

Allianz Global Assistance

# Travel Insurance



Global Assistance

Allianz 

Allianz Global Assistance (AGA) administers this policy. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

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

## **Right to Examine Policy**

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

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, provided **you** have not departed on **your trip** and a claim has not been incurred.

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## Important Notice

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Please read *your* policy carefully before *you* travel.

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- *Your* insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or symptoms that existed on or before *your* departure date or *effective date*. Check to see how this applies in *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.
- In the event of an *accident, injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- In the event of a medical emergency, *you* must notify AGA 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. Also notify AGA if *you* must cancel, interrupt or delay *your trip*, or *you* experience any *emergency*.  
Failure to notify AGA Emergency Assistance as required will delay the processing and payment of *your* claim and may limit the amount of *your* claim payment.
- *You* must meet the eligibility requirements of this policy at the time of application and each departure date. If *you* are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check *your* confirmation of coverage to ensure *you* have the coverage options *you* require. Payment will be limited to the coverage options *you* selected and paid for at the time of application. *You* will be responsible for any expenses that are not payable by the *insurer*.

### To help *you* better understand *your* policy

Key terms in this policy are printed in *bold italics* and are defined in the Definitions section on page 38.

### What am I covered for?

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.

## **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 are shown in **your** confirmation of coverage.

The benefits payable under this policy are limited to the travel costs that are non-refundable and/or non-transferable, to a maximum of the sum insured as indicated on **your** confirmation of coverage. **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 travel insurance representative.

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

Notify AGA as soon as possible in the event of an **emergency**.

To submit a claim under this policy, **you** will need to send a completed claim form (with all original bills attached) to AGA. Please take care in filling out the form, as any missing information may cause delay. See Claims Procedures on page 49 for details.

## **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 AGA's privacy policy, please contact **us** or visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## **What if my travel plans change?**

**You** must contact **your** insurance representative or AGA (during business hours) to make any changes to **your** insurance.

## **I want to stay longer. Can I extend my coverage?**

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

See Extending Your Trip on page 45 for details.

## **Travel Assistance**

**We** will use **our** best efforts to provide assistance for a medical **emergency** arising anywhere in the world. However, AGA, the **insurer**, 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 or territory's health plan for details.

# Insuring Agreement

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In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this policy, the **insurer** will pay the **reasonable and customary** costs for eligible expenses incurred during the **period of coverage**, up to the amounts specified in this policy, in excess of any **deductible** and the amount allowed and/or paid for by any other insurance plan(s).

Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by AGA.

**You** will be responsible for any expenses that are not payable by the **insurer**.

# Summary of Benefits

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## LIMITS

### Emergency Hospital & Medical Insurance for Canadians

Overall maximum ..... \$10 million  
Included in the overall maximum:

<b>Hospital</b> confinement and Medical Services .....	up to overall maximum
Chiropractor, osteopath, chiroprapist, podiatrist, acupuncturist or physiotherapist .....	\$500 per profession
Ambulance Services .....	up to overall maximum
Prescription Medication .....	up to a 30-day supply, to a maximum of \$1,000, except during hospitalization
Out-of-Pocket Expenses .....	\$3,500
Transportation of Family or Friend .....	\$3,000
Return of Vehicle or Watercraft .....	\$4,000
Return of Deceased .....	\$15,000
Cremation at place of death .....	\$4,000
Accidental Dental .....	\$4,000
Dental Emergency .....	\$500
Emergency Transportation .....	up to overall maximum
Attendant/Return of Travelling Companion .....	up to overall maximum
Pet Return .....	\$500
Return to Original Trip Destination .....	\$5,000
Trip-Break for Single-Trip Plans .....	up to 15 consecutive days
Identity Fraud Recovery .....	\$5,000

### Multi-trip Basic Plan

Coverage includes:  
Emergency Hospital & Medical for Canadians ..... \$10 million

**Refer to page 6 for details of coverage.**

**Multi-trip Select Plan**

**Option 1**

Coverage includes:

