

# Medical + Cancellation Plan

Ready. Set. **Go!** 

Allianz 

Global Assistance

## About your policy documents

This policy is **your** insurance contract. Please read it carefully when **you** receive it. To confirm **your** insurance purchase **you** will receive a Confirmation of Coverage. The Confirmation of Coverage will be personalized outlining the details of **your** purchase and will be emailed or mailed to **you**, based on **your** preference. Please read this policy carefully when **you** receive it and take these documents with **you** when **you** travel.

Feel good about  
travel insurance.

## Who is helping you

The administrator of this policy is Allianz Global Assistance which is a registered business name of AZGA Service Canada Inc. Allianz Global Assistance provides claims and travel assistance services on behalf of the insurance company.

The insurance company that underwrites this policy is CUMIS General Insurance Company, a member of The Co-operators group of companies.

## Our Promise to You: 10 day free look



**Your** satisfaction is our priority. If **you** are not completely satisfied with this policy, **you** may cancel it within 10 days of purchase for a full refund, provided **you** have not left on **your trip** and have not experienced an event that would cause **you** to submit a claim.

Please contact Allianz Global Assistance at **1-844-310-1578** to cancel. Refunds will not be provided after this 10-day period.



When reading **your** policy, **you** will notice that some words are printed in **bold italics**. These words are defined in the Definitions section on page 12. As an example, **you/your** means an eligible person named on the Confirmation of Coverage, who has been accepted by Allianz Global Assistance, and has paid the required premium for a specific plan of insurance.



# What is covered?

## Medical + Cancellation Plan coverage includes:

Emergency Medical Coverage	\$10 million
Trip Cancellation & Interruption Coverage	
Before <i>you</i> leave	amount purchased
After <i>you</i> leave - Transportation	unlimited
After <i>you</i> leave - Interruption	amount purchased
Baggage Coverage	\$1,000
Accidental Death & Dismemberment Coverage	\$50,000
Flight Accident Coverage	\$100,000

- ✓ Emergency Medical Coverage provides reimbursement for eligible expenses resulting from an *emergency sickness* or *injury* occurring during a *trip*. The *sickness* or *injury* causing the loss must arise from sudden and unexpected circumstances.
- ✓ Trip Cancellation & Interruption Coverage benefits are payable if *your trip* is cancelled, interrupted, or delayed as a result of a Covered Reason.
- ✓ Baggage Coverage provides reimbursement for the loss of, or damage to, baggage and personal effects.
- ✓ Accidental Death & Dismemberment Coverage provides financial compensation for loss of life, limb or sight as the result of an *accidental injury*.
- ✓ Flight Accident Coverage provides financial compensation for loss of life, limb or sight while riding as a ticketed passenger on an aircraft as the result of an *accidental injury*.





## What is not covered?



This travel insurance policy covers only the specific situations, events, and losses included in this policy, and only under the conditions described. Not every loss is covered, even if it is due to something sudden, unexpected, or out of **your** control. Only those losses meeting the conditions described in this policy may be covered. As a result, it is important that **you** read **your** policy and understand **your** coverage before **you** travel.



**Your** coverage is subject to the limitations and exclusions which are explained in this policy. For example, **your** Emergency Medical Coverage and Trip Cancellation & Interruption Coverage contain a pre-existing conditions exclusion which applies to medical conditions and/or **signs or symptoms** that existed on or before **your** departure date or **effective date**. Check to see how this applies in **your** coverage and how it relates to **your** departure date, purchase date and **effective date**.

### Questions?

If **you** have any questions or concerns about **your** coverage when reviewing **your** policy, or if **your** travel plans change, please contact Allianz Global Assistance at any time:

Toll Free: 1-844-310-1578

Collect: 1-519-514-0355



# How do I make a claim?

## Medical Claims

If a medical **emergency** happens during **your trip**, **you** or someone on **your** behalf must notify Allianz Global Assistance within 24 hours of admission to a **hospital** and before any surgery is performed. By calling before **you** seek **treatment**, Allianz Global Assistance can provide a referral to a nearby medical provider and attempt to arrange for direct billing on **your** behalf.

To submit a claim under this policy, **you** will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please take care in filling out the form, as any missing information may cause delays in processing **your** claim. Please refer to the Claims Procedures on page 18 for more details.

**For 24/7 emergency assistance call Allianz Global Assistance**

**Toll-free Canada/USA: 1-844-310-1578**

If unable to contact us through the toll-free numbers call collect: 1-519-514-0355.

(International operator assistance is required, please confirm how to call collect to Canada from **your** destination before leaving.)

## Trip Cancellation & Interruption and Baggage Claims

Please also notify Allianz Global Assistance if **you** must cancel, interrupt, or delay **your trip**.

Alternatively, if **you** need to submit a Trip Cancellation & Interruption or Baggage claim, **you** can do so online at [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca).





# Travel assistance services

**You** can count on Allianz Global Assistance 24 hours a day, 7 days a week.

During an **emergency**, wherever possible, Allianz Global Assistance's services include, but are not limited to:

- Monitoring the status of **your** medical case and communicating with **you** and others **you** request we contact such as **your** family, **your** **physician**, **travel supplier**, or consulate.

- Coordinating travel arrangements such as:
  - ~ **emergency** medical transportation to the nearest appropriate medical facility;
  - ~ escort and transportation home for stranded **dependent children** and/or other extended **family members** or friends while **you** are in **hospital**;
  - ~ **your** return to **your** home province for continuing care once **your** medical **emergency** is stable;
  - ~ the repatriation of **your** remains should **you** die while on a **trip**.

