

Distribution Guide for Quebec residents only



RBC Insurance®

Name of the insurance product

Visitors to Canada Travel Insurance

Type of insurance product

Individual travel insurance for visitors to Canada

Name and address of the Insurer

RBC Insurance Company of Canada

P.O. Box 97, Station A
Mississauga (Ontario) L5A 2Y9

Quebec Regional Office
C.P. 11472, Succursale Centre-ville
Montréal (Québec) H3C 5N2

Telephone: 1-800-387-4357
Fax: 1-866-748-2588

Name and address of the distributor

Since the address of each distributor is different,
we ask each agency to apply a sticker here
with its name, address, telephone and fax number.

L'autorité des marchés financiers does not express an opinion on the quality of the products offered in this guide. The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

Table of Contents

DEFINITIONS	1
INTRODUCTION	5
I. DESCRIPTION OF PRODUCTS OFFERED	6
Nature of Coverages	6
■ Emergency Medical Insurance Coverage	7
■ Travel Accident Insurance Coverage	7
Summary of Specific Features	7
■ Persons Eligible for Insurance	7
■ Effective Date of Insurance Coverage	8
■ Emergency Medical Insurance Coverage	8
• What must you do in a medical emergency?.....	8
• What are the benefits?	9
• Deductible	12
• Exclusions, restrictions or reductions applicable to the Emergency Medical Coverage	12
■ Travel Accident Insurance Coverage	16
• What risks are insured?.....	16
• What are the benefits?	16
• Multiple Accidents	16
• Presumption of death following a disappearance	16
• Exclusions, restrictions or reductions applicable to Travel Accident Coverage	17
■ Coverage Summary	18
• Maximum Benefits Payable	18
■ Personal Information	19
■ Automatic Coverage Extension	19
• Delay by a common carrier	19
• Hospitalization	19
• Medical condition.....	19
■ If You Decide To Extend Your Trip	20
Cancellation	20
■ Premium Refund	20
■ End of the Insurance Coverage	20

II. PROOF OF LOSS OR CLAIM.....	21
Submission of a Claim	21
■ Emergency Medical Insurance Coverage	21
■ Other Insurance Coverages.....	21
■ Time Periods to Submit a Claim	21
■ Claim and Authorization Forms.....	21
Insurer’s Reply	23
Appeal of an Insurer’s Decision and Recourses.....	23
Third Party Liability.....	23
III. SIMILAR PRODUCTS.....	24
IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS.....	24
V. NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT ..	25
VI. NOTICE OF SPECIFIC CONSENT.....	27
VII. DIRECTIVES FOR THE TRAVEL AGENCY.....	30

<p>Terms in <i>italics</i> in the text are defined in the <i>Definitions</i> section.</p>

DEFINITIONS

Accidental bodily injury – bodily injury caused by an accident of external origin occurring during the period of insurance. The *accidental bodily injury* is the direct cause for which the expenses are incurred during the *trip*.

Bedside companion – a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

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

Exceptions:

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

Contamination – the poisoning of people by the following substances:

- nuclear;
- chemical and/or
- biological

causing illness and/or death.

Deductible - the dollar amount for which *you* are liable for each claim, as stated on *your insurance application/confirmation of coverage*, before any remaining eligible expenses are reimbursed under this insurance.

Dependants – *your* unmarried, natural, adopted, or step-children who travel with *you* during *your trip*, and are:

- *one month of age* or older and under 21 years of age; **or**
- over 20 years of age, physically or mentally handicapped and dependent on *you* for support,

when *family coverage* has been selected and the required premium has been paid.

Departure point – *your* place of ordinary residence or country of origin as shown on *your insurance application/confirmation of coverage*.

Dismemberment – actual severance through or above *your* wrist or ankle joint.

Effective date –

- a) when *you* purchase the insurance **before** *your* arrival in Canada, if *you* are *one month of age* or older:
 - the date of *your* arrival in Canada as shown on *your insurance application/confirmation of coverage*;
- b) when *you* purchase the insurance **after** *your* arrival in Canada, if *you* are *one month of age* or older:
 - In the case of an *accidental bodily injury*, *your* insurance starts that same day;
 - In the case of a *medical condition* other than an *accidental bodily injury*, *your* insurance starts 48 hours after the date of *your insurance application/confirmation of coverage*.

c) when *you* purchase the *family coverage* after *your* arrival in Canada, if one of *your dependants* is not *one month of age* or older:

- In the case of an *accidental bodily injury*, his/her insurance starts on the date when this *dependant* turns one month old;
- In the case of a *medical condition* other than an *accidental bodily injury*, his/her insurance starts 48 hours after this *dependant* has turned one month old.

Emergency – any sudden or unforeseen event that occurs during the period of insurance and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or country of origin (whether or not *you* intend to return).

Emergency treatment – medical treatment or surgery for an *emergency* that:

- is required for the immediate relief of an acute symptom; **or**
- cannot be delayed until *your* return to *your* place of ordinary residence or country of origin, upon the advice of a licensed *physician*

and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your* place of ordinary residence or country of origin.

The treatment or surgery must be:

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

Expiry date – the date on which *your* coverage ends, as shown on *your insurance application/confirmation of coverage*. The *expiry date* must be 365 days or less after *your effective date*.

