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TRAVEL INSURANCE



INSURANCE **GUIDE** AND TRAVEL INSURANCE **POLICY**

PROUD PARTNER OF THE CHILDREN'S WISH FOUNDATION OF CANADA



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INSURANCE GUIDE AND TRAVEL INSURANCE POLICY

Blue Cross Travel Insurance

Name of product

Blue Cross Travel Insurance

Type of product

Individual travel insurance policy

Insurer

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INSURANCE GUIDE

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Note: words in bold and italic type in the text are found under "Definitions" on pages 5 and 6.

WHY AN INSURANCE GUIDE?

The purpose of this guide is to describe the travel insurance benefits. It gives you simple and concise information to help you better understand the benefits. You can then judge for yourself whether this product is right for you in the absence of an insurance advisor.

The guide provides you with a summary of the principal exclusions and restrictions of your policy. Refer to pages 40 to 88 of your policy for all the clauses in your contract.

THE INSURER

Your insurance policy is underwritten by the Canassurance Hospital Service Association (a mutual benefit association and non-profit corporation). This insurer operates under the name of Québec Blue Cross. However, some benefits are covered by Canassurance Insurance Company.

DESCRIPTION OF BLUE CROSS TRAVEL INSURANCE

Definitions: here are a few definitions to help you understand the policy. The complete list of definitions can be found on pages 49 to 52 of your insurance policy.

Accident: an external, violent, sudden, unforeseeable, unavoidable and involuntary event causing direct bodily injury to the insured person, independently of all other causes. This must occur when the insurance is in effect.

Age: means the age of the covered person at the time the present contract is purchased.

Beneficiary: refers to the person to whom the insurer will pay the death benefit upon the death of the *insured*. If no one has been named, the benefit is payable to the estate of the *insured*.

Contract holder: means the person designated as such on the insurance certificate.

Dependent child: means a child of the contract holder, his spouse, or both, over 30 days old before departure, who is dependent on the contract holder, who is not married, and who is:

- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is at least 31 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada.

In a single-parent or family plan, any child of the contract holder or his spouse born after the effective date of the contract is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Family member of the insured refers to:

The spouse;

A child of the **insured** or the spouse;

The father or mother;

A brother, a sister, a half-brother, a half-sister;

The grandparents and the grandchildren;

The mother- and father-in-law, a brother- or sister-in-law;

A son-in-law or a daughter-in-law;

An uncle or an aunt, a nephew or a niece.

However, only the **underlined members from the above list designate the immediate family members.**

Insured: refers to the insured person and could include, depending on the benefit, the contract holder, his/her spouse or their dependant children.

Loss: refers to personal or physical damage covered by the insurer due to an **accident** or an event listed in the risks insured.

Minor ailment: refers to any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a physician, or;
- a hospitalization, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.

Pre-existing conditions: refers to a health condition (with the exception of a **minor ailment**) already existing at the time the insurance contract is purchased or at the time of departure. Pre-existing conditions are a reason for exclusions. Benefit exclusions are a reason for claims refusal (exclusion or restriction).

Sudden illness: sudden and unforeseeable illness that must be confirmed by a physician.

1- TYPES OF BENEFITS OR SERVICES OFFERED

Blue Cross Travel Insurance is a travel insurance product. It offers a number of benefits or services individually, as packages or in combination. Here is what is offered to you.

NB: the different combinations are listed on pages 22 and 23 of this guide. **Make sure that you have received a copy of the insurance certificate indicating your chosen benefits.**

A) Emergency Medical Care Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see pages 56 to 65 of the policy.

Benefits will be paid for expenses incurred following an emergency resulting from an *accident* or *sudden illness* that occurs on a trip during the coverage period.

Eligible costs are limited to what is declared necessary for the stabilization of the medical condition.

Eligible costs come under 3 categories:

- hospitalization fees, medical and paramedical fees;
- transportation costs;
- subsistence allowance.

For reimbursable costs, refer to pages 57 to 60 of the policy.

The benefits provided by this coverage are over and above and are not a substitution for benefits granted by government programs: the insurer does not reimburse what is paid by the governments.

Benefit exclusions, limitations or reductions

WARNING

Principal exclusions relating to the Emergency Medical Care benefit

Pre-existing conditions

A claim will be refused if the claimed charges are due, directly or indirectly, to one of the following causes:

1. FOR PERSONS:

- **under the age of 61 and covered by Individual, Package, Annual or Summertime Blue™ Insurance, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and including the Trip Cancellation or Interruption benefit with an insured amount before departure:**

During the 3 months prior to the most recent of the following dates:

- **the beginning of the coverage, or;**
- **the departure date of the current trip.**
- a) **any illness, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the insured person:**
 - **consulted a physician (other than for a regular checkup), or;**
 - **was hospitalized, or;**
 - **was prescribed or received a new treatment, or;**
 - **received a change in an existing treatment, or;**
 - **was prescribed or had taken a new medication, or;**
 - **received a change in existing medication (including usage or dosage).**

The insurer does not consider a change in existing medication the following elements:

- **the routine adjustment of insulin or Coumadin;**
- **a change from a brand name medication to a generic brand medication, provided the dosage is the same;**
- **Aspirin taken for non-prescribed medical purposes;**
- **decrease of the dosage of cholesterol medication;**
- **hormone replacement therapy;**
- **vitamins and minerals and non-prescription medication;**
- **creams or ointments prescribed for cutaneous irritations.**

- b) any heart condition for which the insured person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.**
- c) any pulmonary condition for which the insured person was treated with home oxygen or had recourse to a corticoid therapy.**

2. FOR PERSONS:

- **aged 61 to 75 and covered by Individual, Annual or Summertime Blue™ Insurance, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and not including the Trip Cancellation or Interruption benefit with an insured amount before departure, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 31 days or more, or;**
- **aged 76 or over:**

During the 6 months prior to the most recent of the following dates:

- **the beginning of the coverage, or;**
- **the departure date of the current trip.**

- a) any illness or condition related to one of the medical conditions listed below for which the insured person:**

- consulted a physician (other than for a regular checkup), or;
- was hospitalized, or;
- was prescribed or received a treatment, or;
- was prescribed or had taken a medication for:
 - **Cardiovascular conditions:** myocardial infarction, angina, arrhythmia, pacemaker, defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease;
 - **Chronic obstructive lung conditions:** asthma, emphysema, chronic bronchitis, lung transplantation;
 - **Neurological conditions:** cerebral-vascular accident, transient ischemic attack;
 - **Insulin-dependent diabetes:** diabetes treated with insulin injections;
 - **Kidney failure, kidney transplantation;**
 - **Gastrointestinal conditions:** cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction;
 - **Cancer or malignant tumor.**

During the 6 months prior to the most recent of the following dates:

- the beginning of the coverage, or;
- the departure date of the current trip.

- b) any other illness, injury or conditions (with the exception of a *minor ailment*) related to a medical condition for which the insured person:**
- consulted a physician (other than for a regular checkup), or;
 - was hospitalized, or;
 - was prescribed or received a new treatment, or;
 - received a change in an existing treatment, or;
 - was prescribed or had taken a new medication, or;

- received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

Other exclusions concern conditions, activities or events not covered, particularly hazardous sports or sports for remuneration, the abuse of medications, alcohol or drugs, wars or armed conflict.

In addition, only care or treatments that are covered by your government health and hospitalization plan are covered by this travel insurance. For example, treatment provided for esthetic purposes is excluded.

Your claim could be refused if you fail to contact CanAssistance before incurring fees for medical consultation or hospitalization. For more details, see “Claims for all benefits”, on pages 32 and 33 of this guide and pages 54, 57 and 65 of the policy.

All exclusions and reductions are described in the policy under “What is not covered”, pages 60 to 65.

B) Trip Cancellation or Interruption Benefit

For benefit details, validity requirements, exclusions or restrictions, please see pages 66 to 72 of the policy.

The Trip Cancellation or Interruption benefit will reimburse the non-refundable expenses incurred if you or your travelling companion must cancel or interrupt the trip.

The event must be sufficiently serious, directly affect the insured and require that the trip be cancelled, interrupted, extended or modified; for example if yourself, your family member or a travelling companion must be hospitalized following an accident or illness.

Any event known prior to making your reservations and that would be likely to prevent you from making the trip as planned cannot be considered as a valid cause of cancellation.

The insured amount must be equivalent to the total prepaid travel expenses that are non-refundable.

For reimbursable costs, refer to pages 67 and 68 of the policy under “**Benefits**”.

Benefit exclusions, limitations or reductions

WARNING

Primary exclusions related to the Trip Cancellation or Interruption benefit

Pre-existing conditions

A claim will be refused if the claimed charges are due, directly or indirectly to:

During the 3 months prior to the most recent of the following dates:

- **the beginning of the coverage, or;**
- **the purchase of the foreseen or current trip.**

a) an illness, injury or a medical condition (with the exception of a *minor ailment*) for which the insured person:

- **consulted a physician (other than for a regular check-up), or;**
- **was hospitalized, or;**
- **was prescribed or received a new treatment, or;**
- **received a change in an existing treatment, or;**
- **was prescribed or had taken a new medication, or;**
- **received a change in existing medication (including usage or dosage).**

The insurer does not consider a change in existing medication the following elements:

- **the routine adjustment of insulin or Coumadin;**
- **a change from a brand name medication to a generic brand medication, provided the dosage is the same;**
- **Aspirin taken for non-prescribed medical purposes;**
- **decrease of the dosage of cholesterol medication;**
- **hormone replacement therapy;**
- **vitamins and minerals and non-prescription medication;**
- **creams or ointments prescribed for cutaneous irritations.**

b) a heart condition for which the insured person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.

c) a pulmonary condition for which the insured person was treated with home oxygen or had recourse to a corticoid therapy.

