

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Your distributor is required to provide you with this information

Name of insurer: CUMIS General Insurance Company

Name of insurance product: Deluxe Package with COVID-19 Coverage



### IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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The *Autorité des marchés financiers* can provide you with unbiased, objective information.

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:

## DELUXE PACKAGE WITH COVID-19 COVERAGE PRODUCT SUMMARY

INSURER	ADMINISTRATOR	DISTRIBUTOR
<b>CUMIS General Insurance Company</b> 151 North Service Road Burlington, ON L7R 4C2 1-800-263-9120 Registered with the Autorité des marchés financiers under client number 2000383675.	<b>Allianz Global Assistance</b> 700 Jamieson Parkway Cambridge, ON N3C 4N6  1-800-670-4426	<b>Your distributor is required to provide you with this information.</b> Name: Address: Phone:

### QUEBEC RESIDENTS

The Autorité des marchés financiers can provide information about your rights and the duties of the insurer, administrator and distributor.

**Autorité des marchés financiers**  
Place de la Cité, Tour Cominar  
2640, boulevard Laurier, 4e étage  
Québec G1V 5C1  
1-877-525-0337  
lautorite.qc.ca

## INTRODUCTION

This Product Summary will provide an overview of the Deluxe Package with COVID-19 Coverage. It will help you determine if this insurance is right for you without the advice of an insurance advisor. This document highlights the benefits, exclusions, limitations and restrictions that apply to this coverage. Refer to the policy of insurance for the complete terms and conditions. If you have questions about this coverage, contact Allianz Global Assistance.

The policy of insurance can be found at:

<https://www.cumis.com/en/information/Pages/quebec-guides-and-summaries.aspx>



### **YOUR RIGHT TO EXAMINE**

The Right to Examine period gives you 10 days to review your policy and confirm it meets your needs. This 10-day period allows you to return the policy for a full refund if you have not left on your trip and have not filed a claim.

## PRODUCT DESCRIPTION

The Deluxe Package with COVID-19 Coverage provides worldwide coverage for Canadian residents while travelling outside their home province or territory of residence.

Coverage begins on the effective date and ends on the expiry date. These dates are determined at the time of purchase and can be found on your Declaration Page.

## COVERAGE SUMMARY

Benefit	Maximum Limit per person (\$CAD)
Trip Cancellation & Interruption Coverage	Up to \$10,000
Trip Delay Coverage	\$300 per day/maximum 2 days
Emergency Medical and Dental Coverage	Up to \$5 million (overall policy maximum)
Baggage Coverage	Up to \$1,000
Baggage Delay Coverage	Up to \$200
Flight Accident Coverage	Up to \$100,000
Travel Accident Coverage	Up to \$50,000
COVID-19 Coverage	Up to \$1,000,000



### NOTICE

General Exclusions apply to all benefits. Refer to the General Exclusions section in the policy of insurance.

## DO YOU QUALIFY FOR THIS COVERAGE? (ELIGIBILITY)

**As of the date you apply for this coverage and the date your coverage begins, you must:**

- be a Canadian citizen or a permanent resident of Canada;
- be covered by a government health insurance plan for the whole trip;
- be age 84 or younger; and
- have completed a medical questionnaire if you are age 75 or older.

The maximum trip duration available under this plan depends on your age at the time the coverage is purchased.

- If you are 64 years old or younger at the time the coverage is purchased, the maximum trip duration is the number of days allowed under your government health insurance plan for travel outside of your province or territory of residence.
- If you are 65 years old or older (up to age 84) at the time the coverage is purchased, the maximum trip duration is 60 days.

## TRIP CANCELLATION & INTERRUPTION

You will receive reimbursement if you need to cancel, or interrupt a trip due to a Covered Reason. Reimbursement is issued for non-refundable, prepaid, travel expenses. You have coverage up to the amount you insure at the time of purchasing the travel arrangements to a maximum of \$10,000 per person.

**Trip Cancellation:** Trip Cancellation occurs before you leave.

**Trip Interruption:** Trip Interruption occurs after you leave on the trip but before your scheduled return date.

Covered Reasons	Exclusions
<p>Covered Reasons include but are not limited to the following:</p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Illness or injury</li> <li>• Pregnancy or adoption</li> <li>• Death</li> </ul> <p><b>Work</b></p> <ul style="list-style-type: none"> <li>• Involuntary termination or being laid off</li> <li>• Jury duty</li> <li>• Being summoned to service in the case of reservists, active military, police or fire personnel</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Extreme weather affecting your home</li> <li>• Canadian government issues a travel advisory after the effective date</li> <li>• Involvement in a traffic accident on your way to the departure point</li> <li>• Being quarantined</li> <li>• Being a victim of a criminal assault (applies to Trip Cancellation only)</li> <li>• Act of terrorism occurring in the city and country of your destination</li> <li>• Being denied boarding on a common carrier</li> </ul> <p><i>Refer to the Covered Reasons section of the Trip Cancellation &amp; Interruption benefit in the policy on insurance for details.</i></p>	<p>You will not be paid for expenses that arise from, or relate to the following:</p> <ul style="list-style-type: none"> <li>• <b>Trip Cancellation:</b> Situations you were aware of at the time of booking the trip that could prevent you from travelling as planned.</li> <li>• <b>Trip Interruption:</b> Situations you were aware of at the time of booking the trip that could prevent you from travelling as planned.</li> <li>• The medical condition or the death of an ailing person when the trip was made to visit or attend to that person.</li> </ul> <p><i>Refer to the Exclusions of the Trip Cancellation &amp; Interruption Coverage section of the policy of insurance details.</i></p>

## Limitations



### **IF YOU NEED TO CANCEL OR INTERRUPT YOUR TRIP**

Contact Allianz Global Assistance and your travel suppliers within 24 hours of the cause of cancellation or interruption.

If you do not contact them your claim may be reduced or not paid.

*Refer to Conditions and Limitations in the Trip Cancellation & Interruption Coverage section of the policy of insurance for details.*

## TRIP DELAY

Trip Delay occurs when your trip is delayed by more than 6 hours from your scheduled departure time due to a Covered Reason. Payment is issued for additional accommodation, meals and travelling expenses up to \$300 per person, per day for a maximum of 2 days. This benefit is only payable once per trip.

Covered Reasons	Conditions, Exclusions & Restrictions
<p>Covered reasons include but are not limited to the following:</p> <ul style="list-style-type: none"><li>• Common carrier delays</li><li>• Lost or stolen travel documents</li><li>• Quarantine</li><li>• Unannounced strikes</li><li>• Natural disaster</li><li>• Civil disorder</li></ul> <p><i>Refer to the Trip Delay Coverage section of the policy of insurance for details.</i></p>	<p>The following conditions, restrictions and exclusions apply:</p> <ul style="list-style-type: none"><li>• Payment is not issued for prepaid expenses unless specified otherwise in the policy of insurance.</li><li>• Expenses must be incurred by you.</li><li>• The total amount payable for additional expenses cannot be more than the benefit maximum listed on your Declaration Page.</li></ul>



## EMERGENCY MEDICAL AND DENTAL COVERAGE

Emergency Medical and Dental covers you up to \$5 million for unexpected emergency illness or injury that happens while travelling outside your province or territory of residence.

Benefits	Exclusions
<p>If you experience an unexpected medical emergency while travelling this insurance provides coverage for the following:</p> <ul style="list-style-type: none"> <li>• Emergency medical and dental expenses</li> <li>• Professional fees</li> <li>• Licensed private duty nurse</li> <li>• Prescription drugs</li> <li>• Medical appliances</li> <li>• Ambulance or ground transport</li> <li>• Accommodation and meals</li> <li>• Bedside visits</li> <li>• Repatriation of remains</li> <li>• Return of travelling companion or children (with escort, if required)</li> <li>• Vehicle return</li> </ul> <p><i>Refer to Covered Benefits in the Emergency Medical and Dental Coverage section of the policy of insurance for details.</i></p>	<p>This insurance does not pay for expenses arising from or related to:</p> <ul style="list-style-type: none"> <li>• Non-emergency services that can be delayed until your return.</li> <li>• Treatment received in unlicensed facilities, by unlicensed health care providers, family members or travelling companions.</li> <li>• Regular care for a chronic condition.</li> <li>• Travel to seek medical attention.</li> <li>• Treatment for conditions which would reasonably have expected treatment during your trip.</li> <li>• Any condition for which you had symptoms before your effective date.</li> <li>• Expenses incurred after Allianz Global Assistance recommended you return home and you did not comply.</li> <li>• Any cardiac or angioplasty surgery unless pre-approved by Allianz Global Assistance.</li> <li>• Treatment that required future investigation or treatment before you left on the trip.</li> <li>• Travelling against the advice of a physician.</li> <li>• Travel to locations that the Canadian Government issued a travel advisory.</li> </ul> <p><i>Refer to Exclusions in the Emergency Medical and Dental Coverage section of the policy of insurance for details.</i></p>

## BAGGAGE COVERAGE & BAGGAGE DELAY

Baggage Coverage provides protection if your baggage is lost, damaged or stolen. Baggage Delay Coverage provides coverage if your baggage is delayed by the common carrier. The overall maximum for all Baggage Coverages is \$1,000 per person.