800,000+ global medical providers in our network

90%+ claims customer satisfaction rating for the past 3 years



19 registered nurses +  
4 medical consultants

= proactive, professional care



# Travel assistance services

Allianz Global Assistance can also help **you** when non-medical emergencies arise on **your trip**. The following assistance services are for **your** convenience only, and any expenses related to them will not be covered under this policy:

- With emergency cash services
  - ~ In an emergency, Allianz Global Assistance will coordinate cash transfers between **you** and **your** friend, **family member**, business or credit card company.
- With emergency message services
  - ~ Take emergency messages from or for **you**.

- With emergency ticket replacement
  - ~ Help **you** replace lost or stolen airline tickets.
- With legal services
  - ~ Help **you** contact a local attorney or the appropriate consular officer if **you** are arrested or detained, are in a traffic accident or otherwise require legal help.
- With bail bond services

These services can be coordinated for **you** in all locations where available.

Even if **you** never use the medical benefits or travel assistance services during **your trip**, **you** can still benefit from the trip information offered by calling Allianz Global Assistance.

Allianz Global Assistance is here to help **you** with:

- Passport and Visa information
- Health hazards advisory
- Inoculation requirements
- Weather information
- Currency exchange information
- Consulate and embassy locations



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# Medical + Cancellation Plan



## Important Notice

This travel insurance policy covers only the specific situations, events, and losses outlined in this policy, and only under the conditions described. Not every loss is covered, even if it is due to something sudden, unexpected, or out of **your** control. Only those losses meeting the conditions described in this policy may be covered. As a result, it is important that **you** read **your** policy and understand **your** coverage before **you** travel.

**Your** Emergency Medical Coverage and Trip Cancellation & Interruption Coverage contain a pre-existing conditions exclusion which applies to medical conditions and/or **signs or symptoms** that existed on or before **your** departure date or **effective date**. Check to see how this applies in **your** coverage and how it relates to **your** departure date, purchase date and **effective date**.

**Your** prior medical history may be reviewed when a claim is reported.

**You** must qualify for this insurance at the time of purchase and on the date **you** leave for **your trip**. If **you** do not qualify, the **insurer's** only responsibility will be to refund any premium paid. **You** will be responsible for any expenses that are not payable by the **insurer**.

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

## Insuring Agreement

In return for payment of the appropriate premium, the **insurer** will provide **you** with the insurance coverage described in this policy.

All amounts stated in this policy, including premium, are in Canadian dollars. Benefit amounts are per insured person, per **trip**, except where otherwise indicated.

Payment is limited to the amounts specified under each benefit. Some benefits are subject to advance approval by Allianz Global Assistance.

### Do you qualify for this insurance?

To qualify **you** must, as of the date **you** apply for coverage and the **effective date**:

- a) be a **Canadian resident** who is at least 15 days old but no more than 84 years old; and
- b) be travelling for no more than 60 days; and
- c) have completed the medical questionnaire and qualified for coverage if **you** are:
  - i. age 60 to 69 and travelling more than 30 days; or
  - ii. age 70 to 84 travelling any length of time; and
- d) be insured for benefits under a Canadian government health insurance plan during the entire **policy period**.

**Extended Absence from Canada:** Provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check **your** province or territory's health insurance plan for details.



### When does coverage start?

Coverage starts on the **effective date**.

### When does coverage end?

Coverage ends on the **expiry date**.

If **you** cannot return home as originally scheduled, **your** coverage will automatically be extended without additional premium under the following circumstances:

- a) **Delay of Transportation** (a vehicle, airline, bus, train, or government-operated ferry system): Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond **your** control, of the transportation in which **you** are riding or are scheduled to ride as a passenger. The delay must occur before the **expiry date** and the transportation must have been originally scheduled to arrive before the **expiry date**.

- b) **Medically unfit to travel:** Coverage will be automatically extended for up to 5 days if medical evidence supports that **you** or **your travelling companion** are medically unfit to travel due to a covered **sickness** or **injury** on or before the coverage **expiry date**.
- c) **Hospitalization:** Coverage will be automatically extended during the period of **hospital** confinement, plus 5 days after release to travel home, if **you** or **your travelling companion** are hospitalized at the end of **your trip** as a result of a covered **injury** or **sickness**. This coverage will be extended to **your travelling companion** remaining with **you** when reasonable and necessary, under their respective policy.

## Emergency Medical Coverage

### Description of Coverage

Subject to the policy terms and conditions, the **insurer** agrees to pay up to \$10 million for **reasonable and customary** costs **you** incur unexpectedly during the **trip**. Benefits are paid for acute **emergency hospital**, **emergency** medical, or other covered costs incurred during a **trip** up to the maximum amounts provided in the section titled What Is Covered, due to **sickness** or **injury** occurring during the **trip**.

Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory where **you** are covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to Coordination of Benefits under General Provisions on page 15.

### ! IMPORTANT

- If **you** have a medical **emergency**, **you** or someone on **your** behalf must notify Allianz Global Assistance within 24 hours of admission to a **hospital** and before any surgery is performed.
- If **you** do not contact Allianz Global Assistance without reasonable cause, then the **insurer** will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable as well as any expenses that are not payable by the **insurer**.
- The **insurer** reserves the right, as reasonably required and at the **insurer's** expense, to transfer **you** to any **hospital** or to transport **you** to Canada following an **emergency**.
- If **you** refuse to be transferred or transported when **you** are declared medically

fit to travel, any continuing costs incurred after **your** refusal will not be covered and the payment of such costs becomes **your** sole responsibility. All coverage ceases upon **your** refusal to be transported and no coverage will be provided to **you** for the remainder of the **trip**.

