

Europ Assistance Travel Insurance – All Plans

This *policy* is underwritten by Europ Assistance S.A. Canada Branch

This *policy* contains clauses which may limit the amounts payable.

Statement Required by Applicable Provincial Insurance Legislation: This *policy* contains a provision removing or restricting the right of the *insured* to designate persons to whom or for whose benefit insurance *money* is to be payable.

Statement from the Canadian Life & Health Insurance Association (“CLHIA”)

IMPORTANT NOTICE - READ THIS *POLICY* CAREFULLY BEFORE YOU TRAVEL

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

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: **accidents** and **emergencies**) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (e.g.: **medical conditions** that are not **stable**, pregnancy, **child** born on **trip**, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to **pre-existing medical condition**, whether diagnosed or not at time of **policy** purchase.
- Contact **our** Assistance Centre before seeking **treatment** or **your** benefits may be limited or denied.
- If **you** have been asked to complete a medical questionnaire and any of **your** answers are not accurate or complete, **your policy** will be voidable, and no claim will be paid.
- In the event of a claim **your** prior medical history may be reviewed.

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS,
CALL 1-888-726-1559**

Table of Contents

TABLE OF CONTENTS	2
CONTACT INFORMATION	3
INTRODUCTION	4
SUMMARY OF PLANS	6
DEFINITIONS	9
GENERAL TERMS AND CONDITIONS – ALL PLANS	15
PARTICULAR TERMS AND CONDITIONS – ALL PLANS	20
CANCEL FOR ANY REASON OPTIONAL COVERAGE	20
TRIP CANCELLATION COVERAGE	20
TRIP INTERRUPTION COVERAGE	25
EMERGENCY MEDICAL COVERAGE	31
BAGGAGE AND PERSONAL EFFECTS COVERAGE	38
TRAVEL ACCIDENT COVERAGE	41
TABLE OF BENEFITS	44
PRIVACY NOTICE	47

Contact Information

FOR MEDICAL ASSISTANCE

In case of **emergency**, **you** can contact **us** by phone at the following number:

In Canada and Continental U.S. : +1-888-726-1559

Local Collect Call: +1 (416) 934-2080

FOR A CLAIM

If **you** wish to submit a claim to **us**, **you** can go to **our** easy-to-use website:

<https://ftca.eclaims.europ-assistance.com>

You can also write **us** at the following address:

Europ Assistance Canada

PO Box 1108

First Canadian Place RPO RPO FIRST CAN, ON, M5K 1P2

Or send an email to: claims@europ-assistance.ca

FOR A COMPLAINT

We strive to offer **you** the highest level of service.

However, in case of dissatisfaction **you** must first send **your** complaint by mail to the following address:

Europ Assistance Canada

PO Box 1108

First Canadian Place RPO RPO FIRST CAN, ON, M5K 1P2

Or send an email to: complaints@europ-assistance.ca

FOR ANY QUESTIONS ABOUT YOUR INSURANCE POLICY

If **you** have any questions about **your policy**, **you** can contact **us** by phone at the following number:

1-888-726-1559 from 8 am to 8 pm (EST time).

Or send an email to: service@europ-assistance.ca

Introduction

Dear **policyholder**,

Thank **you** for **your** trust!

We are grateful for the faith **you** have placed in Europ Assistance S.A. Canada Branch.

This insurance does not cover everything. **You** should read this **policy** carefully. One reason for reading the **policy** carefully is that it contains important exclusions, including an exclusion for **pre-existing medical conditions**. Details of the **policy** exclusions, terms, conditions, and maximum specified claim limits may be found herein.

This insurance **policy** is issued to the **policyholder** who has purchased a **trip** electronically, by email, by telephone or at the premises of a **travel services** distributor (including the **travel organizer**).

This insurance is not mandatory.

Please read this *policy* carefully. If *you* have any questions or need any clarification, please call, or write to us or your insurance representative and we shall be pleased to assist *you*.

FULL AND COMPLETE INFORMATION

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

This **policy** is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the medical questionnaire, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate **your** coverage may be void, which means **your** claim will not be paid.

We will not pay a claim if **you**, any person **insured** under this **policy** or anyone acting on **your** behalf attempts to deceive **us** or makes a fraudulent, false, or exaggerated statement or claim.

THE INSURER

This **policy** is issued and underwritten by Europ Assistance S.A. Canada Branch in the course of its business in Canada. Europ Assistance S.A. Canada Branch is the provider of all assistance and claims administration services under this **policy**. Europ Assistance S.A. Canada Branch may assign other administrative services to its affiliates, which may or may not be in Canada.

ELIGIBILITY

Only those who meet all the following conditions may purchase the **policy**:

For any plans with Medical Coverage:

- You** are, and anyone on whose behalf **you** wish to purchase a **policy**, is a Canadian resident and is **insured** for benefits under a provincial or territorial **government health insurance plan** during the entire coverage period;

For all Single Trip Comprehensive International plans:

- You** are, and anyone on whose behalf **you** wish to purchase a **policy**, must be under the age of 75 years at the time of departure for an international plan.

For all Multi-Trip and Single Trip Medical Plans:

- Applicants who are aged 60 years or older at the time of departure must complete a medical questionnaire to determine their premium.
- You** are, and anyone on whose behalf **you** wish to purchase a **policy**, must be under the age of 85 years at the time of departure for a Comprehensive Enhanced Multi Trip Plan.

For any Non-Medical Plans:

- You** must travel to, from and through Canada.

For all plans:

- You** are, and anyone on whose behalf **you** wish to purchase a **policy** is, at least 30 days old at the time of departure.
- For the domestic plan only, **you** must remain in Canada for the entire duration of **your trip**.

- Neither **you** nor anyone else on whose behalf **you** are purchasing the **policy** has been advised by a **physician** to not travel.

Your government health insurance plan may limit the amount of time that a person may be out of the province or territory of residence and still remain eligible for provincial and territorial medical coverage. It is **your** responsibility to ensure **you** remain eligible during **your** coverage period. Check **your** province or territory's health insurance plan for details.

10- DAY FREE LOOK

The **policyholder** may cancel **your policy** and receive a full refund of the premium up to 10 days from the date **you** purchase **your policy**, unless **you** have already departed on **your trip** or started a claim.

After the 10 days, or if **you** have already departed on **your trip** or started a claim, **you** will not be able to cancel **your policy** and **your** premium is non-refundable.

If **you** would like to cancel **your policy**, **you** can do so within the 10 days period mentioned above.

If, after the 10-day period mentioned above, the **travel supplier** cancels **your travel arrangements** prior to **departure date** and give **you** a full refund, **we** will refund the premium paid.

Other refunds may be available. Please review the Entering the Contract section of **your policy**.

Summary of Plans

This is only a summary of benefit limits for all plans. Please refer to the Table of Benefits section for all benefit limits.

MEDICAL ONLY PLANS	COVERAGE
Single <i>Trip</i> , Multi- <i>Trip</i>	Coverage maximum: • Emergency Medical: Up to \$5 Million • No maximum age • Multi-Trip Plan options: 4,8,15 and 30 days of coverage • Multi-Trip Plans: 60 days of coverage when trip is entirely within Canada

NON-MEDICAL PACKAGE PLANS	COVERAGE
Comprehensive Enhanced	Coverage maximum: • Trip Cancellation: Up to the Sum Insured • Trip Interruption: Up to 150% Sum Insured and \$10,000 return flight limit • Baggage: Up to \$2,000 • Cancel for Any Reason Optional Add-on: Up to 75% of nonrefundable portion • Maximum age is 84
Comprehensive Basic	Coverage maximum: • Trip Cancellation: Up to the Sum Insured • Trip Interruption: Up to 100% Sum Insured and \$5,000 return flight limit • Baggage: Up to \$500

MEDICAL PACKAGE PLANS	COVERAGE
Comprehensive Enhanced Single <i>Trip</i> Domestic, Comprehensive Enhanced International	Coverage maximum: • Emergency Medical: Up to \$5 Million (International) • Emergency Medical: Up to \$25,000 (Domestic) • Trip Cancellation: Up to the Sum Insured • Trip Interruption: Up to 150% Sum Insured and \$10,000 return flight limit • Baggage: Up to \$2,000 • Maximum age: ○ 74 for International single trips ○ No age limit for Domestic trips • Cancel for Any Reason Optional Add-on: Up to 75% of nonrefundable portion
Basic Comprehensive, Basic Single <i>Trip</i> Domestic, Basic Single <i>Trip</i> International	Coverage maximum: • Emergency Medical: Up to \$2 Million (International) • Emergency Medical: Up to \$25,000 (Domestic) • Trip Cancellation: Up to the Sum Insured • Trip Interruption: Up to 100% Sum Insured and \$5,000 return flight limit • Baggage: Up to \$500
Comprehensive Enhanced Multi <i>Trip</i>	Coverage maximum: • Emergency Medical: Up to \$5 Million • Trip Cancellation: Up to \$5,000 per trip • Trip Interruption: \$10,000 • Baggage: Up to \$2,000 per trip • Multi-Trip Plan Options: 4, 8, 15 and 30 days of coverage

	• Multi-Trip Plans: 60 days of coverage when trip is entirely within Canada • Maximum age: 84.
--	--

Definitions

Bolded and italicized terms used in this **policy** shall have the meanings set out below.

ABROAD

Anywhere outside **your** province or territory of residence, **your home country**, and the sanctioned countries specified below.

ACCIDENT

A sudden and unforeseen external event which causes unintentional bodily injury to any reasonable person.

ACCOMMODATION

Any commercial establishment for which a required **travel arrangement** is made and used for the purpose of temporary overnight lodging, for which a fee is paid, and an invoice is issued. It includes online booking platforms such as, Airbnb and VRBO.

ACTUAL CASH VALUE

Purchase price less depreciation.

BAGGAGE

The clothes and belongings that are necessary for personal use and hygiene during the **trip**, which are contained inside a suitcase or suitcases, including the suitcases themselves but excluding **money**, jewellery, electronics, digital equipment and documents.

BREAKDOWN

Damage to, or affecting the vehicle, by virtue of normal accidental causes which are unavoidable and unforeseen, preventing its movement or causing its immobilization.

CANADIAN RESIDENT

A person legally authorized to reside in Canada and who maintains a permanent residence in Canada.

CAREGIVER

The permanent, full-time person entrusted with the care of **your** dependent(s) and whose absence cannot reasonably be replaced.

CHILD/CHILDREN

Your unmarried biological, adopted or stepchild, living in the same residence as **you**, for whom **you** have legal custody and/or control and is financially dependent on **you and** travelling with **you** or joins **you** during **your trip** and is either:

- i. Under 18 years of age;
- ii. Under 26 years of age if a full-time student; or
- iii. **your child** of any age who is mentally or physically disabled.

In addition, any **child(ren)** must be older than 30 days of age.

CONFIRMATION OF INSURANCE

A written or electronic confirmation document provided to the **policyholder** that confirms the purchase of the **policy**. It includes **your** application, answers to any questions, the required premium, and if required, medical questionnaire.

DEPARTURE DATE

The date, as shown in **your Confirmation of Insurance**, on which **you** are originally scheduled to begin **your trip**. For **Top-Up** plans: **Departure date** is the date when **your Top-up** coverage becomes effective.

EMERGENCY

A sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence, as reviewed by us, indicates that no further **treatment** is required at destination, or **you** are able to return to **your** province/territory of residence for further **treatment**.

END DATE

For **Multi-Trip Plans** – the earliest of:

- i. the date on which **you** are scheduled to return from any single covered **trip** (up to 4, 8, 15 or 30 days) depending on the duration of the plan **you** purchased to **your** Canadian province or territory of residence;
- ii. the date **you** actually return to **your** Canadian province or territory of residence;
- iii. one year from the **departure date, policy** start date, as shown on **your Confirmation of Insurance**

For **Single Trip Plans**:

- i. The date, as shown in **your Confirmation of Insurance**, on which **you** are originally scheduled to return from **your trip**.

EXTENDED FAMILY MEMBER

Uncles and aunts, being the siblings of the **insured's** parents, nieces, and nephews.

FAMILY MEMBER

Spouse, parents, parents-in-law, **child(ren)**, sons-in-law and daughters-in-law, brothers and sisters, brothers-in-law and sisters-in-law, grandparents, and grand**child(ren)** of the **insured**.

GOVERNMENT HEALTH INSURANCE PLAN

The health insurance coverage that a Canadian provincial or territorial government provides to its residents.

HEART CONDITION

Any abnormality of any part of the heart (blood vessels supplying the heart, heart valves, and pericardium) that impairs the heart's normal functioning. Examples include, but are not limited to, atrial fibrillation, coronary artery disease, congestive heart failure and pacemaker.

HOME

Your place of residence where the **policy** has been issued.

HOME COUNTRY

The Country where **your home** is.

HOSPITAL

An institution that is licensed as an accredited **hospital**, and that is staffed and operated for the care and **treatment** of inpatients and out-patients. **Treatment** must be supervised by a **physician** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A **hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **treatment** centre, convalescent, rest or nursing **home, home** for the aged or health spa.

ILLNESS

Any alteration of health conditions for reasons other than a bodily injury.

INSURED / YOU / YOUR

The **policyholder** and the person(s) travelling with the **policyholder**, for whom a premium has been paid and who is specifically named on the **Confirmation of Insurance**.