Other exclusions concern conditions, activities or events not covered, particularly hazardous sports or sports for remuneration, the abuse of medications, alcohol or drugs, wars or armed conflict.

For a trip cancellation or interruption claim to be accepted, the reason must be serious enough to prevent the trip from taking place.

The cause for the trip cancellation or interruption must not appear under this benefit's Exclusions and Reductions of coverage on pages 68 to 72 of the insurance policy.

C) Emergency Return Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see page 73 of the policy.

This benefit is not compulsory. However, for Emergency Return to apply, your contract must also include the Emergency Medical Care benefit.

The Emergency Return benefit covers transportation expenses for the return to your province of residence and return to the original trip destination in the event of:

- the death or hospitalization of a ***family member of the insured***;
- a loss at the principal place of residence of the ***insured***.

The causes for an early return accepted by the insurer are described in the policy. For expenses to be reimbursed, you must be in one of situations described on page 73 of the policy.

Benefit exclusions, limitations or reductions

WARNING

Primary exclusions related to the Emergency Return benefit

Only one emergency return per trip shall be reimbursed.

When applying for insurance and/or upon departure, the *insured* person must not be aware of any reason which would keep him from continuing his trip as originally planned.

Accommodation costs during transportation are not covered.

Exclusions and reductions are described in the policy under “What is not covered” on page 73.

D) Accidental Death or Dismemberment Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see pages 74 to 76 of the policy.

This benefit covers you for accidental death or the *loss* of use of one or more limbs.

The *loss* must result directly from an *accident* sustained during the period of coverage, that is, during the trip. *Loss* must occur within 12 months of this *accident*.

The insurer shall pay an amount shown in the “**Benefits Chart**” on page 74 corresponding to the percentage payable of the sum insured as indicated on your insurance certificate.

Benefit exclusions, limitations or reductions

WARNING

Primary exclusions related to the Accidental Death or Dismemberment benefit.

Some occurrences are not covered such as an act of terrorism, a criminal act, war, suicide, alcohol abuse or some hazardous activities.

Exclusions and reductions are described in the policy under “What is not covered” on pages 75 and 76.

E) Air Flight Accident Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see pages 77 to 78 of the policy.

This benefit covers you for accidental death or the *loss* of use of one or more limbs during your trip. You must be travelling as a paying passenger aboard an aircraft, a helicopter, or a land or water conveyance provided by the airline company. It covers you whether you are victim of an emergency landing, lost aircraft or an *accident* occurring while you are waiting at the airport.

Loss must occur within 12 months of this *accident*.

The Insurer shall pay an amount shown in the “**Benefits Chart**” on page 77 of the policy, corresponding to the percentage payable of the sums insured as indicated on your insurance certificate.

Benefit exclusions, limitations or reductions

WARNING

Primary exclusions related to the Accidental Death or Dismemberment and Air Flight Accident combined benefit.

Some occurrences are not covered such as an act of terrorism, a criminal act, war, suicide, alcohol abuse or some hazardous activities.

Exclusions and reductions are described in the policy under “What is not covered” on page 78.

F) Baggage Benefit

For benefit details, validity requirements, exclusions or restrictions, please see pages 79 to 81 of the policy.

This benefit shall cover *loss* of or damage to your baggage during a trip.

In the event the checked baggage is delayed by the carrier for 12 hours or more on the way to destination and before returning to the point of departure, the Insurer will reimburse 50% of the amount covered, up to a maximum reimbursement of \$500 for the purchase of necessary toiletries and clothing.

In the event of loss or theft of your passport, driver's license, birth certificate or travel visa, the Insurer shall reimburse the fees for replacement up to a maximum of \$50.

Benefit exclusions, limitations or reductions

WARNING

Primary exclusions related to the Baggage benefit

Some occurrences are not covered such as theft from an unattended automobile or other vehicle or breakage of fragile and easily breakable articles.

The Insurer shall not be liable beyond the actual cash value of the property at the time of loss or damage.

Exclusions and reductions are described in the policy under "What is not covered" on pages 80 and 81.

G) Car Rental Physical Damage Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see pages 82 to 84 of the policy.

If you have an accident with the car you rented while travelling, this benefit will cover the fees for which you are responsible, by the rental contract. You are discharged of the repairing fees incurred by the accident and requested by the rental company.

The benefit also covers damages caused by collision, fire, theft or vandalism.

This benefit can be chosen individually or be added to a package subscription.

Benefit exclusions, limitations or reductions

WARNING

Limitations and exclusions related to Car Rental Physical Damage benefit

Limitations

The vehicle must be rented in a commercial car rental agency for a maximum duration of 60 days.

At the time of the accident, the driver must be authorized to drive this vehicle, as indicated on the rental contract.

Any amount due by the insurer will be reduced by the sums paid by the rental agency or its insurer.

The insurer will reimburse the fees engaged only if all conditions, described in the policy on pages 53 to 55 and page 82, were respected.

Exclusions

No sums are paid if the insured person is in violation of the conditions of the rental contract or of the insurance contract.

Vehicles rented for professional purposes, monthly or yearly, leisure vehicles or luxury vehicles are not covered by this benefit.

Exclusions and reductions are described in the policy under “What is not covered” on pages 83 and 84.

H) CanAssistance Travel Assistance Benefit

For benefit details, eligibility requirements, exclusions or restrictions, please see pages 85 and 86 of the policy.

Assistance services are included in each benefit. Wherever you are, you may contact CanAssistance, whose experienced agents can be of great help with:

- referral to an appropriate physician, clinic or hospital;
- follow-up of the medical file, at destination;
- communication with the family physician;
- services of an interpreter;
- repatriation of the *insured* person and *dependent children*;
- referral to legal counsel in the event of a serious *accident*;
- information about embassies, consulates, vaccines, etc;
- transmission of important messages;
- assistance in the event of *loss* or theft of identification papers or credit cards.

In the event of an emergency, you must contact CanAssistance before incurring any fees, otherwise your claim could be refused. For more details, see the section “Claims for all benefits” in this guide on pages 32 and 33 and the Notice on page 85 of the policy.

I) Medical Follow-Up in Canada Benefit

For benefit details, eligibility requirements or restrictions, please see page 87 of the policy.

This benefit only protects *insured* persons who are hospitalized out of the country and repatriated to their place of residence in Canada at the insurer's expense.

This coverage is automatically included with the Emergency Medical Care benefit.

Covered medical expenses are home healthcare fees, semi-private room, transportation fees and medical appliances. This benefit applies only if you subscribed to the Emergency Medical Care benefit.

WARNING

Primary conditions related to the Medical Follow-Up in Canada benefit

This benefit is valid for a period of 15 days following the repatriation and is not valid if the insured person refused to be repatriated to the country.

2- INDIVIDUAL SUBSCRIPTION OR PACKAGE SUBSCRIPTION TO OUR BENEFITS

A) The following benefits can be chosen in combination or individually:

- Emergency Medical Care (including Medical Follow-Up in Canada and Travel Assistance) and Emergency Return;
- Trip Cancellation or Interruption;
- Baggage;
- Accidental Death or Dismemberment;
- Air Flight Accident;
- Car Rental Physical Damage.

B) The preceding benefits can be chosen within a package as described below:

Package Plus, Standard Package and Canada Package

Emergency Medical Care, Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident, Baggage, Medical Follow-up in Canada and CanAssistance Travel Assistance.

Package Plus, and Standard Package without medical expenses

Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident, Baggage and CanAssistance Travel Assistance.

Package Plus, Standard Package and Canada Package without Cancellation

Emergency Medical Care, Accidental Death or Dismemberment, Air Flight Accident, Baggage, Medical Follow-up in Canada and CanAssistance Travel Assistance.

The Canada Package insurance only applies within the limits of the Canadian borders. Any trip made out of the border is not covered.

Annual

Emergency Medical Care, Trip cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident, Baggage, Emergency Return, Medical Follow-up in Canada and CanAssistance Travel Assistance, depending on the options chosen.

Summertime Blue™ (available only to people 75 years of age and less)

Emergency Medical Care, Medical Follow-up in Canada and CanAssistance Travel Assistance.

IMPORTANT

These benefits apply only when mentioned on your insurance certificate and when your premium has been paid in full.

Each benefit except for Emergency Return benefit can be taken separately. The Emergency Return benefit must be subscribed with Emergency Medical Care benefit (Annual or Individual).

The Emergency Medical Care benefit must be included in your contract for Medical Follow-Up in Canada to apply.

3- SUMMARY OF APPLICABLE CONDITIONS – DEPENDING ON YOUR CHOICE OF BENEFITS

A) Who this travel insurance covers

All benefits apply to any Canadian resident who is a beneficiary under the medical and hospital insurance plan in his province of residence (for example, the public health insurance cardholder).

B) Maximum sums insured covered by the benefits

- **Emergency Medical Care benefit:** \$5,000,000.
- **Trip Cancellation or Interruption benefit:** according to your chosen amount, as indicated on your insurance certificate.
- **Baggage benefit:** \$500, \$1,000, \$1,500 or \$2,000, according to your chosen option.
- **Accidental Death or Dismemberment benefit:** \$50,000, \$100,000 or \$150,000 according to your chosen option.
- **Air Flight Accident benefit:** \$100,000, \$200,000 or \$300,000, according to your chosen option.
- **Car Rental Physical Damage benefit:** up to \$50,000.
- **Medical Follow-up in Canada benefit:** \$50, \$150, \$250 and \$1,000 according to the covered amounts.