- Unless otherwise excluded, the **insurer** agrees to reimburse the costs incurred resulting from complications of pregnancy, including early delivery, occurring within the first 31 weeks. In no event will a child born during a **trip** be covered under this policy.

### What Is Covered

#### 1. Emergency Hospital

The **insurer** agrees to pay for **hospital** accommodation, including private or semi-private room, and for **reasonable and customary** services and supplies necessary for **your emergency** care when **you** are a resident inpatient, including drugs or medications prescribed by a **physician**.

#### 2. Emergency Medical

The **insurer** agrees to pay for the following services, supplies or **treatment**, when received during **your trip** and provided by a health practitioner who is not related to **you** by blood or marriage:

- a) The services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse.
- b) Up to \$10,000 for private duty services of a registered nurse when approved in advance by Allianz Global Assistance.
- c) The services of the following legally licensed practitioners for **treatment** of a covered **injury**, up to \$600 per profession:

- chiropractor
- osteopath
- chiroprapist
- podiatrist
- acupuncturist
- physiotherapist

- d) When performed at the time of the initial **emergency**, lab tests and/or X-ray examinations as ordered by a **physician** for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), or taxi to the nearest **hospital** when reasonable and necessary.
- f) Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
- g) **Emergency** outpatient services provided by a **hospital**.
- h) Drugs or medications that require a **physician's** written prescription, other than those required to continue to stabilize a medical condition or related condition which **you** had before **your trip**, up to a 30 day supply, except during hospitalization as an inpatient.

#### 3. Out of Pocket Expenses

If **you** are hospitalized as an inpatient during a **trip** or **you** are delayed beyond the end of **your trip** because **you** or **your travelling companion** require **emergency treatment** due to a covered **sickness** or **injury**, the **insurer** agrees to reimburse up to \$300 per day to a maximum of \$5,000 for the following expenses incurred by **you** or any person insured under this policy remaining with **you**:



- a) **commercial accommodation** and meals; and
- b) child care costs for **your travelling companion** if under age 18 or physically or intellectually disabled and reliant on **you** for assistance; and
- c) essential telephone calls; and
- d) in-**hospital** television rental and internet usage fees; and
- e) taxi fares; and
- f) boarding fees for **your** pet travelling with **you**.

**Commercial accommodation** and meal expenses are payable for one event under either Emergency Medical Coverage or Trip Cancellation & Interruption Coverage, but not both.

Expenses must be supported by original receipts from commercial organizations.

#### 4. Transportation

##### a) Emergency Transportation

Allianz Global Assistance, on the **insurer's** behalf, agrees to arrange to transport **you** to the nearest appropriate medical facility or to a Canadian **hospital** due to a covered **emergency sickness** or **injury**.

Any **emergency** transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

##### b) Attendant / Return of Travelling Companion

If **you** are returned to Canada under the Emergency Transportation benefit, the **insurer** agrees to pay:

- the extra cost of a one-way economy class airfare to return **your dependent**

**children** and **your travelling companion** to their province or territory of residence; and

- the cost of an attendant (not related to **you** by blood or marriage) plus the attendant's return economy class airfare, to travel with **your dependent children** or **your travelling companion** who is physically or intellectually disabled and reliant on **you** for assistance to their province or territory of residence.

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

##### c) Excess Baggage Return

If **you** are returned to Canada under the Emergency Transportation benefit, the **insurer** agrees to reimburse up to \$500 for the cost of returning **your** excess baggage to **your** province or territory of residence.

##### d) Return to Original Trip Destination

If **you** are returned to Canada under the Emergency Transportation benefit, and the attending **physician** determines that the **treatment** received in Canada resolved the **emergency**, the **insurer** agrees to reimburse up to \$5,000 for a one-way economy flight to return **you** and one **travelling companion** to the original **trip** destination.

The return must occur during the original **trip** period.

If **you** return to the original **trip** destination, benefits are not payable for costs for any subsequent **treatment**, investigation or hospitalization that is related to a continuation of the **sickness** or **injury** that caused **you** to be returned to Canada under the Emergency Transportation benefit.

##### e) Pet Return

If **you** are returned to Canada under the Emergency Transportation benefit, the **insurer** agrees to reimburse up to \$500 for the cost of returning **your** pet(s) travelling with **you** to **your** place of permanent residence in Canada.

#### 5. Transportation of Family or Friend

If **you** are travelling alone, the **insurer** agrees to reimburse up to \$5,000 for the cost to transport up to two bedside companions (**your family member** or close friend) by round-trip economy class (using the most direct route) if:

- a) **you** are hospitalized due to a covered **sickness** or **injury**, and the attending **physician** advises that **your family member** or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of **your family member** or close friend to identify **you** remains if **you** die as result of a covered **sickness** or **injury**.

Benefits are payable only when approved in advance by Allianz Global Assistance.

In addition, the **insurer** agrees to reimburse up to \$300 per day to a maximum of \$1,500 for the following expenses incurred by **your family member(s)** or close friend(s) after arrival:

- a) **commercial accommodation** and meals; and
- b) essential telephone calls; and
- c) internet usage fees; and
- d) taxi fares.

Expenses must be supported by original receipts.

## 6. Return of Vehicle or Watercraft

If, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the *vehicle* or watercraft\* used for *your trip*, the *insurer* agrees to pay up to \$5,000 for the cost of a commercial agency to return the *vehicle* to its point of origin or watercraft to *your* province or territory of residence.

This benefit is payable only when approved in advance and arranged by Allianz Global Assistance, and applies to one *vehicle* or watercraft per claim.

\***Watercraft** means a private passenger boat either owned or rented by *you*.