Family coverage – the coverage option that is available to *you* and *your dependants* when the required premium has been paid.

Government health insurance plan – the health insurance coverage that Canadian provincial or territorial governments provide for their residents, or that the government of *your* place of ordinary residence or country of origin provides for *you*.

Hospital (or **hospitals**) – an establishment that is licensed as an accredited *hospital*:

- and that is operated for the care and treatment of in-patients,
- that has at least one Registered Nurse always on duty; **and**
- that has a laboratory and an operating room on the premises or in facilities controlled by the establishment.

Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Insurance application/confirmation of coverage – the printed form, computer printout, invoice or document provided by *your* Agent or through *your* online application, which confirms the insurance coverage *you* have purchased. **The insurance application/confirmation of coverage forms part of your insurance contract.**

Loss of sight – entire and permanent *loss of sight*.

Medical condition – any:

- *accidental bodily injury* or sickness; **or**
- a condition related to that *accidental bodily injury* or sickness.

This *medical condition* includes:

- disease
- acute psychoses; **and**
- complications of pregnancy occurring within the first 31 weeks of pregnancy.

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

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

Network – the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

One month of age – infant born more than 30 days ago, after a pregnancy of at least 38 weeks. A normal pregnancy term usually lasts 40 weeks.

Physician – someone who is not *you* or a member of *your* immediate family, who is licensed to prescribe and administer drugs and medical treatment (within the scope of such licence) at the location where the treatment is provided.

A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drug – drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist.

Prescription drug does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip* or a chronic condition.

Professional – engaged in a specified activity, in exchange for a salary or commission, as *your* main paid occupation.

Stable – any *medical condition* or related condition, including any heart condition or any lung condition (whether or not the diagnosis has been determined), for which there have been:

- no new treatment, new medical management, or new prescribed medication; **and**
- no change in treatment, change in medical management, *change in medication* ; **and**
- no new symptom or **finding**, more frequent symptom or **finding**, or more severe symptom or **finding** experienced; **and**
- no new test results or test results showing a deterioration; **and**
- no investigations or future investigations initiated or recommended for *your* symptoms; **and**
- no hospitalization or referral to a specialist (made or recommended).

Terrorism or act of terrorism – an act, including, but not limited to:

- the use of force or violence;
- the threat to use force or violence;
- hijacking; **or**
- kidnapping;

of an individual or group in order to intimidate or terrorize any:

- government;
- group;
- association; **or**
- the general public

for

- religious
- political; or
- ideological reasons or ends

The act of *terrorism* does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Travelling companion – a person who is travelling with *you* and who is covered under one of our *emergency* medical coverages. A maximum of 3 persons may be considered to be *travelling companions*.

Trip – period between *your effective date* and *your expiry date*.

“We”, “our”, “us”, and “RBC Insurance” refer to RBC Insurance Company of Canada.

“You” and “your” refer to:

- **the person named as the insured on the *insurance application/confirmation of coverage when the* required insurance premium has paid before the *effective date*;**
and
- **his/her dependants, when family coverage has been selected.**

INTRODUCTION

This Distribution Guide describes the features and benefits offered by the Visitors to Canada Travel Insurance product, which is distributed by *your* travel agency. This Distribution Guide describes the coverages in a clear and simple language, to help *you* make an informed decision when it comes to selecting the most appropriate coverage, without the presence of an insurance advisor.

There are 3 options available to *you*.

For any additional information on the Coverages, Exclusions and other general disposition of the Insurance, please refer to the Visitors to Canada Travel Insurance policy. *You* can obtain a copy of the policy from *your* travel agency.

I. DESCRIPTION OF PRODUCTS OFFERED

NATURE OF COVERAGES

Three options are available under the Visitors to Canada Travel Insurance:

- Visitors Plan I;
- Visitors Plan II; **and**
- Visitors Plan III.

The table below indicates coverages included in each option:

Coverages included in the options are marked ✓		
	<i>Emergency Medical</i> Page 8	Travel Accident Page 16
Visitors Plan I	✓	✓
Visitors Plan II	✓	✓
Visitors Plan III	✓	✓

Benefits payable may vary with the option *you* choose. For further information, please refer to the section “Coverage Summary” on page 18 of this guide or the section describing each coverage for that option.

Payments, refunds and amounts listed in this guide are in Canadian dollars. *We* will apply the rate of exchange in force on the date when *you* were last provided with a service if foreign currency conversion is involved.

CAUTION

Exclusions, reductions and limitations in the coverage

Interest is not covered by this insurance if there is a delay in paying the claim.

The following section describes the coverages available.

■ **Emergency Medical Insurance Coverage**

The *Emergency Medical Insurance* covers the reasonable and customary medical expenses *you* incur outside *your* place of ordinary residence or country of origin (whether or not *you* intend to return) for *emergency* medical care or surgery. The medical care or surgery must be necessary as a part of the *emergency treatment* arising from a *medical condition* during *your trip*.

This insurance **only covers expenses in excess of** those covered under:

- *your government health insurance plan*; **and**
- any other insurance or benefit plan under which *you* are covered.