C) *Beneficiary* of the insurance

The person or persons named in your contract, otherwise, your estate.

D) Payment of the premium

The premium is paid in a single installment as indicated on your insurance certificate. It must be paid in full before your departure.

E) Beginning and end of the insurance contract

1- Benefits subscribed individually

i) Emergency Medical Care, Emergency Return, Accidental Death or Dismemberment, Air Flight Accident and Baggage benefits

- Coverage begins on the last of the following dates: the subscription date or your departure date.
- Coverage ends on the first of the following dates: your return date or the contract expiry date.

ii) Trip Cancellation or Interruption benefit

- Coverage begins on the last of the following dates: the subscription date or the date you pay your first deposit on the price of your trip.
- Coverage ends on the first of the following dates: the moment you return to your departure point or on the return date indicated on your insurance certificate if your trip has not ended.

iii) Car Rental Physical Damage benefit

- Coverage begins on the last of the following dates: the effective date of your contract or the date you take possession of the vehicle.
- Coverage ends on the first of the following dates: the contract expiry date or the date you return the vehicle to the car rental agency.

2- Other products

i) Annual

- This insurance is valid for a 365-day period (one year) from the date it is in effect.
- It ends on the expiration date indicated on your insurance certificate, that is, one year after it is in effect.
- This insurance covers you for each trip taken outside the province you live in providing the duration of each trip does not exceed the number of days you have chosen: 15, 30, 60, 90, 120, 150 or 180 days.

The maximum duration of each trip is indicated on your insurance certificate.

ii) Summertime Blue™

- This plan covers all your trips taken between the first Monday of June and the first Tuesday of September, regardless of the trip destination or duration.
- The contract is in effect on the last of the following dates:
 - the first Monday of June of the current year at 00:01, or;
 - the date the premium is received by Québec Blue Cross or an authorized distributor.

F) Extending the insurance contract

The duration of your insurance contract can be extended by the insurer at the request of the insured, except for Summertime Blue. To do so, contact the insurer at the phone numbers mentioned on page 88 of the policy.

The contract can be extended if the request is made before it ends, if the *insured* pays the additional premium and is still eligible for insurance.

If the *insured* person files a claim during the initial period of coverage, the insurer's approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The insurance cost will be modified for the entire length of the trip if it is different for this reason.

Insurance contract benefits are automatically extended at no cost under the following circumstances:

- extended 24 hours when the return is delayed due to a delay by the carrier, a traffic *accident* or the breakdown of a private vehicle returning to the departure point;
- extended for the duration of hospitalization of the *insured* and for the next 24 hours;
- extended up to 72 hours when return is delayed due to an illness of the *insured* that began within the 24 hours preceding the return and that requires emergency medical care.

G) Automatic Renewal

The automatic renewal is an option offered with the **Annual** product only.

If the automatic renewal option has been selected, as indicated on your travel insurance certificate, a new contract will automatically be issued on the expiry date of the current contract. The new contract provides the same benefits and will be issued to the same insured persons, provided they continue to meet the eligibility criteria.

In order to be eligible for the automatic renewal, the *insured* person must be 60 years old or less at the time of renewal, and dependent children must still meet the contract definition.

One month prior to the expiry date of the current contract, the insurer will issue a renewal notice. The notice will be sent to the contract holder and instructions will be provided to modify the contract, if necessary.

The premium for the new contract will automatically be charged to the credit card on file that was used to pay the premium for the present contract. The premium for the new contract must be paid in full in order for the new contract to be effective. The premium charged will be according to the one in effect for the **Annual** product, when the renewal is issued.

H) Top-up Insurance

You may purchase top-up insurance to complete another medical insurance you hold with another insurer. Only the Emergency Medical Care benefit under Individual product is available as top-up.

WARNING

Blue Cross top-up insurance purchased to top-up another insurance, may differ from the insurance that covers the initial part of your trip because of the terms, conditions and exclusions contained in the policy.

Moreover, it is important to know that any claim that occurs during the initial part of your trip will not be covered by Blue Cross top-up insurance.

It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of a Blue Cross top-up insurance does not jeopardize your eligibility for the other insurance.

I) **Cancelling the insurance contract**

You may cancel your insurance contract. The conditions for cancellation differ depending on the benefits.

- **Emergency Medical Care, Baggage, Emergency Return, Air Flight Accident, Accidental Death or Dismemberment and Car Rental Physical Damage benefit**

You may cancel the contract within 10 days following subscription. Cancellation within 10 days is provided for in the *Act respecting the distribution of financial products and services*. A contract cannot be cancelled once the trip is underway.

- **Trip Cancellation or Interruption benefit**

With the cancellation benefit, you may cancel this contract within 10 days following subscription unless:

- the duration of the insurance contract is less than 10 days and your trip is already underway or;
- the insurance contract was purchased 11 days or less before your departure.

To obtain the reimbursement of your premium before your trip begins, you can either:

- contact your distributor or call Blue Cross Travel Insurance Customer Service directly at **514-286-8403** for the Montreal area, and at **1-800-361-5706** for all other areas;
- send the insurer by registered mail the *Notice of Cancellation of an Insurance Contract*, which you will find on page 35.

J) Reimbursement of the insurance contract

If you began your trip and must return earlier than planned:

In the event of early return, the premium can be reimbursed for the unused days if no claim was filed during your trip.

A \$25 administration fee applies on all reimbursements, except for premium reimbursements due to cancellation of the contract before departure.

Procedure:

Send a written claim to the travel insurance administration department, **including your contract number and proof of your return**. This proof could be your return ticket to the province of residence or a proof of purchase made in the province of residence (credit card slip, gas receipt).

If you have no proof of your return, the postmark date on the claim letter is considered as the return date and the reimbursement is calculated from the following day.

SEND YOUR CLAIM TO:

Blue Cross Travel Insurance

Travel Administration

550 Sherbrooke Street West, Suite B-9

Montreal QC H3A 3S3

No premiums are reimbursed under the Trip Cancellation or Interruption benefit, Annual insurance plan, Packages insurance plan (with Trip cancellation insurance before departure) and Summertime Blue™ plan once the contract is in effect.

K) Concealment, fraud or attempted fraud

If you conceal or misrepresent or if you attempt a fraud either at the time of application to the insurance, or at the time of claim or any other moment during the life of the contract, the contract will be deemed void and never to have existed. We will refund the premiums paid for the contract.

4- CLAIMS FOR ALL BENEFITS

A) Submitting a claim

Before undergoing a treatment covered under the Emergency Medical Care benefit, it is very important to contact CanAssistance beforehand so that the insurer can preauthorize this treatment. It is not necessary to contact CanAssistance immediately for the other benefits, but you must respect the deadlines below.

In these cases, **you must inform the insurer within 30 days** following the event giving rise to the claim to validate your claim. You must then send, within 90 days of the event, all information, and original, detailed receipts covering hospital and medical services and all other services.

When a claim has been submitted, the insurer reserves the right to demand, at his expense, medical exams and, if the law permits, an autopsy in the event of a death.

You may contact Blue Cross Travel Insurance customer service department for a claim form at the following numbers:

- Montreal area: 514-286-6690
- Other areas (toll-free): 1-800-387-2538

B) The insurer's response period

The insurer has **30 business days** following reception of all the documents needed to process your file to:

- i) pay you the benefit or to notify you that the payment was made to the provider of care or services (hospital, clinic, etc.), or;
- ii) refuse the claim in writing and give the reason or reasons that justify this decision.

Blue Cross has agreements with a network of health service providers worldwide. This enables us, if possible, to coordinate payments directly with the service providers. These relationships allow the client to receive treatment without having to submit invoices for reimbursement.

C) Appealing the insurer's decision and recourse

Should the insurer refuse the claim, you may contest or ask for a review of the insurer's decision. You must do so in writing and state your case or provide new documents that could alter the insurer's decision (ex: new document from your treating physician.)

Any request for review can be made **within the 12 months** following the insurer's refusal. You must send your supporting documents to the claims department at the following address:

**Blue Cross Travel Insurance
Travel Claims
P.O. Box 910 – Station "B"
Montreal QC H3B 3K8**

The insurer has **4 months** to contact you in writing or by telephone.

You may also consult with the Autorité des marchés financiers or your own legal counsel.

SUPPLEMENTARY INFORMATION

For any information concerning your travel insurance policy, first contact the insurer at:

- Montreal area: 514-286-8403
- Other areas (toll-free): 1-800-361-5706

For any additional information on the obligations of the insurer or distributor, contact the Autorité des marchés financiers at:

Autorité des marchés financiers

Place de la Cité, Tour Cominar

2640 Laurier Blvd., 4th Floor

Sainte-Foy, QC G1V 5C1

Toll free: 1-877-525-0337

Quebec City: 418-525-0337

Montreal: 514-395-0337

E-mail: renseignements-consommateur@lautorite.qc.ca

Website: www.lautorite.qc.ca

SIMILAR PRODUCTS

Other insurance companies offer travel insurance products. Check whether you already have travel insurance coverage and whether it contains any coverage exclusions, restrictions or reductions.

However, you can put your mind at ease knowing that you have just purchased Blue Cross travel insurance, recognized worldwide.

NOTES

Beginning of coverage: _____

End of coverage: _____

Amount of coverage: _____

Premium: _____

Other: _____

Notice of cancellation of an insurance contract

Notice given by a distributor

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

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

- The Act allows you to cancel an insurance contract you have just signed when signing another contract, without penalty, within 10 days of its signature. To do so, you must give the insurer notice by registered mail within that delay. You must use the following model.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.
- You may cancel your insurance contract at any time; but after the 10-day delay, penalties may apply.
- Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the trip cancellation insurance.
- Article 441 does not apply when the trip cancellation insurance contract is purchased within 11 days prior to the trip.