## 7. Return of Deceased (Repatriation)

If *you* die as a result of a covered *sickness* or *injury*, the *insurer* agrees to reimburse:

- a) the costs incurred to prepare and return *your* remains in a standard transportation container to *your* permanent residence in Canada; or
- b) up to \$5,000 for cremation or burial of *your* remains at the place of death.

The cost of a coffin, urn or funeral service is not covered.

## 8. Dental

The *insurer* agrees to reimburse:

- a) up to \$4,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental* blow to the face; and
- b) up to \$500 for the immediate relief of acute dental pain caused by other than a direct blow to the face and for which *you* have not previously received *treatment* or advice.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

*Treatment* relating to any dental claim must begin within 48 hours after the onset of the *emergency* and must be completed within the *policy period* and before *you* return to *your* province or territory of residence.

*Treatment* must be performed by a legally qualified dentist or oral surgeon who is not related to *you* by blood or marriage.

### What Is Not Covered

1. **In addition to the exclusions listed below, Emergency Medical Coverage is subject to the General Exclusions on page 12.**

#### 2. Pre-existing Conditions Exclusion

*Your* Pre-existing Conditions Exclusion is shown on *your* Confirmation of Coverage, and is determined by *your* age, the duration of *your trip*, and *your* answers to the medical questionnaire, if required.

If *you* are age 59 or younger:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 90 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 90 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory*

*condition* during the 90 days immediately before the *effective date*; or

- d) any cancer if *you* have received *treatment* for any cancer in the 90 days before the *effective date* (this does not include *treatment* for basal cell or squamous cell skin cancer, or breast cancer treated only with hormone therapy); or
- e) any aneurysm if *you* have an unrepaired aneurysm of 4 centimeters or greater, measured in either length or diameter diagnosed before the *effective date*.

If *you* are age 60 or older and *you* were not required to complete a medical questionnaire:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 180 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 180 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 180 days immediately before the *effective date*; or
- d) any cancer if *you* have received *treatment* for any cancer in the 180 days immediately before the *effective date* (this does not include *treatment* for basal cell or squamous cell skin cancer, or breast cancer treated only with hormone therapy); or
- e) any aneurysm if *you* have an unrepaired aneurysm of 4 centimeters or greater, measured in either length or diameter, diagnosed before the *effective date*.

If **you** are age 60 or older and **you** were required to complete a medical questionnaire:

Benefits are not payable for costs incurred due to or resulting from **your** medical condition or related condition, other than a **minor ailment**:

- a) that was not **stable** at any time during the 90 or 180 days immediately before the **effective date**; or
  - b) for which **you** received **treatment** at any time before the **effective date**,  
as shown on **your** Confirmation of Coverage.
3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
- a) continued **treatment** or a recurrence or complication of the **sickness, injury** or medical condition for which **you** refused to be transferred or transported when declared medically fit to travel; or
  - b) any **treatment**, investigation or hospitalization that is a continuation of, or subsequent to, any previous **emergency treatment** of a **sickness** or **injury** for the same diagnosis; or
  - c) a recurrence or complication of the **sickness, injury** or medical condition that resulted in **you** being returned home if **you** elect to resume **your trip** after being returned to Canada.
4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **treatment** that is non-**emergency** or elective.
5. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury** or medical condition if **you** undertake **your trip** with the prior knowledge that **you** will require or seek **treatment**, palliative care or alternative therapy of any kind.

6. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any **sickness, injury** or medical condition for which future investigation or **treatment** (other than routine monitoring) is planned before **your effective date**.

7. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
- a) routine pre-natal or post-natal care; or
  - b) pregnancy, childbirth, or complications thereof after the 31st week of pregnancy; or
  - c) **high-risk pregnancy**.

In no event will a child born during a **trip** be covered under this policy.

8. Benefits are not payable for costs incurred if Allianz Global Assistance recommended that **you** return to Canada following **your emergency treatment** and **you** chose not to return.

## Trip Cancellation & Interruption Coverage

### Description of Coverage

Subject to the policy terms and conditions, the **insurer** agrees to reimburse **you** up to the amount of insurance coverage **you** purchased for losses incurred should a Covered Reason prevent **you** from travelling as planned.

### Trip Cancellation (Before you leave)

Trip Cancellation coverage reimburses up to the amount shown on **your** Confirmation of Coverage for losses incurred should **your trip** be cancelled before the scheduled departure date due to a Covered Reason.

### Trip Interruption (After you leave)

Trip Interruption coverage reimburses up to the amount shown on **your** Confirmation of Coverage for losses incurred should **your trip** be interrupted or delayed after the departure date due to a Covered Reason.

### ! IMPORTANT

1. If **you** need to cancel, interrupt or delay **your trip**, the **travel supplier** and Allianz Global Assistance must be notified on the same day or next business day when the cause of cancellation, **injury** or diagnosis of **sickness** occurs.
2. Benefits are limited to the non-refundable insured amounts assessed by the **travel supplier** as of the date of occurrence of the Covered Reason that was the cause of the cancellation, regardless of the date the **trip** is cancelled.
3. When **family members** or **travelling companions** are travelling together, the maximum amount payable is \$2 million for all eligible policies issued by the **insurer** and administered by Allianz Global Assistance, including this policy. The amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$2 million.

### What Is Covered

#### Before you leave

#### 1. Trip Cancellation

If **your trip** is cancelled before **you** leave as a result of a Covered Reason, benefits are payable for:

- a) the non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements; or



- b) the applicable change-fee when such an option is available if **you** choose to reschedule rather than cancel **your trip**; or
- c) the single supplement charged as the result of a **travelling companion** being unable to travel due to a Covered Reason.

