

# Travel Insurance

## POLICY BOOKLET

EFFECTIVE JULY 2011

### TRAVEL INSURANCE PLANS

Emergency Hospital & Medical Insurance for Canadians  
Multi-trip Plans • Sports Plan • All-inclusive Package Plans  
Youth Adventure Package Plan • Trip Cancellation & Interruption  
Flight Accident • Accidental Death & Dismemberment • Trip  
Interruption • Baggage • Rental Car Collision Damage Protection



## **ATTACH CONFIRMATION OF COVERAGE TO THIS PAGE.**

This policy booklet must be accompanied by a Confirmation of Coverage to complete the policy.

TIC Travel Insurance Coordinators Ltd. administers this policy. Co-operators Life Insurance Company insures the benefits available under this policy except for benefits related to property, which is provided by the Sovereign General Insurance Company.

## **RIGHT TO EXAMINE POLICY**

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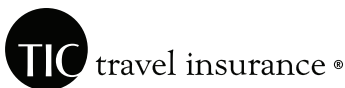
Please review this policy before *you* travel to ensure it meets *your* needs.

### **Refunds before the Effective Date**

For all plans other than Trip Cancellation & Interruption Plans and the All-inclusive Package Plan, *you* have 10 days after purchase to return this policy for a full refund. Please refer to the sections of this policy that explain when coverage starts.

### **Refunds after the Effective Date**

For refunds after coverage has started, refer to the Refunds section on page 43 of this policy.



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## IMPORTANT NOTICE

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Please read *your* policy carefully before you travel.

### To help you better understand your policy

Key terms in this policy are printed in *italics* and are defined in the Definitions section on Page 36.

### What am I covered for?

Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

Coverage is different for each plan; to find out what *your* coverage is, please read the section titled Benefits under the name of the plan(s) *you* have purchased.

### What is not covered?

Travel insurance does not cover everything. *Your* policy has exclusions, conditions and limitations. *You* should read *your* policy carefully before *you* travel, so that *you* are aware of, and understand, the limits of *your* coverage.

*You* may not have coverage for costs incurred due to *pre-existing medical conditions* or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

### Are the costs of my trip arrangements covered?

The costs of *your* travel arrangements are covered when *you* purchase coverage under the Trip Cancellation & Interruption plan. Details of *your* coverage will be shown in *your* confirmation of coverage.

The benefits payable under this policy are limited to the travel costs that are non-refundable. *You* may ask *your* travel *supplier* or agent for details about *your* non-refundable travel costs.

The non-refundable amount will be assessed on the date the Insured Risk (reason for cancellation) occurred, regardless of the date *you* actually cancelled *your* trip with *your* travel *supplier* or agent. Please refer to page 20 of this policy.

### What if I have an emergency?

*You* must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

### **How do I make a claim?**

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills attached) to TIC. Please take care in filling out the form, as any missing information may cause delay.

### **Is my personal information protected?**

We are committed to protecting the privacy, confidentiality and security of the personal information *we* collect, use and disclose. *Your* personal information, including *your* medical history, will be collected, used and disclosed only for the purpose of providing *you* with the requested insurance services. For a copy of TIC's privacy policy, please contact *us* or visit *our* website [www.travelinsurance.ca](http://www.travelinsurance.ca).

### **I want to stay longer. Can I purchase further coverage?**

Yes, *you* can, subject to policy terms and conditions. Just call *your* agent or TIC (during business hours) before coverage under *your* policy expires.

To be eligible for further coverage, *you* must be in good health and *you* must not have incurred any losses during the first *period of coverage*.

### **Travel Assistance**

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, TIC, Co-operators Life 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.

### **Extended Absence from Canada**

The 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's health plan for details.

If *you* exceed *your* province's limits, *you* will not be eligible for coverage under this policy.

# SUMMARY OF BENEFITS

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## Limits

### Emergency Hospital & Medical Insurance for Canadians

Hospital confinement and Medical Services ..... \$5 million  
Included in the overall maximum of \$5 million:

Accidental Dental.....	\$3,000
Ambulance Services.....	up to overall maximum
Attendant .....	up to overall maximum
Chiropractor, osteopath, chiroprapist, podiatrist or acupuncturist .....	\$300 per profession
Cremation at place of death.....	\$4,000
Dental Emergency .....	\$500
Emergency Transportation .....	up to overall maximum
Identity Fraud Recovery .....	\$5,000
Meals and Accommodation.....	\$3,000
Pet Return.....	\$500
Physiotherapist.....	\$300
Prescription Medication .....	\$500
Return of Deceased .....	\$10,000
Return to Original Trip Destination.....	\$5,000
Return of Travelling Companion .....	up to overall maximum
Return of Vehicle or Watercraft .....	\$3,000

### Multi-trip Basic Plan

Coverage includes:

Emergency Hospital & Medical for Canadians ..... \$5 million  
**Refer to page 6 for details of coverage.**

### Multi-trip Select Plan

#### Option 1

Coverage includes:

Emergency Hospital & Medical for Canadians ..... \$5 million  
**Refer to page 6 for details of coverage.**

Flight Accident .....

**Refer to page 17 for details of coverage.**

#### Option 2

Option 1 plus

Trip Cancellation & Interruption

Prior to Departure..... \$1,000

After Departure..... \$2,000

**Refer to page 20 for details of coverage.**

### Sports Plan

Coverage includes Emergency Hospital & Medical for Canadians for groups of 3 or more *insured persons*, no more than 59 years old, engaged in amateur sport activities.

The maximum *period of coverage* is 35 days.

### Youth Adventure Package Plan

Coverage is worldwide excluding the USA except for 5 days while in transit and includes:

Emergency Hospital & Medical for Canadians ..... \$5 million  
**Refer to page 6 for details of coverage.**

Trip Interruption..... \$1,500  
**Refer to page 27 for details of coverage.**

Accidental Death & Dismemberment .....

**Refer to page 15 for details of coverage.**

Baggage..... \$500  
**Refer to page 30 for details of coverage.**

**All-inclusive Package Plan**

Coverage includes:

Emergency Hospital & Medical for Canadians..... \$5 million  
**Refer to page 6 for details of coverage.**

Trip Cancellation & Interruption ..... Select Plan  
**Refer to page 20 for details of coverage.**

Accidental Death & Dismemberment..... \$10,000  
**Refer to page 15 for details of coverage.**

Flight Accident..... \$50,000  
**Refer to page 17 for details of coverage.**

Baggage ..... \$500  
**Refer to page 30 for details of coverage.**

**Accidental Death & Dismemberment**

For losses other than as a result of a Flight Accident.

Sum insured ..... indicated on confirmation of coverage

**Flight Accident**

For losses as a result of a Flight Accident.