Emergency Hospital & Medical for Canadians ..... \$10 million

**Refer to page 6 for details of coverage.**

Flight Accident ..... \$100,000

**Refer to page 22 for details of coverage.**

**Option 2**

Coverage includes all benefits listed under Option 1 plus:

Trip Cancellation & Interruption

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

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

**Refer to page 24 for details of coverage.**

**Youth Plan**

Coverage includes:

Emergency Hospital & Medical for Canadians ..... \$10 million

**Refer to page 6 for details of coverage.**

Trip Interruption ..... \$1,500

**Refer to page 32 for details of coverage.**

Accidental Death & Dismemberment ..... \$50,000

**Refer to page 19 for details of coverage.**

Baggage ..... \$1,000

**Refer to page 36 for details of coverage.**

**All-inclusive Package Plan**

Coverage includes:

Emergency Hospital & Medical for Canadians ..... \$10 million

**Refer to page 6 for details of coverage.**

Trip Cancellation & Interruption ..... Select Plan

**Refer to page 24 for details of coverage.**

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

**Refer to page 19 for details of coverage.**

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

**Refer to page 22 for details of coverage.**

Baggage ..... \$500

**Refer to page 36 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 .....	\$15,000
Cremation at Place of Death .....	\$4,000
Out of Pocket Allowance .....	\$600

### Select Plan

Coverage includes all benefits listed under Basic Plan plus:

Meals and Accommodation .....	\$1,000
Delayed Baggage .....	\$200
Tour Operator .....	\$1,000
Accidental Death & Dismemberment .....	\$10,000

**Refer to page 19 for details of coverage.**

Flight Accident .....	\$50,000
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**Refer to page 22 for details of coverage.**

Baggage .....	\$500
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**Refer to page 36 for details of coverage.**

### Trip Interruption

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

Sum insured .....	indicated on confirmation of coverage
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Baggage .....	up to sum insured
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Personal Currency .....	\$100
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Wheelchair .....	\$100
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Injury of accompanying cat or dog .....	\$200
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Travel Documents .....	\$100
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## Emergency Hospital & Medical Insurance for Canadians

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### ELIGIBILITY

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

- a) be at least 15 days old and no more than 89 years old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire **period of coverage**; and
- c) not have been diagnosed with a **terminal** illness; or
- d) not have been diagnosed with stage 3 or 4 cancer; or have received **treatment** for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- e) not require assistance with **activities of daily living** as the result of a medical condition or state of health.



If **you** are age 60 or over, in addition to the preceding requirements, **you** are NOT eligible for coverage if, as of the date **you** apply for coverage and the **effective date**, **you**:

- a) have been prescribed or used home oxygen for a **lung/respiratory condition** during the previous 12 months; or
- b) had **your** most recent **heart surgery** more than 12 years ago or less than 6 months ago; or
- c) have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or
- d) have received or are awaiting a bone marrow or **major organ** transplant; or
- e) have been diagnosed with or received **treatment** for a kidney disease requiring dialysis; or
- f) have ever been diagnosed with an **auto-immune disorder**; or
- g) have ever been diagnosed with congestive heart failure.

### **Start of Coverage**

Coverage starts on the later of:

- a) the date and time the completed application is accepted by AGA 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 each **trip**.

### **Waiting Period**

If **you** purchase **your** policy after **you** have exited **your** province or territory of residence, any **sickness** that manifests itself during the first 48 hours after the **effective date** is not covered even if related expenses are incurred after the 48-hour waiting period.

### **End of Coverage**

Coverage ends on the earlier of:

- 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, the date **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 \$10 million per **insured person** for **reasonable and customary** costs incurred unexpectedly 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**.
2. This coverage may be purchased on a Single-trip or Multi-trip basis. Refer to **your** confirmation of coverage for the coverage **you** have selected.
3. 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.
4. 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.