Benefits	Exclusions
<p><b>Baggage Coverage</b> You will receive payment up to \$1,000 if your baggage is lost, stolen or damaged during your trip.</p> <p><b>Baggage Delay Coverage</b> You will receive up to \$200 to purchase clothing and toiletries if you baggage is delayed by the common carrier for at least 12 hours.</p> <p><i>Refer to the Covered Reasons and Benefits section of the Baggage Coverage in the policy of insurance for details.</i></p>	<p>Baggage benefits will not be paid for the following losses or items.</p> <ul style="list-style-type: none"> <li>• Automobiles and equipment, motorcycles, scooters, mopeds, motors, aircraft, boats or any other vehicles or conveyances.</li> <li>• Bicycles, skis, snowboards (except when checked with a common carrier).</li> <li>• Perishables, medicines, perfumes, cosmetics and consumables.</li> <li>• Property used for business or to generate income.</li> <li>• Eye and ear related items.</li> <li>• Antiques, collectors items, rugs or carpets of any kind.</li> <li>• Tickets, keys, money, securities, bullion, credit cards, and certain documents.</li> </ul> <p><i>Refer to the Exclusions section of the Baggage Coverage in the policy of insurance for details.</i></p>

### Conditions and Limitations

#### Baggage Coverage

You must file a report with the appropriate local authorities in the location of the loss. You need to inform them of the value and description of your baggage within 24 hours of the loss.

The insurance will pay the lesser of the purchase price of a similar item or the item's actual value at the time of loss. You must take all reasonable measures to protect, save and/or recover your baggage.

#### Baggage Delay Coverage

Purchases must be made within **36 hours** of your arrival at the destination.

Purchases made under the Baggage Delay benefit are part of the overall Baggage Coverage maximum.

## FLIGHT ACCIDENT COVERAGE

Flight Accident provides coverage up to \$100,000 if you experience an accidental injury or accidental death that happens when you are:

- riding as a passenger in, boarding or getting off an aircraft; or
- on airport premises before boarding or getting off an aircraft; or
- riding in certain vehicles with the purpose of transporting you to the airport.

Benefits	Exclusions
<p>You will be paid if you experience accidental loss of one or more of the following:</p> <ul style="list-style-type: none"><li>• Life</li><li>• Sight</li><li>• Hand or hands</li><li>• Foot or feet</li></ul> <p><i>Refer to the Covered Benefits of the Flight Accident Coverage section of the policy.</i></p>	<p><i>Refer to the General Exclusions section of the policy for details.</i></p>



### AGGREGATE LIMIT

A \$10 million aggregate limit applies for all losses due to a single incident.

## TRAVEL ACCIDENT COVERAGE

Travel Accident provides coverage up to \$50,000 in the event of an accidental injury or accidental death while travelling.

Benefits	Exclusions
<p>You will be paid if you experience accidental loss of one of the following:</p> <ul style="list-style-type: none"><li>• Life</li><li>• Sight</li><li>• Hand or hands</li><li>• Foot or feet</li></ul> <p><i>Refer to the Covered Benefits of the Travel Accident Coverage section of the policy for details</i></p>	<p>You will not be paid for expenses that arise from or relate to the following:</p> <ul style="list-style-type: none"><li>• Travelling on an aircraft including while boarding and disembarking.</li></ul> <p><i>Refer to the Exclusions of the Travel Accident Coverage section of the policy and the General Exclusions section of the policy for details.</i></p>



### AGGREGATE LIMIT

A \$10 million aggregate limit applies for all losses due to a single incident.

## COVID-19 COVERAGE SUMMARY

This benefit provides coverage for Canadian residents who test positive for COVID-19 while travelling outside of Canada.

Coverage	Maximum Limit (\$CAD)
<b>COVID-19 Emergency Hospital &amp; Medical</b>	
Emergency Treatment	Up to \$1,000,000
Transportation	Up to \$1,000,000
Return of Travel Companion/Dependent	One-way economy airfare for your dependent and if required, a travelling companion or attendant to return your dependents home.
In the Event of Your Death	Up to \$5,000
<b>COVID-19 Trip Interruption</b>	
Quarantine Meals & Accommodation	Up to \$150 per day to a maximum benefit of \$2,100
Denied Boarding	Up to \$300



### COVID-19 COVERAGE AND TRAVEL ADVISORIES

This benefit will not provide coverage if you travel to a destination for which the Canadian government has issued a written warning prior to your departure date to **avoid all travel** to that destination

This includes written warnings to avoid all travel on a common carrier such as a cruise ship.

## WHAT'S COVERED

### COVID-19 HOSPITAL AND MEDICAL EXPENSES

Provides coverage up to \$1,000,000 for medical expenses you incur if you receive a positive COVID-19 test result while travelling outside Canada during your coverage period. Expenses that qualify for reimbursement include but are not limited to hospital accommodation, physician charges, prescription medications, lab tests and X-rays required to treat COVID-19.

### QUARANTINE MEALS & ACCOMMODATION EXPENSES

Provides coverage up to \$150 per day to a maximum benefit of \$2,100 if you are placed in individual quarantine due to a positive COVID-19 test result received on your trip while travelling outside Canada.

### COVID-19 TRANSPORTATION BENEFITS

Provides coverage up to \$1,000,000 if you receive a positive COVID-19 test result during the coverage period. This insurance will pay to transport you to the nearest appropriate medical facility or to a Canadian hospital due to COVID-19 or related complications.

### ATTENDANT / RETURN OF TRAVELLING COMPANION

If you are returned home under the Transportation benefit above due to COVID-19, the insurer will pay to have your dependents returned home. It provides one-way economy airfare for your dependents and one travel companion or attendant to accompany your dependents, if required.

## **COVID-19 RETURN OF DECEASED (REPATRIATION)**

Provides coverage up to \$5,000 for the preparation (including cremation) and transportation of your body if you die from COVID-19 while travelling.

## **DENIED BOARDING**

This coverage applies if you are denied boarding on a common carrier due to COVID-19 screening while returning home. The insurer will pay up to \$300 per person for meals and commercial accommodation. If a dependent is denied boarding on a common carrier, this benefit extends to one accompanying family member.

## **WHAT'S NOT COVERED?**

This insurance will not pay for any expenses arising from any of the following exclusions. This is not a complete list, refer to the policy of insurance for all exclusions. General Exclusions also apply.

1. You tested positive for COVID-19 before your trip and have not tested negative for COVID-19 before your departure date.
2. You experienced signs or symptoms of COVID-19 during the 14 days before your departure date.
3. Any medical condition other than COVID-19 where the medical condition is not due to, contributed to by, or resulting from COVID-19.
4. The Canadian government issues a Level 4 travel advisory stating "to avoid all travel" due to COVID-19 for your trip dates and destination before your departure date and you still choose to travel.
5. Any expenses you incur after being treated for COVID-19 while on the trip and being declared medically fit to travel back to Canada.
6. Any positive COVID-19 test result if you undertook your trip with the prior knowledge that treatment, palliative care or alternative therapy of any kind would be required.

## GENERAL EXCLUSIONS

Payment will not be issued for any expenses that arise from or relate to:

1. **Pre-existing Exclusions** (Applies to Emergency Medical & Dental Coverage and Trip Cancellation & Interruption Coverage)

**If you are 64 years old or younger** Any medical condition including a heart or lung condition, that was not stable in the 90 days before the effective date.

**If you are 65 years old or older:** Any medical condition including a heart or lung condition, that was not stable in the 180 days before the effective date.

2. Acts of self harm.
3. Some pregnancy situations.
4. Some matters related to mental and emotional disorders.
5. Abuse of alcohol or drugs including misuse of medication.
6. Acts of war and terrorism or any nuclear occurrence.
7. Amateur or professional sports and certain scuba diving activities.
8. Biological, chemical, seepage or pollution, contamination.
9. Some matters related to epidemic or pandemic.
10. Default of a travel supplier.
11. Illegal acts.
12. Prohibition or regulation by any government that interferes with your trip.
13. Any elective, cosmetic or organ harvesting surgery.
14. Travelling on an aircraft except while riding, boarding, or disembarking on a commercial airline.
15. Some matters related to travel to regions where the Canadian government issued a travel advisory.

## ADDITIONAL INFORMATION

### Automatic Extension of Coverage

Coverage is automatically extended if:

1. your entire trip is within the coverage period on your Declaration Page; and
2. your return is delayed for unforeseen reasons out of our control. This includes a medical condition or impatient hospitalization of you or your travelling companion.

Coverage will end on the earliest of:

- your arrival to your home province or territory of residence, or return destination (based on your travel itinerary); or
- 5 days after your scheduled return date; or
- 72 hours after your discharge.

*Refer to the "What do you need to know?" section of the policy of insurance for details.*

### What if you decide to stay longer?

*Before you leave on the trip:* Contact your travel supplier or Allianz Global Assistance to purchase additional days of coverage or if your travel dates change.

*After you leave on the trip:* You can purchase additional days if you have had no medical event that would result in a claim.

If you have experienced a medical event during your trip, you may still qualify for coverage.

*Refer to the "What do you need to know?" section of the policy of insurance for details.*

### Refunds

Full refunds are available if you cancel this insurance within 10 days of purchase and have not departed on the trip.

After the 10-day period you may still request a refund if you have not departed on the trip, but penalties may apply.

The policy of insurance is non-refundable after you have departed on the trip.

Contact Allianz Global Assistance to request a refund.



## HOW TO FILE A COMPLAINT

If you submit a claim and are not satisfied with the outcome, you have the right to file a complaint by following the process below.