Sum insured..... indicated on confirmation of coverage

**Trip Cancellation & Interruption**

**Basic Plan**

Prior to Departure ..... sum insured

After Departure..... unlimited

Default Protection..... \$3,500 (*aggregate limit applies*)

Return of Deceased..... \$10,000

Cremation at Place of Death..... \$4,000

Out of Pocket Allowance ..... \$600

**Select Plan**

Basic Plan plus

Baggage Delay..... \$200

Meals and Accommodation..... \$1,000

Tour Operator..... \$1,000

Accidental Death & Dismemberment..... \$10,000

**Refer to page 15 for details of coverage.**

Baggage ..... \$500

**Refer to page 30 for details of coverage.**

Flight Accident..... \$50,000

**Refer to page 17 for details of coverage.**

**Trip Interruption**

Emergency Return Home ..... up to sum insured

**Baggage**

Sum insured ..... indicated on confirmation of coverage

Baggage ..... up to sum insured

Personal Currency ..... \$100

Wheelchair ..... \$100

Injury of accompanying cat or dog ..... \$200

Travel Documents..... \$100

**Rental Car Collision Damage Protection**

Physical damage or loss ..... \$50,000

# EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS

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## ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:
  - a) has been diagnosed with a terminal illness;
  - b) has been diagnosed with or has had an episode of congestive heart failure;
  - c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
  - d) has Alzheimer's disease or any other type of dementia;
  - e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
  - f) has been prescribed or used home oxygen *treatment* in the last 12 months;
  - g) has had a major organ transplant (heart, kidney, liver, lung); or
  - h) has received kidney dialysis *treatment* in the last 12 months.
2. To be eligible for coverage *you* must:
  - a) be at least 15 days old; and
  - b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
  - c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
  - d) not reside in a nursing home and receive nursing care; and
  - e) not reside in a convalescent home or rehabilitation centre; and
  - f) not require assistance with *activities of daily living*.

## Effective Date

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the following:

- a) the date and time the completed application is accepted by TIC or its representative; or
- b) the date indicated as the *effective date* on your confirmation of coverage; or
- c) the date and time *you* exit *your* province or territory of residence; or
- d) for Multi-trip Plans, the date *you* exit *your* province or territory of residence for a new *trip*.

## Expiry Date

Coverage ends on the **earliest** of the following:

- a) the date and time *you* return to *your* province or territory of residence (other than as described under the Trip-Break for Single-trip Plans); or
- b) the date indicated as the *expiry date* on *your* confirmation of coverage; or
- c) for Multi-trip Plans, *you* reach the maximum number of days permitted for each *trip*, as selected and paid for at the time *you* applied for coverage.

## DESCRIPTION OF COVERAGE

1. Subject to the policy terms and conditions, the *insurer* agrees to pay up to \$5 million for *reasonable and customary* costs incurred unexpectedly by an *insured Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital, emergency medical*, or other covered costs incurred during the *period of coverage* up to the maximum amounts provided in the Benefits section, due to *sickness or injury* occurring during the *period of coverage*. The total *aggregate limit* for all losses under the Emergency Hospital & Medical Insurance for Canadians is \$20 million.

### Limits on Coverage

2. For *Canadian residents* not insured under a government health insurance plan, the maximum sum insured is \$3,000.
3. 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 in which *you* are covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to General Provisions on page 40.
4. If *you* selected the Canada-only Plan, as indicated on *your* confirmation of coverage, no coverage will be provided for expenses incurred outside of Canada or in *your* province or territory of residence.
5. If *you* selected the Non-USA Plan, as indicated on *your* confirmation of coverage, coverage is world-wide other than in *your* province or territory of residence, however coverage within the USA is limited to 5 days while in transit.
6. If *you* selected the USA Plan, as indicated on *your* confirmation of coverage, coverage is world-wide other than in *your* province or territory of residence.

## MULTI-TRIP PLANS

For the **Multi-trip Basic and Select Plans**, coverage for each separate *trip* commences and becomes effective immediately upon *your* departure from *your* province or territory of residence and expires when *you* return to *your* province or territory of residence.

When a planned trip extends beyond the expiration of a Multi-trip Plan, a new Single-trip Plan or Multi-trip Plan must be purchased to assure continuous coverage:

- a) A Single-trip Plan must be purchased **prior** to the date the maximum number of days permitted for each *trip* has been reached or the *expiry date* of the policy.
- b) A Multi-trip Plan must be purchased **prior** to departure from *your* province or territory of residence.

Coverage will be in effect for the maximum number of days *you* selected for each *trip* under the new Multi-trip Plan options outlined below.

### Multi-trip Basic Plan

The maximum number of days for each *trip* under the Multi-trip Basic Plan is 8, 15, 35, 60 or 105 days, as selected and paid for at the time of application.

### Multi-trip Select Plan

The maximum number of days for each *trip* under the Multi-trip Select Plan is 8, 15 or 35 days, as selected and paid for at the time of application.

## BENEFITS

Benefits are payable for the following costs.

### 1. Emergency Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for *your* emergency care during confinement as a resident in-patient.

### 2. Emergency Medical

The *insurer* agrees to pay for the following services, supplies or *treatment*, when 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) The services of a legally licensed physiotherapist when ordered by the attending *physician* as *treatment* for a covered *injury*.  
Not to exceed \$300 for out-patient *treatment*.
- c) The services of a legally licensed chiropractor, osteopath, chiropodist, podiatrist or acupuncturist for *treatment* of a covered *injury*.  
Not to exceed \$300 per profession.
- d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination 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), 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 TIC.
- g) *Emergency* out-patient services provided by a *hospital*.
- h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply. To a maximum \$500 per *insured person* unless hospitalized as an in-patient.

### 3. **Meals and Accommodation**

The *insurer* agrees to reimburse *you* up to a maximum of \$3,000 for additional reasonable living costs, child care costs (for *travelling companions* under age 18 or physically or mentally handicapped and reliant on *you* for assistance), essential telephone calls and taxi fares incurred by *you* or any *insured persons* remaining with *you* while *you* are hospitalized as an inpatient during the *period of coverage*.

### 4. **Transportation of Family or Friend**

The *insurer* agrees to reimburse *you* up to a maximum of \$3,000 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), and up to a maximum of \$1,000 for the reasonable costs *your family member* or close friend incurs after arrival 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 *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

### 5. **Return of Travelling Companion**

If *you* are transported to Canada by air ambulance or commercial stretcher due to a covered *emergency sickness* or *injury* that necessitates immediate, ongoing care, then the *insurer* agrees to pay the extra cost of a one-way economy class airfare to return *your travelling companions* (under age 18 or physically or mentally handicapped and reliant on *you* for assistance) and the extra cost of a one-way economy class airfare to return one of *your* accompanying *family members* to their province or territory of residence. To be eligible for reimbursement, TIC must pre-approve these costs.

### 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 reimburse *you* up to a maximum of \$3,000 for the cost of a commercial agency to return the vehicle or watercraft to *your* province or territory of residence or to the *commercial rental agency*.

## 7. **Pet Return**

If *you* are returned to Canada under the Emergency Transportation benefit, or if *you* are hospitalized due to a covered *sickness* or *injury*, the *insurer* agrees to reimburse *you* up to \$500 for the cost of returning *your* accompanying dog or cat to Canada.

## 8. **Return of Deceased**

In the event of *your* death due to a covered *sickness* or *injury*, the *insurer* will pay up to \$10,000 for the return of *your* remains in a standard transportation container to *your* permanent residence in Canada; or up to \$4,000 for the cremation or burial of *your* remains at the place of death.

