

## VISITORS TO CANADA

### *Emergency Medical Assistance*

**Wherever *you* go, Assured Assistance Inc. and PAY-ASSIST® are just a phone call away - 24 hours a day, 7 days a week.**

If *you* require medical treatment during *your trip*, or for any other *emergency*, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

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

### Claims Assistance

If *you* need a Claim & Authorization form, to submit a new claim, or *you* want status on an existing claim, please contact *our* Claims Department at:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944

Residents of Quebec 514 748-2244 or 1-800-263-8944

**VISITORSTOCANADA**

**What'sinside:**

Summary of Insurance Coverage ..... 3  
Definitions ..... 3  
General Insurance Details ..... 5  
    Who is eligible for coverage? ..... 5  
    How do *you* become insured? ..... 5  
    When does *your* insurance start and end? ..... 5  
    When does *your* coverage automatically extend? ..... 5  
    What if *you* decide to extend *your trip*? ..... 5  
    When can *your* premium be refunded? ..... 5  
Terrorism Coverage ..... 5  
Emergency Medical Insurance ..... 5  
Travel Accident Insurance ..... 8  
General Conditions ..... 9  
How do *you* submit a claim? ..... 9

**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* policy provides travel assistance, *you* are required to notify Assured Assistance Inc. prior to *emergency treatment*. *Your* policy limits benefits should *you* not contact Assured Assistance immediately.

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

## Summary of Insurance Coverage

### Visitors Plan I

\$25,000 *Emergency* Medical Insurance

\$25,000 Travel Accident Insurance

### Visitors Plan II

\$50,000 *Emergency* Medical Insurance

\$25,000 Travel Accident Insurance

### Visitors Plan III

\$150,000 *Emergency* Medical Insurance

\$25,000 Travel Accident Insurance

Plans	Visitors Plan I	Visitors Plan II	Visitors Plan III
<b>Coverages &amp; Benefits</b>			
<b>Emergency Medical</b>	<b>Maximum Sums Payable</b>		
Medical and Other Benefits <i>(Deductible per person per trip)</i>	\$25,000* \$50	\$50,000* \$50	\$150,000* No <i>Deductible</i>
Return to <i>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
<i>Bedside Companion</i> Travel to bedside	Economy Airfare & \$300 subsistence	Economy Airfare & \$300 subsistence	Economy Airfare & \$300 subsistence
Repatriation of Remains *Please see policy for limits on the transportation container, cremation and burial at location	Transportation Cost: Unlimited	Transportation Cost: Unlimited	Transportation Cost: Unlimited
Follow Up Visits	Up to 3	Up to 3	Up to 3
Insured Person or <i>Travelling Companion</i> Subsistence Allowance	\$1,500	\$1,500	\$1,500
<i>Emergency</i> Dental Treatment	\$2,000 (accidental blow to your face) and/or \$300 for other <i>emergency</i> dental treatment	\$2,000 (accidental blow to your face) and/or \$300 for other <i>emergency</i> dental treatment	\$2,000 (accidental blow to your face) and/or \$300 for other <i>emergency</i> dental treatment
<b>Travel Accident</b>			
<b>Principal Sums</b>			
Death**	\$25,000	\$25,000	\$25,000
Double <i>Dismemberment, 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, 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 aggregate limit of all benefits under *the emergency* medical portion of this policy.

\*\* You are entitled only to a maximum of the largest amount specified for one of these benefits.

### Definitions

The following are *our* definitions and apply when written in *italics* throughout this document.

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

**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 nuclear, chemical and/or biological substances which causes 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:

- a) *one-month-of-age* or older and under 21 years of age; or
- b) 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 shown on *your insurance application/confirmation of coverage*.