INSURER / WE / US / OUR

Europ Assistance S.A. Canada Branch in the course of its business in Canada. Europ Assistance S.A. Canada Branch is the provider of all assistance and claims administration services under this **policy**. Europ Assistance S.A. Canada Branch may assign other administrative services to its affiliates, which may or may not be in Canada.

KEY EMPLOYEE

A person whose continued presence is critical to the ongoing affairs of the business during **your** absence.

LUNG CONDITION

Any structural or functional abnormality of **your** airways, lungs, and chest muscles or bones supporting breathing. Examples include, but are not limited to, COPD (Chronic Obstructive Pulmonary disorder), emphysema, pulmonary embolism, pulmonary fibrosis, pulmonary edema, tuberculosis.

MEDICAL CONDITION

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

MONEY

Bank notes or coins **you** are carrying during the **trip**.

NATURAL DISASTER

A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including, but not limited to, earthquakes, fires, floods, hurricanes, or volcanic eruptions.

OUR MEDICAL OFFICER

The **physician** appointed by the **insurer** to ascertain health conditions of the **insured**.

PANDEMIC

A contagious disease that is recognized or referred to as a **pandemic** by a representative of the World Health Organization (WHO) or an official government authority.

PERMANENT TOTAL DISABILITY

Definitive loss of the ability for the **insured** to work in any occupations, as a consequence of a bodily injury.

PHYSICIAN

A person who is not **you**, a member of **your** family, or **your** traveling companion, licensed in the jurisdiction where the services are provided, that prescribe and administer medical **treatment**.

POLICY

The insurance contract, which is comprised of the terms and conditions document and the **Confirmation of Insurance** and, if applicable the Medical Questionnaire.

POLICYHOLDER

The individual who purchased the **policy**.

PRE-EXISTING MEDICAL CONDITION

Any **medical condition** that exists before the **policyholder** purchased the **policy**.

PROFESSIONAL PREMISES

Property owned or rented by the **insured**, or a company owned by the **insured**, for the purposes of their professional activity.

PROFESSIONAL SPORTS

Sport competitions in which competitors take part at either a professional or semi-professional level, while under contract to a club or sporting organization for payment or financial remuneration.

PURCHASE DATE

The date **you** purchase **your policy** and have paid the insurance premium.

QUARANTINE

Temporary isolation of people to prevent an infectious disease from spreading.

REASONABLE AND CUSTOMARY CHARGES

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

SERIOUS DAMAGE

Accidental and unforeseen events that exceed an amount above CAD \$5,000, if it affects **your home**, **your** secondary residence, or that affects the normal conduct of the business of **your professional premises**.

SERIOUS ILLNESS

An **illness** diagnosed by a licensed **physician** other than **you**, or a person related to **you** by blood or marriage, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, more specifically:

- When a **serious illness** relates to an **insured**, it is necessary that a licensed **physician** states that **you** cannot go on **your trip**
- For persons other than an **insured**, it is necessary that a licensed **physician** states that the person must stay in **hospital** for **treatment** for more than 48 hours.

SERIOUS INJURY

Injury suffered by **you**, a **family member**, or **your travel companion** (if applicable), and more specifically:

- When a **serious injury** relates to an **insured**, it is necessary that a licensed **physician** states that **you** cannot go on **your trip**;
- For persons other than an **insured**, it is necessary that a licensed **physician** states that the person must stay in **hospital** for **treatment** for more than 48 hours.

SERVICE ANIMAL

Any animal(s) that is professionally trained and certified to perform tasks for the benefit of a person with a disability. The tasks performed by a **service animal** must be directly related to the person's disability. **Service animal(s)** do not include emotional support animal(s).

SPORTING EQUIPMENT

Equipment and devices needed to participate in a particular sport, taken by **you** for use on **your trip**, excluding any items defined as **baggage** within this **policy**.

SPOUSE

The live-in partner of the **insured** living under the same roof and having a relationship with the **insured** recognized by the law of the **home country**.

STABLE

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

- There has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**), and

- There has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage, or any recommendation or starting of a new prescription drug), and
- The **medical condition** has not become worse or deteriorated as determined by a **physician** or other registered medical practitioner, and
- There have not been any new, more frequent, or more severe symptoms, and
- There has been no admission to a **hospital** or referral to a specialist, and
- There have not been any tests, investigation or **treatment** recommended, but not yet complete, nor any outstanding test results, and
- There is no planned or pending **treatment**.

STRIKE

The collective ceasing of work or refusal to work by a body of employees as a form of protest.

TERRORISM

An act including, but not limited to, the use of force or violence and/or the threat thereof, carried out by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or governments, committed for political, religious, ideological or similar purposes including with the intention of influencing any government or putting the public, or any section of the public, in fear. Any act of **terrorism** must be officially regarded as such by a public authority of the place where it occurred.

TOP-UP

The coverage **you** purchase from **us** to extend **your trip** days beyond the duration covered under the Multi-Trip Plan, Multi-Trip Comprehensive Plan, or another **insurer's policy**.

TRAVEL ADVISORY

A **travel advisory** means:

- a. a published formal **travel advisory** has been issued by the Canadian government, advising travellers to avoid non-essential travel or to avoid all travel, regarding the country, region, or city that **you** are scheduled to visit.
- b. **INTERNATIONAL SANCTIONS** - The **insurer** will not provide coverage nor pay a claim nor provide any benefit or a service described in the **policy** if this would expose the **insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations Canada, of the European Union, France, United Kingdom, and United States of America.
For further details please visit:
<https://www.europ-assistance.com/who-we-are-international-regulatory-information/>
- The **policy** provides a coverage in the countries included in the **trip** booked with the **travel organizer**, except for the following countries and territories: Iran, Syria, North Korea, Crimea, Ukraine (Donetsk Luhansk, Kherson and Zaporizhzhia Regions), Belarus, Russian Federation, Venezuela, Libya, Afghanistan, and Myanmar (Burma).

TRAVEL ARRANGEMENT(S)

Travel services whose reservation has been made by either a travel consultant, travel agency, or a **travel supplier** on **your** behalf prior to the **departure date of your trip**.

TRAVEL CARRIER

A company licensed to commercially transport passengers between cities or countries for a fee by land, air, or water. It does not include:

1. Rental Vehicle Companies;
2. Private or non-commercial transportation carriers;
3. Chartered transportation, except for group transportation chartered by **your** tour operator; or
4. Local public transportation

TRAVEL COMPANION

Any person other than an **insured** that has booked to travel with **you** on **your trip**.

TRAVEL ORGANIZER

The travel service provider or authorized distributor who booked **your trip**, which includes **trip** services such as, flights, train

tickets, cruise, hotel **travel arrangements**, **accommodation**, booking and/or **trip** package.

TRAVEL SERVICES

Transportation, sleeping **accommodation** or other services provided or arranged by a **travel supplier** for the use of a traveller, tourist or sightseer (does not include taxes or insurance).

TRAVEL SUPPLIER

A licensed tour operator and/or travel wholesaler and/or cruise line and/or companies in the business of providing commercial transportation and/or commercial **accommodation** to the public.

TREATMENT

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

TRIP

The period of travel from **your departure date** to the **end date** as shown in **your Confirmation of Insurance**.

General Terms and Conditions – All Plans

1. ENTERING THE CONTRACT

You agreed to purchase this **policy** before **your departure date**.

You may purchase certain coverages after departure. However, please note that no claims will be paid for any sickness or new symptoms that arise within the first 48 hours following the **purchase date** if **you** purchase this **policy** after leaving Canada.

In order to be eligible for coverage under the **policy**, each of the following conditions must be met:

- The **policyholder** must have made a **travel arrangement**;
- The **travel arrangement** has not been cancelled by the **travel supplier**; and
- The maximum duration of the **trip** is 365 days

The **policy** is subject to the payment of the premium by the **policyholder**.

2. DURATION OF THE POLICY

Subject to the payment of the premium by the **policyholder**, the **policy** starts on the **departure date** (Except for **Trip Cancellation**) and ends on the **end date** as shown in **your Confirmation of Insurance**.

For **Trip Cancellation**, the **policy** starts on the **purchase date**.

For all other insurance coverages and/or services provided by this **policy**, **you** are covered for the duration of the **trip**. This **policy** does not renew automatically.

3. CANCELLATION RIGHTS

If the **travel arrangement** is cancelled by the **travel supplier**, the premium will be refunded to the **policyholder**.

The **policyholder** may cancel **your policy** and receive a full refund of the premium up to 10 days from the date **you** receive **your policy** documentation, unless **you** have already departed on **your trip** or started a claim.

After the 10 days, or if **you** have already departed on **your trip** or started a claim, **you** will not be able to cancel **your policy** and **your** premium is non-refundable.

If **you** would like to cancel **your policy**, **you** can do by contacting **your** travel agent within the 10 days period mentioned above.

If, after the 10-day period mentioned above, **we** will refund the premium paid only if:

- The **travel supplier** cancels the **trip** and all penalties are waived;
- The **travel supplier** changes the travel dates, and the **insured** is not able to travel on those dates and all penalties are waived;
- The **trip** is cancelled before any cancellation penalties are in effect.

If the package has \$0 cancellation sum insured, a refund may be requested at any time before **departure date**.

For Medical Only plans, partial refund of the unused days is available if:

- **You** return to **your** Canadian province or territory of residence prior to **your** scheduled return date; and **you** provide
- Proof of **your** departure from **your** destination and return to **your** Canadian province or territory of residence (airline ticket/boarding pass or customs/ immigration entry stamp, receipts etc.).

For Multi-Trip plans, **we** will not refund the premium after 10 days of the **purchase date** or **departure date**, whichever comes first.

Other refunds may be available. Please review the Entering the Contract section of **your policy**. **We** will refund full amounts paid within a maximum of thirty (30) calendar days from the receipt of **your** request provided that no claim for compensation has been made or claim report requested or is in the process of being reported, and that no incident likely to give rise to such claim occurred.

4. PREMIUM

The premium is disclosed to the **policyholder** prior to the **policy** being purchased and it includes all taxes and charges.

5. SETTLEMENT OF CLAIM

The amount of loss for which **we** may be liable shall be payable within 30 days after receiving all required documentation, or a settlement agreement on the claim has been agreed by **us**.

The payment of any indemnity owed to the **insured** to pay the premium shall be made in Canadian currency.

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

6. MISREPRESENTATION OR NON-DISCLOSURE

False or incorrect statements by the **insured** may, at **our** option, render the **policy** void, and any claims submitted may not be payable, to the extent permitted by applicable law. If there are any misrepresentations for any material information provided in the Medical Questionnaire, Europ Assistance Canada will void **your policy**, and **you** will not be covered for any benefits under this **policy**.

7. OBLIGATION TO MINIMIZE LOSS

The **insured** shall do everything in their power to avoid or minimize the harm caused by a covered event.

8. SUBROGATION

After incurring costs, the **insurer** shall take over all rights and claims that the **insured** may have against any third parties liable to the **insured** for the incident.

Our right of recovery is limited to the total cost incurred by **us** in performance of this **policy**.

You will reasonably cooperate with **us** for the exercise of **our** subrogation rights, should **we** decide to exercise such right.

9. OTHER INSURANCE

This is second payor coverage. **You** may have other in-force plans or contracts such as, but not limited to, third-party liability, auto insurance, group or individual health insurance providing **hospital**, medical or therapeutic coverage. **You** shall advise **us** if **you** have any such coverage. In this case, the amounts payable under this insurance are limited to that portion of **your** eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts. Total benefits paid to **you** by all **insurers** cannot exceed **your** actual expenses. **We** will coordinate the payment of benefits with all **insurers** who provide **you** with benefits similar to those provided under this insurance. If **you** are retired with an extended health plan provided by a former employer that has a lifetime limit of up to \$100,000 **we** will not coordinate benefits with that provider on the **insurer's** behalf, except in the event of **your** death.

10. INFANT PROTECTION

For Comprehensive Plans only.

Provides automatically, at no extra charge, **Emergency** Medical Insurance to infants who are more than 30 days old or **children** under 2 years who:

- a. do not occupy a seat on the airplane; and
- b. are travelling with a parent or legal guardian who have purchased the International or Domestic Plan.

11. MULTI-TRIP PLANS

Provides coverage for multiple individual **trips** outside **your** Canadian province or territory of residence for up to 4, 8, 15 or 30 days each **trip**, based on the Multi-**Trip** Plan duration **you** have purchased. An individual **trip** begins when **you** leave **your** province or territory of residence and ends when **you** return to **your** province or territory of residence.

If **you** leave Canada multiple times during an individual **trip** (without returning to **your** province or territory of residence) **your** Multi-**Trip** Plan days will start again each time **you** leave Canada.

When **you** are outside Canada for any time that exceeds the Multi-**Trip** Plan days **you** have purchased, a **Top-Up** will be required to maintain coverage.

If **your** individual **trip** days are entirely within Canada, but outside **your** province or territory of residence, **you** have 60 days of coverage available.

You are not required to provide advance notice of the **departure date** and return date of each individual **trip**. However, **you** will be required to provide evidence of **your departure date** and return date when filing a claim (for example, airline ticket, customs or immigration stamp or other receipt).

NOTE: For an individual **trip** to be covered under the benefits of the Multi-**Trip** plans, it must start and end within the period of coverage. If an individual **trip** begins during the period of coverage but extends beyond the **end date**, **you** can purchase **Top-Up** coverage for any travel days that fall after the **end date**; or a new Multi-**Trip** plan for the next 365-day period.