## 9. **Accidental Dental**

The *insurer* agrees to reimburse *you* up to \$3,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

## 10. **Dental Emergencies**

The *insurer* agrees to reimburse *you* up to \$500 for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which *you* have previously received *treatment* or advice are not covered. *Treatment* relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to *your* return to *your* province or territory of residence.

## 11. **Emergency Transportation**

The *insurer* agrees 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 economy airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by TIC.

## 12. **Attendant**

If *you* are returned to Canada under the Emergency Transportation benefit, the *insurer* agrees to pay for 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* accompanying *insured travelling companions* (under age 18 or physically or mentally handicapped and reliant on the *you* for assistance) to their province or territory of residence. This benefit is payable only when approved in advance and arranged by TIC.

### 13. Act of Terrorism – Limits on Coverage and Aggregate Limit

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, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC, including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

### 14. Return to Original Trip Destination

If *you* are returned to *your* province or territory of residence under the Emergency Transportation benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, a maximum of \$5,000 will be paid, only when pre-approved and arranged by TIC, for a one-way economy flight to return *you* and one insured *travelling companion* to the original *trip destination*. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent recurrence or complication of the condition that resulted in *you* being returned home is excluded under this policy.

### 15. Trip-Break for Single-trip Plans

During the *period of coverage* *you* may return **once** to *your* province or territory of residence for up to **15** consecutive days without terminating this policy. There is no coverage under this plan in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence during the Trip-Break. If *you* experience any change in *your* health during the Trip-Break, *you* must notify TIC prior to exiting *your* province or territory of residence for confirmation of continued coverage.

## 16. Identity Fraud Recovery

The *insurer* agrees to reimburse up to \$5,000 for the following costs incurred within 90 days of the end of the *period of coverage* as a result of *identity fraud* that occurred during the *period of coverage*:

- a) Costs for notarizing affidavits or similar documents for law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- b) Costs for sending certified mail to law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- c) Loan application fees for re-applying for loans due to the rejection of the original application because the lender received incorrect credit information.
- d) Charges for long distance telephone calls or fax transmissions to businesses, law enforcement agencies, financial institutions or similar credit grantors, and credit agencies.
- e) Earnings lost by *you* as a result of time away from work to complete affidavits, meet with law enforcement agencies, credit agencies, merchants, or legal counsel, up to \$250 per day, to a maximum of \$2,000.
- f) Reasonable legal counsel fees incurred, with prior notice to and approval by TIC, for:
  - i. *your* defence against any suit by businesses or their collection agencies;
  - ii. removal of any criminal or civil judgements wrongly entered against *you*;
  - iii. any challenge to the information in *your* credit report.

## SPECIFIC CONDITIONS

1. TIC must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

2. TIC reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when 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. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.
3. General Provisions of this policy apply. Refer to page 40.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

### EHM1

- i. **If you are 59 years of age or under on the effective date:** Any *pre-existing medical condition* if that condition was not *stable* in the 90 days immediately before the *effective date*, even if you previously disclosed that condition to us when applying for coverage under a different or previous TIC policy.
- ii. **If you are 60 years of age and over on the effective date:** Any *pre-existing medical condition* if that condition was not *stable* in the 180 days immediately before the *effective date*, even if you previously disclosed that condition to us when applying for coverage under a different or previous TIC policy.

To obtain coverage for a *pre-existing medical condition* that was not *stable* in the applicable period immediately before the *effective date*, a new *Detailed Medical Questionnaire* must be completed and submitted to us, be approved in writing by TIC and you must pay the required premium.

- iii. **If you have chosen not to have coverage for any and all pre-existing medical conditions on your application for insurance:** Any *pre-existing medical condition*.

**EHM2** Any fraudulent, dishonest or criminal act by you, or any person acting with you, or your authorized representative, whether acting alone or in collusion with others.

**EHM3** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide, attempted suicide; or
- intentional self-inflicted injury.

**EHM4** Act of war; kidnapping; act of terrorism caused directly or indirectly by nuclear, chemical or biological means; riot, strike or civil commotion; unlawful visit in any country.

**EHM5** The participation by you, a family member or travelling companion in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**EHM6** Any sickness, injury or medical condition for which a diagnosis need not have been made where a trip is undertaken for the purpose of securing medical treatment or advice.

**EHM7** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with prescribed *treatment* or medical therapy;
- the use of medication or drugs that have not been approved by the appropriate government authority; or
- the misuse of medication.

**EHM8** Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.

**EHM9** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**EHM10** Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *sickness* or *injury*.

**EHM11** Any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by TIC.

**EHM12** 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.

**EHM13** Any rehabilitation or convalescent care.

**EHM14** *Injury* resulting from training for or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

**EHM15** Routine or elective *treatment* for pregnancy, including *high-risk pregnancy*, within the first 32 weeks of the pregnancy.

**EHM16** Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.

**EHM17** *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

**EHM18** Dental or cosmetic surgery.

**EHM19** *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

**EHM20** Naturopathic or holistic *treatment*.

**EHM21** Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

**EHM22** Any nuclear occurrence, however caused.

**EHM23** Any loss incurred in a city, region, or country when, prior to the *effective date*, the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid all travel, or to avoid non-essential travel, to that city, region, or country.

**EHM24** Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Transportation benefit.

## **ACCIDENTAL DEATH & DISMEMBERMENT**

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### **ELIGIBILITY**

To be eligible for coverage *you* must:

- a) be at least 15 days old; and
- b) be travelling on a *trip* to, from, or within Canada; and
- c) not reside in a nursing home and require regular nursing care; and
- d) not reside in a convalescent home or rehabilitation centre; and
- e) not require assistance with *activities of daily living*.

### **Effective Date**

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on *your* confirmation of coverage; or
- c) *you* depart from *your* province or territory of residence.

### **Expiry Date**

Coverage ends on the **earliest** of the date:

- a) and time *you* arrive in *your* province or territory of residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days after the *effective date* for this policy.

### **DESCRIPTION OF COVERAGE**

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss of life, limb or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, except while boarding, riding in, or alighting from an aircraft. The total *aggregate limit* for all losses under Accidental Death & Dismemberment is \$10 million.

Coverage is limited to \$10,000 for each *insured person* under the Trip Cancellation & Interruption Select Plan.

## BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* 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% of sum insured resulting from the same *accidental injury* 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.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**ADD1** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide or attempted suicide; or
- intentional self-inflicted injury.

**ADD2** *Act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

**ADD3** The participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**ADD4** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy; or
- the misuse of medication.

**ADD5** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**ADD6** *Injury* resulting from training for or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

**ADD7** Being the occupant of an aircraft, either as passenger or crew, or while boarding or alighting from an aircraft.

**ADD8** Any nuclear occurrence, however caused.

## **FLIGHT ACCIDENT**

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### **ELIGIBILITY**

To be eligible for this coverage *you* must be:

- a) at least 15 days old; and
- b) travelling on a *trip* to, from, or within Canada.

### **Effective Date**

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on *your* confirmation of coverage; or
- c) *you* commence travel as described under the Insured Risks section of this coverage.

## Expiry Date

Coverage ends on the **earliest** of the following:

- a) the *expiry date* on the confirmation of coverage; or
- b) the date and time *you* cease travel as described under the Insured Risks section of this coverage.

## DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to a maximum sum insured of either \$200,000 or \$500,000 as indicated on the confirmation of coverage, for loss of life, limb or sight directly resulting from *accidental injury* due to an Insured Risk occurring worldwide during the *period of coverage*.

- Each person insured under the Multi-trip Select Plan has a maximum sum insured of \$100,000.
- Each person insured under the Trip Cancellation & Interruption Select Plan has a maximum sum insured of \$50,000.

Coverage is for all flights ticketed and arranged prior to the *effective date*.

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the Flight Accident benefit is \$10 million.

## BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* 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% of sum insured resulting from the same *accidental injury* 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.

## INSURED RISKS

Benefits are limited to payment for losses occurring during the *period of coverage* while you are:

- a) Riding solely as a ticketed passenger in, or boarding or alighting 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 alighting from an aircraft.
- c) While 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 alighting from an aircraft.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**FAC1** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide or attempted suicide; or
- intentional self-inflicted injury.

**FAC2** *Act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

**FAC3** The participation by you, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**FAC4** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that you were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy; or
- the misuse of medication.

**FAC5** Any nuclear occurrence, however caused.

# TRIP CANCELLATION & INTERRUPTION

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## Basic Plan

## Select Plan

### ELIGIBILITY

To be eligible for coverage *you* must:

- a) be at least 15 days old; and
- b) be scheduled to travel on a *trip* to, from, or within Canada; and
- c) purchase this coverage prior to leaving for the trip; and
- d) if purchasing this coverage at the time of, or after the initial trip payment, or after cancellation penalties are applicable, be in good health, and know of no reason to:
  - i. seek medical attention; or
  - ii. cancel the trip; or
  - iii. make any claim.

### Effective Date

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *application date*.

For After Departure benefits, the *effective date* is the date of departure.

### Expiry Date

Coverage ends on the **earliest** of the date:

- a) of occurrence of the Insured Risk which results in the cancellation of *your trip* prior to the scheduled departure date; or
- b) and time *you* return to *your* province, territory or country of permanent residence; or
- c) indicated as the *expiry date* on the confirmation of coverage; or
- d) 365 days from the *application date* for Prior to Departure benefits.

### DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for losses resulting from an Insured Risk occurring during the *period of coverage*. Coverage is provided worldwide for *trips* to, from, or within Canada. Benefits are limited to the non-refundable amounts for travel arrangements purchased prior to the *effective date* assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled. Benefits payable as a result of the *default* of a *travel supplier* are limited to \$3,500 per *insured person* as described in Insured Risks.

## **BENEFITS For Basic Plan and Select Plan**

Benefits are payable for the following costs:

### **a) Prior to Departure**

- i. The non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements.
- ii. The single supplement charged as the result of a *travelling companion* or accompanying *family member* who is unable to travel due to an Insured Risk.

### **b) After Departure**

- i. The extra cost of economy transportation by the most direct route to continue with the insured *trip* if *you* miss a portion of *your trip* due to *your sickness or injury*, or the *sickness or injury* of a *travelling companion* or accompanying *family member*.
- ii. The non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) purchased prior to the *effective date*, and the extra cost of economy airfare by the most direct route, to return to the point of departure.
- iii. In the event of *your death* due to a covered *sickness or injury*, up to \$10,000 for costs incurred for the return of *your remains* in a standard transportation container to *your permanent residence* in Canada, or up to \$4,000 for the cremation or burial of *your remains* at the place of death, when *you* are not covered under any other insurance plan.

### **c) Prior To or After Departure**

In the event that a delay of the connecting carrier or automobile at the departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than two hours prior to the scheduled connection time, due to:

- weather conditions, volcanic eruptions, natural disaster, or mechanical failure of the connecting carrier (airline, bus, train or government-operated ferry system); or
- traffic accident or emergency police road closure (police report required) causing the delay of a private or commercial automobile;

the *insurer* agrees to pay:

- i. the extra cost of economy transportation to the ticketed destination;
- ii. the unusable pre-paid, insured travel arrangements purchased prior to the *effective date*; and
- iii. an out-of-pocket allowance of up to \$200 per day to a maximum of \$600 for commercial accommodation and meals, essential telephone calls and taxi fares.

## **ADDITIONAL BENEFITS For Select Plan**

Benefits are payable for the following costs:

### **1. Meals and Accommodation**

In the event that *your trip* is interrupted or delayed beyond the *expiry date* shown in the confirmation of coverage, as a result of *your sickness* or *injury*, or the *sickness* or *injury* of a *travelling companion* or an accompanying *family member*, additional commercial accommodation and meals, essential telephone calls and taxi fares will be reimbursed up to \$300 per day to a maximum of \$1,000.

### **2. Delayed Baggage**

In the event that *your* luggage or personal possessions are delayed or lost for 12 hours or more, while en route and before returning to the original point of departure, costs for reasonable and necessary toiletries and clothing will be reimbursed up to a maximum of \$200. Purchases must be made within 36 hours of arrival at *your* destination and prior to receipt of *your* baggage.

### **3. Tour Operators**

In the event that *your* tour is cancelled or re-scheduled by the tour operator for any reason other than *default*, up to \$1,000 will be payable for the non-refundable pre-paid travel arrangements that are not a part of the cancelled or rescheduled tour package.

## **INSURED RISKS**

The Benefits listed above are payable if *your trip* is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

### **Health**

1. *Sickness, injury* or death of:
  - a) *you*;
  - b) a *family member*;
  - c) a *travelling companion* or *travelling companion's family member*; or
  - d) a *key employee*.
2. The death of *your* friend.
3. The death or hospitalization of *your* host at the destination.
4. *Sickness, injury* or death of a person or persons with whom arrangements were made for the care of dependents living in *your* household.

### **Legal**

5. *You* have been called to jury duty, or been subpoenaed as a witness, and the court proceeding is scheduled to be heard during the period of the *trip* (excluding law enforcement officers).
6. *Your* legal adoption of a child during the period of the *trip*, which necessitates cancellation of the *trip*.

## External

7. The schedule change of the airline carrier that is providing transportation for a portion of the insured *trip*, causing *you* to miss a connection or resulting in the interruption of the insured travel arrangements.
8. *Your* failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the *trip*, for reasons beyond *your* control provided *you* are a *Canadian resident* and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application.
9. *Default* of a *Canadian travel supplier* ceasing operations as a result of bankruptcy.
10. A disaster which renders *your* principal residence, in *your* province, territory or country of permanent residence, uninhabitable.
11. A natural disaster which does not permit *you* to occupy *your* permanent residence or, if *you* are self-employed, does not permit the operation of *your* primary business.
12. A statement made in the Travel Report issued by the Canadian Department of Foreign Affairs and International Trade after the *application date*, advising or recommending that Canadians avoid travel to the booked destination for a period that would include *your* scheduled trip.
13. *Your* hijacking or quarantine.
14. Adverse weather, volcanic eruptions, or a natural disaster which would prevent *you* from travelling for a period not less than 30% of the total duration of the insured *trip* when *you* choose not to continue with the *trip* prior to departure from the point of origin.
15. Cancellation prior to departure 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.
16. Rescheduling of an examination at an accredited Canadian or American 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 *period of coverage*.