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

**Effective date** - is one of the following when the insurance is purchased:

- a) before *you* arrive in Canada:  
the date of *your* arrival in Canada as shown on *your insurance application/confirmation of coverage*, if *you* are *one-month-of-age* or older, or
- b) after *you* arrive in Canada, if *you* are *one-month-of-age* or older:
  - 48 hours after the date of *your insurance application/confirmation of coverage*, in the case of a *medical condition* other than an *accidental bodily injury*; or
  - the time of *your insurance application/confirmation of coverage*, in the case of an *accidental bodily injury*; or
- c) after *you* arrive in Canada, if *you* are under *one-month-of-age*:
  - 48 hours after *you* become eligible under the *family coverage*, if applicable, in the case of a *medical condition* other than an *accidental bodily injury*; or
  - immediately upon *your* becoming eligible under the *family coverage*, if applicable, in the case of an *accidental bodily injury*.

**Emergency** - any sudden and unforeseen event that begins during the period of insurance and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* 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 upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* place of ordinary residence or country of origin, 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:

- a) ordered by or received from a licensed *physician* during *your trip*; or
- b) received in a *hospital* during *your trip*; or
- c) 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 under this insurance, 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 for this coverage has been paid.

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

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

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

**Loss of sight** - entire and permanent loss of eyesight.

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

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

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

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

**One-month-of-age** - 31 days after birth, provided birth occurred after a gestation period of at least 38 weeks.

**Physician** - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such 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 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, or *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 and/or the threat thereof, including 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, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Travelling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons, and who is covered under one of *our* *emergency* medical coverages.

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

**You, yourself** and **your** refer to:

- a) the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*; and
- b) *dependants*, when *family coverage* is applicable and in effect.

## General Insurance Details

Your insurance coverage is subject to the terms set out in this document.

### **Who is eligible for coverage?**

To be eligible for insurance coverage, *you* must:

- be a visitor to Canada;
- be a Canadian not eligible for benefits under a *government health insurance plan*;
- be a person who is in Canada on valid work or student visa;
- be an immigrant to Canada
- be in Canada legally and are:
  - a) *one-month-of-age* or older and under 85 years of age and have purchased *our* Visitors Plan I or II; or
  - b) *one-month-of-age* or older and under 70 years of age and have purchased *our* Visitors Plan III.

### **How do you become insured?**

Under *our* individual insurance coverage, *you* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*; and
- upon payment of the required individual premium.

Under *our family coverage*, *you* and *your dependants* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*; and
- upon payment of the required *family coverage* premium.

### **When does your insurance start and end?**

The insurance starts on *your effective date*.

The insurance ends on the earliest of the following:

- 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 *your* country of residence;
- c) midnight of *your expiry date*;
- d) the date which is 365 days after *your effective date*.

### **When does your coverage automatically extend?**

- 1 If *you* are scheduled to return to *your* place of ordinary residence or country of origin, on the *expiry date* and the delay of the common carrier in which *you* are scheduled to travel prevents *you* from returning to *your* place of ordinary residence or country of origin, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge.
- 3 If *you* or *your travelling companion* are delayed beyond *your expiry date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your expiry date*.
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your effective date*.

### **What if you decide to extend your trip?**

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1
  - a) If *you* have not had a *medical condition* under *your* existing coverage, *you* must request the extension by contacting *your* Travel Agent before *your expiry date*.
  - b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting Assured Assistance Inc. before *your expiry date*, and the extension is subject to the approval of Assured Assistance Inc.
  - c) Regardless of the number of optional extensions above, coverage will not continue beyond 365 days from *your effective date*.
- 2 *You* must pay the required additional premium before *your* original *expiry date*.

### **When can your premium be refunded?**

- 1 All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.
- 2 If *you* return to *your* place of ordinary residence or country of origin before *your expiry date*, the premium *you* paid for the unused days can be refunded, if *you*:
  - provide proof of *your* date of return; and
  - do not have a claim under the insurance.

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

## Terrorism Coverage

Where an act of *terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy this insurance will provide coverage as follows:

- a) *Terrorism* Coverage is not available under Travel Accident Insurance.
- b) We will, for *Emergency Medical* claims, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- c) The benefits payable in accordance with paragraph b) above are in excess to all other potential sources of recovery, including other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.