12. CHANGES TO YOUR COVERAGE

A) TRIP DATES

You can apply for additional coverage after **you** have left on **your trip**, by contacting **us**, if:

1. **You** purchase additional coverage before the **end date** of **your** existing coverage,
2. **You** have no reason to seek medical attention during the new Coverage Period, and
3. **You** have no reason to submit a claim during the new Coverage Period.

No claims will be paid for any sickness or new symptoms that arise within the first 48 hours following the purchase of additional coverage after leaving Canada. If **you** have incurred a claim, **your** claim will be reviewed before granting an extension. **We** reserve the right to decline any request for additional coverage.

B) TOP-UP

Top-Up(s) can be added to **your** Multi-**Trip** plans to extend the total individual **trip** days outside Canada that exceed the Multi-**Trip** plan duration **you** have purchased, or to **Top-Up** another **insurer's policy**.

If you are topping up another insurer's policy, it is your responsibility to confirm with that insurer that a Top-Up is permitted on your existing policy with no loss of coverage. Please note that the benefits, terms, conditions and exclusions of that other insurer's policy may not be the same as this policy.

13. APPLICABLE LAW AND JURISDICTION

The **policy**, its interpretation, or any issue relating to its construction, validity or operation and performance shall be governed by the laws of the Canadian province or territory of residence where the claim was incurred.

Any dispute or claim arising out of or in connection with the **policy**, or its subject matter or formation (including non-contractual disputes or claims) shall be subject to the exclusive jurisdiction of the courts of the Canadian province or territory of residence where the claim was incurred.

14. ASSIGNMENT

You may not assign the **policy** without **our** prior written consent.

15. TO CONTACT US FOR A CLAIM

If **you** wish to submit a claim to **us**, **you** can go to **our** easy-to-use website:

<https://fitca.eclaims.europ-assistance.com>

You can also write **us** at the following address:

Europ Assistance Canada

PO Box 1108

First Canadian Place RPO RPO FIRST CAN, ON, M5K 1P2

Or send an email to: claims@europ-assistance.ca

To make a claim under this **policy**, **your** written proof of claim and **your** fully completed insurance claim form(s) must be submitted to **us** within 90 days after the event, but not more than 12 months after the date of such event or loss.

16. COMPLAINTS PROCEDURE

We strive to offer **you** the highest level of service. However, in case of dissatisfaction **you** must first send **your** complaint by mail to the following address:

Europ Assistance Canada

PO Box 1108

First Canadian Place RPO RPO FIRST CAN, ON, M5K 1P2

Or send an email to: complaints@europ-assistance.ca

We will acknowledge receipt of **your** complaint within 3 business days unless **we** can directly provide an answer. **We** commit to providing a final answer within 30 days.

17. FRENCH LANGUAGE (FOR QUEBEC AND NEW BRUNSWICK RESIDENTS)

You acknowledge that **you** were provided with the French version of this **policy** and that, after first having the opportunity to examine the French version, **you** have expressly requested that this contract, as well as the documents related to it, be drafted in English exclusively.

Vous reconnaissez qu'une version française de la présente **police** d'assurance **vous** a été remise et qu'après avoir eu la possibilité de prendre connaissance de la version française, **vous** avez expressément demandé que la présente **police** d'assurance, ainsi que tous les documents s'y rattachant, soient rédigés exclusivement en anglais.

18. STATUTORY CONDITIONS

Despite any other provision of this **policy**, this **policy** is subject to the statutory conditions in the *Insurance Act* respecting contracts of **accident** and sickness insurance.

19. ACTION AGAINST INSURER

Every action or proceeding against an **insurer** for the recovery of insurance **money** payable under the **policy** is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation.

20. CURRENCY

All benefit limits and premiums paid are in Canadian funds.

21. ACT OF TERRORISM

Where an act of **terrorism** directly or indirectly causes **you** a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this **policy**, this insurance will provide coverage as follows:

1. For **Emergency Medical Insurance** and **Trip Cancellation & Trip Interruption Insurance** coverage, **we** will provide benefits to **you** for **your** eligible expenses, subject to the maximums shown in the benefits section and this provision; and
2. The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other **travel suppliers** and other insurance coverage and will only become available after **you** have exhausted all such other sources.
3. Any benefits payable pursuant to **our Emergency Medical Insurance** and **Trip Cancellation & Trip Interruption Insurance** shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by **us**, including this **policy**. If total claims otherwise payable for a type of coverage under all travel policies issued by **us**, resulting from one or more acts of **terrorism** occurring within an applicable time period, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.
4. Coverage is only available for up to two (2) acts of **terrorism** within a calendar year and the maximum aggregate payable limit for each act of **terrorism** is:

Type of Insurance Coverage	Maximum Aggregate for each act of terrorism (CAD)
Emergency Medical	\$10,000,000.00
Trip Cancellation & Trip Interruption	\$2,500,000.00

If, in **our** judgment, the total of all payable claims under one or more acts of **terrorism** may exceed the applicable limits, **your** prorated claim may be paid after the end of the calendar year in which **you** qualify for benefits.

Exclusions applicable to this act of **terrorism** coverage provision:

1. Notwithstanding any provision to the contrary within this **policy** or any endorsement thereto, this **policy** does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any act of **terrorism** perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.
2. Any location included in **your trip** that has experienced an act of **terrorism** in the thirty (30) calendar days before **your** coverage begins.
3. With respect to **Trip Cancellation** insurance, an act of **terrorism** that occurs thirty (30) calendar days or more ahead of **your** scheduled **departure date**.

Particular Terms and Conditions – All Plans

CANCEL FOR ANY REASON OPTIONAL ADD-ON

ELIGIBLE PLANS

- Single *Trip* Enhanced Plans

The ability to purchase the cancel for any reason optional add-on coverage is subject to the following conditions:

- 1) The cancel for any reason optional add-on coverage may only be purchased in conjunction with the comprehensive single *trip* enhanced plan or the non-medical single *trip* enhanced plan. It is not available for purchase with any other plan or by itself.
- 2) The cancel for any reason optional add-on coverage may only be purchased within 72 hours of booking *your travel arrangements* and before any cancellation penalties come into effect.
- 3) The purchase of the cancel for any reason optional add-on coverage is subject to the payment of an additional premium.

WHAT YOU ARE COVERED FOR

1. Reimbursement of 75% of the nonrefundable portion of *your* fully prepaid *travel arrangements* booked through the travel agency connected to this insurance policy purchase, if *you* elect to cancel *your trip* for any other reason 48 hours or more prior to the scheduled *departure date* and time; or
2. Reimbursement of 50% of the nonrefundable portion of *your* fully prepaid *travel arrangements* booked through another booking source, if *you* elect to cancel *your trip* for any other reason 48 hours or more prior to the scheduled *departure date* and time.

Cancel for any reason is subject to eligibility requirements on Page 4.

TRIP CANCELLATION COVERAGE

ELIGIBLE PLANS

- Comprehensive Enhanced Plan Single and Multi-Trip
- Comprehensive Basic Plan Single *Trip*
- Non-Medical Enhanced Plan Single *Trip*
- Non-Medical Basic Plan Single *Trip*

WHAT YOU ARE COVERED FOR

The intent of this coverage is to reimburse *you* in the case of one of the following *insured* events occurring, for the prepaid non-refundable expenses *you* incurred directly due to the cancellation of the covered *travel arrangement* before the *travel arrangement* starts, subject to the application of exclusions below and limits mentioned in the Table of Benefits.

You are covered from the policy start date to the date your travel arrangement was due to start.

The *insured* events are:

Sickness, Injury, Quarantine

1. Serious Illness or Serious Injury of:

- a. An **insured**.
- b. A **family member**.
- c. The **caregiver**.
- d. **Your service animal**.
- e. The **key employee**.
- f. A **travel companion**.

2. Death of:

- a. An **insured**.
- b. A **family member**.
- c. An **extended family member**.
- d. The **caregiver**.
- e. **Your service animal**.
- f. The **key employee**.
- g. A **travel companion**.

- 3. You or your travel companion** are unable to be immunized or take preventative medication based on **your** or **your travel companion's** medical history, which may be required for entry into a country or region that is on **your** travel itinerary (provided the requirement became effective after the purchase of the **travel arrangements** and this insurance).
- 4. Serious illness, serious injury** or death of **your service animal**, provided **you** are an individual with a disability (physical, psychiatric or mental disability), and **travel arrangements** have been made for the **service animal** to accompany **you** on **your trip**. For this benefit to apply, the **travel arrangement** cost for **your service animal** must be included in the covered amount **insured**.

5. You, your spouse, your travel companion, or your travel companion's spouse is/are **quarantined**.

Pregnancy and Adoption

- 6. You, your spouse, your travel companion or your travel companion's spouse** become(s) pregnant after **you** book **your trip**, and **your departure date** falls in the 9 weeks before the expected delivery date or any time after that date.
- 7. You, your spouse, or your travel companion** develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
- 8. A member of your family, your key employee, a member of your travel companion's family or their key employee** develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
- 9. You, your spouse, your travel companion, or your travel companion's spouse** legally adopt(s) a **child**, and the date of the adoption falls during **your trip**.

Employment and Education

- 10. Serious damage** to the **professional premises** of an **insured**.
- 11. Involuntary termination** of the **insured's** employment. The following conditions apply:
- The involuntary termination or permanent layoff is not **your** or **your travelling companion's** fault;
 - The employment must have been permanent (not temporary or contract); and
 - The employment must have been for at least 6 continuous months.
- 12. Commencement of employment** in a new company in which an **insured** had not been engaged with during the previous six months at the time when entering the new employment contract. The multiple contracts entered into by temporary employment agencies in order to carry out tasks for other companies shall be considered as contracts for the companies in which the worker undertakes their activity.
- 13. The school where you** attend must extend its operating session beyond its predefined school year due to unforeseeable events commencing during the **trip**. The school year extension dates must fall in **your trip** dates in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered.
- 14. Being required to take an academic examination** on a date that has been fixed after **your policy** start date, and the examination date falls within **your trip** dates.

15. **You** or a **travelling companion** serving as a first responder is called in for duty due to an **accident** or **emergency** (including a **natural disaster**) to provide aid or relief during the originally scheduled **trip** dates.

Government and Legal

16. Summons of an **insured** to appear as a witness, jury member in court, or any other public authority, provided that such summons was not issued prior to the date of purchase of the **policy**.

17. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" **travel advisory**, after **you** purchase **your trip** cancellation insurance, which advises or recommends that **Canadian residents** should not visit a destination included in **your trip**.

18. An **insured** being called into active military service to provide aid or relief in the event of a **natural disaster**.

19. **Your** previously granted military leave is revoked. The leave must have been approved prior to **your policy start date**, and official written revocation notice from **your** commanding officer will be required.

Disruptions & Incidents

20. Theft of documentation which prevents an **insured** from commencing or continuing the **trip**.

21. **Breakdown** or collision to the vehicle in possession by the **insured** which prevents **you** from starting the **trip**.

22. Unexpected failure of the grant of visas for an **insured** for reasons beyond the control of the **insured**.

23. Severe weather conditions or **natural disasters** cause delays to at least 30% of **your trip** and **you** choose not to travel.

24. Common **travel carrier** delays and/or cancellations resulting from bad weather, strike, mechanical **breakdown** of the aircraft, ship, boat, or motor coach that **you** were scheduled to travel on that affect public transportation.

25. An **insured** being directly involved in a documented traffic collision while travelling to **your travel arrangement**.

26. **Your** transport or vehicle **you** are travelling in is hijacked while travelling to **your travel arrangement**.

27. **Your host** is unable to provide **accommodation** due to a life-threatening **illness** or **accident**, or due to death. Official documentation of the event will be required.

28. An act of **terrorism** which occurs in **your** scheduled destination or in a city to which **you** are scheduled to visit while on **your trip**, and which occurs within 30 days of **your** scheduled **departure date**, provided the city has not experienced an act of **terrorism** in the past 30 days prior to the start date of **your policy**.

29. **Your** primary residence becomes uninhabitable after the **purchase date**.

30. Default of a Canadian **travel supplier** ceasing operations, **you** and **your travelling companion** shall each be covered up to the \$3,500 per person. This covered reason is subject to aggregate limits for all losses resulting from the default of one (1) **travel supplier** and for all losses resulting from all defaults of all **travel suppliers** during any one (1) calendar year.

31. **You** miss **your** connecting flight as a result of a schedule change of the airline carrier that is providing transportation for a portion of **your insured trip**.

32. **Your** tour operator or commercial event organizer cancels **your** multi-day tour or multi-day event that is the main purpose of **your trip** and was purchased prior to **your departure date** due to:

- A **natural disaster**;
- Severe weather.

NOTE: Coverage is only available for lost, pre-paid, non-transferrable to another date and non-refundable costs of **accommodations** and transportation to and from the cancelled multi-day tour or multi-day event. **We** will not reimburse **you** for the cost of the cancelled multi-day tour or multi-day event.

33. If a cruise or a tour that is included in **your trip** and **insured** under **your** insurance **policy** is cancelled for any reason except default, and the cancellation occurs before **you** leave **home**, **we** will reimburse **you** for **your** non-refundable prepaid airfare that is not part of **your** cruise or tour up to \$2,500.

The liability of the **insurer** is limited to the amounts stated in the Table of Benefits.

If the event only applies to one **insured**, the other **insureds** are entitled to be covered for the same cancellation event.