## Work

17. 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).
18. Unforeseeable, involuntary termination without just cause of *your* or *your travelling companion's* permanent employment, provided *you* or *your travelling companion* was actively employed by the same employer for at least one year; excluding self-employment or contract work.

## Other

19. *You or your traveling companion* being called to service in the case of reservists, active military, police, essential medical and fire personnel.

## SPECIFIC CONDITIONS

1. Upon the occurrence of an Insured Risk that results in cancellation, curtailment or delay of *your trip*, the *travel supplier* or agent must be notified on the same day or next business day that the cause of cancellation, *injury* or diagnosis of *sickness* occurs.
2. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or diagnosis of a *sickness*.
3. When *family members* are travelling together, the total aggregate limit is 12 *insured persons*, regardless of the number of policies issued, unless authorized by TIC.
4. When *travelling companions* are travelling together, the total aggregate limit is 5 *insured persons*, regardless of the number of policies issued, unless authorized by TIC.
5. No benefits are payable when *your* return to the point of origin is more than 10 days after the *expiry date* specified in the confirmation of coverage, unless *you* or a *travelling companion* suffering the *sickness or injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
6. Reimbursement of any eligible additional costs are limited to the lesser of:
  - a) the change-fee;
  - b) a one-way economy class airfare; or
  - c) a return economy class airfare;all by the most direct route.
7. All claims due to *sickness or injury* must be supported by documentation from the attending *physician* at the location where *sickness or injury* leading to cancellation, interruption or delay occurred.
8. General Provisions of this policy apply. Refer to page 40.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**CANX1 If the Trip Cancellation sum insured purchased is \$15,000 or less:** Any *pre-existing medical condition* of *you*, a *family member*, a *travelling companion* or *travelling companion's family member*, or a *key employee*, that was not *stable* within the 90 days immediately preceding the *application date*.

**If the Trip Cancellation sum insured purchased is more than \$15,000:** Any *pre-existing medical condition* of *you*, a *family member*, a *travelling companion* or *travelling companion's family member*, or a *key employee*, that was not *stable* within the 180 days immediately preceding the *application date*.

**CANX2** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide, attempted suicide; or
- intentionally self-inflicted injury.

This applies to *you*, a *family member*, a *travelling companion* or *travelling companion's family member*, or a *key employee*.

**CANX3** *Act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical* or *biological* means; riot, strike or civil commotion; unlawful visit in any country.

**CANX4** The participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**CANX5** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy; or
- the misuse of medication.

This applies to *you*, a *family member*, a *travelling companion* or *travelling companion's family member*, or a *key employee*.

**CANX6** Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical *treatment* or advice.

**CANX7** Any *medical consultation* that is non-emergency or any procedure or *treatment* that is elective or the consequence of a prior elective procedure.

**CANX8** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**CANX9** *Injury* resulting from training or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

**CANX10** Loss incurred as a result of pregnancy, including *high-risk pregnancy*, which are routine or elective and which occur within the first 32 weeks of pregnancy.

**CANX11** Loss incurred as a result of pregnancy, or childbirth, or complications thereof occurring after the 32nd week of pregnancy.

**CANX12** 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 curtailment of the insured *trip* or delays *your* return home.

**CANX13** Loss for any event prior to departure, which might reasonably have been expected to necessitate *your* immediate return or delay *your* return.

**CANX14** Loss for any event which, on the *application date*, could reasonably have been expected to prevent *you* from travelling as booked.

**CANX15** Losses recovered or which are recoverable from any other source, including trustees or any government or industry compensation fund.

**CANX16** Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker, whether or not *you* are otherwise entitled to the benefit of this insurance.

**CANX17** Losses arising as a result of a *default* of the *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.

**CANX18** Losses arising as a result of *default* of an American *travel supplier* if the services to be provided by the American *travel supplier* are not part of a package tour sold to *you* by an appointed representative of TIC.

**CANX19** Losses arising from *default* of a *travel supplier* for travel services *you* purchased directly from the *travel supplier*, or from other than an appointed representative of TIC.

**CANX20** Any amounts assessed by the *travel supplier* that are non-refundable after the date of the occurrence of an Insured Risk, *injury* or diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* was cancelled.

**CANX21** Any nuclear occurrence, however caused.

# TRIP INTERRUPTION

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## ELIGIBILITY

To be eligible for coverage *you* must be:

- a) at least 15 days old; and
- b) scheduled to travel on a *trip* to, from, or within Canada.

This insurance can be purchased only on round-trip tickets.

## Effective Date

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on *your* confirmation of coverage; or
- c) *you* depart from *your* province or territory of residence.

## Expiry Date

Coverage ends on the **earliest** of the date:

- a) and time *you* return to *your* province or territory of permanent residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days from the *effective date*; or
- d) a *trip* is interrupted as a result of an Insured Risk.

## DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss resulting from an Insured Risk occurring during the *period of coverage* and which necessitates *your* immediate return during the *period of coverage*.

## BENEFITS

Trip Interruption benefits are payable for the actual extra cost of one-way economy transportation by the most direct route to the point of departure from Canada.

Where Trip Interruption coverage has been purchased by a visitor to Canada, this benefit will return *you* either to Canada or to *your country of origin*.

## INSURED RISKS

The benefits indicated above are payable if *your trip* is interrupted prior to the scheduled return date as the result of:

1. *Your sickness, injury or death or the sickness, injury or death of your family member, or a travelling companion, or a travelling companion's family member, or a key employee.*
2. A disaster which renders *your* principal residence, in *your* country of permanent residence, uninhabitable.
3. *Sickness, injury or death of a person or persons with whom arrangements were made for the care of your dependents.*

## SPECIFIC CONDITIONS

1. *Your* return to the point of origin must be no later than 10 days following the *expiry date* specified in the confirmation of coverage, unless *you* or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
2. Reimbursement of any eligible additional extra costs are limited to the lesser of:
  - a) the change-fee; or
  - b) a one-way economy class airfare; or
  - c) a return economy class airfare;all by the most direct route.
3. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where the *sickness* or *injury* occurred.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**TRIP1** Any *pre-existing medical condition* of *you*, a *family member*, a *travelling companion* or *travelling companion's family member*, or a *key employee*, that was not *stable* within the 90 days immediately preceding the later of the *application date* or the date of any change to the sum insured.

**TRIP2** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide, attempted suicide; or
- intentional self-inflicted injury.

**TRIP3** *Act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical* or *biological* means; riot, strike or civil commotion; unlawful visit in any country.

**TRIP4** The participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**TRIP5** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy; or
- the misuse of medication.

**TRIP6** Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical *treatment* or advice.

**TRIP7** Any *medical consultation* or *treatment* that is non-emergency, elective or the consequence of a prior elective procedure.

**TRIP8** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**TRIP9** *Injury* resulting from training or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

**TRIP10** Routine or elective *treatment* for pregnancy, including *high-risk pregnancy*, within the first 32 weeks of the pregnancy.

**TRIP11** Pregnancy, childbirth, or complications thereof occurring after the 32nd week of pregnancy.

**TRIP12** A *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of curtailment of the insured *trip*.

**TRIP13** Any event that occurred prior to departure, for which it is reasonable to expect that *you* would have to return early from *your trip*.