■ Travel Accident Insurance Coverage

This coverage pays a certain amount if *you* sustain an *accidental bodily injury* resulting in:

- *dismemberment*;
- *loss of sight*;
- *death*;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech

within **365 days** from the date of the accident that **occurs during your travel period**.

SUMMARY OF SPECIFIC FEATURES

■ Persons Eligible for Insurance

The Insurance is offered to people who have purchased coverage through a Canadian travel agency appointed by RBC Insurance. It is valid only if the following conditions are met.

In this guide, *your age* refers to *your age* at the date of the signature of the *insurance application/confirmation of coverage*.

For **all coverages**, *you* are eligible if:

- *You* are a visitor to Canada; **or**
- *You* are a Canadian not eligible for benefits under a *government health insurance plan*; **or**
- *You* are in Canada on a valid work or student visa; **or**
- *You* are an immigrant to Canada or *children* of an immigrant; **and**
- *You* are legally in Canada.

There are other eligibility conditions for each option; they are described below.

a) Visitors Plans I and II:

To be eligible, *you* must be **one month of age or older**, and **under 85 years of age**.

b) Visitors Plan III:

To be eligible, *you* must be **one month of age or older**, and **under 70 years of age**.

CAUTION

Exclusions, reductions or limitations in the coverage

Your insurance will become void if *you* fail to meet the eligibility conditions described in this section. Our responsibility will be limited to refunding the premium paid.

■ **Effective Date of Insurance Coverage**

The *effective date* of your coverage varies depending on the type of coverage, as described below:

The insurance comes into force on the *effective date* of the insurance.

Effective date

a) when you purchase the insurance BEFORE your arrival in Canada, if you are one month of age or older:

- The date of *your* arrival in Canada, as shown on *your insurance application/confirmation of coverage*;

b) when you purchase the insurance AFTER your arrival in Canada, if you are one month of age or older:

- In the case of an *accidental bodily injury*, *your* insurance starts that same day;
- In the case of a *medical condition* other than an *accidental bodily injury*, *your* insurance starts 48 hours after the date of *your insurance application/confirmation of coverage*.

a) when you purchase the family coverage after your arrival in Canada, if one of your dependants is not one month of age or older:

- In the case of an *accidental bodily injury*, his/her insurance starts on the date when this *dependant* turns one month old;
- In the case of a *medical condition* other than an *accidental bodily injury*, his/her insurance starts 48 hours after this *dependant* has turned one month old.

The following sections describe in detail each coverage offered.

■ **Emergency Medical Insurance Coverage**

What must you do in a medical emergency?

You must contact Assured Assistance Inc. if you require medical treatment during your trip, or for any other emergency, before seeking emergency treatment, at one of the following numbers:

Toll-free call from the USA or Canada: 1 800 387-2487
Toll-free call from Mexico: 001-800-514-1890
Collect call from anywhere: (905) 816-2561
Toll-free fax from the USA or Canada: 1 888 298-6340
Fax: (905) 813-4719

If *your medical condition* prevents *you* from calling Assured Assistance Inc. before receiving an *emergency treatment*, *you* must contact Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital*, personnel member from the doctor's office, etc.) may call on *your* behalf.

All surgery and heart procedures must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*.

Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this Insurance directly to *us* instead of billing *you*.

If *you* do not call Assured Assistance Inc., benefits could be reduced.

What are the benefits?

The insurance covers the reasonable and customary medical expenses *you* incur outside *your* country of residence. This medical care or surgery must be required as a part of the *emergency treatment* arising from a *medical condition* during *your trip*. The insurance only covers expenses in excess of those covered:

- under the *government health insurance plan*; **and**
- under any other insurance or benefit plan under which *you* are covered.

You must incur the medical expenses in Canada. However, coverage also includes the medical expenses *you* incur during a side *trip* during *your* stay in Canada, on condition that:

- This side *trip* starts in Canada; **and**
- This side *trip* must be shorter than *your* stay in Canada.

a) Emergency Medical Expenses:

The insurance covers certain expenses that:

- are **required** as part of the *emergency treatment*; **and**
- ordered by a licensed *physician* during *your trip*.

The following expenses are covered:

- *emergency treatment*, other than dental treatment;
- the services of a licensed private duty nurse while *you* are hospitalized;
- the leasing or purchase, if less expensive, of a *hospital-type* bed, a wheelchair, crutches, brace and other medical appliances;
- diagnostic testing, when pre-authorized by Assured Assistance Inc.;
- *prescription drugs*.

b) Other Emergency Services:

The insurance covers medical expenses for *emergency treatment* by the following licensed specialists:

- physiotherapists;
- chiropractors;
- chiropodists;
- podiatrists;
- osteopaths

to a maximum of **\$300 per profession**.

c) Ground Ambulance:

The insurance covers *you* for local ground ambulance service to a:

- *hospital;*
- *physician;* **or**
- *medical service provider*

in an *emergency*.