SPECIFICITIES OF TRIP CANCELLATION COVERAGE

CREDITS

If **you** or a **travel supplier** cancels any portion of **your trip** that was booked with them and offers **you** or gives **you** a travel credit or voucher as reimbursement for the unused portion of **your insured travel arrangement**, we consider **you** as reimbursed for that **travel arrangement**.

We will not pay any claims for a **travel arrangement** when:

- **You** receive a travel credit or voucher for the full value of the **insured travel arrangement** with the **travel supplier**; or
- **You** were offered a travel credit or voucher, but **you** chose not to accept it.

NOTE: If **your** travel credit or voucher does not cover the full value of **your insured travel arrangement** with the **travel supplier**, **you** may submit a claim for the difference.

WHAT YOU ARE NOT COVERED FOR - EXCLUSIONS

You are only covered in relation to the **insured** events enlisted in the section “What **you** are covered for” and to the extent described therein. In addition, **you** are not covered for any of the following, directly or indirectly:

With respect to medical events affecting **you**:

1. All Plans: A *pre-existing medical condition* that was not *stable* in the 90 days before the *purchase date* of your *travel arrangements* if **you** are under 60 years old; and/or
2. Multi-Trip Comprehensive Enhanced Plan: A *pre-existing medical condition* that was not *stable* in the 120 days before the *purchase date* of your *travel arrangements* if **you** are over 60 years old; and/or
3. All other remaining Plans: A *pre-existing medical condition* that was not *stable* in the 365 days before the *purchase date* of your *travel arrangements* if **you** are over 60 years old; and/or
4. In addition to the “*stable*” requirement, we will not cover any expenses relating to:
 - a. an *insured's heart condition* if, in the 90 days before the insurance *purchase date* or application date as indicated on your confirmation, any *insured* has a *heart condition(s)* that has/have not been *stable*, or an *insured* has taken any form of nitro-glycerine for the relief of angina pain; and/or
 - b. an *insured's lung condition* if, in the 90 days before the insurance *purchase date* or application date as indicated on your confirmation, an *insured's lung condition(s)* has/have not been *stable* or an *insured* required *treatment* with oxygen or prednisone for any *lung condition*.
5. Any reason, circumstance, event, or *medical condition* affecting **you** or anyone, which **you** were aware of on or before the date **you** purchased this coverage, and which may eventually prevent **you** from starting and/or completing your covered *trip* as booked when **you** purchased this insurance coverage.
6. Any *illness* or injury derived from the consumption of alcoholic beverages (with a blood alcohol level exceeding 80 milligrams of alcohol per 100 milligrams of blood, in case of a vehicle incident) by the *insured* or the *travel companion*.
7. Claims relating to the consumption of narcotics, drugs, or medicine, other than those which have been prescribed by a *physician*.
8. **Your** self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health *illness*.

With respect to events affecting **you**:

1. Intentional acts caused by an *insured*, a *family member* or a *travel companion*.
2. Any pandemic or infection disease which appears suddenly and spreads rapidly through the population, as well as those caused by pollution and/or contamination of the atmosphere which was announced prior to your departure date.
3. The consequences of an outbreak of any contagious infectious disease or new strains, recognized by the World

Health Organization (WHO) or any competent authority of *your home country* or any country planned to be visited or crossed during the *trip*. This exclusion does not apply if a pandemic leads to a *serious illness* or the death of an *insured*, a *family member*, the person in charge of looking after the *child(ren)* or disabled adults for whom *you* are responsible during *your trip*.

4. Wars, demonstrations, insurrections, sabotage.
5. Any delay caused by a *strike* which began or was announced before *your policy start date* or before the *trip* product was purchased (whichever is later)
6. Lack or impossibility of vaccination or of following the necessary medical *treatment* in order to travel to certain countries before purchase of the *policy*.
7. Tickets bought by using frequent flyer points, air miles, loyalty card points, redeemable vouchers or another similar scheme.
8. The consequences of an *accident* occurring before the *policy* was purchased due to minor mental or emotional disorders, such as having an anxiety or panic attack or being in an emotional state or in a stressful situation.
9. A minor mental or emotional disorder where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.
10. The participation of the *insured* in bets, challenges or fighting.
11. The practice of *professional sports* competition or motorized competitions (racing or rally).
12. a) The practice of one of the following dangerous sports and activities, including but not limited to: boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski jumps, skydiving, paragliding, flights in ULM or glider, springboard diving, scuba diving at a depth greater than 20 meters or without a dive master, hang-gliding, mountain-climbing, any high-altitude activity, horse riding, hot-air ballooning, parachuting, fencing, defensive sports, adventure sports such as rafting, bungee, white-water (hydro speed).
- b) Any sporting activities which *you* are paid for, or for which *you* are eligible to receive cash prizes.
13. Consequences of the transmutation of the atomic nucleus, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from a source of energy of a radioactive nature.
14. Earthquakes, floods, volcanic eruptions, and generally, any phenomenon triggered by the forces of nature, that occurs on or before the *purchase date* of this *policy*.
15. The consequences resulting from the use and/or possession of explosives or firearms.
16. The consequences of alcoholic cirrhosis, diagnosed to the *insured* before the *policy* was purchased.
17. The existence of a *travel advisory* that was applicable prior to the purchase of the *policy*.
18. Any losses arising from the non-performance of contractual obligations or failure to deliver services by a *travel supplier*, or if the *travel supplier* indemnifies *you*.

DOCUMENTATION AND INFORMATION REQUIRED FOR MAKING A CLAIM

It may be necessary to provide documents to allow the management of a claim, which are, but not limited to:

1. Documents that illustrate the facts constituting an *insured* event under this coverage (medical report, death certificate, *hospital* documents, police report, complaints filed at police stations or similar documents).
2. A form provided by *us* to be completed by the registered medical practitioner attending the *insured* or other person receiving medical *treatment* related to the cancellation. This document shall only be necessary in cases where insufficient information on the person's *medical condition* has been provided.
3. A copy of confirmation email and/or receipts for the *travel arrangement*.
4. A copy of documents showing the costs caused by cancelling the *travel arrangement* issued by the *travel supplier* or travel agency, and which give a breakdown of the amount and items involved, as well as a copy of the general conditions of the *travel arrangement*.
5. A copy of the document that confirms cancellation of the *travel arrangement* issued by the *travel supplier* or travel agency, showing the expenses incurred because of the cancellation of the *travel arrangement*.
6. If the cancellation is due to one of the above *insured* events involving a *family member* or an *extended family*

member, a document that illustrates the relationship between the **insured** and the **family member** or **extended family member** must be presented (for example a certificate of birth/family affiliation for each of the parties involved), if such documents exist in the country in which the **insured** booked the **trip** product.

If **you** are unable to provide the above documentation, **you** can provide another document having the same legal value and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim.

TRIP INTERRUPTION COVERAGE

ELIGIBLE PLANS

- Comprehensive Enhanced Plan Single and Multi-Trip
- Comprehensive Basic Plan Single Trip
- Non-Medical Enhanced Plan Single Trip
- Non-Medical Basic Plan Single Trip

WHAT YOU ARE COVERED FOR

The intent of this coverage is to reimburse **you** in the event of the **insured** events occurring, for unused, prepaid **travel arrangements** if unexpected events interrupt **your travel arrangement** on or after departure, subject to the application of exclusions below and limits mentioned in the Table of Benefits.

You are covered from the departure date until the end date of your travel arrangement.

We will provide this coverage if the cutting short or interruption of **your travel arrangement** is necessary and unavoidable as a result of one of the following **insured** events:

Sickness, Injury, Quarantine

1. **Serious Illness** or **Serious Injury** of:

- An **insured**.
- A **Family member**.
- The **caregiver**.
- Your service animal**.
- The **key employee**.
- A **travel companion**.

2. Death of:

- An **insured**.
- A **Family member**.
- An **Extended family member**.
- The **caregiver**.
- Your service animal**.
- The **key employee**.
- A **travel companion**.

3. **You** or **your travel companion** are unable to be immunized or take preventative medication based on **your** or **your travel companion's** medical history, which may be required for entry into a country or region that is on **your** travel itinerary (provided the requirement became effective after the purchase of the **travel arrangements** and this insurance).

4. **Serious illness, serious injury** or death of **your service animal**, provided **you** are an individual with a disability (physical, psychiatric or mental disability), and **travel arrangements** have been made for the **service animal** to accompany **you** on **your trip**. For this benefit to apply, the **travel arrangement** cost for **your service animal** must be included in the covered amount **insured**.

5. **You, your spouse, your travel companion, or your travel companion's spouse** is/are **quarantined**.

Pregnancy and Adoption

6. **You, your spouse, your travel companion or your travel companion's spouse** become(s) pregnant after **you** book **your trip**, and **your departure date** falls in the 9 weeks before the expected delivery date or any time after that date.

7. **You, your spouse, or your travel companion** develop(s) any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
8. A member of **your family** or **your key employee**, a member of **your travel companion's family** or their **key employee** develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
9. **You, your spouse, your travel companion, or your travel companion's spouse** legally adopt(s) a **child**, and the date of the adoption falls during **your trip**.

Employment and Education

10. **Serious damage** to the **professional premises** of an **Insured**.
11. Involuntary termination of the **insured's** employment. The following conditions apply:
 - The involuntary termination or permanent layoff is not **your** or **your travelling companion's** fault;
 - The employment must have been permanent (not temporary or contract); and
 - The employment must have been for at least 6 continuous months.
12. Commencement of employment in a new company in which an **insured** had not been engaged during the previous six months at the time when entering into the new employment contract. The multiple contracts entered into by temporary employment agencies in order to carry out tasks for other companies shall be considered as contracts for the companies in which the worker undertakes his or her activity.
13. The school where **you** attend must extend its operating session beyond its predefined school year due to unforeseeable events commencing during the **trip**. The school year extension dates must fall in **your trip** dates in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered.
14. Being required to take an academic examination on a date that has been fixed after **your policy start date**, and the examination date falls within **your trip** dates.
15. **You** or a **travelling companion** serving as a first responder is called in for duty due to an **accident** or **emergency** (including a **natural disaster**) to provide aid or relief during the originally scheduled **trip** dates.

Government and Legal

16. Summons of an **insured** to appear as a witness, jury member in court or any other public authority, provided that such summons were not issued prior to the date of purchase of the **policy**.
17. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" **travel advisory**, after **you** purchase **your trip** cancellation insurance, which advises or recommends that **Canadian residents** should not visit a destination included in **your trip**.
18. An **insured** being called into active military service to provide aid or relief in the event of a **natural disaster**.
19. **Your** previously granted military leave is revoked. The leave must have been approved prior to **your policy start date**, and official written revocation notice from **your** commanding officer will be required.

Disruptions & Incidents

20. Theft of documentation which prevents an **insured** from commencing or continuing the **trip**.
21. **Breakdown** or collision to the vehicle in possession by an **insured** which prevents **you** from starting or completing the **trip**.
22. Unexpected failure of the grant of visas for an **insured** for reasons beyond the control of the **insured**.
23. Severe weather conditions or **natural disasters** cause delays to at least 30% of **your trip** and **you** elect not to continue **your trip**.
24. Common **travel carrier** delays and/or cancellations resulting from bad weather, strike, mechanical **breakdown** of the aircraft, ship, boat, or motor coach that **you** were scheduled to travel on that affect public transportation.
25. An **insured** being directly involved in a documented traffic collision while travelling to **your travel arrangement**.
26. **Your** transport or vehicle **you** are travelling in is hijacked while travelling to **your travel arrangement**.
27. **Your host** is unable to provide **accommodation** due to a life-threatening **illness** or **accident**, or due to death. Official documentation of the event will be required.

28. An act of **terrorism** which occurs in **your** scheduled destination or in a city which **you** are **scheduled to** visit while on **your trip**, and which occurs within 30 days of **your** scheduled **departure date**, provided the city has not experienced an act of **terrorism** in the past 30 days prior to the start date of **your policy**.

29. **Your** primary residence becomes uninhabitable after the **purchase date**.

30. Default of a Canadian **travel supplier** ceasing operations, **you** and **your travelling companion** shall each be covered up to the \$3,500 per person. This covered reason is subject to aggregate limits for all losses resulting from the default of one (1) **travel supplier** and for all losses resulting from all defaults of all **travel suppliers** during any one (1) calendar year.

31. **You** miss **your** connecting flight as a result of a schedule change of the airline carrier that is providing transportation for a portion of **your insured trip**.

32. **Your** tour operator or commercial event organizer cancels **your** multi-day tour or multi-day event that is the main purpose of **your trip** and was purchased prior to **your departure date** due to:

- A **natural disaster**;
- Severe weather.

NOTE: Coverage is only available for lost, pre-paid, non-transferrable to another date and non-refundable costs of **accommodations** and transportation to and from the cancelled multi-day tour or multi-day event. **We** will not reimburse **you** for the cost of the cancelled multi-day tour or multi-day event.

33. If a cruise or a tour that is included in **your trip** and **insured** under **your policy** is cancelled for any reason except default, and the cancellation occurs after **you** leave **home**, but prior to the cruise or tour departure, **we** will reimburse **you** up to \$2,500 for the lesser of:

- i) The change fee charged by the airline carrier(s) to return **you home**, if such an option is available to **you**; or
- ii) The extra cost of a one-way fare via the most cost-effective itinerary to return **you home**.

34. Excursions booked onboard **your** cruise ship that are not included as part of **your** original **trip** cost if **you** must cancel the balance of **your trip**.