## Emergency Medical Insurance

### **What must you do in a medical emergency?**

*You* must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all cardiac procedures, including cardiac catheterization, 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 to *you*. Failure to call may result in reduced benefits.

#### Emergency Contact Numbers:

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

#### What coverage limitations apply?

- 1 This insurance is subject to the Maximum Sums Payable as outlined on the Summary of Insurance coverage chart.**
- 2 If *you* are insured under *our* Visitors Plan I or Visitors Plan II, *you* will be responsible for a *deductible* of \$50 per person and per *trip*. We will apply this *deductible* to any claim covered under this insurance in excess of *your government health insurance plan* coverage (if applicable).
- 3 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*, *you* will be responsible for 30% of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your government health insurance plan*. If *your medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.

#### What risks are insured?

This insurance covers the reasonable and customary medical expenses *you* actually incur outside *your* country of residence for necessary medical care or surgery, 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 by any other insurance or benefit plan under which *you* are covered.

#### What are the benefits?

**NOTE: *You* must incur the medical expenses in Canada. However, coverage also includes the medical expenses *you* incur during a side *trip* if the side *trip* starts in Canada. The time *you* spend in Canada covered under this policy must be greater than the time *you* spend on *your* side *trip*.**

#### 1 Emergency medical expenses

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your trip*:

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

#### 2 Other emergency services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$300 per profession.

#### 3 Ground ambulance

This insurance covers *you* for local ground ambulance service to a *hospital*, *physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

#### 4 Repatriation of your remains

If, during *your trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers:

- a) 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 common carrier's standard transportation container; or
- b) 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
- c) up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.
- d) 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. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

#### 5 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 if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your departure point* following *your emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc.:

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

#### 6 Subsistence allowance

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

- b) This insurance reimburses *you* up to \$150 per day, to a maximum of \$1,500 for *your* commercial accommodations and meals, essential telephone calls and taxi fares, if, upon *physician's* advice:
  - *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.

#### 7 Bedside companion's travel to your bedside

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - b) If *you* are travelling alone and are expected to be hospitalized for more than 3 days during *your trip* and a *bedside companion* is required, this insurance covers:
    - the cost of a return economy air fare on a commercial flight via the most cost effective route;
    - up to \$300 for commercial accommodations and meals for that *bedside companion*; and
    - *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.
- 8 Emergency dental treatment**  
 This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:
  - if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, up to a maximum of \$2,000.
  - if *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*.
- 9 Follow-Up visits**  
 a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**  
 This insurance covers up to 3 follow-up visits, provided they are directly related to *your* medical *emergency*.

**What is not covered?**

**I - Exclusion Related To Your Pre-Existing Medical Condition:**

In addition to the exclusions outlined below under "II - Other Exclusions," the following exclusions apply to *you*.

If <i>you</i> are one-month-of-age or older and under 2 years of age	If <i>you</i> are 2 years of age or older and under 50 years of age	If <i>you</i> are 50 years of age or older and under 71 years of age	If <i>you</i> are 71 years of age or older and under 85 years of age
Exclusions 1 and 3 apply to <i>you</i>	Exclusion 1 applies to <i>you</i>	Exclusion 2 applies to <i>you</i>	Exclusion 4 applies to <i>you</i>

**EXCLUSION 1**

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

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

**EXCLUSION 2**

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

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
  - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
  - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
  - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

**EXCLUSION 3**

This insurance does not pay for any 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**

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
  - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
  - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
  - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
  - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

**II - Other Exclusions**

In addition to the exclusions outlined above under "I - Exclusions Related To Your Pre-Existing Medical Condition," this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition.
- 2 The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition.
- 3 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).