We will pay for a local taxi fare **in lieu of local ground ambulance service** where an ambulance is medically required **but not available**.

d) Repatriation of your remains:

The insurance covers the cost of **one of the following options** if *you* die during *your trip* as a result of a covered *medical condition*:

- the transportation of *your remains* in the common carrier's standard transportation container to *your departure point*; **and**
- **up to \$5,000** for the preparation of *your remains* and for the cost of the container;

OR

- the transportation of *your remains* to *your departure point*; **and**
- **up to \$5,000** for the cremation of *your remains* at the location where *your death* occurred;

OR

- **up to \$5,000** for the preparation of *your remains* and the price of a regular coffin; **and**
- **up to \$5,000** for the burial of *your remains* at the location where *your death* occurred.

If someone is legally required to identify *your remains*, this insurance covers:

- the cost of a return economy air fare on a commercial flight via the most cost effective route; **and**
- **up to \$500** for commercial accommodations and meals for that person.

The person is covered under the terms of *your insurance* during the period in which he/she is required to identify *your body*, but for **no longer than 3 business days**.

e) Return to your departure point:

The insurance covers expenses incurred to return to *your departure point* if:

- the *physician* treating *you* recommends to *us* in writing that *you* return to *your country* of residence because of *your medical condition*; **or**
- the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your country* of residence following *your emergency treatment*.

This insurance covers *you* for the following expenses **only** when:

- pre-authorized by Assured Assistance Inc. **before** the expenses have been incurred; **and**
- when arranged by Assured Assistance Inc.

Expenses incurred for **one of the following situations** are covered:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point* to receive immediate *emergency* medical attention;

OR

- the cost of a stretcher economy fare on a commercial flight to *your departure point*, if a stretcher is medically necessary; **and**
- the cost of a return economy air fare on a commercial flight for a qualified medical attendant; **and**
- the usual fees charged by such an attendant.

The presence of the attendant must **be medically necessary** or **required by the airline**;

OR

- the cost of air ambulance transportation, if it is medically essential.

f) Subsistence allowance:

This insurance reimburses *you* for certain essential expenses if, on *physician's* orders:

- *you* or *your travelling companion* are relocated to receive medical attention for an *emergency medical* condition covered under this insurance; **or**
- *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*

for an *emergency medical condition* covered under this insurance.

The following expenses are covered:

- *your* commercial accommodations and meals;
- *your* essential telephone calls;
- *your* taxi fares.

Expenses are refundable **up to \$150 per day and up to a total of \$1,500.**

This benefit is subject to the pre-authorization of Assured Assistance Inc.

g) Bedside companion's travel to your bedside:

The insurance covers:

- the price of a return economy air fare for *your bedside companion* on a commercial flight via the most cost effective route; **and**
- **up to \$300** for commercial accommodations and meals for that *bedside companion*; **and**
- *your bedside companion*, under the terms of *your* insurance, as long as his/her presence is required at *your* bedside

if:

- *you* are travelling alone; **and**
- *you* are expected to be hospitalized for more than **3 days** during *your trip*; **and**
- a *bedside companion* is required.

This benefit is subject to the pre-authorization of Assured Assistance Inc.

h) Emergency dental care:

The insurance covers certain dental expenses when:

- *you need dental treatment to repair or replace your natural or permanently attached artificial teeth because of an **accidental blow to your face**, you are covered for the **emergency dental expenses you incur during your trip, up to a maximum of \$2000;***
- *you need other **emergency dental treatment**, you are covered for the **emergency dental expenses you incur during your trip, up to a maximum of \$300, and** the complete cost of **prescription drugs.***

i) Follow-up visits:

The insurance covers up to 3 follow-up visits, provided they are directly related to *your* medical emergency.

This benefit is subject to the pre-authorization of Assured Assistance Inc.

Deductible

The chart below indicates the *deductible* per person per *trip* that *you* must pay, depending on the option *you* have chosen:

Option	Deductible
Visitors Plan I	\$50
Visitors Plan II	\$50
Visitors Plan III	None

The *deductible* is subtracted from the total expenses incurred and covered by this insurance.

**Exclusions, restrictions or reductions
applicable to the Emergency Medical Coverage**

CAUTION

a) Exclusions related to your pre-existing medical condition:

The insurance does not cover expenses incurred directly or indirectly as a result of certain pre-existing *medical conditions*. This exclusion varies with the type of insurance selected which can be determined from page 6 and the insured's age.

The following chart confirms the exclusions applying to an insured, depending on age. The description of each exclusion can be found following the chart.

Insured one month of age or more and under 2 years of age	Insured 2 years of age or more and under 50 years of age	Insured 50 years of age or older and under 71 years of age	Insured 71 years of age or older and under 85 years of age
Exclusions 1 and 3	Exclusion 1	Exclusion 2	Exclusion 4

Exclusion 1:

The insurance does not pay for expenses incurred directly or indirectly as a result of a *medical condition*, a heart or a lung disorder or for related *medical conditions* (whether or not the diagnosis has been determined) if, 90 days before *your effective date*:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- you have taken nitroglycerin more than once a week for the relief of angina pain;
- you have been treated with home oxygen; **or**
- you have taken oral steroids for any lung condition.

