury** or **sickness** (if applicable);
- the loss, expense or service for which benefits are being claimed (original itemized receipts);
- **your** age;
- the claimant's age; and
- the right of the claimant to receive payment.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible. In no event later than one year from the date of the **accident** or the date a claim arises on account of **sickness** or disability, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Failure to provide the requested documentation to substantiate a claim under this **certificate** of insurance will invalidate the claim.

Claim Filing Procedures

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms. Please contact 1-866-856-7323 or (519) 742-1723 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim. **You** shall be responsible for providing Allianz Global Assistance with the following:

- a) receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
- b) any payment made by any other insurance plan or contract, including a government health insurance plan; and supporting medical documentation, at the request of Allianz Global Assistance. If the required supporting documentation is not provided, the claim may not be paid.

Satisfactory proof of loss (proof satisfactory to the **insurer**) must be submitted and includes but is not limited to the following:

Emergency Medical Claims

- a fully completed claim form signed by **you**;
- documentation showing the **departure date**;
- the **incident date** for the **injury** or the date of commencement for the **sickness**;
- the cause or nature of the **injury** or **sickness**;
- the loss, expense or service for which benefits are being claimed (original itemized receipts);
- **your** age;
- the claimant's age; and
- the right of the claimant to receive payment; and
- any other documentation that may be required to process **your** claim.

Trip Cancellation Claims

- a fully completed claim form signed by **you**;
- medical reasons: a **physician** form completed by the **physician** stating the diagnosis that caused the cancellation and **incident date**;
- non-medical reasons: documentation supporting the cause of cancellation and **incident date**;
- documentation showing the **departure date**;
- travel itinerary with passenger names, dates of travel and cost;
- any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare;
- itemized receipts and proof of payment for any travel expenses including hotels; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Trip Interruption / Delay Claims

- a fully completed claim form signed by **you**;
- medical reasons: a **physician** form completed by the **physician** stating the diagnosis that caused the interruption or delay and the **incident date**;
- non-medical reasons: documentation supporting the cause of interruption or delay and the **incident date**;
- documentation showing the **departure date** and **return date**;
- original travel itinerary showing the passenger names, dates of travel and cost;
- any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare;
- itemized receipts and proof of payment for any travel expenses including hotels; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Flight Delay Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- documentation from the airline confirming the flight delay including the date, length of delay and reason for the delay;

- itemized receipts for accommodation, meals and additional travel expenses;
- documentation showing any refunds provided to **you** from any other insurance or the airline; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Baggage Delay Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- documentation from the airline confirming the **baggage** delay including date, length of delay, and the date and time the **baggage** was returned to **you**;
- itemized receipts for the **essential items** purchased as a result of the **baggage** delay;
- documentation showing any refunds provided to **you** from any other insurance or the airline; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Baggage & Personal Effects – Damage & Loss Claims

- a fully completed claim form signed by **you**;
- travel itinerary with passenger names, dates of travel and cost;
- a loss, theft or damage report from the airline or other authority detailing the damage, loss or theft;
- itemized receipts for the purchases being submitted;
- documentation showing any refunds provided to **you** from any other insurance, **common carrier** or any other source;
- Claims Over \$500: a copy of **your** homeowners insurance or other personal insurance including the policy deductible amount;
- Damage Claims: a repair bill or repair estimate including the description of the damage and the cost of repair or confirmation the item is non-repairable; and
- any other information requested by Allianz Global Assistance to support **your** claim.

Conditions

1. **Patient Transfers:** In consultation with **your** attending **physician**, the **insurer** reserves the right to transfer **you** to another **hospital** or to return **you** to **your** province or territory of residence. **Your** refusal to comply will release the **insurer** of any liability for expenses incurred after the proposed transfer date.
2. **False Claims:** If **you** make any claim knowing it to be false or fraudulent in any respect, coverage under this **certificate** of insurance shall cease and there shall be no payment of any claim made under this **certificate** of insurance.
3. **Subrogation:** In the event of a payment under this **certificate** of insurance, the **insurer** has the right to proceed in **your** name against third parties who may be responsible for giving rise to a claim under this insurance. The **insurer** has full rights of subrogation. **You** will execute and deliver such documents, and fully cooperate with the **insurer**, so as to allow the **insurer** to fully assert their right to subrogation. **You** will not do anything after the loss to prejudice such rights.
4. **Unauthorized Payments:** **You** must repay to the **insurer** amounts paid or authorized for payment on their behalf if later determined that the amount is not payable under this insurance.
5. **Co-operation:** **You** agree to cooperate fully with the **insurer**, and as a condition precedent to the payment of benefits, Allianz Global Assistance reserves the right to obtain all pertinent records or information from any **physician**, dentist, practitioner, **hospital**, clinic, **insurer**, individual or institution to assess the validity of a claim submitted by or on **your** behalf. Failure to provide the requested documentation to substantiate a claim under this **certificate** of insurance will invalidate the claim.
6. **Physical Examination:** Allianz Global Assistance, on the **insurer's** behalf, has the right to investigate the circumstances of loss and to require a medical examination so often as it reasonably requires while a claim is pending; and in the event of death to require an autopsy at the cost of the **insurer**, if not prohibited by law.