### Limits on Coverage

5. The total **aggregate limit** for all losses resulting from any one incident under all travel health insurance policies underwritten by the **insurer** is \$20 million.
6. For **Canadian residents** not insured under a government health insurance plan, benefits are limited to 80% of the claim payable to a maximum of \$50,000. **You** will be responsible for the remaining 20% of the claim payable.
7. 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 44.

## 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.

If **you** incur a claim, **you** will need to provide proof of **your** date of departure from and return to **your** province or territory of residence.

### Multi-trip Basic Plan

The maximum number of days for each **trip** outside Canada under the Multi-trip Basic Plan is as shown on **your** confirmation of coverage and will be counted starting the day you exit Canada. **Trips** within Canada are limited only to the maximum number of days allowed by **your** provincial or territorial health insurance plan.

**Multi-trip Select Plan**

The maximum number of days for each *trip* outside Canada under the Multi-trip Select Plan is as shown on *your* confirmation of coverage and will be counted starting the day you exit Canada. *Trips* within Canada are limited only to the maximum number of days allowed by *your* provincial or territorial health insurance plan.

**Option 1**

Coverage includes:

- 1. Emergency Hospital & Medical for Canadians
- 2. Flight Accident ..... \$100,000  
**Refer to page 22 for details of coverage.**

**Option 2**

Coverage includes all benefits listed under Option 1 plus:

- 3. Trip Cancellation & Interruption
  - Prior to Departure ..... \$1,000
  - After Departure ..... \$2,000**Refer to page 24 for details of coverage.**

**YOUTH PLAN**

Coverage includes:

- 1. Emergency Hospital & Medical for Canadians
- 2. Trip Interruption ..... \$1,500  
**Refer to page 32 for details of coverage.**
- 3. Accidental Death & Dismemberment ..... \$50,000  
**Refer to page 19 for details of coverage.**
- 4. Baggage ..... \$1,000  
**Refer to page 36 for details of coverage.**

**ALL-INCLUSIVE PACKAGE PLAN**

Coverage includes:

- 1. Emergency Hospital & Medical for Canadians
- 2. Trip Cancellation & Interruption ..... Select Plan  
**Refer to page 24 for details of coverage.**
- 3. Accidental Death & Dismemberment ..... \$10,000  
**Refer to page 19 for details of coverage.**
- 4. Flight Accident ..... \$50,000  
**Refer to page 22 for details of coverage.**
- 5. Baggage ..... \$500  
**Refer to page 36 for details of coverage.**

## **BENEFITS**

### **1. Emergency Hospital**

The *insurer* agrees to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care 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 the following legally licensed practitioners for *treatment* of a covered *injury*:
  - i. chiropractor;
  - ii. osteopath;
  - iii. chiropodist;
  - iv. podiatrist;
  - v. acupuncturist;
  - vi. physiotherapist.

Not to exceed \$500 per profession.

- c) 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.
- d) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
- e) 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 AGA.
- f) *Emergency* out-patient services provided by a *hospital*.
- g) Drugs or medications that require a *physician's* written prescription, not exceeding a 30-day supply, to a maximum of \$1,000, except during hospitalization as an in-patient.

### **3. Out-of-Pocket Expenses**

The *insurer* agrees to reimburse up to a maximum of \$3,500 for the following expenses incurred by *you* or any *insured persons* remaining with *you* while *you* are hospitalized as an in-patient during the *period of coverage*:

- a) *commercial accommodation* and meals; and
- b) child care costs for *travelling companions* under age 18 or physically or mentally handicapped and reliant on *you* for assistance; and

- c) essential telephone calls; and
- d) in-hospital television rental; and
- e) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

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

The **insurer** agrees to pay 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) if:

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

Benefits are payable only when approved in advance by AGA.

In addition, the **insurer** agrees to reimburse up to a maximum of \$1,000 for the following expenses incurred by **your family member(s)** or close friend(s) after arrival:

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

Expenses must be supported by original receipts.