#### After you leave

#### 1. Trip Interruption – Transportation

If **your trip** is interrupted after **you** leave as a result of a Covered Reason, benefits are payable for:

- a) the extra cost of same-class transportation by the most cost-effective route to:
  - continue with the insured **trip**; or
  - return to **your** province or territory of residence; or
- b) the applicable change-fee when such an option is available.

Reimbursement of any eligible additional costs is limited to the lesser of:

- a) the change-fee; or
- b) a one-way same-class airfare; or
- c) a return same-class airfare;

all by the most cost-effective route.

#### 2. Trip Interruption – Other Expenses

##### a) Pre-paid Expenses

If **your trip** is interrupted after **you** leave as a result of a Covered Reason, benefits are payable for the non-refundable portion of unused, pre-paid, insured travel arrangements for the **trip** (excluding partially used airline tickets) purchased before the **effective date**.

##### b) Shore Excursion or Special Event

If, as a result of a Covered Reason, **you** or **your travelling companion** are unable to use a shore excursion ticket or a special event ticket purchased after **you** leave on **your trip**, not limited to a concert, opera, or sporting event, the **insurer** will reimburse up to \$100 per ticket to a maximum of \$500.

##### c) Meals and Accommodation

If, as a result of a Covered Reason, **your trip** is interrupted or delayed beyond the **expiry date** shown in **your** Confirmation of Coverage, the **insurer** will reimburse up to \$350 per day to a maximum of \$1,500 for additional **commercial accommodation** and meals, essential telephone calls, internet usage fees, and taxi fares.

**Commercial accommodation** and meals expenses are payable for one event under either Trip Cancellation & Interruption Coverage or Emergency Medical Coverage, but not both.

##### d) Pet Care Expenses

If **your trip** is delayed beyond the **expiry date** shown in **your** Confirmation of Coverage as a result of a Covered Reason, the **insurer** will reimburse up to \$100 for additional animal boarding fees at a licensed facility after the first 24 hours of **your** delayed return. This benefit is payable only when pet care costs exceed the quoted cost for the pre-booked period of accommodation.

#### Covered Reasons

The Benefits listed above are payable if **your trip** is cancelled, interrupted or delayed due to one of the following Covered Reasons:

Covered Reasons 1 and 2 apply only to **you**.

#### Health

1. The death of **your** friend.
2. The death or hospitalization of **your** host at the destination.

For Covered Reasons 3 through 5, “**you/your**” includes **you**, **your spouse**, **your dependent children**, **your travelling companion**, or **your travelling companion’s spouse** or **dependent children**.

#### Sport

3. Being unable to participate in a sport due to a medical condition when the purpose of the **trip** was participation in that sport.

#### Pregnancy

4. Pregnancy initially confirmed after the later of the date **you** booked **your trip** or the date **you** purchased this insurance, if:
  - a) the departure or return date falls within 8 weeks before the expected delivery date; or
  - b) a **physician** advises against travel.
5. Complications of pregnancy, including early delivery, occurring within the first 31 weeks.

For Covered Reasons 6 through 8, “**you/your**” includes **you**, **your spouse**, **your travelling companion** or **your travelling companion’s spouse**.

#### Work

6. Cancellation, before **you** leave, of a business meeting\* that **you** are required to attend by **your** employment or a conference arranged

by **your** professional association, and the cancellation is beyond **your** control, or the control of **your** employer or association. A copy of the original event schedule and the notice of cancellation must accompany any claim submission.

**\*Business meeting** means a meeting scheduled before the **effective date** between companies with unrelated ownership, pertaining directly to **your** full-time employment or professional association, and required by **your** employment.

7. A job transfer within 30 days of **your** scheduled departure date, by **your** employer, that requires relocation of **your** principal residence (not applicable to self-employed persons).
8. Unforeseeable, involuntary termination without just cause of **your** permanent employment, provided **you** were actively employed by the same employer for at least one year (excluding self-employment or contract work).

For Covered Reasons 9 through 26, “**you/your**” includes **you** and **your travelling companion**.

## Health

If **you** need to make a claim for health reasons, **your** claim must be supported by documentation from the attending **physician** at the place where the **sickness** or **injury** that caused **you** to cancel, interrupt, or delay **your trip** occurred.

9. **Your sickness, injury** or death.
10. **Sickness, injury** or death of **your**:
  - a) **family member**; or

- b) **caregiver**; or
- c) person or persons with whom arrangements were made for the care of dependents living in **your** household; or
- d) service dog and travel arrangements have been made for the dog; or
- e) **key employee**.

11. A medical condition which prevents **you** from being immunized or taking preventative medication which is unexpectedly and suddenly required after the **effective date** by the government for entry into that country, region or city that is originally part of **your trip**.

## Adoption

12. The legal adoption of a child when the actual date the child is to be placed in **your** care is scheduled to take place during the **trip** and this date was not known until after the **trip** was booked.

## Travel Documents

13. Failure to obtain a valid passport or travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the **trip**, for reasons beyond **your** control.
14. Loss or theft of **your** passport or other necessary travel documents while on **your trip**.

## Legal

15. Being called to jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, and the court proceeding is scheduled to be heard during the period of the **trip** (excluding law enforcement officers).
16. Burglary or vandalism of **your** principal residence or place of business within the

7 days before the scheduled departure date, as a result of which **you** must remain behind to make the location secure or meet with the insurance company or police authorities.

## Transportation

17. A covered situation\* causing the delay of a **common carrier** or automobile that in turn causes **you** to miss a departure, provided **your** travel plans included enough time to meet the **travel supplier's** check-in procedure.