Delayed and Missed Departures/Connections

35. **You** do not get to the departure point by the time shown in **your trip** itinerary (plans) because any of the following occurred after **your departure date**:

- public transport (including scheduled flights) does not run to its timetable; or
- the vehicle **you** are travelling in has an incident or **breakdown**.
- A **strike** by a common carrier for which **you** hold a valid ticket on.
- A **natural disaster**

36. **You** are delayed on **your trip** for over 4 hours at its departure or connection point from the time shown in **your trip** itinerary.

The liability of the **insurer** is limited to the amounts stated in the Table of Benefits.

If the event only applies to one **insured**, the other **insureds** are entitled to be covered for the same interruption event.

SPECIFICITIES OF TRIP INTERRUPTION COVERAGE

CREDITS

If **you** or a **travel supplier** cancels any portion of **your trip** that was booked with them and offers **you** or gives **you** a travel credit or voucher as reimbursement for the unused portion of **your insured travel arrangement**, **we** consider **you** as reimbursed for that **travel arrangement**.

We will not pay any claims for a **travel arrangement** when:

- **You** receive a travel credit or voucher for the full value of the **insured travel arrangement** with the **travel supplier**; or
- **You** were offered a travel credit or voucher, but **you** chose not to accept it.

NOTE: If **your** travel credit or voucher does not cover the full value of **your insured travel arrangement** with the **travel supplier**, **you** may submit a claim for the difference.

You must contact **us** first to authorize **your** early return back to **your** respective **home**.

We will calculate claims for interrupting **your trip** from the day when **you** return to **your home** or the day **you** go into **hospital** as an inpatient. **Your** claim will be based solely on the number of complete days **you** have not used, including the day when **you** checked-out to return **home**.

If **you** must interrupt **your trip** and **you** do not return to **your home**, **we** will only be liable for the equivalent costs which **you** would have incurred had **you** returned to **your home**.

In the case of interruption of **your trip**, **we** will only pay for any additional travel costs related to any changes required to **your** original pre-booked return journey.

For missed departures covered events, **we** will reimburse the cost of extra **accommodation** and transport which **you** have to pay to get to **your** journey destination or back **home** with the maximum benefit amount shown in the Table of Benefits. For delayed departures covered events, **we** will reimburse **you** up to the amount shown on the Table of Benefits for **accommodations**, meals, telephone calls, local transportation, and vehicle parking charges.

If **you** need to end **your travel arrangement** earlier than planned, **you** must contact **us** as soon as possible. The **insurer** covers the expenses corresponding to:

1. Forfeited, prepaid, non-refundable, non-refunded and unused air arrangements, provided that the arrangements are not intended as transportation to **your** initial destination or return destination, and provided that these are not flights within 24 hours of **your** scheduled **departure date** or scheduled return date;
2. Additional transportation expenses incurred by **you**, up to the maximum stipulated on the Table of Benefits, for travel by the most direct route to:
 - a. **your** scheduled destination if **your** departure is delayed and **you** leave after the scheduled **departure date** and time;
 - b. rejoin **your trip** in progress from the point where **you** interrupted **your trip**;
 - c. the return destination of **your trip**.

Benefits payable for additional transportation expenses will not exceed the cost of airfare (the same class airfare on which **you** were originally booked) less any refunds paid or payable.

NOTE: The following items will be excluded from the reimbursed amount: airport taxes, port taxes, insurance premium, service fees and booked activities during the trip.

WHAT YOU ARE NOT COVERED FOR - EXCLUSIONS

You are only covered in relation to the **insured** events enlisted in the section "What **You** are covered for" and to the extent therein described. In addition, **you** are not covered for any of the following, directly or indirectly:

With respect to medical events affecting **you**:

1. **All Plans: A pre-existing medical condition** that was not **stable** in the in the 90 days before the **departure date** of **your travel arrangements** if **you** are under 60 years old; and/or
2. **Multi-Trip Comprehensive Enhanced Plan: A pre-existing medical condition** that was not **stable** in the 120 days before the **departure date** of **your travel arrangements** if **you** are over 60 years old; and/or
3. **All other remaining Plans: A pre-existing medical condition** that was not **stable** in the 365 days before the **departure date** of **your travel arrangements** if **you** are over 60 years old; and/or
4. In addition to the "**stable**" requirement, **we** will not cover any expenses relating to:
 - a. an **insured's heart condition** if, in the 90 days before the insurance **departure date** or application date as indicated on **your** confirmation, any **insured** has a **heart condition(s)** that has/have not been **stable**, or an **insured** has taken any form of nitro-glycerine for the relief of angina pain; and/or
 - b. an **insured's lung condition** if, in the 90 days before the insurance **departure date** or application date as indicated on **your** confirmation, an **insured's lung condition(s)** has/have not been **stable** or an

insured required *treatment* with oxygen or prednisone for any *lung condition*.

5. Any reason, circumstance, event, or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the date *you* purchased this coverage, and which may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked when *you* purchased this insurance coverage.
6. Any *illness* or injuries derived from the consumption of alcoholic beverages (with a blood alcohol level exceeding 80 milligrams of alcohol per 100 milligrams of blood, in case of a vehicle incident) by the *insured* or the *travel companion*.
7. Consumption of narcotics, drugs, or medicine, other than those which have been prescribed by a *physician*.
8. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health *illness*.

With respect to events affecting *you*:

1. Intentional acts caused by an *insured*, a *family member* or a *travel companion*.
2. Any pandemic or infection disease which appears suddenly and spreads rapidly through the population, as well as those caused by pollution and/or contamination of the atmosphere which was announced prior to *your departure date*.
3. The consequences of an outbreak of any contagious infectious disease or new strains, recognized by the World Health Organization (WHO) or any competent authority of *your* country or any country planned to be visited or crossed during the *trip*. This exclusion does not apply if a *pandemic* leads to a *serious illness* or the death of an *insured*, a *family member*, or the person in charge of looking after *your child(ren)* or disabled adults for whom *you* are responsible during *your trip*.
4. Wars, demonstrations, insurrections and sabotage.
5. Any delay caused by a *strike* which began or was announced before *your policy start date* or before the *trip* product was purchased (whichever is later).
6. The withdrawal from service of an aircraft, train or sea vessel (temporarily or permanently), on which *you* are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.
7. Tickets bought by using frequent flyer points, air miles, loyalty card points, redeemable vouchers or another similar scheme.
8. Lack or impossibility of vaccination or of following the necessary medical *treatment* in order to travel to certain countries before the purchase of this *policy*.
9. The consequences of an *accident* occurring before the *policy* was purchased due to minor mental or emotional disorders, such as having an anxiety or panic attack or being in an emotional state or in a stressful situation.
10. A minor mental or emotional disorder where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.
11. The participation of the *insured* in bets, challenges or fighting.
12. The practice of sports competition or motorized competitions (racing or rally).
13. a) The practice of one of the following dangerous sports and activities, including but not limited to: boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski jumps, skydiving, paragliding, flights in ULM or glider, springboard diving, scuba diving at a depth greater than 20 meters or without a dive master, hang-gliding, mountain-climbing, any high-altitude activity, horse riding, hot-air ballooning, parachuting, fencing, defensive sports, adventure sports such as rafting, bungee, white-water (hydro speed).
b) Any sporting activities which *you* are paid for, or for which *you* are eligible to receive cash prizes.
14. Consequences of the transmutation of the atomic nucleus, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from a source of energy of a radioactive nature.
15. Earthquakes, floods, volcanic eruptions, and generally, any phenomenon triggered by the forces of nature that occurs on or before the *purchase date* of this *policy*.

16. The consequences resulting from the use and/or possession of explosives or firearms.
17. The consequences of alcoholic cirrhosis, diagnosed to the *insured* before the *policy* was purchased.
18. The existence of a *travel advisory* that was applicable prior to the purchase of the *policy*.
19. Any losses arising from the non-performance of contractual obligations or failure to deliver services by a *travel supplier*, or if the *travel supplier* indemnifies *you*.

DOCUMENTS AND INFORMATION REQUIRED FOR MAKING A CLAIM

It may be necessary to provide documents to allow the management of a claim, which are, but not limited to:

1. Documents that illustrate the facts constituting an *insured* event under this coverage (medical report, death certificate, *hospital* documents, police report, complaints filed at police stations or similar documents).
2. A form provided by *us* to be completed by the registered medical practitioner attending the *insured* or other person receiving medical *treatment* related to the interruption of the *travel arrangement*. This document shall only be necessary in cases where insufficient information on the person's *medical condition* has been provided.
3. A copy of confirmation email and/or receipts for the *travel arrangement*.
4. A copy of documents of the costs caused by curtailing the *trip* which gives a breakdown of the amounts and items involved, as well as a copy of the general conditions of the sale.
5. If the interruption is due to one of the above *insured* events involving *a family member* or an *extended family member*, a document that illustrates the relationship between the *insured* and the *family member* or *extended family member* must be presented (for example a certificate of birth/family affiliation for each of the parties involved).

If *you* are unable to provide the above documentation, *you* can provide another document having the same legal value and including the relevant information.

The *insurer* commits to respect confidentiality of information provided in the course of the insurance or any claim.

EMERGENCY MEDICAL COVERAGE

ELIGIBLE PLANS

- International and Domestic Comprehensive Enhanced Plan Single and Multi-Trip
- International and Domestic Comprehensive Basic Plan Single Trip
- Emergency Medical Plan Single and Multi-Trip

SPECIFIC CONDITIONS OF THIS COVERAGE

In case of an **emergency**, **you** can contact **us** by phone at the following number:

Toll-free: +1-888-726-1559

Collect Call: +(416) 934-2080

The coverage mentioned in this section is organized by the **insurer**, and the support is limited to benefits organized or, under specific circumstances, authorized.

In the event of an **emergency**, call Europ Assistance Canada immediately: 1-888-726-1559 toll-free from the USA and Canada or +1 (416) 934-2080 collect where available. **You** must call the Assistance Centre before obtaining **emergency treatment**, so that **we** may confirm coverage and/or provide pre-approval of **treatment**. If it is medically impossible for **you** to call prior to obtaining **emergency treatment**, **we** ask **you** to call or have someone call on **your** behalf as soon as possible. Otherwise, if **you** do not call the Assistance Centre before **you** obtain **emergency treatment** **you** may be responsible for 25% of **your** medical expenses covered under this **policy**.

After **your** medical **emergency treatment** has started, the Assistance Centre must assess and pre-approve additional medical **treatment**. If **you** undergo tests as part of a medical investigation, **treatment**, or surgery, obtain **treatment** or undergo surgery that is not pre-approved, **your** claim will not be paid. This includes, but is not limited to, MRI, MRCP, CAT Scan, CT Angiogram, sonograms, ultrasounds, Nuclear Stress Test, biopsies, Angiogram, Angioplasty, cardiovascular surgery including any associated diagnostic test(s), Cardiac Catheterization, or any surgery. In case of an **emergency**, the **insurer** cannot be a substitute for the local public services. In some circumstances, the use of the local public services is mandatory under local and/or international regulations.

All insurance coverages are provided under the condition that the intervention of the **insurer** is authorized by local **emergency** services or the laws and regulations applicable in the country where **you** require assistance.

Emergency Medical Insurance begins when **you** leave **your** province/territory of residence and ends on the earlier of:

- when **you** return to **your** province/territory of residence; or
- the **end date** as shown on **your Confirmation of Insurance**.

NOTE: This coverage is not eligible for **insureds** who purchased a non-medical plan.

MEDICAL EXPENSES THAT WE PAY

Emergency medical insurance covers **you** for the **reasonable and customary charges** incurred by **you** as a result of **emergency treatment(s)** required during **your trip** if a **medical condition** begins unexpectedly after **you** leave **home**, but only if these covered expenses are not covered by **your government health insurance plan** or any other insurance and/or benefit plan. The medical attention must be required as part of **your emergency treatment** and ordered by a **physician** (or a Dentist in the case of dental **treatment**).

AMOUNTS OF MEDICAL EXPENSES WE PAY

We will pay up to the limit set out in the Table of Benefits.

WHAT YOU ARE COVERED FOR

Reasonable and customary charges for emergency medical expenses abroad incurred during the trip

If **you** suffer an injury or an **illness** or have an **accident** during **your trip** abroad, **we** will pay:

- The **reasonable and customary charges** for **emergency** medical expenses and/or fees incurred **abroad**
- Medicine prescribed or ordered by a **physician**;
- **Hospital** expenses;
- **Hospital accommodation** in a semi-private room, and medical services and/or supplies when medically necessary for **your treatment** when **you** are a resident inpatient;
- Ambulance expenses to the nearest **hospital** if ordered by a **physician** for a **serious illness** or **serious injury**;
- Rental of crutches or **hospital**-type bed, and the cost of splints, trusses, braces or other prosthetic appliances when approved in advance by **us**, not exceeding the purchase price;
- Paramedical **treatment** by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist to a maximum of \$500 per profession listed, when approved in advance by Europ Assistance.

Specific conditions of this coverage:

If, for reasons of urgency, **we** have not intervened in the process directly, for such expenses to be reimbursable, **you** will need to provide the copy of the corresponding invoices, a full medical report specifying the circumstances, diagnosis and prescribed **treatment**, as well as the refund notice from **your government health insurance plan** and private health plan (if applicable). Thus, allowing the injury, **illness**, or **accident** that was suffered to be identified.