#### 5. **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 up to a maximum of \$4,000 for the cost of a commercial agency to return the **vehicle** or watercraft :

- a) to **your** province or territory of residence or to the nearest **commercial rental agency**, if **you** were travelling within continental North America; or
- b) the nearest **commercial rental agency** if **you** were travelling outside continental North America.

This benefit is payable only when approved in advance and arranged by AGA, and applies to one **vehicle** or watercraft only.

If travelling outside continental North America, this benefit applies to a rental vehicle only.

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

## 6. Return of Deceased (Repatriation)

In the event of **your** death due to a covered **sickness** or **injury**, the **insurer** agrees to reimburse:

- a) up to \$15,000 for costs incurred to prepare and return **your** remains in a standard transportation container to **your** permanent residence in Canada; or
- b) up to \$4,000 for cremation or burial of **your** remains at the place of death.

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

## 7. Dental

The **insurer** agrees to reimburse:

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

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

**Treatment** relating to any dental claim must begin within 48 hours 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.

**Treatment** must be performed by a legally qualified dentist or oral surgeon.

## 8. 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 airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by AGA.

## 9. Attendant / Return of Travelling Companion

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

- a) 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 **travelling companions** (under age 18, or physically or mentally handicapped and reliant on **you** for assistance) to their province or territory of residence; and
- b) 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

- c) 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.

Benefits are payable only when approved in advance and arranged by AGA.

#### 10. **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 up to \$500 for the cost of returning **your** accompanying dog or cat to Canada.

#### 11. **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**, the **insurer** agrees to reimburse up to a maximum of \$5,000 for a one-way economy flight to return **you** and one insured **travelling companion** to the original **trip** destination.

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

A subsequent recurrence or complication of the condition that resulted in **you** being returned home is excluded under this policy.

Benefits are payable only when approved in advance and arranged by AGA.

#### 12. **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. **You** must meet the eligibility requirements of this policy when **you** exit **your** province or territory of residence in order to continue **your** coverage.

#### 13. **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 AGA, 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.

**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.

#### 14. Automatic Extension of Coverage

- a) **Delay of Conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond **your** control, of the conveyance in which **you** are riding or are scheduled to ride as a passenger. The delay must occur prior to the coverage **expiry date** and the conveyance must be due to arrive prior to the coverage **expiry date**.

**Conveyance** means a vehicle, airline, bus, train, or government-operated ferry system.

- b) **Medically unfit to travel.** 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**. Any fees associated with changes to **your** travel plans are **your** responsibility.
- c) **Hospitalization.** Coverage will be automatically extended during the period of **hospital** confinement, plus 72 hours after release to travel home, if **you** are hospitalized at the end of **your trip** as a result of a covered **injury** or **sickness**. This coverage will be extended to **your travelling companion(s)** remaining with **you** when reasonable and necessary, under their respective AGA administered policy.

Additional premium will not be required for any automatic extension of coverage.



## SPECIFIC CONDITIONS

1. In the event of a medical **emergency**, **you** must notify AGA 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 AGA will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable.

**You** will be responsible for any expenses that are not payable by the **insurer**.

The **deductible** is shown on **your** confirmation of coverage.

2. AGA reserves the right, as reasonably required and at its expense, to transfer **you** to any **hospital** or to transport **you** to Canada following an **emergency**.

If **you** refuse to be transferred or transported when 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. **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 AGA, 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 AGA, 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**.

4. General Provisions of this policy apply. Refer to page 44.

## EXCLUSIONS

### EHM1 Pre-existing Conditions Exclusion

- a) If **you** are age 59 or under, benefits are not payable for costs incurred due to or resulting from **your** medical condition or related condition, other than a **minor ailment**, that was not **stable** at any time during the 90 days immediately before the **effective date**.
- b) If **you** are age 60 or over, depending on **your** answers to the medical questionnaire, benefits are not payable for costs incurred due to or resulting from **your** medical condition or related condition, other than a **minor ailment**:
  - i. that was not **stable** at any time during the 90, 180, or 365 days immediately before the **effective date**; or
  - ii. for which **you** received **treatment** at any time during the 365 days immediately before the **effective date**; or
  - iii. for which **you** received **treatment** at any time before the **effective date**.