**\*Covered situation** means weather conditions, volcanic eruption, natural disaster, mechanical failure, strike or lockout lasting more than 24 hours, traffic accident, or emergency road closure (police report required, if available).

18. The schedule change or cancellation of the **common carrier** that is providing transportation for a portion of the **trip**, causing a missed connection or resulting in the cancellation or interruption of the insured travel arrangements.
19. Cancellation of the cruise, tour, or travel package by the cruise company or tour operator, for any reason other than **default**.
20. **Default** of a Canadian **travel supplier** ceasing operations as a result of bankruptcy, up to \$3,500. The maximum amount payable for all losses resulting from the **default** of one Canadian **travel supplier** is \$1 million under all policies issued by the **insurer** and administered by Allianz Global Assistance. The maximum amount payable for all losses resulting from all **defaults** of all Canadian **travel suppliers** during any one calendar year is \$3 million under all policies issued by the **insurer** and administered by Allianz Global Assistance.

## Environmental

21. A disaster which:
  - a) renders **your** principal residence uninhabitable; or
  - b) if **you** are self-employed, does not permit the operation of **your** primary business; or
  - c) renders **your** pre-booked destination accommodation uninhabitable after **you** book **your trip**.
22. Adverse weather, volcanic eruption, or a natural disaster which will cause **you** to miss 25% or more of **your trip**.

## Other

23. Being quarantined.
24. Being called to service in the case of reservists, active military, police, essential medical and fire personnel.
25. An event, including an **act of terrorism**, which results in Global Affairs Canada issuing a travel advisory to avoid all travel, or to avoid non-essential travel, to **your** destination city, region, or country, provided the warning is issued after the later of the date **you** booked **your trip** or the date **you** purchased this insurance.

### Act of Terrorism – Limits on Coverage

When an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, the maximum amount payable will be limited to \$20 million for all eligible policies issued by the **insurer** and administered by Allianz Global Assistance, including this policy. Benefits payable will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered to **you** by a **travel supplier** as replacement, even if **you** decline and do not use the alternative or replacement arrangements.

If the total amount claimed under this and all policies containing Trip Cancellation & Interruption Coverage issued by the **insurer** and administered by Allianz Global Assistance as a result of the same terrorist incident or series of terrorist incidents occurring within a 72-hour period exceeds \$20 million, the amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$20 million.

26. Rescheduling of an examination at an accredited university or college after the **trip** was booked and due to circumstances beyond **your** control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the **trip**.

## What Is Not Covered

1. **In addition to the exclusions listed below, Trip Cancellation & Interruption Coverage is subject to the General Exclusions on page 12.**

2. **Pre-existing Conditions Exclusion**

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) any medical condition or related condition, other than a **minor ailment**, that was not **stable** within the 90 days immediately before the **effective date**; or
- b) any **heart condition** if nitroglycerine in any form has been used for a **heart condition** within the 90 days immediately before the **effective date**; or
- c) any **lung/respiratory condition** if home oxygen or prednisone has been prescribed or used for a **lung/respiratory condition** within the 90 days immediately before the **effective date**.

This applies to **you, your family member** or **travelling companion**.

3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
  - a) any event before **you** leave, which might reasonably have been expected to necessitate **your** immediate return or delay **your** return; or
  - b) any event which, on the **effective date** was known to **you** or likely to occur, that could reasonably have been expected to prevent **you** from travelling as booked.
4. Benefits are not payable for costs incurred due to the change of date of a medical test or surgery that was scheduled before **your trip**.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **sickness, injury** or medical condition where the **trip** is undertaken for the purpose of securing medical **treatment** or advice, whether or not a diagnosis has been made.
6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from, a **trip** undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or interruption of the insured **trip** or delays **your** return home.
7. Benefits are not payable for costs incurred due to, contributed to by, or resulting from pregnancy or childbirth except as specified under the Pregnancy Covered Reason.
8. Benefits are not payable for costs incurred due to **your** failure to obtain a valid travel visa as a result of a late or previously denied application.
9. Benefits are not payable for costs incurred due to **you** being refused entry at customs, border crossing or security checkpoint for any reason.



10. Benefits are not payable for costs incurred due to losses arising as a result of the **default** of a **travel supplier** if, at the time of booking and/or application, the **travel supplier** is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.
11. Benefits are not payable for costs which can be reimbursed by any other source, including trustees or any government or industry compensation fund.

## Baggage Coverage

### Description of Coverage

Subject to the policy terms and conditions, the **insurer** agrees to reimburse **you** for expenses incurred due to the loss, theft, or delay of **your** baggage, not otherwise covered by the **common carrier**.

The **insurer** will reimburse the lesser of the following:

- a) the actual cash value of the item at the time of loss or damage, deducting for depreciation; or
- b) the amount to repair the item to its condition before the damage; or
- c) the amount to replace the item with property of like kind and quality.

The amount of loss or damage sustained in each event shall be determined separately, and benefits payable are in excess of amounts available under any other insurance or source.

### IMPORTANT

- **You** should submit a claim to the **common carrier** first, if applicable.

### What Is Covered

#### 1. Lost or Damaged Baggage

The **insurer** agrees to reimburse up to \$1,000 for loss or damage to owned or borrowed baggage, including personal effects normally carried by **you**.

The replacement cost of any travel documents (passport, driver's licence, birth certificate or travel visa) when the loss is caused directly by theft or robbery and supported by a police report, is limited to \$400 of the benefit limit.

#### 2. Delayed Baggage

If **your** luggage or personal items are delayed or lost for 8 hours or more, while en route and before returning to the original point of departure, the **insurer** will reimburse up to \$400 for reasonable and necessary toiletries and clothing. Purchases must be made within 36 hours of arrival at **your** destination and before **you** receive **your** baggage.