Exclusion 2:

The insurance does not pay for expenses incurred directly or indirectly as a result of a *medical condition*, a heart or a lung disorder or for related *medical conditions* (whether or not the diagnosis has been determined) if, 180 days before *your effective date*:

your medical condition or related condition (whether or not the diagnosis has been determined) has not been *stable*;

- *your heart condition*:
- you have taken medication;
- you have been prescribed medication;
- you have received treatment;
- you have experienced a deterioration; **or**
- you have sought treatment.
- *your lung condition*:
- you have taken medication;
- you have been prescribed medication;
- you have received treatment;
- you have experienced a deterioration; **or**
- you have sought treatment.

for that *medical condition* or a related *medical condition*.

Exclusion 3:

The insurance does not pay for expenses incurred directly or indirectly as a result of a *medical condition* (whether or not the diagnosis has been determined) arising from or related to a congenital defect.

Exclusion 4:

The insurance does not pay for expenses incurred directly or indirectly as a result of a *medical condition*, a heart or a lung disorder or for related *medical conditions* (whether or not the diagnosis has been determined) if, 180 days before *your effective date*:

- you have taken medication;
- you have been prescribed medication;
- you have received treatment;
- you have experienced a deterioration; **or**
- you have sought treatment

for that *medical condition* or a related *medical condition*.

CAUTION (continued)

b) You are responsible for 30 % of the medical expenses covered under the emergency medical insurance if:

- *you do not contact Assured Assistance Inc. at the time of your medical emergency; or*
- *you choose to receive treatment from a medical service provider outside the network approved by Assured Assistance Inc.*

You must call Assured Assistance Inc. as soon as medically possible. *If your medical condition prevents you from contacting Assured Assistance Inc. before you receive emergency treatment, another person (family member, friend, hospital, member of the physician's staff, etc.) may call for you.*

c) Terrorism:

In the event of a loss resulting directly or indirectly from an act of terrorism, benefits payable will be paid after all amounts payable from other sources.

d) Other exclusions:

In addition to exclusions a) to c) described above, the insurance does not cover any expenses caused directly or indirectly by:

- *the continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition;*
- *the treatment of any heart or lung condition, following emergency treatment for a related or unrelated heart or lung condition;*
- *your intentional self-inflicted injury, suicide or attempt to commit suicide regardless of your mental state;*
- *your commission of a criminal act or your direct or indirect attempt to commit a criminal act;*
- *any medical condition arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip;*
- *your abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip;*
- *your mental or emotional disorders;*
- *any treatment that is not emergency treatment;*
- *your participation as a professional athlete in a sporting event, including training or practice for the same;*
- *your participation in rock climbing or mountain climbing;*
- *your participation in a motorized race or motorized speed contest, including training or practice for the same;*
- *any medical condition if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the medical condition;*

- a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*;
 - a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*;
 - routine pre-natal care or a child born during *your trip*;
 - pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery;
 - symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*;
 - treatment or surgery for a specific condition, or a related condition, which:
 - a) had caused *your physician* to advise *you* not to travel, **or**
 - b) *you* contracted during *your trip* in a country where the Department of Foreign Affairs and International Trade of the Canadian government had issued a formal travel warning advising Canadians not to travel to that country, region or city. The warning must have been issued prior to *your effective date*;
 - any benefits that require prior authorization and arrangement by Assured Assistance Inc., if such benefits were not pre-authorized and arranged by Assured Assistance Inc.;
 - any *medical condition* if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* place of ordinary residence or country of origin (whether or not *you* intend to return) following *your emergency treatment* and *you* choose not to return;
 - war (declared or not), act of foreign enemies or rebellion;
 - ionising radiation or radioactive *contamination* from:
 - any nuclear fuel or radioactive waste; **or**
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
 - any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure;
- e) The total amount paid to *you* may not exceed the maximum benefit for medical and other expenses under the selected option, as indicated in the chart on page 18.
- f) The total amount paid to *you* by all insurers providing *you* with similar insurance may not exceed the actual expense *you* have incurred.
- g) The total amount paid to *you* may not exceed the actual expense *you* have incurred, if *you* are covered by *us* under more than one of *our* policies.
- h) The maximum amount is limited to the largest amount specified for the benefit if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any essential fact or circumstance concerning this insurance.

■ Travel Accident Coverage

What risks are insured?

Your accidental bodily injuries, resulting in:

- *dismemberment*;
- *loss of sight*;
- death;
- total and irrecoverable loss of hearing; **or**
- total and irrecoverable loss of speech.

within **365 days** from the date of an accident that **occurs during your travel period**.

What are the benefits?

We pay the greater of these benefits for all losses resulting from one accident:

1) **\$25,000** for:

- death;
- *double dismemberment*;
- *loss of sight* of both eyes;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech.

2) **\$12,500** for:

- single *dismemberment*; **or**
- *loss of sight* of one eye.

CAUTION

Exclusions, limitations and reduction in the coverage

Our total liability will be limited to \$200,000 for all accident insurance policies under which we cover you. Any coverage in excess of \$200,000 will be void and the premiums paid will be refunded.

Multiple Accidents

The total amount paid may not exceed \$25,000 if more than one accident occurs simultaneously.

Presumption of death following a disappearance

It will be presumed that *you* died if *your* body has not been found after **one year** following the accident.