If **our** Assistance Centre advises of a date, as determined by **our medical officer**, as to when it is feasible and practical to repatriate **you**, but **you** choose instead to remain **abroad**, **our** liability to pay any further costs under this section of the **policy** after that date will be limited to what **we** would have paid if **your** repatriation had taken place when advised by **our** Assistance Centre.

Hospitalization because of an injury, illness, or accident during the trip

We shall organize and assume the costs of the transfer fees to the nearest **hospital** or clinic and return, either to **your home** or to **your** place of travel (decision to be made by **our** Assistance Centre), only in the case of an injury, **illness**, or **accident** requiring immediate medical advice.

The maximum liability of the **insurer** cannot exceed the amounts stated in the Table of Benefits.

Dental Covered Expenses

If **you** suffer an injury or accidental blow to the face that requires **emergency** dental **treatment** by a Dentist, **we** will reimburse **you**, up to the amount shown in the Table of Benefits, for the following **emergency** dental expenses:

1. services and supplies for the relief of dental pain; and
2. the repair or replacement of teeth or dental implants.

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 also covered up to the amount listed in the Table of Benefits to continue necessary **treatment** after **your** return to **your** province or territory of residence. However, this **treatment** must be completed within 180 days after the **accident**.

Transfer to a hospital near to your home

If **you** suffer an **illness** or have an **accident** during **your trip abroad** and provided that this event prevents **you** from continuing **your trip**, **we**, as soon as **we** are notified, will organize the necessary contacts between **our medical officer** and **physicians** who are treating **you**.

If **our** Assistance Centre authorizes **your** transfer to a better-equipped or specialized **hospital** close to **your home**, **we**, at **our** discretion shall organize and pay such transfer to be carried out:

- in accordance with the degree of severity of **your** condition, and
- using the most appropriate means of transport.

The decision of the means of transport, the choice of **hospital**, the time of the transfer and its conditions are exclusively the decision of **our medical officer**. The decision is made by **our medical officer** based on the information that was provided by, or on behalf of, **you** or the claimant.

NOTE: If *you* refuse to be transferred at the time and under the conditions specified by *our medical officer*, all the benefits and assistance resulting from such a decision shall be automatically suspended

Hospitalization abroad without a *family member* by *your side*

If, during the *trip*, *you* had to be admitted to a *hospital* and no *family member* was with *you*, *we* will organize and pay a for a round *trip* airplane ticket on a scheduled flight (economy class) or a round *trip* train (first class) ticket from *your home country* for one *family member* of *your* choice so that this person may accompany *you* from the *hospital* to *your home*.

We will reimburse the costs to stay in a hotel for the same *family member* who has travelled to accompany *you* from the *hospital* to *your home*, on presentation of copies of the receipts for a maximum amount per day as stated in the Table of Benefits and for a maximum number of days as stated in the Table of Benefits.

Follow-up visit

One (1) follow-up visit during *your* coverage period when declared medically necessary by a *physician*. The follow-up visit must occur within the 15 days after the incident date (or 15 days after *your* discharge date, if hospitalized). Additional follow up visits shall require *our* advance approval.

Care of a disabled person or *your children* under 19 years old travelling with *you*

If *you* are traveling with a disabled person or *child(ren)* under the age of 19 years who are also *insured*, and while the *policy* is in force it becomes impossible for *you* to take care of them due to an injury, *illness* or *accident*, and there is no one else on the *trip* with *you* who can take care of such person(s), *we* will arrange and take care of the travel of a person designated by:

- *you* or by one of *your family members* who is resident in *your home country* or;
- a chaperone designated by *us* so that the said individual can accompany *child(ren)* under 19 or disabled persons to *home* in the briefest period of time possible.

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

Extension of *trip* in a hotel following an injury, *illness*, or an *accident*

If the nature of the injury, *illness* or *accident* prevents *you* from continuing *your trip*, but it is not necessary for *you* to be admitted to a *hospital* or clinic, *we* will pay the amount that arises from extending *your* stay at the hotel when prescribed by a *physician* for this purpose.

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

Repatriation and funeral costs in case of death of an *insured* person during the *trip*

If the *insured* dies during the *trip*, *we* shall organize and assume up to \$10,000 for the preparation of *your* remains and the cost of a standard burial container, or up to \$10,000 for the burial of *your* remains at the location where *your* death occurred.

NOTE: There is no benefit payable for the cost of a headstone, standard burial container, urn, and/or funeral service expenses. The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

Early return of a *travel companion*

In the event of a death of an *insured*, or if *we* organized a transport or repatriation of an *insured* to their *home* and the rest of the *travel companions* are prevented from returning to their *home* by the initially scheduled means, *we* shall arrange and bear the expenses related to taking said *travel companions* to (a) their *home* or (b) to the place where the transferred *insured* has been admitted to the *hospital* during the *trip*, by an airplane ticket on a regular air route (economy class) or by a train ticket (first class).

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

Medical Referral

If an **emergency** occurs during **your trip** that requires **you** to visit a **physician**, **you** should call **us** to obtain the names of local qualified **physicians** who speak **your** language. If additional medical services are required, the assistance provider is prepared to consult with the attending **physician** and provide such assistance, as they believe to be in **your** best interest.

Replacement of eyeglasses

We will arrange for shipment of replacement eyeglasses. Costs for shipping of eyeglasses are **your** responsibility. The request may require a visit to a local **physician**. **You** should be prepared to provide the assistance provider with a copy of **your** original prescription and/or the name and phone number of **your** regular attending **physician**.

Baggage Return

We will pay up to \$500 to ship **your baggage** to **your** primary residence if it cannot be returned with **you** under the transfer to a **hospital** near **your home** benefit.

Return to Trip Destination

We will pay for one-way economy transportation by the most direct and affordable route to resume **your trip**, if after seeking and obtaining medical **treatment** in Canada **you** are declared medically fit to continue **your trip** by **your** attending **physician**. Any reoccurrence or complication of the condition that caused the return to Canada will not be covered under this **policy** if **you** continue **your trip**.

Pet Return

This benefit applies if **you** are returned to **your** province or territory of residence under the transfer to a **hospital** near **your home** benefit, or if **you** are hospitalized due to a covered **illness**, injury, or **accident**. **We** agree to reimburse **you** up to \$500 for:

- The cost to return **your** pet(s) to **your** province or territory of residence; or
- The cost to board **your** pet(s) while **you** are hospitalized.

Return of Vehicle

This benefit applies if **you** cannot return to Canada with **your** vehicle or watercraft that **you** took with **you** and used for **your trip**, due to a covered unexpected **illness**, injury, or **accident**. **We** will pay up to a total of \$5,000 to return **your** vehicle used for **your trip** to its point of origin, or in the case of a rental vehicle, to the closest rental agency.

Interpretation / Translation

We will assist with telephone interpretation in all major languages or will refer **you** to an interpretation or translation service for written documents.

Emergency Message Relay

Emergency messages can be relayed to and from friends, relatives, personal **physician**, and employer.

Telemedicine

We offer 24/7 access to **our** proprietary nationwide cross-coverage network of **physicians** for telephone and secure e-mail medical consultations. **Physicians** provide specific answers to medical questions and advice regarding non-**emergency**, routine **medical conditions**. **Physicians** discuss symptoms, recommend **treatment** options, diagnose many common conditions, and prescribe medication when appropriate and legally permitted. **Our** services may not be available in all countries, and international services may be limited.

No out-of-pocket medical expenses

If **you** develop an acute **illness** while on **your trip** that requires **treatment** by a **physician**, **you** should first call **us** to obtain the name of a local qualified **physician** in **our** network. If an in-network **physician** is available, **we** will schedule the medical visit and Benefits payment to the **physician** for a medical visit up to the amount indicated in the Table of Benefits. This service is only available provided there is coverage for the acute **illness** under the Medical Assistance coverage and is subject to all restrictions, limitations and exclusions provided in the **policy**. **This service is not applicable to expenses for emergency dental treatment.**

WHAT YOU ARE NOT COVERED FOR – EXCLUSIONS

You are only covered in relation to the **insured** events enlisted in the section “What **You** are covered for” and to the extent therein described. In addition, **you** are not covered for any of the following, directly or indirectly:

- a) **Pre-existing Medical Conditions** (Applicable only for the International Plan):

1. **All Plans:** A *pre-existing medical condition* that was not *stable* in the in the 90 days before the *departure date* of your *travel arrangements* if you are under 60 years old; and/or
2. **Multi-Trip Plans and Single Trip Medical Plans:** A *pre-existing medical condition* that was not *stable* in the 120 days before the *departure date* of your *travel arrangements* if you are over 60 years old; and/or
3. **All other remaining Plans:** A *pre-existing medical condition* that was not *stable* in the 365 days before the *departure date* of your *travel arrangements* if you are over 60 years old; and/or
4. A *heart condition*, if, in the 90 days before your effective date, any *heart condition* has not been *stable*, or you have taken any form of nitro-glycerine for the relief of angina pain; and/or
5. A *lung condition*, if, in the 90 days before your effective date, any *lung condition* has not been *stable*, or you required *treatment* with oxygen or prednisone for any *lung condition*.

b) The following dental care:

1. The costs of any permanent or routine dental *treatment* not related to an *accident*;
2. Any pre-planned or pre-known dental *treatment* or diagnostic procedure;
3. *Treatment* which, in the opinion of our *medical officer*, can reasonably be delayed until your return to your *home country*;
4. Any dental *treatment* or diagnostic procedure which is not solely for the immediate relief of pain or discomfort due to an injury, *illness* or *accident*;
5. Normal wear and tear of teeth or dentures;
6. Any damage to dentures;
7. Dental *treatment* involving the provision of dentures or the use of precious metals.

c) Other:

1. Any *medical condition* when, prior to your *departure date*, you had not met all the eligibility requirements.
2. Expenses that exceed a maximum of CAD 25,000 if you do not have valid coverage under a *government health insurance plan* for the entire duration of your *trip*.
3. Covered expenses that exceed the *reasonable and customary charges* where the medical *emergency* happens.
4. Covered expenses that exceed 75% of the cost we would normally have to pay under this insurance, if you do not contact the Assistance Centre at the time of the *emergency*, unless your *medical condition* makes it medically impossible for you to call (in that case, the 25% co-insurance does not apply).
5. Any *treatment* that is not for an *emergency*.
6. Any non-emergency, experimental or elective *treatment* such as, but not limited to, cosmetic surgery, chronic care, rehabilitation, *treatment* including any expenses for directly or indirectly related complications.
7. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during your *trip*, if our *medical officer* determines that your *emergency* has ended.
8. A *medical condition*:
 - when you knew or for which it is reasonable to believe or expect that *treatment* will be required during your *trip*; and/or
 - for which future investigation or *treatment* was planned before you left *home*; and/or
 - which produced symptoms that would have caused a reasonable person to seek *treatment* in the 3 months before your effective date; and/or
 - that had caused your *physician* to advise you not to travel.

9. Any claims related to, but not limited to, obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complications when *you* are travelling for those purposes.
10. For *policy extensions*: any *medical condition* which first appeared, was diagnosed, or required *treatment* after the *departure date* and prior to the effective date of the insurance extension.
11. The practice of *professional sports* competition or motorized competitions (racing or rally).
12. a) The practice of one of the following dangerous sports and activities, including but not limited to: boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski jumps, skydiving, paragliding, flights in ULM or glider, springboard diving, scuba diving at a depth greater than 20 meters or without a dive master, hang-gliding, mountain-climbing, any high-altitude activity, horse riding, hot-air ballooning, parachuting, fencing, defensive sports, adventure sports such as rafting, bungee, white-water (hydro speed).
d) Any sporting activities which *you* are paid for, or for which *you* are eligible to receive cash prizes.
13. Intentional acts caused by an *insured*, a *family member* or a *travel companion*.
14. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health *illness*.
15. Any claim that results from, or is related to, *your* commission or attempted commission of a criminal offence or illegal act.
16. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
17. Any *medical condition*, including withdrawal symptoms, arising from or in any way related to directly or indirectly, *your* chronic use of alcohol, drugs, or other intoxicants whether prior to or during *your trip*.
18. *Illnesses* or injuries derived from the consumption of alcoholic beverages (with a blood alcohol level exceeding 80 milligrams of alcohol per 100 milligrams of blood, in case of a vehicle incident) by the *insured* or the travel companion.
19. Any loss resulting from *your* minor mental or emotional disorder.
20. Routine prenatal or postnatal care.
21. Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
22. *Your child* born during the *trip*.
23. For *insured children* under 2 years of age: any *medical condition* related to a birth defect.
24. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
25. Any further medical *treatment* if *our medical officer* determines that *you* should transfer to another facility or return to *your home* province or territory of residence for *treatment*, and *you* choose not to.
26. Any benefit that must be authorized or arranged in advance by the Assistance Centre, but for which no authorization or arrangement was made for that benefit.
27. An act of war or act of *terrorism*. Limited coverage applies with respect to an act of *terrorism* as described in the act of *terrorism* coverage provision.
28. Any act of *terrorism* or any *medical condition* *you* suffer or contract when an official *travel advisory* was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region, or city of *your* destination, before *your* effective date. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the *travel advisory*.