For further information, contact l'Autorité des marchés financiers at :
Quebec 418-525-0337, Montreal 514-395-0337
Toll free 1-877-525-0337

Notice of cancellation of an insurance contract

To: **Canassurance Hospital Service Association**

P.O. Box 910, Station B, Montreal, Quebec H3B 3K8

Date: _____
(date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract

no.: _____
(number of contract, if indicated)

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

In: _____
(place of signature of contract)

(name of client, in capital letters) (signature of client)

Sections 439, 440, 441 and 442 of the Act are reproduced on the back of this notice

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

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

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

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

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

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

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

HERE IS A SUMMARY CHART OF AVAILABLE PRODUCTS. EACH PRODUCT MAY CONTAIN ONE OR MORE BENEFITS. WARNING: THESE BENEFITS ARE APPLICABLE ONLY IF MENTIONED ON YOUR INSURANCE CERTIFICATE.

PRODUCTS	BENEFITS									
	Emergency Medical Care	Emergency Return	Trip Cancellation or Interruption	Accidental Death or Dis-memberment	Air Flight Accident	Baggage	Car Rental Physical Damage	CanAssistance Travel Assistance	Medical Follow-up in Canada	
INDIVIDUAL (p. 42)	•	•	•	•	•	•	•	•	•	
Can you choose these benefits individually?	Yes	Optional to Emergency Medical Care	Yes	Yes	Yes	Maximum \$500	Yes	No-included when you purchase at least one benefit	No-included with Emergency Medical Care	
ANNUAL (p. 45)										
- Emergency Medical Care	•	Optional to Emergency Medical Care						•	•	
- Package Option	•		•	•	•	•		•	•	
PACKAGE (p. 43) Assorted benefits according to the chosen Package										
- Package Plus, Standard Package and Canada Package	•		•	•	•	•	Optional	•	•	
- Package Plus and Standard Package without medical expenses			•	•	•	•	Optional	•		
- Package Plus, Standard Package and Canada Package without cancellation	•			•	•	•	Optional	•	•	
SUMMERTIME BLUE™ (p. 47)	•							•	•	

**Your
Travel
Insurance
Policy**

This is your insurance policy.

Read it carefully.

The insurance certificate attests the product purchased and determines the benefits of the contract.

The policy defines the various types of benefits and combined with your insurance certificate, constitutes your Travel Insurance contract.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

NOTICE REGARDING PERSONAL INFORMATION

By applying for our insurance products, you are consenting to our collecting, using and disclosing your personal information for the purposes of appraising your insurance application, confirming your coverage and/or benefits, processing or paying claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

**Chief privacy officer
Canassurance Hospital Service Association
and its subsidiaries¹
550 Sherbrooke Street West
Suite B-9
Montreal, QC H3A 3S3**

privacyofficer@qc.bluecross.ca

¹Canassurance Insurance Company and CanAssistance Inc.

PRODUCTS

Individual

What is covered

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the Trip Cancellation or Interruption benefit, the Accidental Death or Dismemberment benefit, the Air Flight Accident benefit, the Emergency Return benefit, the Baggage benefit, the Car Rental Physical Damage benefit, the CanAssistance Travel Assistance benefit and the Medical Follow-up in Canada benefit.

The covered person may choose one or several benefits.

The benefits are applicable only if indicated on the insurance certificate.

The following amounts represent the maximum sums payable per covered person, per benefit:

Benefit	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Trip Cancellation or Interruption	According to the amount shown on the insurance certificate
Accidental Death or Dismemberment	According to the amount shown on the insurance certificate
Air Flight Accident	According to the amount shown on the insurance certificate
Emergency Return	Unlimited
Baggage	According to the amount shown on the insurance certificate
Car Rental Physical Damage	Up to \$50,000
Travel Assistance	Included
Medical Follow-up in Canada	According to the amounts applicable

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Coverage is valid only if the premium has been paid before departure for the entire duration of the trip, including the departure and return dates.

Refund of premium

Any request for a refund of premium must be submitted to the Insurer's authorized agent from whom the insurance was purchased, before the effective date of the contract.

Following an early return, a refund could be made for the unused days, provided no claim was submitted. Unless the covered person presents proof to the contrary, the postmark on the letter will be considered as the date of return and the refund will be effective on the following day.

Administrative fees of \$25 per contract are deducted from any refund, except for refund due to cancellation of the contract before departure.

The refund of premium does not apply to the Trip Cancellation or Interruption benefit and the Emergency Return benefit.

Package

This insurance includes Package Plus, Standard Package, Canada Package, Package Plus without medical expenses, Standard Package without medical expenses, Package Plus without cancellation, Standard Package without cancellation, Canada Package without cancellation.

The following condition is in addition to those applicable to all benefits: the purchase and prepayment of land or sea arrangements or transportation ticket are compulsory.

What is covered

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the Accidental Death or Dismemberment benefit, the Air Flight Accident benefit, the Trip Cancellation or Interruption benefit, the Baggage benefit, the CanAssistance Travel Assistance benefit and the Medical Follow-up in Canada benefit.

The covered person must choose coverage under the Emergency Medical Care benefit or the Trip Cancellation or Interruption benefit, or both, but all other benefits of the Package Insurance are applicable.

The benefits are applicable only if indicated on the insurance certificate.

The following amounts represent the maximum sums payable per covered person, per benefit:

Benefit	Insured sums per person	
	Package Plus or Canada Package	Standard Package
Emergency Medical Care	Up to \$5,000,000	Up to \$5,000,000
Trip Cancellation or Interruption		
- Before departure	According to the amount shown on the insurance certificate	According to the amount shown on the insurance certificate
- After departure	Unlimited	Unlimited
Accidental Death or Dismemberment	Up to \$100,000	Up to \$25,000
Air Flight Accident	Up to \$300,000	Up to \$75,000
Baggage	Up to \$1,500	Up to \$500
Travel Assistance	Included	Included
Medical Follow-up in Canada	According to the amounts applicable	According to the amounts applicable

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Refund of premium

The refund of premium does not apply to Package Insurance with Trip cancellation insurance before departure.

For all Package Insurance without Trip cancellation insurance before departure, any request for a refund of premium must be submitted to the Insurer's authorized agent from whom the insurance was purchased, before the effective date of the contract.

Following an early return, the unused contract days could be refunded, provided no claim was submitted. Unless the covered person presents proof to the contrary, the postmark on the letter will be considered as the date of return and the refund will be effective on the following day.

Administrative fees of \$25 per contract are deducted from all refunds, except for refunds due to cancellation of the contract before departure.

Canada Package

The Canada Package is applicable only within the Canadian territory. Any trip outside Canada is not covered under this product.

Annual

What is covered

This plan covers the covered person for trips made outside his province of residence whose departure and return dates are included in the period of coverage, provided each trip does not last for more than the number of days chosen on the insurance certificate (15, 30, 60, 90, 120, 150 or 180 days). Proof showing the duration of the trip will be required at the time a claim is submitted.

In case of emergency during a trip, the insurance covers hospital, medical and paramedical expenses as described in this policy's Emergency Medical Care benefit, as well as the CanAssistance Travel Assistance benefit and the Medical Follow-up in Canada benefit. If indicated on the insurance certificate, the insurance may also include the Emergency Return benefit.

There is no limit to the number of trips taken within the period of coverage.

The Annual insurance also offers Trip Cancellation or Interruption benefit, Accidental Death or Dismemberment benefit, Air Flight Accident benefit and Baggage benefit when indicated on the insurance certificate.

The following amounts represent the maximum sums payable per covered person, per benefit:

Benefit	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Trip Cancellation or Interruption	
- Before departure	According to the amount shown on the insurance certificate
- After departure	Unlimited
Accidental Death or Dismemberment	Up to \$100,000
Air Flight Accident	Up to \$300,000
Baggage	Up to \$1,500
Emergency Return (optional)	Unlimited
Travel Assistance	Included
Medical Follow-up in Canada	According to the amounts applicable

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Trip exceeding the period of coverage

If a covered person wishes to obtain insurance coverage for a trip whose duration exceeds the maximum number of days allowable per trip, the Insurer will issue a new contract to cover the complete duration of the trip. Moreover, the Insurer will provide coverage at no charge for a period equivalent to the covered person's maximum allowable number of days per trip.

This discount applies only to some products which are available through the Insurer's authorized agent from whom the Annual Insurance was purchased.

The new contract covering the complete duration of the trip must be purchased before the end of the period covered by maximum number of days per travel of the Annual contract.

The purchase of the new contract is subject to the insurer's approval if the covered person files a claim during the initial period of coverage.

Important

The covered person is therefore no longer covered by his Annual Insurance for the trip. Only the coverage offered under the new insurance contract is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

Automatic Renewal

If the automatic renewal option has been selected, as indicated on the insurance certificate, a new contract will automatically be issued on the expiry date of the current contract. The new contract provides the same benefits and will be issued to the same covered persons, provided they continue to meet the eligibility criteria. In order to be eligible for the automatic renewal, the covered person must be 60 years old or less at the time of renewal, and dependent children must still meet the contract definition.

One month prior to the expiry date of the current contract, the insurer will issue a renewal notice. The notice will be sent to the contract holder and instructions will be provided to modify the contract, if necessary.