**TRIP14** Any nuclear occurrence, however caused.

# BAGGAGE

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## ELIGIBILITY

To be eligible for coverage *you* must:

- a) be travelling on a *trip* to, from, or within Canada; and
- b) purchase coverage for the entire duration of the *trip*.

### Effective Date

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on *your* confirmation of coverage; or
- c) *you* depart from *your* province, territory or country of residence.

### Expiry Date

Coverage ends on the **earliest** of the date:

- a) and time *you* return to *your* province, territory or country of residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days after the *effective date* for this coverage.

## DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to a maximum sum insured of either \$1,000 or \$1,500 as indicated on the confirmation of coverage, for loss or damage to owned or borrowed baggage and personal effects normally carried by *you*.

Coverage is limited to \$500 under the Trip Cancellation & Interruption Select Plan.

### Limits on Coverage

2. The amount of loss or damage sustained in each event shall be determined separately, and any benefits payable are in excess of any amounts available under any other insurance or source.
3. Coverage is subject to a \$50 deductible, for each insured event causing loss.
4. The *insurer's* liability shall be limited to \$300 per single article, matched pair or set or group of related articles.
5. The *insurer* will pay the lesser of the following:
  - a) the actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage; or
  - b) the amount for which the property could be repaired to its condition prior to the damage; or
  - c) the amount for which the property could be replaced with property of like kind and quality.

## BENEFITS

The *insurer* agrees to pay for the following:

### 1. Personal Effects

Items for the personal use, adornment or amusement of *you* or any of *your family members* who are travelling with *you*.

### 2. Personal Currency

Up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.

### 3. Wheelchair

Up to \$100 for repairs or rental replacement of *your* wheelchair (or standard special features) in the event the wheelchair is rendered inoperable due to damage resulting during normal usage.

### 4. Injury of Accompanying Cat or Dog

Up to \$200 for emergency care due to unexpected *injury* of an accompanying cat or dog.

### 5. Travel Documents

Up to \$100 for the replacement cost of any of the following documents: passport, driver's license, birth certificate or travel visa when the loss is caused directly by theft or robbery and supported by a police report.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**BAG1** *Act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

**BAG2** The participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**BAG3** Normal wear and tear, deterioration, moths or vermin.

**BAG4** Loss of or damage to:

- contact lenses;
- prescription eye glasses;
- artificial teeth and limbs;
- hearing aids;
- forms of money and currency (except as provided under Personal Currency);

- securities;
- tickets;
- credit cards;
- statuary;
- paintings;
- fragile or brittle objects;
- objects of art or antiques; or
- animals (except as specifically provided for cat or dog).

**BAG5** Theft from an unattended vehicle unless it was securely locked and there was visible evidence of forced entry.

**BAG6** Any nuclear occurrence, however caused.

## **RENTAL CAR COLLISION DAMAGE PROTECTION**

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### **ELIGIBILITY**

To be eligible for this coverage a person must hold a driver's license that is valid in Canada.

#### **Effective Date**

When an application has been made and the premium has been paid for a specific plan of insurance, coverage starts on the **latest** of the date and time:

- a) you take control of the *automobile*; or
- b) indicated as the *effective date* on your confirmation of coverage.

#### **Expiry Date**

Coverage ends on the **earliest** of the following:

- a) the *expiry date* indicated on the confirmation of coverage; or
- b) the date and time the *commercial rental agency* assumes control of the *automobile*, whether it be at their place of business or elsewhere; or
- c) the date and time the rental agreement or contract expires or is terminated; or
- d) 31 days following the *effective date* unless prior approval is received from TIC.

### **DESCRIPTION OF COVERAGE**

The *insurer* agrees to pay the actual cash value at the time of the loss, to a maximum amount of \$50,000, for *physical damage or loss* of one *automobile* rented by you from a *commercial rental agency*. The loss or damage must occur after purchase of this insurance, during the *period of coverage* and while the *automobile* is in the care, custody and control of you and/or those persons otherwise permitted to operate the *automobile* in accordance with the rental contract.

## BENEFITS

The maximum benefit payable is limited to the amount which would have been payable if *you* had purchased rental car collision damage protection from the *commercial rental agency*, less:

- a) any amount payable by *your automobile* insurance policy; and
- b) any amount assumed, waived or paid by the *commercial rental agency* or its insurer; and
- c) any amount payable under any other insurance, including without limitation motor vehicle insurance, policy or legislative plan.

## SPECIFIC CONDITIONS

1. *You* shall promptly file a report (see Claims Procedures) of *physical damage or loss* with TIC and provide a written notice of loss and police report, disclosing full details, within 90 days of the date of loss.
2. *You* shall examine the *automobile* and file a written report of existing damage with the *commercial rental agency* prior to acceptance of the *automobile* and *you* shall report in writing to the *commercial rental agency* all *physical damage or loss* which occurs during the term of the *automobile* rental agreement or contract prior to, or upon, return of the *automobile* to the *commercial rental agency*.
3. The *insurer* shall pay any money for which it is liable under this policy within 60 days after receiving satisfactory proof of loss.
4. In the event of an *accident*, malicious act, burglary, robbery, or theft, *you* must immediately report to the police or other authorities having jurisdiction, full details as required by law.
5. *You* must decline the rental car collision damage protection offered by the *commercial rental agency*.
6. A police report must accompany any claim for reimbursement if the loss exceeds \$1,000.
7. The *automobile* must be rented from a duly authorized *commercial rental agency*.
8. The *automobile* must not be used for carrying passengers for compensation or hire or for commercial delivery.
9. *You* must not be engaged in the business of renting *automobiles* in any manner whatsoever.
10. No repairs, other than those that are immediately necessary for the protection of the *automobile* from further loss or damage, shall be undertaken and no evidence of the *physical damage or loss* shall be removed without the consent of TIC.
11. Every action or proceeding against the *insurer* under this policy must be commenced within one year after the cause of the action arose.
12. This policy does not provide coverage in any jurisdiction where such coverage is prohibited by law.

13. This coverage must be purchased in Canada prior to *you* assuming control of the *automobile*.

14. General Provisions of this policy apply. See page 40.

## EXCLUSIONS

Benefits are not payable for loss or damage:

**CDW1** While sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
- suicide or attempted suicide; or
- intentionally self-inflicted injury.

**CDW2** Resulting from an *act of war*; kidnapping; *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

**CDW3** Resulting from the participation by *you*, a *family member* or *travelling companion* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**CDW4** If at the time of the loss, evidence supports that *you* were affected by, or the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs, or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy; or
- the misuse of medication.

**CDW5** Resulting from loss of use of the *automobile* or any administration fees.

**CDW6** Caused by, or contributed to by:

- mechanical fracture or breakdown of any part of the *automobile*;
- rusting or corrosion;
- wear and tear or gradual deterioration;
- inherent defect;
- freezing;
- conversion;
- any dishonest act of *you* or any other party of interest or any person to whom the property may be entrusted (bailors for hire excepted);
- *your* failure to preserve or protect the *automobile*;
- the neglect or abuse of the *automobile* by *you* or any other person to whom the *automobile* was entrusted under the terms of the rental agreement.