- 4 *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 5 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*.
- 6 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 7 *Your mental or emotional disorders*.
- 8 Any treatment that is not *emergency treatment*.
- 9 *Your* participation as a *professional* athlete in a sporting event including training or practice for the same.
- 10 *Your* participation in rock climbing or *mountain climbing*.
- 11 *Your* participation in a motorized race or motorized speed contest including training or practice for the same.
- 12 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*.
- 13 A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
- 14 A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
- 15 a) Routine pre-natal care,  
b) a child born during *your trip*,  
c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- 16 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
- 17 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 in a country during *your trip* when, before *your effective date*, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 18 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 19 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*.
- 20 War (declared or not), act of foreign enemies or rebellion.
- 21 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 22 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.

#### **What conditions apply?**

- 1 This insurance is valid only if *you* have purchased:  
a) *our* Visitors Plan I or II and are *one-month-of-age* or older and under 85 years of age, or  
b) *our* Visitors Plan III and are *one-month-of-age* or older and under 70 years of age.  
Failure to meet these conditions will make this insurance void and *our* liability will be limited to a refund of the premium paid.
- 2 By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:  
a) *your* consent to verify your health and other information required to process *your* claim, with the relevant government and other authorities;  
b) *your* authorization to *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and  
c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- 3 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

### **Travel Accident Insurance**

#### **What risks are insured?**

*Your accidental bodily injuries*, resulting in *your dismemberment, loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your travel period*.

#### **What are the benefits?**

*We* will pay the greater of these benefits for all losses resulting from an accident, as follows:

- a) \$25,000 of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- b) \$25,000 of the principal sum for complete and irrecoverable loss of speech or hearing; or
- c) \$12,500 of the principal sum for single *dismemberment* or *loss of sight* of one eye.

The total benefits payable for one or more accidents will not exceed \$25,000.

#### **What is not covered?**

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 War (declared or not), act of foreign enemies or rebellion.
- 2 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 3 The commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
- 4 Participation in any military manoeuvre or training exercise.
- 5 Disease, even if the cause of its activation or reactivation is an accident.
- 6 Piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *Contamination* due to any *act of terrorism*.
- 8 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *Terrorism*.

- 10 Any accident, arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
- 11 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 12 Participation as a *professional* athlete in a sporting event including training or practice for the same.
- 13 Participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
- 14 Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

#### **What conditions apply?**

- 1 If after one year following the travel accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

#### **General Conditions**

- 1 If *you* fail to meet the eligibility conditions as outlined under “*Who is eligible for coverage?*” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
- 4 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.
- 5 All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- 6 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 7 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a lawsuit in *your* name against the third party.
- 8 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your insurance application/confirmation of coverage*.
- 9 If the aggregate of all accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 10 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 11 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 12 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. 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 1 year after the occurrence which gives rise to the claim. If, however, 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 addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 13 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 14 Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
- 15 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 16 This document, including the *insurance application/confirmation of coverage*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.

#### **How do you submit a claim?**

- 1 If *you* contacted Assured Assistance Inc. at the time of *your* medical *emergency*, *you* will have received complete direction from Assured Assistance Inc. for the submission of *your* claim.
- 2 To examine *your* claim, we require a copy of *your insurance application/confirmation of coverage* sent to *our* Claims Department. If *you* chose to receive medical care outside the *network*, or *you* did not contact Assured Assistance Inc. at the time of *your emergency*, we require the Claim & Authorization form with the required sections completed, and, where applicable:
  - original of all bills, invoices and receipts.
  - proof of payment by *your government health insurance plan* and any other insurer or benefit plan.
  - a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification 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, we require the documents outlined under 2) above.
- 3 *We* do not cover fees charged for completing a medical certificate.

- 4 *You* must file *your* claim with *us* within 90 days of *your* loss.
- 5 If *you* need a Claim & Authorization form, please contact *our* Claims Department at:  
P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9  
905-816-2572 or 1-800-263-8944  
If *you* reside in Quebec:  
514-748-2244 or 1-800-263-8944

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



**RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9**

Underwritten by RBC Insurance Company of Canada. In Quebec, certain coverages underwritten by RBC General Insurance Company.

\* Registered trademarks of Royal Bank of Canada. Used under licence.

\* Registered trademark of Aetna. Used by permission.