General Provisions

1. **Coordination of Benefits:** All benefits provided herein are supplemental in that it pays for covered expenses in excess of reimbursement from **your** government health insurance plan, any **travel supplier** and any other insurance plan. Benefits payable under any other insurance plan under which **you** may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows the **insurer** to receive in **your** name, and endorse and negotiate on **your** behalf, these eligible payments. When government health insurance plan and other insurance payments have been made, this releases government health insurance plan and the other insurers from any further liability in respect of that eligible claim.
2. **Currency:** All amounts stated in the **certificate** of insurance are in Canadian currency unless otherwise indicated. If **you** have paid a covered expense, they will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.
3. **Payment of Benefits:** Benefits payable under this **certificate** of insurance will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the **insurer** to the extent of this claim.
4. **Contract:** The application, this policy, any document (including but not limited to the **confirmation of coverage**) 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 the authority to change the contract or waive any of its provisions.
5. **Waiver:** The **insurer** shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the **insurer**.
6. **Governing Law:** The benefits, terms and conditions of this **certificate** of insurance shall be governed by the insurance laws of the province or territory in Canada where **you** normally reside.
7. **Copy of Application:** The **insurer** shall, upon request, furnish **you** or a claimant under the contract a copy of the application.
8. **Material Facts:** No statement made by **you** or a person insured at the time of application for the contract shall 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.
9. **Termination:** **You** may at any time request that this contract be terminated and the **insurer** shall, as soon as practical after **you** make the request, refund the amount of premium actually paid by **you** that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the **insurer** at the time of the termination.
10. **Insurer to Furnish Forms for Proof of Claim:** Claim forms are available by contacting Allianz Global Assistance's

Claims Department and shall be furnished to **you** upon request, and no later than 15 days after receiving notice of claim.

11. **Rights of Examination:** The claimant shall provide the **insurer** with the opportunity to examine **you** when and so often as it reasonably requires while a claim is pending. In the case of **your** death, the **insurer** may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The **insurer** shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the **insured** or the **insured's** representative.
12. **When Money Payable:** All money payable under this contract shall be paid by the **insurer** within 60 days after the **insurer** has received proof of claim.
13. **Sanctions:** There is no coverage for any business or activity to the extent that would violate any applicable national economic or trade sanction law or regulations.
14. **Conflict with Laws:** Any provision of this **certificate** of insurance, which is in conflict with any federal, provincial or territorial law of **your** place of residence, is hereby amended to conform to the minimum requirements of that law.
15. **Legal Action:** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), *The Limitations Act* (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.

Privacy Information Notice

Protecting your personal information

Protecting **Your** personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed. PLEASE READ THIS NOTICE CAREFULLY.

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Privacy Notice collectively “We” “Us” and “Our”) require **Your** personal information.

Personal Information We collect

We will collect **Your** personal information including but not limited to:

- Surname, First name
- Address
- Date of birth
- Telephone numbers
- Email addresses
- Credit/debit card and bank account information
- Sensitive personal information such as: Medical information relating to **Your** health status, excluding genetic test results.

How will we obtain and use your personal information?

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

- To identify and communicate with **You**
- To consider any application for insurance
- If approved, to issue a Policy or Certificate of Insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses
- To adjudicate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law

We reserve our right to collect personal information, necessary for insurance purposes, from the following individuals:

- Individuals who apply for insurance products
- Certificate holder and/or Policyholders
- Insureds and/or Claimants
- Family Members, spouses, or as a last resort friends or travelling companions of a Certificate or Policyholder, Insured or Claimant, in cases where the proper individual is unable, for medical or other reasons, to communicate directly with Us.

Who will have access to Your personal information?

We disclose information for insurance purposes, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends/travelling companions of the Certificate holder or Policyholder, Insured or Claimant and agencies. We may also use and disclose information from Our existing files for insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file. Upon **Your** request and authorization, We may also disclose this information to other persons. From time to time, and if permitted by applicable law, We may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”). In some instances We may additionally maintain or communicate or

transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions.

What are Your rights in respect of Your personal data?

When permitted by applicable law and regulations **You** have the right to:

- Access **Your** personal data held about **You**
- Withdraw consent at any time where **Your** personal data is processed
- Update or correct **Your** personal information so that it is always accurate
- Delete **Your** personal information from our records, if it is no longer needed for the purposes indicated above
- File a complaint with Us and/or relevant data protection authority

You may exercise these rights by contacting the Privacy Officer at privacy@allianz-assistance.ca.

How long do We keep Your personal data?

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

Privacy Officer
Allianz Global Assistance
4273 King Street East
Kitchener, ON
N2P 2E9

How can You contact Us?

For information about how to obtain access to written information about Our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca.

For a complete copy of Our Privacy Policy please visit www.allianz-assistance.ca.

CONTACT INFORMATION

ALLIANZ GLOBAL ASSISTANCE
Please contact Allianz Global Assistance with any questions or claims.
Toll-free: 1-866-856-7323 (In Canada & U.S.)

How often do We update this privacy notice?

We regularly review this Privacy Notice. We will ensure the most recent version is available on Our website, www.allianz-assistance.ca.