The premium for the new contract will automatically be charged to the credit card on file that was used to pay the premium for the present contract. The premium for the new contract must be paid in full in order for the new contract to be effective. The premium charged will be according to the one in effect when the renewal is issued.

Refund of premium

The refund of premium does not apply to Annual Insurance.

Summertime Blue™

The following condition is in addition to those applicable to all benefits :

The covered person must be 75 years of age and less to be eligible for the Summertime Blue™ plan.

What is covered

This insurance covers the covered person for trips made anywhere in the world (including in the province of residence), during the period of coverage, which includes the departure and return dates.

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy, as well as the CanAssistance Travel Assistance and Medical Follow-up in Canada benefits.

The following amounts represent the maximum sums payable per covered person, per benefit:

Benefit	Insured sums per person
Emergency Medical Care	Up to \$5,000,000
Travel Assistance	Included
Medical Follow-up in Canada	According to the amounts applicable

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Effective date of coverage

Coverage begins on the last of the following dates:

- the first Monday of June of the current year, or;
- the date of purchase.

Termination date of coverage

Coverage ends on the first Tuesday of September of the current year.

Unexpected return home

A covered person may ask CanAssistance to help organize his return to his city of residence in the event of the death of an immediate relative (spouse, child, father or mother, father-in-law or mother-in-law, brother or sister), during a trip.

The Insurer shall refund the following expenses: the extra cost of the most economical one-way common carrier fare for the covered person's trip back to his city of residence, and the non-refundable portion of unused prepaid travel arrangements (other than the original return ticket), to a maximum of \$500 per covered person per event causing a claim, when the Insurer is provided with the death certificate.

Contract extension

The Summertime Blue™ plan cannot be extended beyond the termination date of coverage, except in the case of automatic extension of coverage.

Refund of premium

The refund of premium does not apply to Summertime Blue Insurance.

DEFINITIONS APPLICABLE TO ALL BENEFITS

Accident means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the period of coverage.

Accidental loss of sight of one eye means the total and irrecoverable loss of sight therein.

Accidental loss of use of one limb means the accidental loss of use of a hand or a foot, i.e. the total and irrecoverable loss of use thereof.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Age means the age of the covered person at the time the present contract is purchased.

Aircraft means any multi-engine transport-type aircraft with a maximum authorized take-off weight greater than 10,000 lbs (4,540 kg.), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier license, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier license or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline's scheduled, charter or regular specific point license.

Business meeting means a pre-arranged private meeting between unaffiliated companies pertaining to the full-time occupation or profession of the covered person and which was the sole purpose of the trip (documentary evidence of meeting arrangements required). In no event shall business meeting include legal proceedings.

CanAssistance means the company authorized by the Insurer to provide assistance services to covered persons.

Contract holder means the person designated as such on the insurance certificate.

Covered person means the contract holder, his spouse and/or their dependent children, depending on the coverage selected. A child born during the first 32 weeks of pregnancy over the course of a trip is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.

Dependent child means a child of the contract holder, his spouse, or both, over 30 days old before departure, who is dependent on the contract holder, who is not married, and who is:

- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is at least 31 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada.

In a single-parent or family plan, any child of the contract holder or his spouse born after the effective date of the contract is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Effective date means the date indicated on the insurance certificate.

Expiry date means the date indicated on the insurance certificate.

Hospital means a place licensed as an accredited hospital and offering care and treatment to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or treatment centre for drug addicts or alcoholics.

Hospitalization means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

Illness means a deterioration in health or a disorder of the organism certified by a physician, the cause of which originated during a trip within the period of coverage. However, in the case of a trip cancellation, this deterioration or disorder must be serious enough to prevent the covered person from continuing his trip as planned. Pregnancy is not considered to be an illness, except in the case of pathological complications arising within the first 32 weeks.

Insurer means:

1. In Quebec and Ontario:

- Canassurance Hospital Service Association (non-profit mutual benefit association) for the Emergency Medical Care benefit and the Medical Follow-up in Canada benefit;
- Canassurance Insurance Company for all other benefits.

2. Elsewhere in Canada:

- Canassurance Insurance Company.

Member of the family of the covered person means spouse, father and mother, grandparent, grandchild, step-parent, child (not necessarily dependent) of the covered person and/or his spouse, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew.

Member of the immediate family of the covered person means the spouse, father, mother and children (not necessarily dependent) of the covered person, his spouse or both.

Minor ailment means any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a physician, or;
- a hospitalization, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.

Period of coverage means the time between the effective date of the contract and the expiry date indicated on the insurance certificate.

Physician means a person who is not related in any way to the covered person and who is legally authorized to practice medicine on the premises where medical services are provided.

Prepayment means the deposit of a sum of money which is not refundable.

Public transportation refers to any common carrier (on land, sea, or by air) that is operated by a carrier holding a licence issued by the public authorities competent to do so and providing transportation for fare-paying passengers.

Spouse means the person united to the contract holder by marriage or a person who has been living permanently with the contract holder for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

Travelling means occasional absence from the covered person's residence for the purpose of a vacation, leisure or business. The covered person must travel outside the province of residence or have at least a one night stay in a commercial accommodation establishment.

Travelling companion means the person who plans, leaves and returns with the covered person on the same trip, to a maximum of six persons. A member of the immediate family of the covered person who plans and leaves on the same trip as the covered person is considered a travelling companion but is not included in the six-person maximum.

Travel supplier means any tour operator, wholesale group transportation, airline, cruise company or accommodation facility. Where two or more travel suppliers are wholly-owned subsidiaries of one person or corporation they are deemed for the purpose of this clause to be one travel supplier.

CONDITIONS APPLICABLE TO ALL BENEFITS

Contract extension

Coverage under this contract may be extended as long as the additional premium is paid, **and that the covered persons remain eligible for insurance. If the extension of insurance affects the initial rate of the premium, the new premium will apply for the entire duration of the contract.**

If the covered person files a claim during the initial period of coverage, the insurer's approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The contract holder must file a request for extension only prior to the end of the initial coverage period by contacting the Insurer.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

- a) up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic accident or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);
- b) during the period of hospitalization and the 24 hours which follow the discharge from hospital of a covered person;
- c) up to 72 hours when the return home is delayed due to a covered person's illness occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

Validity of the contract

The insurance will be valid only when purchased and paid for in full before the effective date of the contract.

The travel insurance must be purchased before the departure date and for the full duration of the trip, including the departure and return dates.

Repatriation of a covered person

In the absence of medical contraindication, the Insurer can require repatriation of any covered person or his transfer to other medical facilities. **Refusal by the covered person cancels the coverage and the terminating notice to the contract holder shall be sufficient. There will be no refund of premium allowed for early return in case the covered person refuses to be repatriated.**

Settlement of claims

The Insurer shall not assume responsibility under the contract unless the covered person gives written notice of loss to the Insurer within 30 days of acquiring knowledge of it, and transmits to the Insurer within 90 days of the loss, all the information, original and detailed accounts, and submits proof of these expenses acceptable to the Insurer, a proof of the duration of the trip, a medical certificate giving the complete diagnosis and any other document or information of any nature required by the Insurer for the study of a claim.

The Insurer shall be entitled to have the covered person undergo examinations for claims adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the Insurer's responsibility.

Method of payment

The Insurer shall make any refund by means of a cheque in the name of the provider of services and the contract holder or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the Insurer shall have the right to pay the provider of services directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations to the extent of such amount.

Coordination of benefits

If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

Subrogation

If, in the event of loss or damage, the covered person shall acquire any right of action against any individual or legal entity for loss covered under this contract, the Insurer shall be subrogated for all the covered person's rights of recovery to the amount paid by the Insurer. The covered person shall sign and deliver instruments and papers to this effect and do whatever is necessary to secure such rights.

Concealment, fraud or attempted fraud

This contract is void in the case of fraud or attempted fraud by the covered person, or if the covered person conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the contract.

Interest

No sum payable under this contract shall bear interest.

Currency

All amounts of money mentioned in this contract, as well as sums payable under this contract, shall be in the legal currency of Canada.

Modifications to the contract

The terms and conditions of this contract may not be modified unless agreed upon in writing by the contract holder and the Insurer. The Insurer's waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the Insurer's waiver of its right to require any provision to be carried out or observed.

BENEFITS

Emergency Medical Care Benefit

Eligibility

At the time of application and during the whole period of coverage, all covered persons must be covered under the government health and hospitalization programs of their province of residence.

Conditions particular to this benefit

The following conditions are in addition to those applicable to all benefits:

1. Benefits shall be payable only upon presentation of a certificate by the attending physician attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of hospital, medical and assistance expenses is not claimed by the covered person but settled between the Insurer and the provider of services, the contract holder shall provide any original document required for such settlement. Failure to do so shall render the contract holder responsible for the amounts the Insurer cannot recover.
3. Top-up insurance provided by Blue Cross Travel Insurance may differ from the insurance that covers the initial part of the trip because of the terms, conditions and exclusions contained in the policy. Any claim that occurs during the initial part of the trip will not be covered by Blue Cross top-up insurance. It is your responsibility to verify that the initial part of your trip is covered by another insurance and that the purchase of a Blue Cross top-up insurance does not jeopardize your eligibility for the other insurance.

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered

Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an accident or sudden illness which occurs on a trip during the period of coverage. Eligible treatments are limited to what is declared necessary for the stabilization of the medical condition. The benefits provided by this coverage are over and above and may not be a duplication or substitution of benefits granted by government programs.