**Exclusions, restrictions or reductions applicable to
Travel Accident Coverage**

CAUTION

a) The **Travel Accident** Coverage does not cover expenses incurred directly or indirectly as a result of:

- war, declared or not, act of foreign enemies or rebellion;
- *your* intentional self-inflicted injury, suicide or attempt to commit suicide regardless of mental state;
- the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
- participation in any military manoeuvres or training exercise;
- disease, even if it is caused or reactivated by an accident;
- piloting, learning to pilot or acting as a member of a crew of an aircraft;
- *contamination* due to any act of *terrorism*;
- ionising radiation or radioactive *contamination* from:
 - nuclear fuels or radioactive waste; **or**
 - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- *terrorism*;
- any accident, arising from, or in any way related to, *your* chronic use of alcohol, or drugs whether prior to or during *your trip*;
- *your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;
- *your* participation as a *professional* athlete in a sporting event, including training or practice for the same;
- *your* participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping;
- *your* participation in any kind of motorized race or motorized speed event, including training or practice for the same.

b) **Terrorism:**

The insurance does not cover losses where the loss can be directly or indirectly attributed to *terrorism* or to *contamination* due to an act of terrorism.

- c) The total amount paid to *you* by all insurers providing *you* with similar insurance may not exceed the actual expense *you* have incurred.
- d) The total amount paid to *you* may not exceed the actual expense *you* have incurred if *you* are covered by *us* under more than one policy.
- e) The maximum amount is limited to the largest amount specified for the benefit if *you* are covered by *us* under more than one policy.

This contract is void in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any essential fact or circumstance concerning this insurance.

■ Coverage Summary

Maximum Benefits Payable

The maximum sums payable vary according to the type of plan *you* have selected. These maximums are shown in the table below:

Option	Visitors Plan I	Visitors Plan II	Visitors Plan III
Emergency Medical			
Medical and Other Benefits	\$25,000*	\$50,000*	\$150,000*
<i>Deductible per person per trip</i>	\$50	\$50	None
Repatriation of <i>your</i> remains *Please see policy for limits on the transportation container, cremation and burial at location	Transportation cost: Unlimited	Transportation cost: Unlimited	Transportation cost: Unlimited
<i>Bedside companion's travel to your bedside</i>	Economy airfare	Economy airfare	Economy airfare
Subsistence allowance for a <i>bedside companion</i>	\$300	\$300	\$300
Return to <i>your departure point</i>	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance
Follow-up visits	Up to 3	Up to 3	Up to 3
Subsistence allowance for the insured or <i>travelling companion</i>	\$1,500	\$1,500	\$1,500
<i>Emergency dental expenses</i>	\$2,000 (accidental blow to <i>your face</i>) and/or \$300 for other <i>emergency dental treatment</i>	\$2,000 (accidental blow to <i>your face</i>) and/or \$300 for other <i>emergency dental treatment</i>	\$2,000 (accidental blow to <i>your face</i>) and/or \$300 for other <i>emergency dental treatment</i>
Travel Accident			
Death**, double <i>dismemberment</i> or <i>loss of sight</i> in both eyes or complete and irrecoverable loss of speech or hearing. **	\$25,000	\$25,000	\$25,000
Single <i>dismemberment</i> , <i>loss of sight</i> in one eye or complete and irrecoverable loss of speech or hearing. **	\$12,500	\$12,500	\$12,500

* This is the maximum benefit payable for the entire *emergency* medical coverage.

** You are only entitled to the maximum benefit specified for one of these losses.

CAUTION

Exclusions, reductions and limitations applicable to the coverage

Our total liability will be limited to \$200,000 for all accident insurance policies under which we cover you. Any coverage in excess of \$200,000 will be void and the premiums paid will be refunded.

■ **Personal Information**

When *you* pay the insurance premium *you* agree to authorize *us* and Assured Assistance Inc.:

- To verify *your* health and other information required to pay *your* claim with the authorities;
- To allow the *physician, hospitals* and other medical service providers to provide *us* with all the information about *you* in their possession while *you* are under observation or being treated by them, including:
 - *your* medical history,
 - the diagnoses,
 - *your* test results,
- To forward the above information to other persons, who will use it to determine what benefits are payable to *you*.

■ **Automatic Coverage Extension**

In certain cases, *your* insurance may be automatically extended.

Delay by a Common Carrier

We will automatically extend *your* coverage for the delay period for a maximum of **72 hours** if *you* are scheduled to return to *your* home country on the *expiry date* and the delay of the common carrier in which *you* are scheduled to travel prevents *you* from returning to *your* home country.

Hospitalization

We will automatically extend *your* coverage if *you* or *your travelling companion* are hospitalized on *your expiry date*. *Your* coverage will be extended **for the period of hospitalization and up to a maximum of 5 additional days after *your* discharge.**

Medical Condition

We will automatically extend *your* coverage if *you* or *your travelling companion* are delayed beyond *your expiry date*, as shown in the policy, because of a *medical condition*. *You* must be incapable of travelling on medical grounds, but not be hospitalized. *Your* coverage will then be extended for the delay period, for up to **5 days** after the *expiry date*, as shown in the policy.

CAUTION

Exclusions, reductions and limitations in the coverage

Coverage will not continue beyond 365 days from date of departure, regardless of the automatic extensions mentioned above.