29. Expenses incurred when there was an applicable *travel advisory* prior to *your* departure.

DOCUMENTS AND INFORMATION REQUIRED FOR MAKING A CLAIM

It may be necessary to provide documents to allow the management of a claim, which are, but not limited to:

1. Original itemized receipts for all bills and invoices;
2. Proof of payment by **you** and by any other insurance and/or benefit plan;
3. Medical records including complete diagnosis by the attending **physician** or documentation by the **hospital**, which must support that the **treatment** was:
 - a. appropriate and consistent with the diagnosis and could not be omitted without adversely affecting **your** condition and quality of medical care;
 - b. cannot be delayed until **your** return **home**;
4. Proof of the **accident** if **you** are submitting a claim for dental expenses resulting from an **accident**;
5. Proof of travel (including **departure date** and return date); and
6. **Your** historical medical records (if **we** determine applicable)

If **you** are unable to provide the above documentation, **you** can provide another document having the same legal value and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim.

BAGGAGE AND PERSONAL EFFECTS COVERAGE

ELIGIBLE PLANS

- Comprehensive Enhanced Plan Single and Multi-Trip
- Comprehensive Basic Plan Single Trip
- Non-Medical Enhanced Plan Single Trip
- Non-Medical Basic Plan Single Trip

BAGGAGE

WHAT YOU ARE COVERED FOR

Loss, damage, and theft of *baggage*

If during the *trip*, *your baggage*:

- is stolen by means of theft,
- is lost definitively or if it suffers damages for causes attributable to the *travel carrier* included in the *trip*.

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

You are covered from the departure date until the end date.

Expenses incurred because of the delayed delivery of *baggage*

If there is a delay of more than 10 hours in the delivery of *your baggage* that was checked-in, due to causes attributable to the *travel carrier* of the *trip*, the costs of any necessary purchases (clothes, food, and toiletries) will be reimbursed to *you* by the *insurer* if they are made, either:

- At a destination of *your* covered *trip*; or
- At a location where *your* covered *trip* involves a stop-over between connecting flights.

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits. In both cases purchases are therefore only covered when they are occurring outside the province or territory of residence.

Baggage delay must first be reported to the common carrier, and *you* must provide documentation illustrating the airline's confirmation of the Property Irregularity Report (loss report).

PASSPORT AND TRAVEL DOCUMENTS

WHAT YOU ARE COVERED FOR:

If *your* passport, *your* replacement passport, temporary passport, identity document, or visa is lost or stolen outside the *home country* during *your trip*, the *insurer* will assume additional travel and *accommodation* expenses *you* incur *abroad* in order to obtain a replacement passport or a temporary passport.

The maximum liability of the *insurer* cannot exceed the amounts stated in the Table of Benefits.

WHAT YOU ARE NOT COVERED FOR – EXCLUSIONS

You are only covered in relation to the insured events listed in the section "What You are covered for" and to the extent therein described. In addition, you are not covered for any of the following, directly or indirectly:

1. Delay occurring in the province or territory of residence.
2. The consequences of the practice of sport competitions and motorized competitions.
3. Consequences of the transmutation of the atomic nucleus, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from a source of energy of a radioactive nature.

4. Wars, demonstrations, insurrections, act of **terrorism**, sabotage, and **strikes**.
5. Intentional acts caused by an **insured**, a **family member** or a **travel companion**.
6. The theft of personal **baggage**, effects and objects which were left unattended in a public place or stored in an unsecured area.
7. Any delay caused by the breaking down of an electrical system or an IT system, including the one of a public transport provider.

SPORTING EQUIPMENT

WHAT YOU ARE COVERED FOR

Loss, damage, and theft of **sporting equipment**

We will reimburse **you**, up to the amount shown in the Table of Benefits, for direct loss, theft, damage, or destruction of **your sporting equipment** during **your trip**, provided **you** have taken reasonable steps to protect **your sporting equipment** against loss, theft, damage, and destruction.

Valuation and payment of loss

Payment of loss under the **sporting equipment** benefit will be calculated based upon an **actual cash value** basis. For items without receipts, payment of loss will be calculated based upon 75% of the **actual cash value** at the time of loss. At **our** option, **we** may elect to repair or replace **your sporting equipment**.

We may take all or part of damaged **sporting equipment** as a condition for payment of loss. In the event of a loss to a pair or set of items, **we** will:

1. repair or replace any part to restore the pair or set to its value before the loss; or
2. pay the difference between the value of the property before and after the loss.

Continuation of Coverage

If the covered **sporting equipment** is in the custody of a carrier, and delivery is delayed, this coverage will continue until the property is delivered to **you**. This continuation of coverage does not include loss caused by or resulting from the delay.

Expenses incurred because of the delayed delivery of **sporting equipment**

We will reimburse **you**, up to the amount shown in the Table of Benefits for the cost of equivalent equipment rentals if **your sporting equipment** is delayed for 10 hours or more during **your trip**. **We** will reimburse **you** up to the amount shown in the Table of Benefits for expenses incurred during **your trip** to locate/track **your delayed sporting equipment**, to retrieve **your delayed sporting equipment**, or to have **your delayed sporting equipment** delivered to **you**.

Limitations

This coverage terminates when **your sporting equipment** is retrieved or returned to **you**, or upon **your** arrival at the return destination of **your trip**, whichever occurs first.

WHAT YOU ARE NOT COVERED FOR

You are only covered for the loss, theft, or damage of **sporting equipment** in relation to the events listed in the section "What **You** are covered for" and to the extent therein described. In addition, **you** are not covered for any of the following, directly or indirectly:

1. Boats, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
2. Illegal items and contraband;
3. Defective materials or craftsmanship;
4. Normal wear and tear, gradual deterioration, inherent vice
5. Electrical current, including electric arcing that damages or destroys electrical devices or appliances.
6. Shortages or loss due to error, omission, depreciation in value, or confiscation or detention by Customs or other lawful officials and authorities.

7. Consequences of consumption of alcoholic beverages (with a blood alcohol level exceeding 80 milligrams of alcohol per 100 milligrams of blood, in case of a vehicle incident) by the *insured* or *travel companion*.
8. Consumption of narcotics, drugs, or medicine, other than those which have been prescribed by a *physician*.
9. Any claim arising from an *accident* occurred when performing *your* professional activity.
10. Consequences of the transmutation of the atomic nucleus, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from a source of energy of a radioactive nature.
11. Wars, demonstrations, insurrections, act of *terrorism*, sabotage, and *strikes*.
12. Intentional acts caused by an *insured*, a *family member* or a *travel companion*.
13. The theft of personal *baggage*, effects and objects which were left unattended in a public place or stored in an unsecured area.
14. The theft of a debit or credit card, any electronic tool valid for payment, token ID, mobile phone or other electronic tool enabling payments.

Special conditions relating to all claims

Within 48 hours of the incident, **you** must report the loss of **your** baggage or personal effects to the local police or authority (embassy, consulate...). **You** must produce to **us** written documentation confirming that the loss or theft occurred during the *trip*.

DOCUMENTS AND INFORMATION REQUIRED FOR MAKING A CLAIM

It may be necessary to provide documents to allow the management of a claim, which are, but not limited to:

1. **Your** name and contact information;
2. The copy of the Property Irregularity Report (loss report) issued by the air carrier or an equivalent document in the case of other kind of transportation;
3. The declaration of loss to the competent authorities (police or equivalent in the applicable countries);
4. A list of the items subject to theft or total loss, and their financial value (plus documentation necessary to prove their value, such as receipts or invoices);
5. In the event the *baggage* is stolen by means of theft, the relevant report filed before the competent authorities at the place the theft took place must be presented;
6. A copy of the e-mail confirmation and all the receipts related to the *trip* product that was purchased.
7. Other insurance information (*home* insurance, airline claims, etc.)

If **you** are unable to provide the above documentation, **you** can provide another document having the same legal value and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim.

TRAVEL ACCIDENT COVERAGE

ELIGIBLE PLANS

- Comprehensive Enhanced Plan Single and Multi-Trip
- Non-Medical Enhanced Plan Single Trip

WHAT YOU ARE COVERED FOR

A. Flight Accident

If **you** suffer death, loss of limb, loss of sight, or **permanent total disability** as a result of injury sustained during the **trip**, while **you** are travelling as a passenger, not as pilot or crew member, aboard a commercial aircraft operated by, and licensed to, a regularly scheduled airline on a regularly scheduled **trip** operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

The **accident** giving rise to **your** injury must happen:

- while **you** are travelling on a commercial passenger plane for which a ticket was issued to **you** for **your** entire airline **trip**; or
- if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or
- while **you** are at an airport for the departure or arrival of the flight covered by this insurance.

The **insurer** will pay to the **insured** (or to **your** estate in case of death) the **insured** sum shown in the Table of Benefits.

Coverage

We will pay this benefit, up to the amount shown in the Table of Benefits, if **you** are injured in a Flight **Accident**, which occurs while **you** are on a **trip**, and covered under this **policy**. **You** must suffer one of the losses listed below within 365 days of the Flight **Accident**.

If **you** suffer more than one loss as a result of the same Flight **Accident**, **we** will pay only for the loss with the larger benefit. **We** will not pay more than the amount shown on the Table of the Benefits for losses due to the same Flight **Accident**.

Loss	Percentage of Maximum Benefit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot, and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

B. Travel Accident

If **you** suffer death, loss of limb, loss of sight, or **permanent total disability** as a result of an injury sustained during the **trip** while **you** are in any situation other than those listed in section A. Flight **Accident** Insurance above and not otherwise excluded from coverage under this terms and conditions.

The **insurer** will pay to the **insured** (or to **your** estate in case of death) the **insured** sum shown in the Table of Benefits.

Coverage

We will pay this benefit, up to the amount shown in the Table of Benefits, if **you** are injured in a Travel **Accident**, which occurs while **you** are on a **trip**, and covered under this **policy**. **You** must suffer one of the losses listed below within 365 days of the Travel **Accident**.

If **you** suffer more than one loss as a result of the same Travel **Accident**, **we** will pay only for the loss with the larger benefit. **We** will not pay more than the amount shown on the Table of the Benefits for losses due to the same Travel **Accident**.

Loss	Percentage of Maximum Benefit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot, and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

WHAT YOU ARE NOT COVERED FOR

You are only covered in relation to the **insured** events listed in the section "What **You** are covered for" and to the extent therein described. In addition, **you** are not covered for any of the following, directly or indirectly:

1. **You** are travelling in an aircraft (except as a passenger in a fully licensed, passenger-carrying aircraft).
2. **Your** self-inflicted injuries.
3. **You** are travelling on or driving a motorcycle, unless the driver holds a valid motorcycle license, and **you** were wearing crash helmets.
4. Any claim arising from an **accident** occurred when performing **your** professional activity.
5. Any claim that results from, or is related to, **your** commission or attempted commission of a criminal offence or illegal act.
6. Consequences of consumption of alcoholic beverages (with a blood alcohol level exceeding 80 milligrams of alcohol per 100 milligrams of blood, in case of a vehicle incident) by the **insured** or **travel companion**.
7. Consumption of narcotics, drugs, or medicine, other than those which have been prescribed by a **physician**.
8. Consequences of the transmutation of the atomic nucleus, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from a source of energy of a radioactive nature.
9. Wars, demonstrations, insurrections, act of **terrorism**, sabotage, and **strikes**.
10. The participation of the **insured** in bets, challenges or fighting.
11. The practice of **professional sports** competition or motorized competitions (racing or rally).
12. The consequences resulting from the use or possession of explosives or firearms.
13. The practice of one of the following dangerous sports and activities, including but not limited to: boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski

jumps, skydiving, paragliding, flights in ULM or glider, springboard diving, scuba diving at a depth greater than 20 meters or without a dive master, hang-gliding, mountain-climbing, any high-altitude activity, horse riding, hot-air ballooning, parachuting, fencing, defensive sports, adventure sports such as rafting, bungee, white-water (hydro speed).

14. Any sporting activities which *you* are paid for, or for which *you* are eligible to receive cash prizes.

15. *Illness*.

DOCUMENTS AND INFORMATION REQUIRED FOR MAKING A CLAIM

It may be necessary to provide documents to allow the management of a claim, which are, but not limited to:

1. Documents which prove consequences of the bodily injury (medical reports, death certificate, *hospital* documents),
2. A copy of confirmation email and/or receipts for the *trip* that was purchased.

If *you* are unable to provide the above documentation, *you* can provide another document having the same legal value and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim.

Table of Benefits

The amounts given below are subject to the application of any exclusion and to the conditions described in the General and Particular Conditions. Where not listed, benefit amounts are per person, per **trip**.