Benefits

The following benefits are provided for each covered person for reasonable and customary charges listed below, subject to a maximum of \$5,000,000 during the period of the contract, and **provided that these charges are not incurred before obtaining the approval of CanAssistance.**

Notice

Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

Hospitalization, medical and paramedical expenses

Hospitalization

The cost of hospital services in a private or semi-private room which is in excess of the amount refunded or refundable under government programs.

Incidental expenses

The expenses inherent to hospitalization (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of \$100 per hospitalization.

Physicians' fees

The difference between fees charged by a physician and benefits allowed under government programs.

Medical appliances

The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending physician.

Nursing care

The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending physician.

Professional services (when prescribed as part of emergency treatment)

Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending physician, up to a maximum of \$300 per profession.

Diagnostic services

The charges for laboratory tests and X-rays when prescribed by the attending physician.

Drugs (when required as part of emergency treatment)

The cost of drugs requiring a physician's prescription, except when they are required for the continued stabilization of a chronic medical condition.

Dental care

The fees of dental surgeons for treatment necessitated by an external injury (not as a result of deliberate introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous treatment are damaged or to reduce a fracture or dislocation of the jaw. In all cases, treatment must begin during the period of coverage and end within 6 months of the accident. The covered person must transmit to the Insurer an X-ray taken after the accident and before the treatment begins, showing the damages sustained. The maximum refundable is \$2,000 per accident per covered person, and up to \$500 for any other emergency dental treatment, excluding root canal therapy.

Transportation expenses

The following services must be approved and planned by CanAssistance:

Ambulance or taxi service

The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-hospital transfer when the attending physician and CanAssistance determine that existing facilities are inadequate to treat or stabilize the patient's condition.

Repatriation to the province of residence

The cost of repatriation of the covered person to his province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending physician and CanAssistance.**

The cost of simultaneous repatriation of a travelling companion or any member of the immediate family of the covered person who is also covered under this contract, if he is unable to return to the departure point, by means of the transportation initially planned for such return.

The cost of an escort person is covered in the case of child repatriation, as the case may be.

Transportation to visit the covered person

When a family member or a friend of the covered person visits the hospital where he is being treated, or travels to identify a deceased covered person, if necessary, prior to transportation of the deceased, the insurer covers the following expenses when they are incurred by the family member or friend of the covered person who travels:

1. Up to \$1,200 for:

- The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, total up to a daily maximum of \$300;
- The cost of travel insurance.

2. The total cost of round-trip, economy class transportation.

In the event that the family member or friend of the covered person travels to the hospital where the covered person is being treated, the expenses described above will be reimbursed only if the covered person remains hospitalized for at least 7 days and the attending physician acknowledges in writing that the visit is necessary.

Return of the vehicle

The cost of returning a covered person's vehicle, either private or rental, by a commercial agency, or by any person authorized by CanAssistance, to the covered person's residence or nearest appropriate vehicle rental agency when the covered person is unable to return the vehicle due to illness or accident, subject to a maximum refund of \$5,000. A medical certificate from the attending physician in the locality where the incapacity occurred is required, attesting that the covered person is incapable of using his vehicle.

Baggage return

When the covered person is repatriated for medical reasons to the province of residence at the Insurer's expense, the cost to bring back the covered person's baggage to the province of residence is covered, up to a maximum of \$300.

Return of a pet

When the covered person is repatriated for medical reasons to the province of residence at the Insurer's expense, the cost to bring back the covered person's pet to the province of residence is covered, up to a maximum of \$500.

Return of the deceased

The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial at the place of death, subject to a total reimbursement of \$10,000.

Subsistence allowance

Up to \$3,000 (maximum \$300 per day) for the cost of accommodation and meals in a commercial establishment, when a covered person's return must be delayed due to illness or bodily injury to himself or to an accompanying immediate family member or travelling companion.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

Exclusions relating to pre-existing conditions

1. For persons:

- **under the age of 61 and covered by Individual, Package, Annual or Summertime Blue™ Insurance, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and including the Trip Cancellation or Interruption benefit with an insured amount before departure:**

During the 3 months prior to the effective date of coverage:

- a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
 - consulted a physician (other than for a regular checkup), or;
 - was hospitalized, or;
 - was prescribed or received a new treatment, or;
 - received a change in an existing treatment, or;

- was prescribed or had taken a new medication, or;
- received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
 - a change from a brand name medication to a generic brand medication, provided the dosage is the same;
 - Aspirin taken for non-prescribed medical purposes;
 - decrease of the dosage of cholesterol medication;
 - hormone replacement therapy;
 - vitamins and minerals and non-prescription medication;
 - creams or ointments prescribed for cutaneous irritations.
- b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
- c) any pulmonary condition for which the covered person was treated with home oxygen or had recourse to a corticoid therapy.

2. For persons:

- **aged 61 to 75 and covered by Individual, Annual or Summertime Blue™ Insurance, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 30 days or less and not including the Trip Cancellation or Interruption benefit with an insured amount before departure, or;**
- **aged 61 to 75 and covered by Package Insurance for a period of 31 days or more, or;**
- **aged 76 or over:**
 - a) During the 6 months prior to the effective date of coverage, any illness or condition related to one of the medical conditions listed below for which the covered person:
 - consulted a physician (other than for a regular checkup), or;
 - was hospitalized, or;
 - was prescribed or received a treatment, or;
 - was prescribed or had taken a medication for:
 - **Cardiovascular conditions:** myocardial infarction, angina, arrhythmia, pacemaker,

defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease;

- **Chronic obstructive lung conditions:** asthma, emphysema, chronic bronchitis, lung transplantation;
 - **Neurological conditions:** cerebral-vascular accident, transient ischemic attack;
 - **Insulin-dependent diabetes:** diabetes treated with insulin injections;
 - **Kidney failure, kidney transplantation;**
 - **Gastrointestinal conditions:** cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction;
 - **Cancer or malignant tumor.**
- b) During the 6 months prior to the effective date of coverage, **any other illness**, injury or conditions (with the exception of a minor ailment) related to a medical condition for which the covered person:
- consulted a physician (other than for a regular checkup), or;
 - was hospitalized, or;
 - was prescribed or received a new treatment, or;
 - received a change in an existing treatment, or;
 - was prescribed or had taken a new medication, or;
 - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

Other exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
2. Pregnancy and complications arising therefrom within 8 weeks preceding the expected date of delivery.
3. Accident sustained by the covered person while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
5. Trip undertaken for the purpose of receiving medical attention.
6. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any government or local or public authority.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.

9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the covered person is hospitalized for that specific reason.
10. Any claim for patients in chronic care hospitals or in chronic care units of public hospitals, or in nursing homes or health spas.
11. Any care, treatment, products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received outside the province of residence, when such care or treatments could have been obtained in the province of residence without endangering the life or health of the covered person, with the exception of care for immediately necessary treatment following an emergency resulting from an accident or sudden illness. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the covered person's life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for any covered person travelling outside his province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.

15. Care or treatments received outside the province of residence which are not covered under government programs.
16. Care or treatments such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
 - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.

18. **Failure of the covered person to communicate with CanAssistance** in the event of medical consultation or hospitalization following an accident or sudden illness.
19. Any medical condition not requiring any more emergency care which occurred during the trip and is a potential claim, when the covered person elects to continue the trip as planned.

Trip Cancellation or Interruption Benefit

What is covered

The insurer shall pay the benefits specified below, subject to the definitions, limitations, conditions, exclusions and reductions of coverage of this contract, in the case of an accident, illness or other unforeseen fortuitous event that is beyond the control of the:

- covered person, or;
- travelling companion.

The event must be sufficiently serious, directly affect the covered person and require that the trip be cancelled, interrupted, extended or modified.

Conditions particular to this benefit

Notice of an event

When a covered event occurs prior to the departure date, the covered person must contact his travel agent or the carrier, as the case may be, to cancel his trip **within the 48 hours following the event and notify the insurer within the same period.**

Claim settlement shall be limited to the amounts stipulated on the insurance certificate and that are non-refundable at the date of the event.

Insured amount

The covered person must be insured for all prepaid travel expenses that are non-refundable.

Documents required for a claim

To substantiate a claim for non-refundable or extra costs, the covered person must provide, where applicable:

- a) a medical certificate completed by the legally qualified physician in active personal attendance in the locality where the illness or accident occurred and providing a complete diagnosis; this medical supervision must have begun before the departure or return date, as the case may be;
- b) documentary evidence that a non-excluded event was the cause of the claim;
- c) originals or electronic versions of unused transportation tickets, the original invoice from the travel provider, official receipts for return transportation, credit note, or all four;

d) receipts for land arrangements and other expenses.

Failure to provide the applicable substantiation required by the insurer shall invalidate any claim under this benefit.

Effective date of coverage

Coverage begins on the last of the following dates:

- the date of application for insurance, or;
- the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.

Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the return date, whether planned or premature.

Benefits

1. Non-refundable prepaid expenses

The non-refundable portion of unused prepaid travel expenses when the covered person cancels, interrupts or misses part of the planned trip.

2. New occupancy charges

The additional cost of new occupancy charges incurred by the covered person who chooses to continue his trip when a travelling companion must cancel.

3. Additional transportation costs

All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the covered person must interrupt, extend or modify his trip.

4. Vehicle return costs

The cost of returning a covered person's vehicle, either private or rental, to the covered person's residence or nearest appropriate vehicle rental agency, subject to a maximum refund of \$5,000, when the covered person is unable to return the vehicle as planned. The person carrying out the return must be authorized by CanAssistance.

5. Subsistence allowance

An allowance of \$300 per day per covered person for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi:

- a) during transit to get to the destination when the covered person must modify the trip, or;

- b) during transit to get back to the departure point when the covered person is unable to return by the planned means, or;
- c) when the covered person must extend his trip.