### What Is Not Covered

1. **In addition to the exclusions listed below, Baggage Coverage is subject to the General Exclusions on page 12.**
2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from normal wear and tear, deterioration, moths or vermin.
3. Benefits are not payable for loss of or damage to any of the following:
  - contact lenses;
  - prescription eye glasses;
  - hearing aids or other medical supplies or appliances;
  - securities;

- forms of money and currency;
  - tickets;
  - paintings;
  - statuary;
  - consumables and/or perishable goods;
  - fragile or brittle objects;
  - animals.
4. Benefits are not payable for costs incurred due to theft from **your** unattended **vehicle** unless it was securely locked and there was visible evidence of forced entry.

## Accidental Death & Dismemberment Coverage

### Description of Coverage

Subject to the policy terms and conditions, the **insurer** agrees 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 Accidental Death & Dismemberment Coverage under all policies issued by the **insurer** and administered by Allianz Global Assistance is \$10 million.

### What Is Covered

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:

- 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 **accident**. It will be presumed, subject to evidence to the contrary, that **you** suffered loss of life.

### What Is Not Covered

1. **In addition to the exclusion listed below, Accidental Death & Dismemberment Coverage is subject to the General Exclusions on page 12.**

2. 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.

## Flight Accident Coverage

### Description of Coverage

Subject to the policy terms and conditions, the **insurer** agrees 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 the **insurer** and administered by Allianz Global Assistance is \$10 million.

### What Is Covered

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.

## What Is Not Covered

1. **Flight Accident Coverage is subject to the General Exclusions below.**

## General Exclusions

### IMPORTANT

The following exclusions apply to ALL coverages in this policy.

1. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from:
  - a) **your** mental or emotional disorder for which there has been new **treatment** or a change in **treatment** type or frequency at any time during the 90 days immediately before the **effective date**; or
  - b) **your** suicide or attempted suicide; or
  - c) **your** intentional self-inflicted **injury**.
2. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any illegal act by **you**, or any person acting with **you**, whether acting alone or in collusion with others.
3. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from:
  - a) **your** intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that **you** have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that **you** were intoxicated and no blood alcohol level is specified); or
  - b) **your** abuse or chronic use of alcohol; or
  - c) **your** use of prohibited drugs or any other intoxicant; or
  - d) **your** non-compliance with prescribed **treatment** or medical therapy before or after the **effective date**; or
  - e) **your** misuse of medication before or after the **effective date**.
4. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from **injury** as a result of training for, competing or participating in:
  - a) motorized speed contests; or
  - b) **stunt** activities; or
  - c) **high-risk activities**; or
  - d) **mountain climbing**; or
  - e) **rock climbing**.
5. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from **your** travelling against the advice of a **physician**.
6. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any **sickness** or **injury** when such **sickness** or **injury** occurs in a city, region, or country for which Global Affairs Canada issued a travel advisory before the **effective date** to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such **sickness** or **injury** is due to, contributed to by, or resulting from the reason for the warning.
7. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any:
  - a) **act of war**; or
  - b) kidnapping; or
  - c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
  - d) riot, strike, or civil commotion; or
  - e) unlawful visit in any country; or
  - f) any **nuclear** occurrence, however caused.

## Definitions

Words printed in **bold italics** in this policy are defined in this section.

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

**Act of terrorism** means an act, including but not limited to hijacking, the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any act causing loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.



**Canadian resident** means a person legally allowed to reside in Canada and who maintains a permanent residence in Canada to which they will return after their **trip**.

**Caregiver** means the person entrusted to care for dependents on a permanent full-time basis who cannot reasonably be replaced in case of their absence.

**Commercial accommodation** means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network.

**Common carrier** means an airline, bus, taxi, car service, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

**Default** means a complete cessation of operations as a result of a bankruptcy of a contracted **travel supplier**.

**Dependent children** means financially dependent unmarried natural, adopted or step-children who are:

- a) at least 15 days old; and
- b) no more than 21 years old.

#### **Effective date**

For Trip Cancellation benefits, effective date means the date shown as the effective date on **your** Confirmation of Coverage.

For all other benefits, including Trip Interruption benefits, effective date means the later of:

- a) the date shown as the effective date on **your** Confirmation of Coverage; or
- b) the date **you** exit **your** province or territory of residence for a **trip**.

**Emergency** means a sudden, unforeseen **sickness** or **injury** occurring during a **trip**, which requires immediate intervention by a **physician** or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that **you** are able to continue **your trip** or return to **your** place of ordinary residence in Canada.

**Expiry date** means the earlier of:

- a) the date shown as the expiry date on **your** Confirmation of Coverage; or
- b) the date and time **you** return to **your** province or territory of residence.

**Family member** means **your spouse**, natural or adopted child, step-child, ward, parent, brother, sister, legal guardian, step-parent, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, or in-law.

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**High-risk activity(ies)** includes:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping;
- skydiving or sky-surfing;

- scuba diving (except if certified by internationally recognized and accepted programs such as NAUI or PADI, or if diving depth does not exceed 30 meters);
- white water rafting (except grades 1 to 4);
- street luge, skeleton activity.

**High-risk pregnancy** means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident inpatients, a laboratory, a registered graduate nurse and **physician** always on duty and an operating room where surgical operations are performed by a **physician**. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts or alcoholics.

**Injury** means bodily harm, which is directly caused by or resulting from an **accident**, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of **sickness** and all other causes.