PLAN(S)	BENEFIT	LIMITS (CAD)
- Comprehensive Enhanced Plan Single Trip -Non-Medical Enhanced Plan Single Trip	CANCEL FOR ANY REASON OPTIONAL COVERAGE	50% of non-refundable portion if booked through another booking source 75% of non-refundable portion if booked with the travel agency connected to this insurance policy purchase.
- Comprehensive Enhanced Plan Single and Multi-Trip - Comprehensive Basic Plan Single Trip - Non-Medical Enhanced Plan Single Trip - Non-Medical Basic Plan Single Trip	TRIP CANCELLATION COVERAGE	Up to the sum insured for all plans except Multi Trip-plans Comprehensive Enhanced Multi-Trip Plan: Up to \$5,000 per trip
	TRIP INTERRUPTION COVERAGE	All Comprehensive Enhanced and Non-Medical Enhanced Plans: Up to 150% of the sum insured + \$10,000 Return Flight Benefit Comprehensive Basic and Non-Medical Basic Plans: Up to 100% of the sum insured + \$5,000 Return Flight Benefit
	Missed Departure Coverage	Included in Delayed Departure Sublimit for all applicable plans
	Delayed Departure Coverage	All Comprehensive Enhanced and Non-Medical Enhanced Plans: \$350/day up to \$3,500 Comprehensive Basic and Non-Medical Basic Plans: \$150/day up to \$1,500
- Comprehensive Enhanced Plan Single and Multi-Trip - Comprehensive Basic Plan Single Trip - Emergency Medical Plan Single and Multi-Trip	EMERGENCY MEDICAL COVERAGE	International Comprehensive Enhanced Medical Plans: \$5,000,000 Comprehensive Basic Plan: \$2,000,000
		Domestic Comprehensive Enhanced and Basic Plans: \$25,000
		No Coverage for Non-medical Plans
	Emergency Dental Expense Limit	All Comprehensive Enhanced Plans: \$2,000 All Comprehensive Basic and International Medical Plans: \$1,000
	Medical expenses abroad incurred during the trip	Overall Emergency Medical limit for all applicable plans
	Admission to a hospital because of an illness or accident during the trip	Overall Emergency Medical limit for all applicable plans
	Transfer to a hospital near to your home	Overall Emergency Medical limit for all applicable plans
	Admission to a hospital abroad without a family member by your side	All Comprehensive Enhanced and International Medical Plans: Round trip Economy Fare up to \$3,000 + \$350 /day up to \$3,500 for expenses All Comprehensive Basic Plans: Round trip Economy Fare up to \$3,000 + \$250 /day up to \$1,500 for expenses
	Care of a disabled person or your child(ren) under 19 years old travelling with you	All Comprehensive Enhanced and International Medical Plans: \$350 /day up to \$3,500 All Comprehensive Basic Plans: \$250/day up to \$1,500
	Extension of trip in a hotel after an illness or an accident	All Comprehensive Enhanced and International Medical Plans: \$350/day up to \$3,500 All Comprehensive Basic Plans: \$250/day up to \$1,500
	Repatriation and funeral costs in case of death of an insured during the trip	\$10,000 for all plans

	Early return of a travel companion	One way Return Economy ticket for all applicable plans
	Return of <i>Baggage</i>	\$1,000 for all applicable plans
	Return to Destination	Round trip Economy Fare up to \$5,000 for all applicable plans
	Pet Return	\$500 for all applicable plans
	Return of Vehicle/Watercraft	\$5,000 for all applicable plans
	Medical referral	Assistance Services
	Replacement of eyeglasses	Assistance Services
	Interpretation/Translation	Assistance Services
	Emergency Message Relay	Assistance Services
	Telemedicine	Assistance Services
- Comprehensive Enhanced Plan Single and Multi-Trip - Comprehensive Basic Plan Single Trip - Non-Medical Enhanced Plan Single Trip - Non-Medical Basic Plan Single Trip	BAGGAGE AND PERSONAL EFFECTS COVERAGE	Comprehensive Enhanced Single Trip and Non-Medical Enhanced Plans: \$2,000 Comprehensive Basic and Non-Medical Basic Plans: \$500 Comprehensive Enhanced Multi Trip Plan: Up to \$2,000 per trip
	Expenses incurred because of the delayed delivery of <i>baggage</i>	All Comprehensive Enhanced and Non-Medical Enhanced Plans: \$500 Comprehensive Basic and Non-Medical Basic Plans: \$250
	Loss, damage, and <i>theft</i> of <i>baggage</i>	All Comprehensive Enhanced and Non-Medical Enhanced Plans: \$500 limit per item or set of items Comprehensive Basic and Non-Medical Basic Plans: \$250 limit per item or set of items
	Travel Documents Coverage	Included in Baggage Coverage Limit for all applicable plans
	Sporting Equipment Coverage	Included in Baggage Coverage Limit for all applicable plans
	Expenses incurred because of the delayed delivery of <i>sporting equipment</i>	Included in Baggage Delay Sublimit for all applicable plans
- Comprehensive Enhanced Plan Single and Multi-Trip - Non-Medical Enhanced Plan Single Trip	TRAVEL ACCIDENT COVERAGE	\$100,000 – Flight Accident
		\$50,000 – Travel Accident

END of Insurance Policy

Europ Assistance, the Europ Assistance logo with the tag line: “you live. we care” are trademarks of Europ Assistance Holding and are used by it, and by its affiliates under license.

Privacy Notice

This privacy notice explains how, and for what purposes, we, Europ Assistance S.A. Canada Branch (operating as “Europ Assistance Canada”) and our service providers and/or affiliates, as applicable to collect, use and disclose your personal information. Please read it carefully. We may amend and update this privacy notice from time to time. The most current version will be posted on our website at www.europ-assistance.ca

This privacy notice applies to the personal information of our clients or potential clients from who we collect personal information, whether directly or indirectly. It does not apply to information about our employees or to information that is not personal information.

Which legal entity will use your personal information?

Your insurer Europ Assistance Canada will collect, use, and disclose your personal information in the course of its business in Canada. Europ Assistance Canada and its affiliates, which provides emergency assistance and claims administration services related to your travel insurance, will also collect, use, and disclose your personal information.

How do we collect, use, and disclose your personal information?

We collect, use, and disclose your personal information for insurance purposes, including:

- To execute and fulfill your contract, we collect, use, and disclose your personal information to:
 - underwrite insurance and manage related risks,
 - perform eligibility checks,
 - provide you with an insurance quote,
 - process your payments,
 - administer your insurance policy,
 - provide you with travel insurance services,
 - investigate and administer your travel insurance claims, and
 - respond to your inquiries and complaints.
- To fulfil our legitimate interests, we may also collect, use and disclose your personal information to:
 - perform fraud prevention and management,
 - conduct and manage customer satisfaction surveys and checks,
 - continuously improve our products and the way they are put together and offered, and
 - continuously improve the efficiency and the rapidity of our claim management system (e.g., perform analytics, improve the user experience; debug and conduct research; provide customer service and training).

- To comply with our legal obligations, we may collect, use, and disclose your personal information to:
 - fight against money laundering,
 - fight against the financing of terrorism,
 - comply with Canadian and international economic and financial sanctions, and
 - comply with other laws applicable to us.

Why do we need your personal information?

We need your personal information to provide travel insurance services to you. If you choose not to provide us with personal information, we will not be able to go ahead with the contract and provide the relevant travel insurance services to you.

What personal information do we collect?

We only collect personal information that is strictly needed for the above purposes. In particular, we will collect:

- your name, contact details, date of birth and identification documents (for example, passport),
- your banking and/or payment details,
- your health and medical information, if applicable,
- your travel-related information, including information about other people who are travelling with you, and
- information contained in any document you provide to us to handle your claim or complaint.

Personal information does not include business contact information about an employee of an organization when that information is used to communicate with the employee about their employment, or aggregated information that is anonymized so that it cannot be associated with a specific person.

Do we collect personal information without consent?

We will only collect, use, and disclose your personal information with your consent, unless otherwise permitted by law.

Your consent may be express or, in certain conditions, implied (for example, if you request a service and then provide the personal information necessary for that service). In determining the appropriate form of consent, we will take into account the sensitivity of the personal information and your reasonable expectations. When collecting sensitive information, such as health information, we will require your express consent. Your consent may be provided directly to us by you or given by an authorized representative acting on your behalf or to a third party acting on our behalf, to be provided to us.

Do we collect personal information about you from third parties?

In most cases, we collect personal information directly from you. However, we may also collect personal information from other organizations and persons who have information about you, including licensed physicians, medical practitioners, hospital clinics or other medical or medically

related facilities, other insurance companies, government health insurance plans, your travel companions, insurance agents/brokers, your travel service provider, and our service providers.

We may also collect personal information from you about other people who are travelling with you. By providing information to us about the people travelling with you, you confirm that you have the consent of those other people to the collection, use and disclosure of their personal information as outlined in this privacy notice.

Who do we share your personal information with?

We may share your personal information with other Europ Assistance and Generali Group subsidiaries and external organizations such as our auditors, reinsurers, co-insurers, claims handlers, agents, and distributors that from time to time need to provide the services covered by your policy, and other organizations that carry out technical, organizational, and operational activities supporting the insurance.

We may also disclose your personal information in connection with an actual or prospective business transaction, including a sale of Europ Assistance S.A. or any affiliate or a corporate reorganization, provided that the personal information we disclose may only be used by the other party to evaluate the possible transaction, or, on completion of any such transaction, for the purposes set out in this privacy notice.

We may also share certain relevant information about your complaint (e.g., complaint status, type, reason) with your travel services provider to the extent that such information is needed to adequately perform the contract travel services provider has with you.

How do we protect your personal information?

We have internal practices that govern the collection, use, disclosure, protection, retention, and destruction of personal information.

Personal information recorded in paper documents is securely stored in our offices in Canada or in secure off-site storage facilities in Canada. Electronically recorded information is stored on computer systems maintained by us, our affiliates, and our service providers. Your personal information may be disclosed outside of your province of residence and may be processed and stored in countries other than Canada and may be subject to the laws of those countries. For example, personal information processed or stored outside Canada may be accessible to the governments, courts, law enforcement or regulatory agencies of those countries through their local laws.

We will establish a file from which your personal information will be used to provide you with travel insurance services, and process claims. We will protect your personal information against such risks as loss or theft, unauthorized access, disclosure, copying, use, modification, or destruction by security safeguards appropriate to the sensitivity of the information. Such controls include physical, technological, and organizational safeguards. Only our employees and contractors who need to access the information to perform their duties are granted access to your personal information, and they are required to protect the confidentiality of personal information and to comply with all applicable privacy laws.

Our contracts with our service providers require that our service providers keep all personal information confidential and secure and have privacy policies and security standards with respect to personal information that are comparable to ours.

What are your rights regarding your personal information?

You can exercise the following rights regarding your personal information:

Access – you may request access to your personal information. This includes the right to be informed of the source of any personal information about you that we collect from third parties.

Rectify – you may ask us to correct personal information that is inaccurate or incomplete.

Withdraw consent – you may ask to withdraw your consent at any time for the collection, use or disclosure of your personal information for which you have previously provided consent by giving us reasonable notice, subject to certain exceptions. If you withdraw your consent, we may be unable to continue to provide insurance services to you. You may contact us for more information regarding the implications of withdrawing consent.

You can exercise your rights by contacting our Chief Privacy Officer at:

privacycompliance@europ-assistance.ca

Subject to satisfactory proof of your identity, you will be provided with appropriate access to your personal information. In certain situations, we may not be legally permitted to provide access to all of your personal information. For example, we cannot provide access to personal information relating to other people or personal information protected by legal privilege. If we deny your request for access to your personal information, we will provide you with the reason for denying access.

You may exercise your access rights free of charge. However, we may charge a reasonable fee for copying or transmitting your personal information. We will advise you of any charges in advance.

What are your rights if we use automated decision-making processes?

To handle your claim and respond to you more rapidly, we may use a claim management system that scans and analyses the content of your claim and the supporting documents. The assessment of your claim is therefore fully automated and there is no human intervention in the decision-making process. Based on the reading and interpretation of the supporting documents you provided, the claim management system will assess whether your claim meets the terms and conditions of your policy and whether to accept or reject your claim, in full or in part.

We regularly audit our claim management system to ensure it remains fair, effective, and accurate.

In all cases, you have the right to obtain an explanation of the decision regarding your claim, challenge it and request that one of our operators reviews the decision manually. To do so, you can send an email to privacycompliance@europ-assistance.ca as you can always do for manual claims handling.

We will also use your personal information to continuously improve the efficiency and the rapidity of our claim management system. You have the right to ask us not to use your personal information for this specific purpose.

DO WE USE YOUR PERSONAL INFORMATION TO OFFER OTHER PRODUCTS AND SERVICES?

Where the law allows it, we may use the personal information you provide to communicate with you to offer you other products and services. The collection, use and disclosure of your personal information for such marketing purposes is optional, and is not required as a condition for doing business with us. You may withdraw your consent to these optional uses at any time by contacting us at privacycompliance@europ-assistance.ca

We do not sell, trade, or disclose our customer lists for marketing purposes.

How long do we retain your personal information?

We will retain your personal information for as long as is necessary for the purposes set out above, or for as long as the law requires. Depending on the circumstances, where personal information has been used to make a decision about you, we shall retain, for a period of time that is reasonably sufficient to allow for access by you, either the actual information or the rationale for making the decision.

When personal information is no longer necessary, we destroy or anonymize such information. In view of the ongoing exposure to potential insurance claims, where necessary, some of the personal information collected for insurance purpose may be kept indefinitely.

Who do you contact with questions or complaints about our privacy practices?

If you have any questions, concerns, or complaints about our privacy practices, you can contact our Chief Privacy Officer, who is responsible for the protection of personal information, at:

Chief Privacy Officer
Europ Assistance S.A. (Canadian Branch)
privacycompliance@europ-assistance.ca

We will investigate all complaints about our privacy practices and will inform you of the outcome of the investigation regarding your complaint. If a complaint is found to be justified, we shall take appropriate measures to resolve the complaint including, if necessary, amending our policies and procedures

	
IN THE EVENT OF AN EMERGENCY, CALL: 1-888-726-1559	
TOLL-FREE FROM THE USA AND CANADA OR 416-934-2080	
COLLECT WHERE AVAILABLE	
NAME	DEPARTURE DATE
POLICY#	END DATE

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is **24 hours a day, every day of the year.**

Extensions or Top-Ups must be requested before policy expires, provided there are no claims.

Please call the Assistance Centre in an emergency, or prior to any treatment. If it is medically impossible for you to call, please have someone call on your behalf.