### 1. **Contact Allianz Global Assistance**

Appeals must be submitted in writing describing why the outcome of your claim is incorrect along with any new supporting documentation.

#### **Allianz Global Assistance**

Appeals Department  
P.O. Box 277  
Waterloo, ON N2J 4A4  
appeals@allianz-assistance.ca

### 2. **Contact the Ombudsman**

If your complaint remains unresolved after following the appeals process above, you may request additional consideration from the Ombudsman Office.

#### **The Co-operators Group Limited**

Ombudsperson  
130 Macdonell Street  
Guelph ON, N1H 6P8  
Phone: 1-877-720-6733  
Email: Ombuds@cooperators.ca

### 3. **External Recourse**

If after submitting an appeal and contacting the insurer's ombudsman you are still unable to resolve your concerns you may contact the General Insurance OmbudService (GIO).

#### **General Insurance OmbudService (GIO)**

Phone: 1-877-225-0446  
Website: [www.giocanada.org](http://www.giocanada.org)

#### **QUEBEC RESIDENTS**

You may request in writing that a copy of your file be sent to Autorité des marchés financiers (AMF) within 3 years of your claim being denied.

#### **Autorité des marchés financiers (AMF)**

Phone: 1-877-525-0337  
Email: [renseignement-consommateur@lautorite.qc.ca](mailto:renseignement-consommateur@lautorite.qc.ca)

### 4. **The Financial Consumer Agency of Canada (FCAC)**

The Financial Consumer Agency of Canada provides consumers with information about Financial Products and your rights and responsibilities. They ensure compliance with federal consumer protection laws that apply to banks and insurance companies.

Website: <https://www.canada.ca/en/financial-consumer-agency.html>

## Deluxe Package with COVID-19 Coverage

This Deluxe Package includes *our* most popular product features and benefits to meet the needs of *your* vacation plans.

Benefits per Insured	Benefit Maximums
Trip Cancellation	Up to \$10,000 Canadian
Trip Interruption	Up to \$10,000 Canadian
Trip Delay	\$300 Canadian/Day – Maximum 2 Days
Emergency Medical and Dental Coverage	Up to \$5,000,000 Canadian (Overall policy maximum)
Emergency Medical Transportation	Included in the overall policy maximum
Accommodations and Meals	\$150 Canadian/Day – Maximum 10 days
Repatriation of Remains	\$5,000 Canadian
Vehicle Return	\$2,000 Canadian
Baggage Coverage	\$1,000 Canadian
Baggage Delay	\$200 Canadian
Flight Accident	Up to \$100,000 Canadian
Travel Accident	Up to \$50,000 Canadian
24-Hour Emergency Travel Assistance	Included

**Your Deluxe Package provides insurance for travellers who are age 84 or younger at the time the coverage is purchased.**

This plan will provide *you* with coverage for the length of *your trip* to a maximum of:

- the number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence if *you* are 64 years old or younger at the time the coverage is purchased; or
- 60 days if *you* are age 65 up to and including 84 years old at the time the coverage is purchased.

*Your departure date* and *your return date* are both counted and included as separate days when determining the duration of coverage.

For complete information, please read the Policy of Insurance below.

## Policy of Insurance

This product is underwritten by CUMIS General Insurance Company (herein called “insurer”, “we”, “us”, “our”), a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc.

### IMPORTANT NOTICE- PLEASE READ CAREFULLY

We have issued this *policy* of insurance to the person(s) named on the declaration page (herein called “you” or “your”). If *you* believe that the declaration page we sent *you* is incorrect, please contact *Allianz Global Assistance* immediately at the phone number(s) listed on *your* declaration page.

This *policy* and *your* declaration page describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the *policy* carefully to understand the conditions of all coverage for which *you* have paid a premium.

Be sure to take this document, *your* declaration page and *your* receipt with *you* on *your* trip.

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

**This *policy* contains a number of exclusions and limitations including a Pre-Existing Condition Exclusion, which may apply to a *medical condition* or symptoms that existed prior to *your* trip, please take time to read it before leaving on *your* trip.**

**Please read *your* *policy* of insurance carefully before *you* travel**

**IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL ALLIANZ GLOBAL ASSISTANCE AT ONE OF THE NUMBERS LISTED ON YOUR DECLARATION PAGE BEFORE SEEKING TREATMENT.**

Allianz Global Assistance is here to help *you* 24 hours a day, 365 days a year.

**Please have the following information ready for the Allianz Global Assistance representative when *you* call:**

- *your* name and *policy* number (per *your* declaration page), and
- *your* location and local phone number.

Please note that Emergency Medical insurance provides for a reduction of benefits if *you* do not call before seeking *treatment*. If *your* *medical condition* prevents *you* from calling before seeking *emergency treatment*, *you* must call Allianz Global Assistance as soon as medically possible. As an alternative, someone else may call on *your* behalf.

### Right to Examine this Insurance

If *you* notify *us* that *you* are not completely satisfied with *your* purchased plan within 10 days of the date of issue of this Policy of Insurance as indicated on *your* declaration page, we will provide a full refund if *you* have not already departed on *your* trip or filed a claim.

Refunds are only available when Allianz Global Assistance receives *your* request for a refund before *your* departure date.

### Insured benefits under this Policy of Insurance include:

- Trip Cancellation/Trip Interruption and Trip Delay
- Emergency Medical and Dental Expenses
- Emergency Medical Transportation
- Baggage Coverage
- Baggage Delay
- Flight Accident
- Travel Accident

Please refer to *your* declaration page to determine which coverage *you* purchased and the corresponding maximum amounts of coverage.

## What risks are insured?

This insurance covers the *reasonable and customary charges for medically necessary* expenses for medical care or surgery that is required as part of the *emergency treatment* arising from a *medical condition* that occurs while *you* are travelling outside of *your* province of residence; and protects *you* against situations or losses that result from sudden and unexpected conditions or events. *We* reserve the right, in *our* sole discretion, to reject applications for coverage.

**These insurance benefits do not cover conditions or events that, on the date of purchase, are either known to *you* or are likely to occur.**

The Emergency Medical and Dental insurance covers only the *medically necessary* expenses *you* incur once *you* have left *your* province of residence. In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

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

*You or someone on your behalf* must contact *Allianz Global Assistance* before seeking *emergency treatment*. Failure to call *Allianz Global Assistance* may result in a reduction to the amount reimbursed, or no reimbursement, for the expenses *you* have incurred. In addition, the medical advisors of *Allianz Global Assistance* must approve all medical procedures (including cardiac procedures and cardiac catheterisation) in advance.

When *you* contact *Allianz Global Assistance*, they will refer *you* or may transfer *your call*, when medically appropriate, to an accredited medical service provider within a network.

*Allianz Global Assistance* may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. *We* will guarantee payments up to the amounts provided under this Policy of Insurance, if needed, to secure *your medically necessary* admission to a *hospital*.

**In this policy, certain terms have defined meanings. Those defined terms are as indicated on your declaration page, or as below in the section titled “Definitions”, and appear throughout this policy in italics.**

## Definitions

**Accident/Accidental** - a sudden, unexpected, unintended, unforeseeable external event, occurring during the *coverage period*, arising wholly from accidental means, which independently of any other cause, causes *injury*.

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

**Allianz Global Assistance** – *Allianz Global Assistance*, *our* administrator for assistance and claims services under this *policy*.

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

**Children** - unmarried persons who are dependent on *you* for support and are:

- under 21 years of age; or
- under 26 years of age if a full-time student; or
- mentally or physically incapable of self-support, and became so as a dependent child, and over 20 years of age.

**Common Carrier** - any land, air or water conveyance for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there are no legal grounds for refusal.

**Contamination** - the contamination or poisoning of people by nuclear or chemical or biological substances, which causes *illness* or death.

**Coverage Period** - the time insurance is in effect, beginning on the *effective date* and ending on the *expiry date*.

**Departure Date** - the date on which *you* are scheduled to start *your trip* as shown on the declaration page (using the local time at *your* Canadian address).

**Departure Point** - the city within Canada, from which *you* depart on *your trip* on *your departure date*.

**Effective Date** - has the following meaning depending on the coverage and benefit:

- **Trip Cancellation and Interruption Coverage** - *effective date* means 00:01 on the day after *your* premium payment is received by us, (using local time at *your* Canadian address).
- **Emergency Medical and Dental Coverage** - *effective date* means the time and date on which *you* leave *your* province, or territory of residence (using local time at *your* Canadian address) on or after the *departure date* shown on *your* declaration page.
- **All other coverage** - *effective date* means 00:01 on the day *you* are scheduled to leave *your departure point* (using local time at *your* Canadian address).

**Emergency** - an unforeseen event that occurs during the *coverage period* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

**Emergency Medical Care/Treatment** - the services or supplies provided by a licensed *physician, hospital* or other licensed provider (licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath) that are *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected) and which cannot be reasonably delayed until *you* return to *your* home country without endangering *your* health.

**Epidemic** - a contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

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

**Expiry Date** - the date on which *your* coverage ends under this insurance as shown on *your* declaration page.

**Family Member** - includes *your spouse*; parents; *children*, including *children* who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; *step-children*; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with *you*.

**Future Travel Credits** - any credit or voucher for future travel that *you* are eligible to receive from a travel supplier, employer, another insurance company, a credit card insurer, or any other entity.

