

# Medical 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.



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 7. 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 and is not covered?

- ✓ Emergency Medical Coverage provides reimbursement up to \$10 million 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.

**This policy does not include Trip Cancellation & Interruption Coverage.**

- ✗ 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** coverage contains 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?

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 12 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.)





# 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





# Table of Contents

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# Medical Plan

## Important Notice

This travel insurance policy covers only the specific the 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** coverage contains 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 for coverage **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) 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
- c) be insured for benefits under a Canadian government health insurance plan during the entire **policy period**.

**Medical questionnaire:** If **you** completed a medical questionnaire when **you** purchased **your** policy and **you** experience a change in **your** health before the **effective date**, contact Allianz Global Assistance to see how this may affect **your** policy.



**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 9.

### ! 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**.

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 6.

### 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;
  - 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.

## General Exclusions

### IMPORTANT

- 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**.

**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.

**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** 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, 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 program 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.

**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.

**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 12.

### Notice and Proof of Claim

Please refer to the Claims Procedures on page 12.

**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 refundable when a claim has not been incurred and:

- a) the entire policy is cancelled before the **effective date**; or
- b) **you** return to **your** province or territory of residence before the **expiry date** (partial cancellation).

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days **you** were out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid. The refund will be calculated based on the date the refund request is received by Allianz Global Assistance.

Refund amounts less than \$20 will not be issued.

## 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

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  
4273 King Street East  
Kitchener, Ontario N2P 2E9  
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 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

4273 King Street East  
Kitchener, ON N2P 2E9

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

4273 King Street East  
Kitchener, ON N2P 2E9

### Underwritten by:

#### CUMIS General Insurance Company

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





**Bon voyage!**

**Allianz** 

Global Assistance