■ **If you decide to extend your trip**

Any extension of *your* coverage is subject to the following conditions if *you* decide to extend *your trip*:

- a) *You* must request the extension by contacting *your* agent before *your expiry date* if *you* **have not had a medical condition** under *your* existing coverage.
- b) *You* must request the extension by contacting Assured Assistance Inc. before *your expiry date* if *you* **have had a medical condition** under *your* existing coverage. The extension is subject to the approval of Assured Assistance Inc.

Coverage may not continue for longer than **365 days** from *your effective date*, regardless of the number of extensions, automatic or not.

In all the above cases, *you* must pay the required additional premium **before** *your* original ***expiry date***.

The terms and exclusions of the insurance policy also apply to its extension period.

CANCELLATION

You may cancel *your* insurance policy at any time before it comes into force (*effective date*) and receive a refund for the entire premium *you* have paid, by contacting *your* agent. (*You* will find the contact information for *your* agent on the cover page of this Guide.)

You may use the Notice of Cancellation of an Insurance Contract on page 25 of this Guide to cancel *your* insurance.

■ **Premium Refund**

All applications for premium refunds must be submitted to the agency where *you* bought the policy.

The premium *you* paid for the unused days can be refunded if *you* return to *your* home country before *your expiry date*.

You must:

- provide proof of *your* date of return; **and**
- not have a claim to submit.

You must, however, pay the minimum premium for **7 days**.

■ **End of the Insurance Coverage**

Your insurance ends on **the earliest of the following dates**:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* depart Canada to return to *your* country of residence;
- c) at midnight of *your expiry date*, as indicated on *your insurance application/confirmation of coverage*; **or**
- d) the date which is 365 days after *your effective date*.

II. PROOF OF LOSS OR CLAIM

SUBMISSION OF A CLAIM

■ **Emergency Medical Insurance Coverage**

If you require medical treatment during your trip, you or another person must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free call from the USA or Canada: 1 800 387-2487
Toll-free call from Mexico: 001-800-514-1890
Collect call from anywhere: (905) 816-2561
Toll-free fax from the USA or Canada: 1 888 298-6340
Fax: (905) 813-4719

■ **Other Insurance Coverages**

To submit a claim for eligible expenses incurred during *your trip* and not related to medical services, you may:

- follow the instructions on the claim form included with *your* insurance policy; **or**
- contact the Claims Department at one of the following numbers:

Outside of Quebec:905-816-2572 or 1-800-263-8944
Residents of Quebec:514 748-2244 or 1-800-263-8944

■ **Time Periods to Submit a Claim**

You must submit *your* claim within **90 days** of the loss.

■ **Claim and Authorization Forms**

Some documents must be provided when submitting a claim. These include the Claim & Authorization form, fully completed and, where applicable:

Emergency Medical Coverage

You must submit the following documents if *you* chose to receive treatment outside the *network*, or if *you* did not contact Assured Assistance Inc. at the time of *your* medical emergency:

- the Claim and Authorization Form, duly completed;
- originals of all bills, invoices and receipts;
- proof of payment of any benefits *you* have already received from a *government health insurance plan* or from another insurer;
- a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment and, where applicable, written confirmation from the *physician* who treated *you* during *your trip* that the expenses were medically necessary;
- a copy of *your* airfare ticket and passport, confirming travel dates and entry into Canada.

For **dental expenses**, *you* must provide us with all the documents listed above.

We reserve the right to require *you* to undergo a medical examination, at *our* expense, by one or more *physician(s)* selected by *us* for any claim.

Travel Accident Coverage

- Police reports, medical files, death certificate and autopsy or coroner's reports may be required before *we* can pay benefits to the insured or his/her heirs.

CAUTION

Exclusions, reductions and limitations in the coverage

Supporting documents must be provided for all claims; otherwise *you* will no longer be entitled to benefits under the claim involved.

Failure to complete the Claim & Authorization Form in full may delay the assessment of *your* claim.

INSURER'S REPLY

Our objective is to pay *your* claim or advise *you* of *our* decision within **7 days** of receipt of all the information required to process the claim.

For the *emergency* medical coverage, *we* pay the medical service provider directly for the expenses covered, whenever possible.

For claims under Travel Accident Coverage, *we* will pay the death benefit to the beneficiary indicated in the *insurance application/confirmation of coverage* or, to *your* estate if there is no appointed beneficiary.

We will pay amounts covered by the insurance to *you* or the service provider, except in the event of death. Amounts payable in the event of death will be paid to *your* estate, unless otherwise indicated in the *insurance application/confirmation of coverage*.

You must refund any amount *we* have paid or authorized on *your* behalf, if *we* determine that this amount was not payable under *your* insurance policy.

APPEAL AGAINST THE INSURER'S DECISION AND RECOURSES

You may contact the Bureau des services financiers or consult *your* own lawyer if the insurer does not respect its commitments.

Any action shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued if *you* do not agree with a decision taken regarding *your* claim or for a dispute related to determinations made under the policy.

In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 3 years after the occurrence which gives rise to the claim.