**Government Health Insurance Plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

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

**Illness** - a sickness, infirmity or disease occurring during the *coverage period* that requires *emergency medical care*, which did not occur prior to the *effective date*.

**Immediate Family** - means *your spouse*; parent; *children* (including all natural or adopted *children*); *your* sibling; *your* step-parents, *step-children*, *your* grandparent or grandchild.

**Injury** - bodily injury occurring during the *coverage period*, resulting directly and independently of all other causes, from an *accident*.

**Insurer** – CUMIS General Insurance Company.

**Inpatient** - a person treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.

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

**Medically Necessary** - the services or supplies provided by a *hospital, physician, dentist*, or other licensed provider that are required to identify or treat *your illness* or *injury* and that *we* determine are:

- consistent with the symptoms or diagnosis and *treatment* of *your* condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or other provider and;
- the most appropriate supply or level of service that can be safely provided to *you*.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or condition requires that the services cannot be safely provided to *you* as an *outpatient*.

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

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

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

**Physician** - a person (other than an insured) who is not related to the insured by blood or marriage who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided. A physician does not include a naturopath, a herbalist or a homeopath.

**Policy** - the entire policy of insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

**Prepaid** - paid prior to *your departure date*.

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

**Professional** - engaged in a specified activity as *your* main paid occupation.

**Quarantine** – the mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, a *physician*, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the spread of a contagious disease to which *you* or a *traveling companion* has been exposed.

**Reasonable and Customary Charge** - a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

**Return Date** - the date on which *you* are scheduled to return to *your departure point* as shown on *your* declaration page (using the local time at *your* Canadian address).

**Spouse** - the person who is:

- legally married or in a legal civil union with *you*; or
- is living with *you* in a conjugal relationship and is publicly represented as *your* spouse or *your* domestic partner in the community in which *you* reside. *You* may only have 1 spouse for the purposes of this insurance.

**Stable** - any *medical condition* or related condition (including any heart condition or lung condition) for which all the following statements for that *medical condition* or related condition (including any heart or any lung condition) are true:

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

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

**Travelling Companion** - a person with whom *you* are sharing travel arrangements and *prepaid* accommodation.

**Treatment** - the medical advice, care or service provided by a *physician*. This includes, but is not limited to, diagnostic measures and *prescription drugs* (including pills and inhaled or injected medications). It does not include check-ups or cases where *you* have no specific symptoms.

**Trip** - a period of round-trip travel to a destination outside of *your* province of residence that is not for the purpose of obtaining health care or *treatment* of any kind.

**We, Us and Our** - refers to CUMIS General Insurance Company.

**You and Your** - refer to all persons listed on *your* declaration page under the plan purchased when the required insurance premium has been paid for that person, before the *effective date*.

## What do you need to know?

### Are you eligible for coverage?

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

- be a Canadian citizen or be a permanent or temporary resident of Canada;
- be covered under *your government health insurance plan* for the full duration of *your coverage period*;
- at the time this insurance is purchased, be age 84 or younger; and be travelling no longer than:
  - i. the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence if *you* are 64 years old or younger at the time the coverage is purchased; and
  - ii. 60 days if *you* are age 65 up to and including 84 years old at the time the coverage is purchased; and
- have completed a medical questionnaire if *you* are age 75 or older at the time the coverage is purchased.

**Please Note:** *You* must meet all of the above eligibility requirements to be insured under this *policy*.

### How do you become insured?

*You* become insured and this *policy* becomes an insurance contract:

- when *you* are named on *your* completed insurance application and named on *your* declaration page; and
- upon payment of the required premium on or before *your effective date*.

### When does your insurance start?

*Your* insurance starts on the *effective date* if:

- *you* are eligible;
- *you* are named on the application; and
- *you* pay the full required premium before the *effective date*.

For Trip Cancellation and Interruption Coverage to be in effect we must have received all premium due prior to the *trip* cancellation.

### When does your insurance end?

*Your* insurance ends on the earliest of:

- the date *your trip* is cancelled when cancelled prior to *your departure date*;
- 23:59 on *your return date*; or
- upon *your* return to *your* province or territory of residence, except in the circumstances outlined under "When will *your* coverage be automatically extended?"

### When will your coverage be automatically extended?

Regardless of *your expiry date*, coverage will be extended provided:

- *your* entire *trip* falls within the *coverage period*;
- *your* return is delayed by unforeseeable circumstances beyond *your* control, including the hospitalization as an *inpatient* or *medical condition* of *you*, (*your spouse* or *your children* if they are travelling with *you*) or *your travelling companion*; and
- *you* provide *us* with documentation of *your* reason for the delay that is satisfactory to *us*.

If coverage is extended for these reasons, coverage will end on the earliest of either:

- *your* arrival at *your* province of residence or return destination based on *your* travel itinerary; or

- 5 days after *your* scheduled *return date*; however, if *you* are hospitalized as an *inpatient*, if *medically necessary*, we will extend insurance for 72 hours from the time *you* are discharged but under no circumstances for more than 3 months from *your* scheduled *return date*.

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

If *you* decide to extend *your trip* *you* may purchase an extension of *your* coverage by contacting *your* travel insurance representative or *Allianz Global Assistance*:

- if *you* have not already departed on *your trip*; or
- if *you* have already departed on *your trip*, *you* have not had a *medical condition* during *your trip* and *you* call before *your* scheduled *return date*.

If *you* have already left on *your trip* and have had a *medical condition* during *your trip*, *you* may still be eligible for an extension of *your* coverage by contacting *Allianz Global Assistance* before *your* scheduled *return date*. The granting of an extension in this situation is subject to the approval of *Allianz Global Assistance*.

Any extension of coverage is subject to the following conditions:

- the total duration of *your trip* may not exceed
  - the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence if *you* are 64 years old or younger at the time the coverage is purchased; or
  - 60 days if *you* are age 65 up to and including 84 years old at the time the coverage is purchased;
- *you* are covered by *your government health insurance plan* for the entire duration of the *trip*,
- *you* must pay the required premium on or before *your* original scheduled *return date*.

### Can *you* obtain a refund?

If *you* notify *us* that *you* are not completely satisfied with *your* purchased plan within 10 days of the date of issue of this *policy* of insurance as indicated on *your* declaration page, we will provide a full refund if *you* have not already departed on *your trip* or filed a claim.

Refunds are only available when *Allianz Global Assistance* receives *your* request for a refund before *your departure date*.

## Description of Coverage

The following insurance benefits protect *you* against situations or losses that result from sudden and unexpected conditions or events. The benefits do not cover conditions or events that, on the date of purchase, are either known to *you* or likely to occur.

### Trip Cancellation and Interruption Coverage

**Trip Cancellation Coverage** provides reimbursement for the covered losses *you* incur for a *trip* that is cancelled before *your departure date*. The total amount paid for *your trip* cancellation will not exceed the maximum benefit amount of \$10,000.

**Trip Interruption Coverage** reimburses *you* for covered losses *you* incur for *trips* that are interrupted or delayed after *your departure date*. The total amount paid for *your trip* interruption will not exceed the maximum benefit amount of \$10,000.

### Covered Reasons

A maximum benefit up to \$10,000, is provided to cover the losses (identified under 'Covered Benefits') which result from the cancellation or interruption of *your trip* due to one of the following covered reasons

### Medical Conditions and Death

Any serious *injury* or any unforeseen serious *illness* occurring to:

- *you*, or *your travelling companion*, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their *trip*(including being diagnosed with an *epidemic* or *pandemic* disease); or



- a *family member* that is life threatening or requiring hospitalization as an *inpatient*; or
- a *family member* who is dependent upon *your* care.

For Trip Cancellation benefits, a physical examination by a *physician* must take place within 72 hours from when the cancellation is made, and the *physician* must recommend in writing that *your trip* be cancelled.

For Trip Interruption benefits, a physical examination must take place during *your trip*, and the *physician* must recommend in writing that *your trip* be interrupted or delayed.

The death of *you*, a *family member* or a *travelling companion*, if the death occurs within 30 days prior to *your departure date*, or during *your trip*.

*Your* family or friends, with whom *you* were planning to stay on *your trip*, are unable to accommodate *you* due to life-threatening *illness*, life-threatening *injury* or death of one of them.

### **Pregnancy and Adoption**

The pregnancy of *you*, *your spouse*, an *immediate family member* or *your travelling companion* if such a pregnancy:

- has been diagnosed after *your trip* has been booked, and *your* departure is scheduled within 9 weeks before or after the expected date of delivery; or
- the legal adoption of a child by *you* or *your travelling companion*, when the actual date the child is to be placed in *your* care is scheduled to take place during *your trip* and this date was not known until after the *trip* was booked.

### **Government Advisories and Visas**

The Canadian government issues a written warning after *you* book *your trip*, to avoid non-essential travel or to avoid all travel to *your* ticketed destination, for a period that includes *your* scheduled *trip*. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a *common carrier*.

The non-issuance of a travel visa to *you*, or *your travelling companion* for reasons beyond *your* or *your travelling companion's* control. The non-issuance of a travel visa due to late application is not covered. Non-issuance of an immigration or employment visa is not covered.

### **Terrorism**

An *act of terrorism* committed by an organized terrorist group (recognized as such by the Canadian Government), occurring in the city and country of *your* destination:

- within 30 days of *your* scheduled *departure date* (for Trip Cancellation benefits);
- during *your trip* (for Trip Interruption benefits).