Refer to **your** confirmation of coverage for the pre-existing conditions exclusion that applies to **you**.

**EHM2** Benefits are not payable for costs incurred due to any **treatment**, investigation or hospitalization which is a continuation of, or subsequent to, **emergency treatment** of a **sickness** or **injury**.

**EHM3** Benefits are not payable for costs or losses incurred while sane or insane due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide, attempted suicide; or
- c) **your** intentional self-inflicted injury.

**EHM4** Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
- b) elective treatment; or
- c) pregnancy, childbirth or complications thereof after the 31<sup>st</sup> week of pregnancy; or
- d) **high-risk pregnancy**; or
- e) a child born during a **trip**.

**EHM5** Benefits are not payable for costs incurred due to loss, death or **injury**, if at the time of the loss, death or **injury**, evidence supports that the medical condition causing the loss was in any way contributed to by:

- a) **your** abuse of alcohol; or
- b) **your** use of prohibited drugs or any other intoxicant; or
- c) **your** non-compliance with prescribed **treatment** or medical therapy before or after the **effective date**; or

- d) **your** use of medication or drugs that have not been approved by the appropriate government authority; or
- e) **your** misuse of medication.

**EHM6** Benefits are not payable for costs incurred due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) **professional** sport activities; or
- d) **high-risk activities**.

**EHM7** Benefits are not payable for costs incurred due to **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, except when such benefits are exhausted.

**EHM8** Benefits are not payable for costs incurred due to any **sickness**, **injury** or medical condition for which a diagnosis need not have been made when a **trip** is undertaken for the purpose of securing medical **treatment**.

**EHM9** Benefits are not payable for costs incurred due to **your** travelling against the advice of a **physician** or any loss resulting from **your sickness** or medical condition that was diagnosed by a **physician** as **terminal** prior to the **effective date** of this policy.

**EHM10** Benefits are not payable for costs incurred due to 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 AGA.

**EHM11** Benefits are not payable for costs incurred due to 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.

**EHM12** Benefits are not payable for costs incurred due to any **medical consultation** that is non-**emergency**, elective or the consequence of a prior elective procedure.

**EHM13** Benefits are not payable for costs incurred due to any rehabilitation or convalescent care.

**EHM14** Benefits are not payable for costs incurred due to dental or cosmetic surgery.

**EHM15** Benefits are not payable for costs incurred due to naturopathic or holistic **treatment**.

**EHM16** Benefits are not payable for costs that exceed the **reasonable and customary** rate for the area where the **treatment** or services are being performed.

**EHM17** Benefits are not payable for costs incurred due to **treatment** or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

**EHM18** Benefits are not payable for costs incurred due to any *lung/respiratory condition* if *you* have been prescribed or used home oxygen or prednisone for a *lung/respiratory condition* in the 12 months before the *effective date*.

**EHM19** Benefits are not payable for costs incurred due to any *heart condition* if *you* were diagnosed with or had an episode of congestive heart failure before the *effective date*.

**EHM20** Benefits are not payable for costs incurred due to any *heart condition* if *your* most recent *heart surgery* was more than 12 years or less than 6 months before the *effective date*.

**EHM21** Benefits are not payable for costs incurred due to any *heart condition* if *you* have been prescribed or used nitroglycerine in any form for a *heart condition* in the 12 months before the *effective date*.

**EHM22** Benefits are not payable for costs incurred due to any *auto-immune disorder* which was diagnosed before the *effective date*.

**EHM23** Benefits are not payable for costs incurred due to any kidney disease requiring dialysis before the *effective date*.

**EHM24** Benefits are not payable for costs incurred due to an unrepaired aneurysm 4 cm or greater, measured in either length or diameter, which was diagnosed before the *effective date*.

**EHM25** Benefits are not payable for any *sickness* related to or due to any bone marrow or *major organ* transplant, or the need thereof.