The subsistence allowance is subject to a maximum reimbursement of \$3,000 per covered person.

6. Costs for returning the remains of a deceased person

In case of death, the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the point of departure in the province of residence, or for the cost of cremation or burial at the place of death, up to a maximum of \$10,000.

If the **Vehicle return costs**, **Subsistence allowance** or **Costs for returning the remains of a deceased person** are also covered under the Emergency Medical Care benefit of this contract, the expenses are only payable under the Emergency Medical Care benefit.

What is not covered

Exclusions and reductions of coverage

Reductions of coverage

1. Insufficient coverage

Benefits for **Non-refundable prepaid expenses** and **New occupancy charges** are reduced if the amount of insurance indicated on the insurance certificate is less than the non-refundable prepaid travel expenses. In this case, the settlement will be reduced in proportion to the insurance amount indicated in the policy and the non-refundable prepaid travel expenses.

Additional transportation costs, **Vehicle return costs**, **Subsistence allowance** and **Costs for returning the remains of a deceased person** are not affected by the present reduction of coverage.

2. Travelling companion

When an event affects several people who plan, leave and return together on the same trip, the settlement will be limited to the amount that corresponds to the settlements of the members of the immediate family plus a maximum of six other travelling companions.

3. **Default protection**

In the case of default of a travel supplier, the engagement of the insurer is limited to the amounts indicated on the insurance certificate, subject to a maximum of \$7,500 per covered person.

An overall maximum of \$2,000,000 will be paid for all claims due to the default of any one travel supplier.

An overall maximum of \$5,000,000 will be paid for all claims due to the default of a travel supplier in any one calendar year.

4. **Acts of terrorism**

The benefit payable is reduced to 50% when the loss is caused directly or indirectly by an act of terrorism.

The total payout for which the insurer will be responsible in case of an act of terrorism or a series of acts of terrorism occurring within a 72-hour period shall not exceed \$5,000,000.

The total payout for which the insurer will be responsible in case of an act of terrorism shall not exceed \$10,000,000 per calendar year.

Exclusions

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. **Pre-existing conditions**

During the 3 months prior to the effective date of coverage:

- a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
 - consulted a physician (other than for a regular checkup), or;
 - was hospitalized, or;
 - was prescribed or received a new treatment, or;
 - received a change in an existing treatment, or;
 - was prescribed or had taken a new medication, or;
 - received a change in existing medication (including usage or dosage).

The insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;

- Aspirin taken for non-prescribed medical purposes;
 - decrease of the dosage of cholesterol medication;
 - hormone replacement therapy;
 - vitamins and minerals and non-prescription medication;
 - creams or ointments prescribed for cutaneous irritations.
- b) any heart condition for which the covered person has taken nitroglycerin more than once in a 7-day period for the relief of a chest pain.
- c) any pulmonary condition for which the covered person was treated with home oxygen or had recourse to a corticoid therapy.

2. Other exclusions

- a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests, or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.
- b) Trip undertaken by the covered person for the purpose of obtaining medical care or visiting or attending an ailing person and that the medical condition or ensuing death of that person is the cause of the cancellation, interruption, extension or modification of the trip.
- c) Illness or hospitalization of any person other than a travelling companion, family member or person that takes care of the covered person's business or residence during his trip.
- d) Illness that does not require hospitalization of the host at destination.
- e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the covered person must be hospitalized due to this condition.
- f) Pregnancy of the covered person and complications arising therefrom in the 8 weeks preceding the expected delivery date.
- g) Premature birth of a child if the anticipated trip is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.

- h) Diagnosis of pregnancy after the effective date of coverage, if the departure or return date of the trip is scheduled to take place during the first 32 weeks of pregnancy.
- i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction by the covered person, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level of more than 80 milligrams per 100 millilitres of blood.
- j) Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
- k) Accident sustained by the covered person while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of *Yosemite Decimal System - YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

- l) Perpetration of or attempt to perpetrate, directly or indirectly, by the covered person, a criminal act under any law.
- m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection.
- n) Except for stops between 2 transportation segments, all missed transportation when the covered person did not plan to arrive at the connecting point within the time frame recommended by the carrier.
- o) Financial problems, conjugal conflicts, or disagreement with a travelling companion on the part of the covered person, inability to obtain the accommodation desired, aversion of the covered person to the trip or transportation.

- p) Loss of employment of the person who had a temporary, contract or permanent position for less than one year.
- q) Cancellation of a business meeting by the employer of the covered person.
- r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be held during the trip.
- s) Late visa application or request for a visa subsequent to a previous refusal or ineligibility of the covered person to file a visa application.
- t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.
- u) **Failure of the covered person to communicate with CanAssistance.**
- v) Cancellation of the trip prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the trip.
- w) **Situation known at the time of effective coverage that could reasonably lead to an event which may prevent the covered person from making the trip as planned.**
- x) Any event that does not lead the government to issue a general recommendation not to travel in a region that is the trip destination.

Emergency Return Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the departure date.

Termination date of coverage

Coverage ends on the expiry date of the contract.

What is covered

The Emergency Return benefit covers transportation expenses for the return to the province of residence and then the return to the original trip destination if the return is made necessary by:

- death, or hospitalization for at least 7 days of a family member of the covered person, a family member of his spouse or of the person for whom the covered person acts as legal guardian or estate executor. It is not necessary to wait 7 days before departure, but expenses will be reimbursed only if the person remains hospitalized for at least 7 days;
- disaster which renders the covered person's principal residence uninhabitable or causes significant damages to his commercial establishment.

The refundable expenses correspond to the cost of a round-trip economy fare ticket by the most direct route.

What is not covered

Exclusions and reductions of coverage

1. Only one emergency return per trip shall be reimbursed;
2. When applying for insurance, the covered person must not know the reason which would keep him from continuing his trip as originally planned;
3. Accommodation costs during transportation are not covered.

Accidental Death or Dismemberment Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the Insurer hereby insures the covered person for the accidental loss of life or loss of use of one or several limbs.

The loss must result directly from an accident sustained during the period of coverage and occur within 12 months of the accident.

The Insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the insurance certificate.

BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured		
	Under age 18	Age 18 to 64	Age 65 or over
life in public transportation	40%	200%	40%
life under any other circumstance	20%	100%	20%
use of several limbs or sight of both eyes	20%	100%	20%
use of one limb or sight of one eye	10%	50%	10%

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this plan exceed \$300,000 per covered person. In case of the loss of life of a covered person, the benefit shall be paid directly to the contract holder if he is living, and to the

designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder's estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the covered person who has been the victim of the accident, his representative, or to his legal guardian if he is a minor. If the covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

Limit applicable to the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit (as described hereafter)

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per covered person.

What is not covered

Exclusions and reductions of coverage

1. Accident sustained by the covered person while participating in a sport for remuneration or to a sporting event where money prizes are awarded to the winners, any kind of motor vehicle competition or any kind of speeding event, to a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

2. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle while ability to drive is impaired by drugs or by alcohol with an alcohol level or more than 80 milligrams per 100 millilitres of blood.
3. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.

4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority.
5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
6. Act of terrorism.

Air Flight Accident Benefit

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered

Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the Insurer hereby insures the covered person for the accidental loss of life or loss of use of one or several limbs occurring while:

- a) travelling as a paying passenger in an aircraft operated from the departure point to the destination or return point;
- b) riding as a passenger in a land or water conveyance at the expense of the airline;
- c) riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a flight insured under this insurance;
- d) exposed to the elements due to the forced landing or disappearance of an aircraft on which the covered person is insured by this insurance;
- e) waiting at the airport for the departure of a flight insured under this insurance.

The loss must result directly from an accident sustained during the period of coverage and occurring within 12 months of the accident.

The Insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the insurance certificate.

BENEFITS CHART

Accidental loss of:	Percentage payable of sum insured
life	100%
use of several limbs or sight of both eyes	100%
use of one limb or sight of one eye	50 %

Limit and payment of the sum insured

Under no circumstances may the total amount paid under this plan exceed \$300,000 per covered person. In case of the loss of life of a covered person, the benefit shall be paid directly to the contract holder if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder's estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the covered person who has been the victim of the accident, his representative or to his legal guardian if he is a minor. If the covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

Limit applicable to the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed \$300,000 per covered person.

What is not covered

Exclusions and reductions of coverage

1. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
4. Act of terrorism.

Baggage Benefit

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. Where loss is due to theft, burglary, vandalism or disappearance, the covered person shall notify the police upon discovery of the loss. Failure to report the said loss to the authorities shall invalidate any claim under this benefit for such loss.
2. In the event of loss, the covered person shall notify the Insurer as promptly as possible and take all reasonable precautions to protect, safeguard or recover his property and shall also promptly notify the police and obtain from them written confirmation regarding such loss. The covered person shall obtain written confirmation from the hotel manager, tour guide or transportation authorities. The covered person shall furnish proof of loss or damage and value with a sworn statement within 90 days of the date of loss. Failure by the covered person to comply with these conditions shall invalidate claims under this benefit.
3. If the covered property is checked with a public carrier and delivery is delayed until after expiry of the coverage, coverage shall be continued until such property is delivered by the public carrier.
4. The Insurer shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and may elect to repair or replace any damaged or lost property with other of like quality or value.
5. Upon the occurrence of any loss for which a claim is made, the amount of the applicable limit of liability is reduced by the amount equivalent to such loss.
6. This benefit shall not profit, directly or indirectly, any carrier or guarantor.

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the departure date.

Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered

This benefit shall cover loss of or damage to the baggage owned by a covered person during a trip in or outside the province of residence within the period of coverage.

In the event the checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to the point of departure, the Insurer will reimburse 50% of the amount covered, up to a maximum reimbursement of \$500, for the purchase of necessary toiletries and clothing. Proof of delay of checked baggage from the carrier along with receipts of purchases must accompany the claim upon presentation to the Insurer when returning from the trip.

This benefit covers expenses to replace passport, driver's license, birth certificate or travel visa in case these documents are lost or stolen, up to a maximum of \$50.

The maximum amount payable under the Baggage benefit per covered person, for the duration of the trip, is the amount chosen on the insurance certificate subject to the exclusions and reductions of coverage.

What is not covered

Exclusions and reductions of coverage

The benefits are reduced or not payable in the event of or with regard to:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles (unless registered with the carrier), boats, motors or other conveyances or their accessories, household furnishings or accessories, false teeth, artificial limbs, glasses, contact lenses, cash notes, securities, tickets and documents, professional equipment or property, goods brought with the intent of trading them, antiques and collectors items, perishable articles, cosmetics, personal effects, animals or any item that is not part of the usual baggage.
2. Breakage of fragile or brittle articles unless caused by fire or theft.
3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether or not war is declared).

4. Loss or damage caused by wear and tear, gradual deterioration, moths or vermin or while the article is actually being worked upon or processed.
5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed compartment which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).
6. The maximum amount payable for loss or damage for each item comprising the covered person's baggage is \$300.

For the purpose of calculating the maximum, the following items are grouped in categories, and each category is considered, pursuant to the contract, as a single article:

- **jewelry**: jewelry, watches, silver, gold or platinum items;
- **furs**: fur or fur-trimmed articles;
- **photography equipment**: cameras and photography equipment, video cameras and video or audio equipment.

In addition, the maximum amount payable for loss or damage of the total of the 3 categories mentioned above is the lesser of \$500 or 50% of the maximum amount chosen.

7. Loss or damage caused by any imprudent action or omission by the covered person. When an article or personal property in question cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable conclusion that a theft occurred.
8. Loss or damage to articles specifically insured under any other insurance contract at the time this benefit is in effect.
9. In the event of the loss of an article which is part of a set, the measure of loss shall be in reasonable and fair proportion to the total value of the set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the set.

Car Rental Physical Damage Benefit

Eligibility

The following eligibility requirements apply:

- the car must be rented from a commercial car rental agency;
- the rental car must have been operated by a person permitted to operate the rental car under the car rental agreement and in accordance with its conditions, when the loss occurred.

Conditions particular to this benefit

1. Notice of a claim must be given to CanAssistance and the car rental agency within 48 hours after the event giving rise to the loss covered by this contract.
2. Before considering a claim filed under the contract and before paying any benefits, the insurer has the right to require adequate proof of:
 - the event giving rise to the claim;
 - the circumstances surrounding the accident;
 - the actual costs incurred.

Effective date of coverage

Coverage begins on the last of the following dates:

- the effective date of the contract, or;
- the date the covered person takes possession of the rental car.

Termination date of the contract

Coverage ends on the first of the following dates:

- the expiry date of the contract;
- the date the rental car is given back to the car rental agency.

What is covered

This benefit covers the consequences of contractual liability of a car rental agreement for the rental of a 4-wheel tourism vehicle, up to a maximum of \$50,000.

This coverage provides protection against collision, theft, fire or vandalism. This coverage does not provide any form of third party automobile property damage or personal injury liability insurance.

The maximum duration of the rental agreement is 60 consecutive days.

The amount of the benefit payable will be the amount of the loss for physical damage to the rental car less any amount assumed, waived or paid by the rental agency or its insurer.

This insurance is valid always, except when the law or the rental agency does not permit it.

Further, benefits are payable only if all terms and conditions of the car rental agreement are met, and no restrictions are violated.

What is not covered

Exclusions and reductions of coverage

1. No benefits are payable if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:
 - a) operation of the rental in violation of the terms of the car rental agreement;
 - b) operation of the rental car for the transportation of goods/passengers against payment;
 - c) operation of the rental car while under the influence of intoxicating substances contrary to applicable laws and/or the car rental agreement;
 - d) wear and tear, gradual deterioration, insects or vermin, inherent vice or damage;
 - e) war, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority;
 - f) transporting contraband or illegal trade;
 - g) violation of any established law and regulation;
 - h) personal civil liability insurance;
 - i) any amount assumed, waived or paid by the car rental agency or its insurers.
2. The following vehicles are not covered by this benefit:
 - a) vehicles that are not rental vehicles;
 - b) vehicles rented in a manner other than under a contract on a daily, weekly or monthly basis;
 - c) vehicles rented under a rental agreement that exceeds 60 consecutive days under a single car rental agreement or several consecutive car rental agreements;
 - d) vehicles rented under a monthly or yearly lease;

- e) vehicles which belong to the following categories: campers or trailers, off-road vehicles, motorcycles, mopeds or motorbikes, expensive or exotic cars, antique cars, recreational vehicles, limousines, trucks.
- i) an expensive or exotic car is any car listed below or a car similar to those listed below: Acura NSX, Alfa Romeo, Aston Martin, Avanti, Bentley, BMW (except 318 and 325), Bricklin, Corvette, Daimler, deLorean, Excalibur, Ferrari, Infiniti, Jaguar, Jensen, Lamborghini, Lexus, Lotus, Maserati, Mercedes, McLaren, Morgan, Nissan 300 ZX, Porsche, Rolls-Royce, Rover, Sterling, TVR;
 - ii) a limousine is a vehicle that has been stretched or altered from the original factory design. However, standard production models of these vehicles that are not used as limousines are not excluded;
 - iii) an antique car is one which is over 20 years old or has not been manufactured for 10 years or more;
 - iv) pickups or vans are not excluded provided that they:
 - are for private passenger use with seating for no more than 7 occupants including the driver;
 - do not exceed a "3/4 ton" rating;
 - are not designed for recreational use.

CanAssistance

Travel Assistance Benefit

This benefit is offered free of charge with the purchase of any travel insurance product included in this policy.

Medical assistance

If, following an accident or sudden illness, the covered person must consult a physician or require hospitalization, he must contact CanAssistance immediately. CanAssistance will make the necessary arrangements in order to provide the covered person with the following services:

- for the **State of Florida**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Personal Care network**;
- for all other destinations, direct the covered person to an appropriate clinic or hospital and advance funds to the hospital if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family physician;
- repatriate the covered person to his province of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the covered person is hospitalized for at least 7 days and if the attending physician advises such attendance;
- coordinate the return of the covered person's vehicle if he is unable to bring it back due to illness or accident.

Notice

Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

General assistance

In the event of any other emergencies, the covered person can contact CanAssistance in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information regarding embassies and consulates.

Through CanAssistance, the Insurer may also provide pre-travel information with regard to visas and vaccines.

Medical Follow-up in Canada Benefit

This benefit applies only if the covered person subscribed to the Emergency Medical Care benefit.

When a covered person is repatriated to his place of residence in Canada at the Insurer's expense further to a hospital stay out of Canada, the Insurer will reimburse the following costs if they are engaged within 15 days of the repatriation.

1. The cost of a semi-private room in a hospital or a rehabilitation centre or a convalescent home up to a maximum of \$1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of \$50 per day, for a maximum of 10 days.
3. The costs for the rental of the following devices, up to a maximum of \$150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of \$250.

Notice

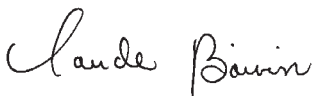
Any notice to the Insurer may be validly forwarded to:

Canassurance Hospital Service Association

P.O. Box 910, Station B
Montreal, Quebec
H3B 3K8

In witness whereof the Insurer has signed this contract which must be validated by an authorized representative.

President and Chief Executive Officer,



Claude Boivin

HOW TO REACH US

Travel Assistance Lines

If the covered person needs health care abroad, he or a travelling companion must call CanAssistance immediately.

Canada, United States
1-800-361-6068

Elsewhere in the world, collect
514-286-8411

Assistance agents offer the covered person **24-hour service, 7 days a week.**

If the covered person cannot call collect, the Insurer will reimburse the cost.

For better service, the covered person should give his name, the phone number where he is calling from and his contract number.

Notice

Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in the compensation requested being refused.

Extension

To obtain an extension, the covered person should contact the Insurer at:

Canada, United States
1-877-986-7681

Elsewhere in the world, collect
514-286-7681

Settlement of Claims

To obtain a claim form, the covered person may contact our Customer Service Department at one of the following numbers:

514-286-6690 / 1-800-387-2538



1-800-361-6068

From Canada and the United States
Du Canada et des États-Unis

514-286-8411

From elsewhere in the world, collect
D'ailleurs dans le monde, à frais virés



Member of / Membre de



Preferred Patient Care^{MC}

Your distributor



TRAVEL INSURANCE

550 Sherbrooke Street West
Suite B-9
Montréal (Québec)
H3A 3S3

Detach this card and carry it with you at all times for the duration of your contract. In case of emergency or should you require medical attention, please call the emergency telephone number(s) listed on the card as soon as possible.

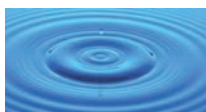


Travel Assistance
Assistance voyage

Expiry Date / Date d'expiration

Contract No. / N° de contrat

Your Name / Votre nom



1-800-361-6068

From Canada and the United States
Du Canada et des États-Unis

514-286-8411

From elsewhere in the world, collect
D'ailleurs dans le monde, à frais virés