### **Employment and Occupation**

*You* or *your travelling companion*:

- being terminated or laid off, after having been with the same employer for at least 3 continuous years, through no fault of *your* own, after *your effective date* of coverage;
- being required to serve on a jury or served with a court order or subpoena, excluding law enforcement officers who are required to appear in court;
- being summoned to service in the case of reservists, active military, police or fire personnel.

### **Delays**

If *your trip* has been delayed due to one of the covered reasons listed under the 'Trip Delay' coverage of this *policy* and that delay results in a loss of more than 50% of the duration of *your* scheduled *trip*.

### **Other Covered Reasons**

*You* or a *travelling companion*:

- being *quarantined*; or
- having *your* home made uninhabitable by flood, burglary, vandalism or natural disaster; or
- being directly involved in a traffic accident while en route to a *departure point* for a *trip*; or
- under the Trip Cancellation benefit, being the victim of an indictable criminal assault within 10 days prior to *your departure date*. An indictable criminal assault inflicted by *you*, a *family member*, *travelling companion* or *travelling companion's family member* is not a covered reason under this insurance;
- under the Trip Interruption benefit, being denied boarding based on a suspicion that *you* or *your travelling companion* have a contagious *medical condition* (this does not include *your* or *your travelling companion's* refusal or failure to comply with rules and requirements to travel or of entry to *your* or *your travelling companion's* destination).

## Covered Benefits

### Trip Cancellation Benefits (prior to departure)

We will reimburse *you* for the following covered losses providing *you* cancel *your trip* prior to *your departure date*:

- the non-refundable, non-transferable to another date portion of the *prepaid* travel arrangements, less available refunds or *future travel credits*; or
- the additional reasonable cost resulting from a change in the per-person occupancy rate for *prepaid* travel arrangements if a *travelling companion's trip* is cancelled for a covered reason and *yours* is not.

### Trip Interruption Benefits (after date and time of departure)

If *your trip* is interrupted for a covered reason we will reimburse *you* for the following:

- the unused non-refundable, non-transferable to another date, portion of the *prepaid* travel arrangements, less available refunds or *future travel credits*;
- the additional reasonable cost resulting from a change in the per-person occupancy rate for *prepaid* travel arrangements if a *travelling companion's trip* is interrupted for one of the above covered reasons and *yours* is not;
- reasonable\*, additional accommodation, meal and transportation expenses up to \$100 per day up to a maximum of 5 days, if a covered travelling *family member* or *travelling companion* must remain hospitalized as an *inpatient*;
- reasonable\*, additional transportation expenses needed to return to *your departure point* or to travel from the place *your trip* was interrupted to the place where *you* can rejoin *your trip* and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of *your trip*; and
- reasonable\*, additional travel costs for *you* to reach *your* scheduled destination if *you* must depart after *your departure date*.

\* The reasonable amount of benefit paid to *you* will not exceed the cost of economy airfare by the most cost-effective route on the next available carrier, less any refunds paid to *you*.

## Conditions and Limitations

*You* must notify the appropriate travel supplier(s) of *your* cancellation or interruption within 24 hours of the cause of cancellation or interruption, unless *your* condition or situation prevents it, then as soon as reasonably possible. If *you* do not do so, *your* claim will not be payable.

## Exclusions

1. *You* are not covered for any reason, circumstance, event or *medical condition* which on the *effective date*, could reasonably have been expected to prevent *you* from travelling as booked (applies to Trip Cancellation Benefits only).

2. You are not covered for any reason, circumstance, event or *medical condition* which prior to *your departure date*, might reasonably have been expected to necessitate *your* immediate return or delayed return (applies to Trip Interruption/Trip Delay Benefits only).
3. You are not covered for any reason, circumstance, event or *medical condition* relating to an *epidemic* or *pandemic*, except as specifically provided for under the Covered Reasons.

Trip Cancellation and Interruption Coverage are also subject to the General Provisions, Statutory Conditions and General Exclusions, as well as the Pre-Existing Condition Exclusion.

## Trip Delay Coverage

### Covered Reasons and Benefits

If *your trip* is delayed from its scheduled departure time for more than 6 hours, we will pay *you* on a one-time per *trip* basis, up to a per person maximum of \$300 per day and a total of 2 days, for reasonable, additional accommodation, meal and travelling expenses.

Covered reasons for which we provide a Trip Delay benefit are:

- delays of *your common carrier* (including bad weather);
- lost or stolen passports, money, or travel documents;
- *quarantine*;
- unannounced strikes;
- natural disaster;
- civil disorder or unrest.

### Conditions, Limitations and Exclusions

1. *Prepaid* expenses are not covered, unless as otherwise specified under Trip Cancellation and Trip Interruption Coverage.
2. The additional expenses must be incurred by *you*.
3. The total amount paid for these additional expenses for all persons will not exceed the benefit maximum listed on the declaration page.

Trip Delay Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

## Emergency Medical and Dental Coverage

### Covered Benefits

Emergency Medical and Dental Coverage reimburses *you* for eligible expenses if *you* require *emergency* medical or dental care during *your trip*. This coverage will also cover expenses for *emergency* medical transportation back to *your* province of normal residence. In the event of *injury* or *illness* while on a *trip*, during the *coverage period*, we reimburse *you* for *reasonable and customary charges* for the following *medically necessary* expenses required by *you*.

### Emergency Medical Expenses

We provide coverage up to the *policy* maximum amount up to \$5,000,000, for the following:

#### Emergency Medical Treatment (including X-rays and lab)

This insurance covers *emergency medical care* or *treatment* of any *medical condition* that is acute (onset is sudden and unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

#### Emergency Dental Treatment (including x-rays and lab)

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth because of an *accidental* blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*.

You are also covered up to a maximum of \$1,000 to continue necessary *treatment* after *your* return to Canada. However, this *treatment* must be completed within 90 days after the *accident*.

- if you need *emergency treatment* to relieve dental pain, you are covered for the *emergency* dental expenses you incur during *your trip*, up to a maximum of \$250, and the complete cost of *prescription drugs*.

### **Professional Fees**

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, to a maximum of \$250 per profession.

### **Licensed Private Duty Nurse**

This insurance covers the cost of licensed private duty nursing services to a maximum of \$5,000 while you are an *inpatient*, when pre-approved by *Allianz Global Assistance*.

### **Prescription Drugs**

This insurance covers the cost of *prescription drugs*, limited to a supply of 30 days, if prescribed because of an *emergency* condition.

### **Medical Appliances**

This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or hospital-type beds, if ordered by a licensed *physician*. We will pay the lesser of the rental or the purchase price.

### **Ambulance/Ground Transport**

This insurance covers the cost of local ground transport to a medical service provider in an *emergency*.

### **Medical Assistance Services**

#### **Medical Assistance**

If you have a medical problem or *emergency*, you must contact *Allianz Global Assistance*, who will refer you to a local *physician*, dentist, *hospital*, medical facility, or other appropriate resource.

#### **Medical Consultation and Monitoring**

If you are hospitalized, *Allianz Global Assistance's* medical staff will keep in contact with you and your treating *physician* to get information on the care you are receiving and determine the need for further assistance. *Allianz Global Assistance* will also contact your personal *physician* and family at home, if necessary.

#### **Emergency Medical Transportation**

We will arrange and pay for medical transportation services as specified below, which are required by you as a result of an *injury* or *illness* that occurs during the *coverage period* that requires transportation to an appropriate medical facility or return to your province of residence.

All *emergency* medical transportation services must be authorized in advance and organized by *Allianz Global Assistance*. Such services that *Allianz Global Assistance* does not pre-authorize shall not be covered.

#### **Transportation to an Appropriate Medical Facility**

If our consulting *physician* and the local attending *physician* determine that adequate *treatment* is not available locally and that *treatment* is *medically necessary*, you will be transported to the nearest appropriate medical facility.

#### **Return to your Province of Residence**

Once you have received *emergency medical care* and our consulting *physician* determines you are able to and recommends that you return home, we will arrange for you to return to your province of residence.

We will arrange and pay, up to the amount included in the overall *policy* maximum, for the following services and expenses to evacuate you to your province of residence:

- the cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return-trip tickets. If *medically necessary* or required by the airline, we will also pay the expenses for a qualified medical attendant to accompany you.
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to *your* province of residence, if a stretcher is *medically necessary*.
- the cost of air ambulance transportation to the most appropriate facility in *your* province of residence, if the use of an air ambulance is required and *medically necessary*.

### **Accommodation and Meals**

A maximum benefit of up to \$150 per day (up to a total of 10 days) is provided to cover hotel expenses, meals and taxi fares, if *you* or *your travelling companion*, because of receiving a covered *emergency treatment*:

- are delayed beyond the initial *return date*; or
- have to relocate to receive the medical attention.

### **Bedside Visits**

If *you* are travelling alone and will be hospitalized during *your trip* as an *inpatient* for more than 3 consecutive days, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a *family member* or a close personal friend to *your* bedside. We will also pay up to \$150 per day (up to a total of 10 days) for that person's reasonable accommodation, taxi fares and meals. Verification from the attending *physician* that the situation is serious enough to warrant the visit will be required.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

### **Repatriation of Remains**

In the event of *your* death during *your trip* from a *medical condition* covered under this insurance, the insurance covers a maximum benefit of up to \$5,000 in total for:

- the cost for reasonable and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence; or
- the burial or the cremation of *your* remains where *your* death occurred. The cost of a burial coffin or urn is not a covered expense.
- if someone is legally required to identify *your* remains, this *policy* covers the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for that person. Meals and accommodations for that person are covered up to a maximum of \$150 per day (up to a maximum of 3 days).