**CDW7** Where at the time of loss the *automobile* was operated by an individual who does not hold a driver's license that is valid in Canada.

**CDW8** To any contents of the *automobile*.

**CDW9** To more than one *automobile* during the same *period of coverage*.

**CDW10** To *exotic cars*.

**CDW11** Resulting from speed tests or contests.

**CDW12** Arising directly or indirectly from operation of the *automobile* contrary to the terms and conditions of the rental agreement/contract.

**CDW13** Resulting from any nuclear occurrence, however caused.

**CDW14** Where coverage is not purchased in Canada prior to the time *you* assumed control of the *automobile*.

## DEFINITIONS

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**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event.

**Act of terrorism** means an act, including but not limited to 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 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.

**Activities of daily living** means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

**Aggregate limit** means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

**Antique automobile** means a vehicle that is more than 20 years old or has not been manufactured for 10 years or more.

**Application date** (applicable to Trip Cancellation & Interruption and All-inclusive Package Plans only) means the date *you* apply and pay for this insurance in conjunction with the initial non-refundable costs associated with booking *your trip*.

**Automobile** means a vehicle rented by *you* from a *commercial rental agency* for *your* personal use under a written rental agreement specifically excluding a truck, van (other than a mini-van), bus, off-road vehicle (while used as such), motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper or trailer, *antique automobile*, limousine, or *exotic car*.

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

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

**Commercial rental agency** means a car rental agency or company licensed under the law of the jurisdiction(s) where it conducts business.

**Country of origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

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

**Dependent children** means *your* unmarried children who are:

- a) financially dependent on *you*;
- b) at least 15 days of age; and
- c) age 21 or under.

**Detailed Medical Questionnaire** means the form entitled Detailed Medical Questionnaire which contains detailed questions about *your* health. This form must be completed correctly and accurately, signed and dated by *you*, and submitted with *your* application. *Your* answers at the time of completion determine the terms of coverage and/or the premium that apply to *you*.

**Effective date** means the date and time coverage starts, as indicated under the Effective Date provision of each plan purchased.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, 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 the *trip* or return to *your* place of ordinary residence in Canada or *country of origin*.

**Exotic car** includes any vehicle manufactured by Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maybach, Maserati, Morgan, Panoz, Porsche, Rolls Royce or any similar vehicle.

**Expiry date** means the date and time coverage ends as indicated under the Expiry Date provision of each plan purchased.

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

**High-risk activity(ies)** mean(s) heliskiing, ski jumping, skydiving, 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, *mountaineering*, or participation in any rodeo 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 in-patients, 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, alcoholics or persons suffering from mental or nervous disorders.

**Identity fraud** means the act of someone knowingly transferring or using, without lawful authority, *your* means of identity which constitutes a violation of federal law or a crime or offence under any applicable federal, provincial, state, territorial or local law.

**Injury** means sudden 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.

**Insured person** means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

**Insurer** means Co-operators Life Insurance Company, except in respect of all property insurance, where the insurer is The Sovereign General Insurance Company.

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

**Medical consultation** means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

**Mountaineering** 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.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

**Physical damage or loss** means loss or damage to the *automobile* for which *you* may be liable (excluding tires unless coincident with other covered loss or damage) caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, riot, civil commotion or collision with another object or by upset.

**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, and is not related to *you* by blood or marriage.

**Pre-existing medical condition** means a *sickness, injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* 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*.

**Sickness** means any illness or disease.

**Spouse** means a person who is legally married to *you*, or has been living in a common-law relationship (either opposite sex or same sex) with *you* for a continuous period of at least one year and who resides in the same household as *you*.

**Stable** means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a change in type or dosage of medication.

**Terminal** means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

**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 a person who has prepaid shared accommodation or transportation with *you*. (Maximum of 5 persons including *you*.)

**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 period during which *you* are travelling outside of *your* province or territory of residence, or *country of origin*, and for which coverage is in effect.

**We, us** and **our** means TIC Travel Insurance Coordinators Ltd., The Sovereign General Insurance Company and Co-operators Life Insurance Company.

**You** or **Your** means the *insured person*.

## GENERAL PROVISIONS

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### 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*.

### Automatic Extension of Coverage

1. Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*. Additional premium will not be required.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If *you* are hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, this coverage will be extended to *you* and *your travelling companion(s)* remaining with *you* when reasonable and necessary, during the period of *hospital* confinement, plus 72 hours after release to travel home.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*. Benefits are only payable under one policy for each *insured person* during the *period of coverage*. If more than one TIC policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

### Claim Submission

*You* or the claimant, if other than *you*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by a provincial or territorial hospital/ medical plan, or, if *you* are not covered or are not eligible for coverage, verification of any payment that would have been made.

3. Any payment made by any other insurance plan or contract.
4. Providing substantiating medical documentation from *your* province, territory or country of residence, at the request of TIC.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

### **Contract**

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

**TIC reserves the right to decline any application or any request for extensions of coverage.** No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

### **Coordination of Benefits**

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to *you*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance, or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC 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 pursuant to any policy or legislative plan of motor vehicle insurance.

*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 \$50,000, TIC will not coordinate benefits with that provider.

### **Currency**

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

### **Governing Law**

This policy will be governed by the laws of the Canadian province or territory in which *you* normally reside, or in the case of visitors to Canada, the Canadian province or territory where the policy was issued.

## 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.

## Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable. Where there is an error as to *your* age, provided that *you* are within the insurable age limits, 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*.

A family rate is available for Emergency Hospital & Medical Single-trip and Multi-trip Plans. Family includes the applicant, age 59 and under, the applicant's *spouse* age 59 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

## Rights of Examination

The claimant shall provide TIC 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 TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

## Right to be Reimbursed

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

- a) reimburse *us* for all *emergency* medical and *hospital* costs paid under the *policy* from any amounts *you* receive from a third party responsible 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 *our* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;

- e) keep *us* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of *our* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restricts *our* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with *us* fully should *we* choose to exercise *our* right of subrogation.

### **Time**

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

## **REFUNDS**

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### **When submitting *your* refund request, please include:**

1. a fully completed and signed Refund Request Form; and
2. a copy of confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to Canada; and
4. any other documentation to support *your* refund request.

Emergency Hospital & Medical Multi-trip Plans are not refundable after the *effective date*.

Refunds for Emergency Hospital & Medical Single-trip Plans are payable when:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) *you* return to *your* province or territory of residence prior to the *expiry date*.

Refunds for Trip Cancellation & Interruption and All-inclusive Package Plans are refundable prior to the date of departure only when:

- a) *you* are unable to travel following cancellation of the insured *trip* by the *travel supplier*, provided all penalties are waived; or
- b) *you* are unable to travel following rescheduling of an insured *trip* by the *travel supplier*, provided all penalties are waived; or
- c) *you* cancel the *trip* before any penalties come into effect.

Refunds for the following Plans:

- Baggage;
- Accidental Death & Dismemberment;
- Flight Accident;
- Trip Interruption;
- Rental Car Collision Damage Protection;

are payable when the entire *trip* is cancelled prior to the *effective date*.

### **Important Notes**

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC.

A full refund will be provided for policies which are recovered within 10 days of purchase, as described in the section titled Right To Examine Policy.