**Insurer** means the underwriter, CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Key employee** means a business partner or employee whose continued presence is critical to the ongoing affairs of the business during **your** absence.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, and tuberculosis.

**Minor ailment** means a *sickness* or *injury* which ended more than 30 days before the *effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

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

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed. This person cannot be related to *you* by blood or marriage.

**Policy period** means the period from the *effective date* to the *expiry date* as shown on *your* Confirmation of Coverage.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

**Rock climbing** includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.

**Sickness** means any illness or disease.

**Signs or symptoms** means any evidence of disease experienced by *you* or recognized through observation.

**Spouse** means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

**Stable** describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin or Coumadin (Warfarin) provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* Confirmation of Coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your* Confirmation of Coverage and there is no increase or decrease in dosage.
- c) A *minor ailment*.

**Stunt** applies to an action which is outside the normal range for the activity.

**Travel supplier** means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of *commercial accommodation* to *you* that is contracted to

provide travel services to **you** and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

**Travelling companion** means up to 4 people with whom **you** have coordinated travel arrangements and with whom **you** intend to travel during **your trip**.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, prescribed medication, investigative testing or surgery.

**Trip** means a defined period of travel for which coverage is in effect. For Trip Cancellation & Interruption benefits, a trip begins when **you** leave **your** place of ordinary residence, and ends when **you** return to **your** place of ordinary residence.

**Vehicle** means:

- a) a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers, and is either owned or rented by **you**; or
- b) a motorhome or a camper unit that is either owned or rented by **you** where:
  - i. motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
  - ii. camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

**You/your** means an eligible person named on the Confirmation of Coverage, who has been accepted by Allianz Global Assistance, and has paid the required premium.

## General Provisions

### Assignment

Any benefits payable or which may become payable under this policy 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 Payments

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

Any benefits payable do not include interest charges.

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

### Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

## Coordination of Benefits

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

Other coverage includes but is not limited to:

- 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, with 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

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.

## Emergency Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a medical **emergency** arising anywhere in the world. However, Allianz Global Assistance, CUMIS General Insurance Company, and their agents will not be responsible for the availability, quantity, quality, or results of any medical **treatment** received, or for the failure of any person to provide or obtain medical services.

## Extending Your Trip

If **you** decide to apply for additional coverage before **you** have left **your** province or territory of residence, contact Allianz Global Assistance at 1-844-310-1578.

If **you** decide to apply for additional coverage after **you** have left **your** province or territory of residence, **you** may apply for a new term of coverage if **you**:

- a) purchase additional coverage before the **expiry date**; and
- b) are in good health; and
- c) have no reason to seek **treatment** during the new term of coverage.

If **you** have incurred a claim, Allianz Global Assistance on the **insurer's** behalf will review **your** file before deciding on granting an extension.

Each policy or term of coverage is considered a separate contract and all limitations and exclusions will apply.

Allianz Global Assistance on the **insurer's** behalf reserves the right to decline any request for new terms of coverage.

## 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 policy 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 policy that at the time of application and on the **effective date**, **you** are in good health and 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), 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, either at the time of application or at the time of claim, 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 for **your** age on the **effective date** of this policy as shown on **your** Confirmation of Coverage.

## Right to be Reimbursed (Subrogation)

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

- a) 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 **sickness** whether such amounts are paid under a judgment or settlement agreement;

- b) whenever reasonable, initiate a legal action against the third party to recover **your** damages, which include **emergency** medical and **hospital** costs paid under the policy;
- c) include all **emergency** medical and **hospital** costs paid under the policy in any settlement agreement **you** reach with the third party;
- d) act reasonably to preserve the **insurer's** rights to be reimbursed for any **emergency** medical or **hospital** costs paid under the policy;
- e) keep the **insurer** informed of the status of any legal action against the third party; and
- f) advise **your** counsel of the **insurer's** right to reimbursement under the policy.

**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 policy 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 policy 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, Confirmation of Coverage) 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.

Refer to Premium Refunds on page 18.

### Notice and Proof of Claim

Please refer to the Claims Procedures on page 18.

**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 1 year 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 1 year 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.

### 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.

### 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.

## Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, provided **you** have not departed on **your trip** and a claim has not been incurred. After this 10-day period, this policy is nonrefundable.

## Claims Procedures

Claims forms and detailed information about the documents that will be needed to adjudicate **your** claim are available by contacting Allianz Global Assistance's Claims Department.

Collect worldwide: 1-519-514-0355  
Toll free Canada/U.S.A.: 1-844-310-1578

If **you** need to submit a Trip Cancellation & Interruption or Baggage claim, **you** can do so online at [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca).

1. Notice of Claim. Claims must be reported within 30 days of occurrence.
2. Proof of Claim. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are **your** or the claimant's responsibility.
4. To submit **your** claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay in the processing of **your** claim.
5. All eligible claims must be supported by original receipts from commercial organizations including the return of unused travel documents or tickets for claimed expenses. For claims due to theft, please provide the police report or incident number.

### Send **your** claims to:

Allianz Global Assistance Claims Department  
P.O. Box 277  
Waterloo, Ontario N2J 4A4  
Canada

## 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 Policy or Certificate 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 Policy or Policyholder'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, Ontario N3C 4N6

For a complete copy of Our Privacy Policy please visit [www.travelinsurance.ca](http://www.travelinsurance.ca).

#### Administered by:

**AZGA Service Canada Inc.  
o/a Allianz Global Assistance**

700 Jamieson Parkway  
Cambridge, Ontario N3C 4N6

#### Underwritten by:

**CUMIS General Insurance Company**

P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2



**Bon voyage!**



**Allianz** 

Global Assistance