### **Return of Travelling Companion**

If *you* are travelling with a *travelling companion*, this insurance covers them for the extra cost (i.e. transfer fees) of a one-way economy air fare on a commercial flight via the most cost-effective route to their *departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

### **Return of Children and Escort for Children to their Departure Point**

If *children* insured under one of *our* emergency medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those *children* to their *departure point*; and
- the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

## Vehicle Return

If, as a result of a covered medical *emergency*, *you* are unable to return *your* vehicle or *your* rented vehicle to its point of origin, this insurance covers the reasonable costs up to \$2,000 in total to return the vehicle to *your* residence or to the rental agency, when pre-authorized by *Allianz Global Assistance*.

## Conditions and Limitations

1. *You or someone on your behalf* must contact *Allianz Global Assistance* before seeking care. If *you* do not notify *Allianz Global Assistance* or if *you* choose to receive *treatment* from a service provider other than that suggested by *Allianz Global Assistance*, *you* may be responsible for 30% of *your* medical expenses under this insurance. If *your medical condition* prevents *you* from calling *Allianz Global Assistance* before seeking *emergency treatment*, *you* must call as soon as medically possible.
2. As an alternative, someone else (*family member*, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
3. The medical staff of *Allianz Global Assistance* must approve all cardiac procedures, including cardiac catheterization, angioplasty and cardiovascular surgery in advance.

## Emergency Medical and Dental Exclusions

Coverage is not provided for:

1. Any *treatments*, services, supplies, or charges *we* determine are non-emergent or can be reasonably delayed until *your* return to *your* province or territory of residence;
2. Any *treatment* received in unlicensed facilities or given by unlicensed health care providers, or given by a *family member* or a *travelling companion*, whether or not a licensed provider;
3. Regular care of a chronic condition;
4. Any *treatment* received if the purpose of the travel is to receive medical care, medication or *treatment*;
5. Any *medical condition* for which it was reasonable to expect *treatment* or hospitalization during *your trip*;
6. Any condition for which *you* had symptoms before *your effective date* that would have caused a prudent person to seek diagnosis or *treatment* (including *emergency treatment*);
7. Any recurrence or complication of any *medical condition* following medical *treatment* during *your trip* where *Allianz Global Assistance* determined and recommended *you* should return home and *you* chose not to do so;
8. Any cardiac catheterization, angioplasty, or cardiovascular surgery unless approved in advance by *Allianz Global Assistance*;
9. *Treatment* for any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring);
10. *Treatment* or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.

Emergency Medical and Dental coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions, as well as the Pre-Existing Condition Exclusion

## Baggage Coverage

### Covered Reasons and Benefits

This insurance covers loss, damage or theft of *baggage* occurring on a covered *trip*.

We will reimburse *you* an amount up to the maximum of \$1,000 for the loss, damage or theft of one or more items of *baggage* occurring on *your* covered *trip*.

### Conditions and Limitations

1. *You* must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of *your baggage* within 24 hours after the loss. *You* must file written proof of loss with *us* within

90 days from the date of *your* loss. If applicable law provides for a longer period, *you* must submit *your* claim within the longer period provided for by law.

*You* must attach copies of airline, cruise line or *common carrier* claims forms, original police reports, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, cancelled cheques, photos, or other appropriate documentation as may be required.

2. All benefits payable to *you* under this coverage are in excess of any payments provided by a *common carrier* or any other insurance *you* have.
3. The insurance will pay the lesser of:
  - the actual purchase price of a similar item;
  - the actual cash value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the program will pay up to 75% of the determined depreciated value); or
  - the cost to repair or replace the item.
4. *You* must have taken all reasonable measures to protect, save and recover *your baggage*.
5. For *baggage* items valued at \$500 or more, *we* will only provide *you* with reimbursement if *you* submit receipts.
6. If an item is damaged and *we* pay a benefit hereunder to replace the item, the damaged item becomes *ours*.

### **Baggage Exclusions**

The following *baggage*, property or losses are not covered:

1. Animals;
2. Automobiles and equipment, motorcycles, scooters, mopeds and motors;
3. Bicycles, skis, snowboards (except when checked with a *common carrier*);
4. Aircraft, boats or any other vehicles or conveyances;
5. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
6. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
7. Property shipped as freight or shipped prior to *your departure date*;
8. Rugs or carpets of any type;
9. Perishables, medicines, perfumes, cosmetics and consumables;
10. *Baggage* or personal effects that are unaccompanied or left unattended in a public place.
11. Property used in trade, business or for the production of income;
12. Antiques or collectors items;
13. *Accidental* loss, theft or damage to *baggage* or personal effects left unattended, unsecured and unlocked in *your accommodation* or the motor vehicle in which *you* are travelling; or
14. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

Baggage Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

### **Baggage Delay Coverage**

#### **Covered Reasons and Benefits**

If *your* personal *baggage* is delayed or misdirected for at least 12 hours by a *common carrier*, *we* will reimburse *you* \$200 for the reasonable cost to purchase *essential items*.

## Conditions, Limitation and Exclusions

1. Verification of the delay by the *common carrier and* receipts for the *essential items* purchased must accompany any claim.
2. Purchases must be made within 36 hours of *your* arrival at *your* destination.
3. The costs of items purchased under this benefit will reduce the maximum amount payable under the Baggage Coverage benefit, if it is later determined that *your* personal *baggage* has been lost, stolen or damaged.

Baggage Delay Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

## 24-Hour Emergency Travel Assistance Services

### Travel Document and Ticket Replacement Assistance

If *your* passport or other travel documents are lost or stolen, we will provide *you* with information and assistance to obtain replacing documents. We will also help *you* to replace lost airline and other travel tickets and assist *you* in obtaining money for this purpose. These funds will come from *you, your* family or friends. We will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

### Legal Assistance

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor. If *you* require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from *your* family or friends.

### Emergency Cash Transfer

If *your* cash or traveller's cheques are lost or stolen, or if *you* need funds for the immediate payment of unexpected expenses, we will help arrange for emergency cash (in currency, traveller's cheques or any other form acceptable to *us*) to be transmitted to *you* in a timely fashion. These funds will come from *you, your* family or friends. *Our* assistance coordinators will make all the necessary arrangements for *you*.

### Emergency Message Centre

In an emergency, call *Allianz Global Assistance*, identify *yourself* by name and *your policy* number, and give the assistance coordinator *your* message. We will make at least 3 attempts in 24 hours to reach *your* requested party, and we will provide *you* with an update on the results of *our* efforts to deliver the message. We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for *trips* anywhere in the world.

## Flight Accident Coverage

### Description of Coverage

Subject to the *policy* terms and conditions, we agree to pay up to \$100,000, for loss of life, limb or sight directly resulting from *injury* occurring during a *trip* while *you* are:

- a) riding solely as a ticketed passenger in, or boarding or disembarking from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports.
- b) on airport premises immediately before boarding or immediately after disembarking from an aircraft.
- c) riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or disembarking from an aircraft.

Coverage is for all eligible flights ticketed and arranged before the *effective date*.

The maximum amount payable for *injury* resulting from one covered event under all Flight Accident Coverage under all policies issued by *us* and administered by *Allianz Global Assistance* is \$10 million.



## Covered Benefits

Benefits are payable for losses from the same *injury* according to the following schedule:

- a) \$100,000 for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) \$50,000 for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

## Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of a flight *accident*, a loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the flight *accident*. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

## Flight Accident Exclusions

Flight Accident Coverage is subject to the General Provisions, Statutory Conditions and General Exclusions.

## Travel Accident Coverage

### Description of Coverage

Subject to the *policy* terms and conditions, we agree to pay up to \$50,000, for loss of life, limb or sight resulting directly from *injury*, occurring during a *trip*, except while boarding, riding in, or disembarking from an aircraft.

The maximum amount payable for all losses related to one covered event under all Travel Accident Coverage under all policies issued by *us* and administered by *Allianz Global Assistance* is \$10 million.

### Covered Benefits

Benefits are payable for losses from the same *injury* according to the following schedule:

- a) \$50,000 for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) \$25,000 for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

## Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of an *accident*, a loss will be covered if:

- c) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- d) *your* body has not been found within 52 weeks from the date of the *accident*. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

## Travel Accident Exclusions

1. Benefits are not payable for losses incurred while being the occupant of an aircraft, either as passenger or crew, or while boarding or disembarking from an aircraft.

Travel Accident Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

### Pre-Existing Conditions Exclusion

If *you* are age 64 or younger when *you* purchase this insurance, the following pre-existing condition exclusion applies to *you*.

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

1. *Your medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 90 days before *you* depart on *your trip*:
  - any heart condition has not been *stable*; or
  - *you* have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 90 days before *you* depart on *your trip*:
  - any lung condition has not been *stable*; or
  - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

If *you* are age 65 up to and including 84 years old when *you* purchase this insurance, the following pre-existing condition exclusion applies to *you*.