There will be no refund of premium if a claim has been made.

For package plans, no refund will be payable for any portion of the premium if a claim has been made against any benefit included in the package.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the *insured* was 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.

Refund amounts less than \$10 will not be issued.

## **CLAIMS PROCEDURES**

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Claims forms are available online at [www.travelinsurance.ca](http://www.travelinsurance.ca) or by calling TIC Claims Department.

Claims can be reported on *our* website at: [www.travelinsurance.ca](http://www.travelinsurance.ca)

### **SEND YOUR CLAIMS TO:**

#### **TIC Claims Department**

2100 – 250 Yonge Street

Toronto, Ontario, Canada M5B 2L7

Collect worldwide: 416-340-8809

Toll free Canada/USA: 1-800-869-6747

1. Claims must be reported within 30 days of occurrence.
2. 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.
5. All eligible claims must be supported by original receipts from commercial organizations.

#### **When submitting *your* Emergency Hospital & Medical claim, please include:**

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Completed appropriate provincial government health insurance plan forms; see claim form for details.

5. For Multi-trip Plans, proof of original departure from and return to *your* province or territory of residence.
6. Any other documentation that may be required and/or requested by TIC.

### **Important Note**

- In the event of a medical *emergency*, TIC must be notified prior to any surgery being performed or within 24 hours of admission to *hospital*.

### **Limits on Coverage**

- If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

### **When submitting *your* Accidental Death & Dismemberment claim, please include:**

1. A fully completed and signed claim form by either *you*, or in the case of *your* death, by the appointed executor/executrix.
2. The police report including any witness statements.
3. The coroner's report.
4. The death certificate.
5. The Medical Certificate completed by the attending *physician* or hospital medical records.
6. Any other documents requested by TIC after initial review of the claim.

### **When submitting *your* Flight Accident claim, please include:**

1. A fully completed and signed claim form (completed by either *you*, or in the case of death, by the appointed executor/executrix).
2. A copy of flight itinerary.
3. A copy of incident report from airline or airport.
4. The Medical Certificate completed by the attending *physician* or *hospital* medical records.
5. The death certificate (in the event of death).

### **When submitting *your* Trip Cancellation & Interruption claim, please include:**

- a) **Trip Cancellation, Interruption and Delay**
  - i. A fully completed and signed claim form. Incomplete forms will be returned and will delay processing of *your* claim. Both *you* and the claimant (if other than *you*) must sign the Authorization and Certification.
  - ii. A Medical Certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.
  - iii. If cancellation is due to death, copy of death certificate.
  - iv. If cancellation is due to any reason other than *sickness*, *injury* or death, please contact the TIC Claims Department for detailed claims requirements.

- b) **Prior to Departure (in addition to the requirements for item a) above)**
  - i. Itemized copy of the invoice confirming the amount paid for *your trip*, including the cost of airfare, hotel, taxes, service fees and any other expenses.
  - ii. Proof of payment such as: a credit card statement, a copy of a cancelled cheque, or a copy of the official receipt issued by the travel agency.
  - iii. Statement of refund from the *travel supplier* or agent if applicable.
  - iv. Original unused airline tickets and any other original travel documentation (if *you* did not get a refund from any other source).
- c) **After Departure (in addition to the requirements for item a) above)**
  - i. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home.
  - ii. If only a change-fee was charged, receipt showing the amount charged.
  - iii. For an unused tour, a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary.
  - iv. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return.
  - v. Any other documentation to support *your* claim.

### **Important Note**

If an insured *trip* must be cancelled, the *travel supplier* or agent must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable, at the occurrence date of the Insured Risk that was the cause for cancellation, regardless of the date the *trip* is cancelled.

### **When submitting *your* Trip Interruption claim, please include:**

1. The Authorization and Certification signed by both the claimant and *you* (if *you* are not the claimant).
2. The original unused ticket (if applicable) and the passenger coupon of the new ticket purchased to return home, along with a receipt or credit card slip showing the amount paid.

### **In addition to the above:**

If the loss is due to *sickness* or *injury*, include a Medical Certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.

If cancellation is due to death, include a copy of the death certificate.

If the loss is due to disaster rendering *your* principal residence uninhabitable, please include a copy of police report, fire department incident report or insurance investigative report.

**When submitting *your* Baggage claim, please include:**

1. A completed and signed claim form with a brief explanation of the incident leading to the loss.
2. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts, photos, credit card statements, owners manuals, etc.
3. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability.
4. Copy of airline tickets and itinerary confirming departure and return dates.
5. Any other documents to support *your* claim.

**Important Note**

Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report. A police report is required in the event of stolen baggage or personal effects.

**When submitting *your* Rental Car Collision Damage Protection claim, please include:**

1. A copy of the driver's license of the person who was driving/operating the *automobile* at the time of the *accident/loss*.
2. A copy of the loss/damage report *you* completed with the *commercial rental agency*.
3. A copy of the police report is required when the loss results in damage or theft over \$1,000.
4. A copy of the itemized repair estimate, final itemized repair bill and parts invoices and original receipts for any repairs, which *you* may have paid.
5. A copy of the rental agreement from the *commercial rental agency*.

**Important Note**

In the event of *physical damage or loss* to a rental *automobile* for which coverage has been purchased, *you* must contact TIC within 48 hours.

## **STATUTORY CONDITIONS**

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Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.



**Administered by:**

TIC Travel Insurance Coordinators Ltd.  
2100 – 250 Yonge Street  
Toronto, Ontario, Canada M5B 2L7

**Underwritten by:**

Co-operators Life Insurance Company  
1920 College Avenue  
Regina, Saskatchewan, Canada S4P 1C4

**Property risks are underwritten by:**

The Sovereign General Insurance Company  
500 – 6700 Macleod Trail S.E.  
Calgary, Alberta, Canada T2H 0L3

## **EMERGENCY PROCEDURES**

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In the event of a medical *emergency*, *you* must notify TIC Emergency Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

### **Limits on Coverage**

If *you* fail to do so without reasonable cause, then TIC will reduce the benefits payable to *you* under this policy by 20%.

We are here to help. *Our* service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your trip*.

### **TIC EMERGENCY ASSISTANCE**

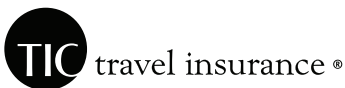
**Toll free Canada/USA: 1-800-995-1662**

**Toll free worldwide:**

**800-842-08420 or 00-800-842-08420**

If unable to contact *us* through the toll free numbers  
call collect: 416-340-0049

Contact us at [www.travelinsurance.ca](http://www.travelinsurance.ca) and initiate  
*your* claim and we will contact *you*.



### **TIC EMERGENCY ASSISTANCE**

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We are specialists in travel insurance; you can rest assured you will receive the best service available should you ever need it. Our Travel Assistance and Claims departments are able to provide you with emergency service anywhere in the world, day or night.



travel insurance®

WALLET CARD

**INSURED NAME(S)** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

**EFFECTIVE DATE** MM/DD/YYYY **EXPIRY DATE** MM/DD/YYYY \_\_\_\_\_

**PURCHASED FROM** \_\_\_\_\_

NAME OF AGENT

PLEASE CARRY THIS CARD WITH YOU.