However, if this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In fact, if this law is modified in order to extend or reduce the maximum delay to commence *your* action or arbitration proceeding against *us*, *you* must do it within the new delays prescribed by the law.

THIRD PARTY LIABILITY

If *you* incur expenses during *your trip* on account of wrongdoing by a person not covered under *your* insurance policy, *we* can take action against the person who is liable. *You* agree to cooperate with *us* and allow *us*, at *our* own expense, to bring a lawsuit in *your* name against this person.

III. SIMILAR PRODUCTS

Other insurers may provide products similar to this one. Before buying an insurance product, ensure that *you* do not already have such coverage.

IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS

If *you* have any questions about this insurance, please contact the insurer first, by referring to the contact information indicated on the cover page of this Distribution Guide.

For details about the commitments of insurers and distributors of insurance products to *you*, *you* may contact l'Autorité des marchés financiers :

Autorité des marchés financiers

Place de la Cité, Tour Cominar
2640, boulevard Laurier, 4^e étage
Québec (Québec) G1V 5C1

Telephone

Québec City: (418) 525-0337
Montréal: (514) 395-0337
Toll-Free: 1 877 525-0337

Fax

(418) 525-9512

Website

www.lautorite.qc.ca

Email

renseignements-consommateur@lautorite.qc.ca

V. NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISRIBUTOR

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

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

- The Act allows *you* to cancel an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution: It is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day time line, *you* may cancel the insurance at any time; however, penalties may apply.
- Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the trip cancellation insurance.

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

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: _____
(Name of insurer)

(Address of insurer)

Date: _____
(Date of sending of notice)

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

(Number of contract, if indicated)

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

In: _____
(Place of signature of contract)

(Name of client)

(Signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441, 442 and 443 of the Act must be reproduced on the back of this notice.

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

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

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

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

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

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

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

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

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

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

VI. NOTICE OF SPECIFIC CONSENT

You are free to grant or refuse this consent

Sections 92 and 437 of the Act respecting the distribution of financial products and services

WHAT YOU MUST KNOW:

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our clerks to have access to this information.
- These clerks will also have access to any update of the information done during the period of validity of the consent.
- These clerks will use the information available **in order to solicit you for the purchase of new financial products and services.**

YOU ARE FREE TO SET THE PERIOD OF VALIDITY OF YOUR CONSENT

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the “specific consent” section, a place where you may write down the period of validity desired.

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

Without this specific consent, the distributor may not use this information for a purpose other than the purpose for which it was collected. **The distributor cannot compel you to give your consent or refuse to do business with you if you refuse to give it. Section 94 of the Act protects you.** For further information, you may contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

The information we hold pertaining to you, at this date, was collected as part of:

(purpose(s) of the file)

Here are the required categories of information that we would like one of our clerks to use and the products and services he may offer you. For a fuller description of each category, you may refer to the back of this sheet.

Please authorize each category of information requested.

Required information category to be accessed ⁽¹⁾	For which products and services? ⁽²⁾	Client's Authorization ⁽³⁾	Initials ⁽⁴⁾
<i>To be filled by the distributor</i>	<i>To be filled by the distributor</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Instructions for the distributor (duplication not required):

1. The distributor must describe each category on the reverse side of this sheet.
2. The distributor must specify the nature of the products and services it wishes to offer the client. Each information category must be associated with a specific purpose. Where a category serves several purposes, the distributor must repeat it for each purpose.
3. The client may give his or her authorization by telephone, provided both parties can identify each other. In such case, this form shall serve as a script for the officer, who will also read the detailed description of each category to the client. The distributor must fill out this form and send it to the client within ten (10) days of obtaining the verbal consent.
4. If in electronic form, the initials may be replaced by a confirmation window. However, the notice of consent must be made available to the client by any means allowing the reading or printing thereof.

In accordance with the Act respecting the protection of personal information in the private sector, **you may request access to the information that we hold pertaining to you.**

SPECIFIC CONSENT

Having read the above, I, the undersigned, _____
(name of client)

consent to the use of the information held by the distributor for the purposes indicated above.

This authorization will be valid until revoked or for the following period:

DD/MM/YY (to be filled out by the client)

I may revoke this consent at any time by sending a notice. I may use the attached model notice for this purpose or as a basis for preparing my own notice.

(signature of client)

(date of signature of the consent)

(client identification, address, folio or contract no., etc.)

I HEREBY REVOKE THE SPECIFIC CONSENT GIVEN TO THE DISTRIBUTOR BY THE FOLLOWING NOTICE

To: _____
(name of distributor)

(address of distributor)

On: _____

I, the undersigned, _____ hereby notify you that
(name of client)

I am canceling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to you on _____
(date of consent)

(name of client)

(signature of client)

(client identification, address, folio or contract no., etc.)

VII. DIRECTIVES FOR THE TRAVEL AGENCY

Please check the box(es) corresponding to the insurance coverage selected by the client and write your initials on the line beside the box(es).

NAME OF THE CLIENT
(in block letters)

has purchased the following RBC Insurance coverage:

	Check	Initial
Visitors Plan I	<input type="checkbox"/>	_____
Visitors Plan II	<input type="checkbox"/>	_____
Visitors Plan III	<input type="checkbox"/>	_____