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

1. *Your medical condition* or related condition, if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
  - any heart condition has not been *stable*; or
  - *you* have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
  - any lung condition has not been *stable*; or
  - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

### General Exclusions

These exclusions apply to all *policy* benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide;
2. Routine pre-natal care, fertility *treatments*, elective abortion, a child born during *your trip*, complications of *your* pregnancy when they occur in the 9 weeks before or after the expected date of delivery except as specifically provided for in the Trip Cancellation and Interruption benefit under Pregnancy and Adoption;

3. Mental, nervous or emotional disorders that do not require immediate hospitalization;
4. Abuse of any medication or non-compliance with prescribed medical *treatment* or therapy;
5. Any *injury* or *accident* occurring while *you* are under the influence of illicit drugs or alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when *you* illustrate a visible impairment due to alcohol or illicit drugs and any chronic *illness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
6. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism* (unless specifically covered);
7. Amateur or *professional* sports, or other athletic activities, which are organized or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, parachuting, *mountain climbing* (where ropes or guides are normally used), caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an insured person solely for leisure, recreational, entertainment or fitness purposes;
8. Scuba diving, unless *you* hold a basic SCUBA designation from a certified school or other licensing body or *you* are accompanied by a dive master or are diving in water not deeper than 10 metres;
9. Nuclear reaction, radiation or radioactive *contamination*;
10. Biological or chemical *contamination*;
11. Seepage, pollution or *contamination*;
12. Financial collapse or default of any transport, tour or accommodation provider or any other service providers;
13. Any unlawful acts committed by *you*, *family members*, or *travelling companions*, whether they are insured or not;
14. Prohibition or regulation by any government which interferes with *your trip*,
15. Cosmetic or any other elective surgery;
16. Organ harvesting surgery;
17. Air travel except while *you* are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled trip or charter;
18. Any *medical condition* or related condition when *you* knew prior to *your trip* that *you* would require or seek *treatment* or surgery for that condition;
19. *Your* travel to a country, region or city for which the Canadian government has issued a written warning prior to *your departure date* to:
  - avoid all travel, or
  - avoid non-essential travel,

to that city, region, or country, and *your* claim is related to or due to the reason for the warning.

This includes written warnings to avoid non-essential travel, or to avoid all travel, on a *common carrier*.

20. *Your* travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.
21. Cyber risk.

Cyber Risk means any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following:

- Any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any computer system,
- Any error or omission involving access to, or the processing, use, or operation of any computer system,
- Any partial or total unavailability or failure to access, process, use, or operate any computer system, or

- Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Computer System means any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.

## Claim Filing Procedures

Please note that Emergency Medical coverage provides for a reduction of benefits if *you* do not call before seeking *emergency treatment*. If *your medical condition* prevents *you* from calling before seeking *emergency treatment*, *you* must call *Allianz Global Assistance* as soon as medically possible. As an alternative, someone else may call on *your* behalf.

### Claims Portal

For the most efficient claims experience, claims for out-of-pocket expenses can be submitted through the secure *Allianz Global Assistance* Claims Portal [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca)

### IMPORTANT:

#### Notice of Claim

Claims should be reported as soon as reasonably possible, within 30 days of the incident date, and in no event later than one (1) year after the incident date.

#### Proof of Loss

- Written proof of loss should be submitted as soon as reasonably possible, within 90 days of the incident date, and in no event later than one (1) year after the incident date.
- All eligible claims must be supported by receipts from commercial organizations and medical documentation regarding *your treatment*. Other documentation may be required or requested by *Allianz Global Assistance*.
- Any expenses for documentation or required reports are *your* responsibility.
- Incomplete information when submitting *your* claim will cause delay.

## General Provisions

### Assignment

Any benefits payable or which may become payable under this cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by *you*.

### Benefit Payment

Unless otherwise stated, all provisions in this *policy* apply to *you* during a *trip*. Benefits are only payable to *you* under one *policy* during a *trip*.

If more than one *policy* issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy; specifically the one with the highest amount of insurance.

Benefits are only payable for the plans and the specific amount of insurance selected, paid for by *you*, and accepted by *Allianz Global Assistance* acting on the *insurer's* behalf at the time of application, and shown on *your* declaration page.

Any benefits payable do not include payment for interest charges.

Benefits payable as a result of *your* death will be payable to *your* estate.

### Conformity with Law

Any *policy* provision that conflicts with any applicable law is hereby amended to conform to the minimum requirements of that law.

### Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force and held by or available to *you*.

Other coverage includes but is not limited to:

Your provincial or territorial health insurance plan of *your* province or territory of residence,

- Homeowners insurance,
- Tenants insurance,
- Multi-risk insurance,
- Any credit card, third-party liability, group or individual basic or extended health insurance,
- Any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

*Allianz Global Assistance*, on the *insurer's* behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

*You* may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, that has a lifetime limit of up to \$100,000, *Allianz Global Assistance* will not coordinate benefits with that provider on the *insurer's* behalf, except in the event of *your* death.

### **Currency**

All benefit limits stated in *your policy* and declaration page are in Canadian dollars.

At the option of *Allianz Global Assistance*, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate in effect on the date the service was supplied to *you* will be used.

### **General Terms**

Insurance terms and conditions are subject to change with each new *policy* purchased, without prior notice, to reflect actual experience in the marketplace.

### **Governing Law**

This will be governed by the laws of the Canadian province or territory in which *you* normally reside.

### **Language**

The parties request that the *policy* and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

### **Limit on Liability**

It is a condition precedent to liability under this that at the time of application and on the *effective date*, *you* know of no reason to seek medical attention.

### **Limitation of Action**

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

### **Misrepresentation or Nondisclosure**

*Your* failure to disclose or misrepresentation of any material fact, or fraud, at any time, shall render the entire contract null at the *insurer's* option, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this *policy*, the premiums will be adjusted according to *your* correct age.

## Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates on the *effective date* of this *policy* as shown on *your* declaration page.

## Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under this *policy*, *you* agree to:

- reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the *policy* from any amounts *you* receive from a third party responsible (in whole or in part) for *your injury* or *illness* whether such amounts are paid under a judgment or settlement agreement,
- whenever reasonable, initiate a legal action against the third party to recover *your* damages, including *emergency* medical and *hospital* costs paid under the *policy*,
- act reasonably, including in any settlement agreement, to preserve the *insurer's* rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the *policy*, and
- keep the *insurer* informed of the status of any legal action against the third party.

*Your* obligations under this section of the *policy* in no way restrict the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with the *insurer* fully should the *insurer* choose to exercise its right of subrogation.

## Sanctions

Benefits are not payable under this for any losses or expenses incurred due to or as a result of *your* travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

## Time

This will be governed by the local time of the Canadian province or territory in which *you* normally reside.

## Statutory Conditions

### Contract

The application, this *policy*, any document (including but not limited to the completed medical questionnaire, declaration page) attached to this *policy* when issued and any amendment to the contract agreed on in writing after this *policy* is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

### Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

### Copy of Application

The *insurer* shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

### Material Facts

No statement made by *you* or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### Termination

*You* may at any time request that this contract be terminated and the *insurer* shall, as soon as practical after *you* make the request, refund the amount of premium actually paid by *you* that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the *insurer* at the time of the termination.

### Notice and Proof of Claim

*You* or the claimant, if other than *you*, shall be responsible for providing *Allianz Global Assistance* with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. supporting medical documentation, at the request of *Allianz Global Assistance*.

If *you* do not provide the required supporting documentation, *your* claim will not be paid.

### **Failure to Give Notice and Proof**

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

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than the limitation period set out in *The Limitations Act* from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than the limitation period set out in *The Limitations Act* after the date a court makes the declaration.

### **Insurer to Furnish Forms for Proof of Claim**

Claims forms are available by contacting *Allianz Global Assistance's* Claims Department and shall be furnished to *you* upon request, and no later than 15 days after receiving notice of claim.

### **Rights of Examination**

The claimant shall provide the *insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, the *insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The *insurer* shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the insured or the insured's representative.

### **When Money Payable**

All money payable under this contract shall be paid by the *insurer* within 60 days after the *insurer* has received proof of claim.

## **Privacy Information Notice**

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, *Allianz Global Assistance*, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "we" "us" and "our") require personal information including:

- details about *you* including *your* name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about *you*
- records that reflect *your* business dealings with and through us

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

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

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from

members of a Certificate or Policy holder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon *your* request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify *Allianz Global Assistance*. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of *Allianz Global Assistance*. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, ON  
N3C 4N6 Canada

For a complete copy of our Privacy Policy please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## Questions?

If *you* have any questions or concerns about *our* products, services, *your policy*, or claim please feel free to contact *Allianz Global Assistance* at the phone number(s) listed on *your* declaration page or email [questions@allianz-assistance.ca](mailto:questions@allianz-assistance.ca).

### Administered by:

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, Ontario N3C 4N6  
Canada

### Underwritten by:

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2  
Canada



## Policy Endorsement – COVID-19 Coverage and Assistance

This endorsement adds COVID-19 Coverage and Assistance and forms part of *your* Deluxe Package underwritten by CUMIS General Insurance Company and administered by *Allianz Global Assistance*.

### COVID-19 COVERAGE - BENEFIT SUMMARY

<b>Overall Maximum for COVID-19 Coverage and Assistance</b>	<b>\$1,000,000</b> per insured person per <i>coverage period</i> (all benefit limits are in Canadian dollars)	
BENEFIT	DESCRIPTION	BENEFIT LIMITS per insured person
<b>COVID-19 Medical</b> Medical and <i>hospital</i> costs outside Canada if diagnosed with COVID-19 during the <i>coverage period</i> .	<ul style="list-style-type: none"> <li>For medical charges incurred after receiving a positive COVID-19 test, related to the <i>treatment</i> of COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$1,000,000</li> </ul>
<b>COVID-19 Quarantine</b> Costs related to COVID-19 <i>quarantine</i>	<ul style="list-style-type: none"> <li>Expenses if <i>you</i> are placed in individual <i>quarantine</i> during <i>your coverage period</i> due to a positive COVID-19 test result received while on <i>your trip</i></li> </ul>	<ul style="list-style-type: none"> <li>Up to \$150 per day to a maximum benefit of \$2,100</li> </ul>
<b>COVID-19 Transportation</b> Ambulance Transportation & Repatriation	<ul style="list-style-type: none"> <li>Cover of transportation to the nearest appropriate medical facility or to a Canadian <i>hospital</i></li> <li>Should <i>you</i> be repatriated to a Canadian <i>hospital</i>, the organizing and paying of transportation costs for one <i>travelling companion</i> and <i>your children</i></li> </ul>	<ul style="list-style-type: none"> <li>Up to \$1,000,000</li> </ul>
<b>COVID-19 Repatriation of Remains</b>	<ul style="list-style-type: none"> <li>If death occurs during <i>your trip</i> due to COVID-19, coverage for the preparation (including cremation) and transportation of <i>your</i> remains to <i>your</i> province or territory of residence</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$5,000</li> </ul>
<b>Denied boarding</b>	<ul style="list-style-type: none"> <li>If on <i>your return trip</i> <i>you</i> are denied boarding due to a COVID-19 screening, this benefit is for unexpected expenses <i>you</i> may incur as a result of the delay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$300</li> </ul>

## COVID-19 COVERAGE AND ASSISTANCE

### POLICY AMENDMENT

**General Exclusion 19** of your Deluxe Package has been amended for COVID-19 Coverage and Assistance to the following:

19: Your travel to a country, region or city for which the Canadian government has issued a written warning prior to *your departure date* to:

- avoid all travel to that city, region, or country, and *your claim* is related to or due to the reason for the warning, or
- avoid non-essential travel to that city, region, or country, and *your claim* is related to or due to the reason for the warning except if *you* test positive for COVID-19 after *your departure date*.

This includes written warnings to avoid non-essential travel, or to avoid all travel, on a *common carrier*.

### DESCRIPTION OF COVERAGE

If *you* test positive for COVID-19 during *your coverage period*, this benefit covers expenses arising from sudden and unforeseeable circumstances related solely to COVID-19 up to a maximum of \$1,000,000 per insured person per *trip*.

### SPECIFIC CONDITIONS

- If *you* have tested positive for COVID-19 while *you* are travelling outside Canada, *you* may receive assistance with medical and *hospital* costs and assistance with *quarantine* costs in an approved designated facility.
- *You* must contact *Allianz Global Assistance* as soon as possible after *you* test positive for COVID-19 during *your trip*. Services that have not been approved by *Allianz Global Assistance* will not be reimbursed or paid.
- Assistance is valid for the duration of *your trip*. There is no assistance covered in Canada. If *you* have tested positive for COVID-19 during *your coverage period* and deemed unable to return to *your departure point*, *your coverage* may continue as outlined under the, "Automatic Extension of Coverage."
- COVID-19 tests are only considered a covered expense if subsequent *quarantine* or medical and *hospital* costs are eligible expenses.

### AUTOMATIC EXTENSION OF COVERAGE

If *you* cannot return to your *departure point* originally scheduled, coverage may be extended under the following circumstances:

- Quarantine:** If *you* cannot travel on the scheduled *return date* due to a positive COVID-19 test, coverage will be automatically extended until the maximum benefit of 14 days is reached. Costs for rescheduled transportation are not included in this coverage.
- Hospitalization:** If *you* are hospitalized as a result of COVID-19 during the *trip*, coverage will be automatically extended during the period of *hospital* confinement, plus five (5) days after release to travel, up to the maximum benefit of \$1,000,000.
- Denied Boarding:** If *you* are denied boarding on a *common carrier* due to a COVID-19 screening, coverage will be automatically extended for up to seventy-two (72) hours.

### COVID-19 Emergency Procedures

In the event *you* are diagnosed with COVID-19, *you* or someone acting on *your* behalf must notify *Allianz Global Assistance* immediately.

### Limits on Coverage

If *Allianz Global Assistance* is not notified immediately, *you* may not be covered by this insurance. *You* will be responsible for any expenses that are not payable by *us*.

Call the number shown on *your* declaration page for assistance.

## Definitions

The “Definitions” section in *your* Deluxe Package policy explains the terms and expressions printed in *italics* throughout this endorsement.

## DESCRIPTION OF BENEFITS

### COVID-19 HOSPITAL & MEDICAL EXPENSES

**Maximum benefit:** up to \$1,000,000 per insured person

We agree to pay the costs for:

- *hospital* accommodation, including private or semi-private room, and for *reasonable and customary charge* for services and supplies medically necessary for *your care*;
- drugs or medications prescribed by a *physician*;
- services of a legally licensed *physician* or registered nurse; and
- outpatient services performed by a *hospital*, lab tests and X-ray examinations as ordered by a *physician* for the purpose of diagnosis.

### COVID-19 QUARANTINE MEALS & ACCOMMODATION BENEFIT

**Maximum benefit:** \$150 per day to a maximum benefit of \$2,100 per person

We agree to pay the costs incurred for approved meals and commercial accommodation if *you* are placed in individual *quarantine* during the *trip* due to *your* positive COVID-19 test result during *your coverage period*.

The maximum benefit is limited to the lesser of;

- a. the number of days required by a *physician*, or
- b. the benefit maximum.

**Note:** With respect to any one (1) covered event, incidental expenses are payable under only one of Emergency Medical, Trip Interruption, Trip Delay or COVID-19 coverage

### COVID-19 TRANSPORTATION BENEFITS

**Maximum benefit:** up to \$1,000,000 per insured person

#### Air Transportation

If required, *we* agree to cover the costs of *your* transportation to the nearest appropriate medical facility or to a Canadian *hospital* due to COVID-19 or related complications.

Any transportation including, but not limited to, air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by *Allianz Global Assistance*.

#### Attendant / Return of Travelling Companion

If *you* are returned to Canada under the Air Transportation benefit, *we* agree to pay the extra cost of a one-way economy class airfare to return *your children* and one (1) *travelling companion* to their *departure point* if *your* repatriation takes place more than 24 hours before the originally planned return date.

If required, *we* agree to pay the cost of an attendant’s return economy class airfare to travel with *your children* to their *departure point*.

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

### COVID-19 RETURN OF DECEASED (Repatriation)

If death from COVID-19 occurs during *your coverage period*, *we* agree to cover up to \$5,000 for the preparation (including cremation) and transportation of *your* remains to *your* province or territory of residence. The cost of a burial coffin or urn is not covered.

## DENIED BOARDING

Benefit maximum: \$300 per person

If on *your return trip* you are denied boarding on a *common carrier* because of *your* COVID-19 screening, we agree to pay up to \$300 for meals and approved commercial accommodation. In the event *your child* covered under *your* policy is denied boarding, this benefit will extend to one (1) accompanying *family member*.

*Your* coverage will be extended as described in “Denied Boarding” under the “Automatic Extension of Coverage” section.

This does not include *your* refusal or failure to comply with rules and requirements to travel or of entry to, *your* destination.

**Note:** With respect to any one (1) covered event, incidental expenses are payable under only one of Emergency Medical, Trip Interruption, Trip Delay or COVID-19 coverage.

## EXCLUSIONS

1. Benefits are not payable for costs incurred during *your coverage period* if *you* have tested positive for COVID-19 before *your departure date* and have not subsequently tested negative for COVID-19 before *your departure date*.
2. Benefits are not payable for costs incurred due to, contributed by, or resulting from any *signs or symptoms* of COVID-19 within the 14 days immediately before *your departure date*.  
Signs or symptoms means any evidence of COVID-19 experienced by *you* or recognized through observation.
3. Benefits are not payable for costs incurred due to, contributed by, or resulting from any *medical condition* other than COVID-19 where the *medical condition* is not due to, contributed to by, or resulting from COVID-19.
4. Benefits are not payable for costs incurred in a country, region or city during *your coverage period* if, before *your departure date*, a level 4 travel advisory was issued by the Canadian Government for COVID-19, advising Canadians to avoid all travel to that country, region, or city.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from continued *treatment* for, recurrence of, or complication of COVID-19 after being declared medically fit to travel back to Canada.
6. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any positive COVID-19 test if *you* undertook *your trip* with the prior knowledge that *treatment*, palliative care or alternative therapy of any kind would be required.

COVID-19 coverage is also subject to to the General Provisions, Statutory Conditions and General Exclusions.

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

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

**NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

To :

\_\_\_\_\_ (name of insurer)

\_\_\_\_\_ (address of insurer)

Date: \_\_\_\_\_ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: \_\_\_\_\_ (number of contract, if indicated)

Entered into on: \_\_\_\_\_ (date of signature of contract)

In: \_\_\_\_\_ (place of signature of contract)

\_\_\_\_\_ (name of client)

\_\_\_\_\_ (signature of client)