**EHM26** Benefits are not payable for costs incurred due to any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) for which *you* received *treatment* in the 3 months before the *effective date*.

**EHM27** Benefits are not payable for costs incurred due to any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is related to or due to the reason for the warning.

**EHM28** Benefits are not payable for costs incurred due to 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.

**EHM29** Benefits are not payable for costs incurred due to any:

- a) *act of war*; or
- b) kidnapping; or
- c) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

**EHM30** Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

**EHM31** Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

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

**EHM32** Benefits are not payable for costs incurred due to 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 no more than 89 years old as of the **effective date**; and
- b) be travelling on a **trip** to, from, or within Canada.

### **Start of Coverage**

Coverage starts on the later of:

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

### **End of Coverage**

Coverage ends on the earlier of:

- a) the date and time **you** arrive in **your** province or territory of residence; or
- b) the date indicated as the **expiry date** on the confirmation of coverage.

## DESCRIPTION OF COVERAGE

Subject to the policy terms and conditions, the *insurer* agrees to pay up to a maximum of the sum insured indicated on *your* 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.

### Limits on Coverage

The total *aggregate limit* for all losses under Accidental Death & Dismemberment 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 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

**ADD1** Benefits are not payable for losses while sane or insane due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide or attempted suicide; or
- c) **your** intentional self-inflicted injury.

**ADD2** Benefits are not payable for losses due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

**ADD3** Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

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

**ADD4** Benefits are not payable for 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:

- a) **your** abuse of alcohol; or
- b) **your** use of prohibited drugs or any other intoxicant; or
- c) **your** non-compliance with a prescribed **treatment** or medical therapy; or
- d) **your** misuse of medication.

**ADD5** Benefits are not payable for losses due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) **professional** sport activities; or
- d) **high-risk activities**.

**ADD6** Benefits are not payable for losses incurred while being the occupant of an aircraft, either as passenger or crew, or while boarding or alighting from an aircraft.

**ADD7** Benefits are not payable for losses due to 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 no more than 89 years old as of the **effective date**; and
- b) travelling on a **trip** to, from, or within Canada.

## Start of Coverage

Coverage starts on the later of:

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

## End of Coverage

Coverage ends on the earlier of:

- a) the date indicated as 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

Subject to the policy terms and conditions, the **insurer** agrees to pay up to a maximum of the sum insured indicated on **your** 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**.

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

## Limits on Coverage

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**

**FAC1** Benefits are not payable for losses while sane or insane due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide or attempted suicide; or
- c) **your** intentional self-inflicted injury.

**FAC2** Benefits are not payable for losses due to any:

- a) **act of war**; or
- b) kidnapping; or

- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

**FAC3** Benefits are not payable for losses due to the participation by **you**, a **family member** or **travelling companion** in:

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

**FAC4** Benefits are not payable for 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:

- a) **your** abuse of alcohol; or
- b) **your** use of prohibited drugs or any other intoxicant; or
- c) **your** non-compliance with a prescribed **treatment** or medical therapy; or
- d) **your** misuse of medication.

**FAC5** Benefits are not payable for losses due to 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 no more than 89 years old as of the **effective date**; 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.

## Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by AGA or its representative; or
- b) the date indicated as the effective date on **your** confirmation of coverage.

For Multi-trip Plans, Prior to Departure coverage starts on the date **you** make the initial non-refundable payment for **your trip**.

For After Departure benefits, coverage starts on the date of departure.

## End of Coverage

Coverage ends on the earlier of:

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

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.

### Limits on Coverage

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. The total **aggregate limit** for all losses resulting from the **default** of one **travel supplier** is \$1 million. The total **aggregate limit** for all losses resulting from all **defaults** of all **travel suppliers** during any one calendar year is \$3 million.

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

### **a) Trip Cancellation (Prior to Departure)**

- i. Benefits are payable for the non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements.
- ii. Benefits are payable for 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) Trip Interruption (After Departure)**

- i. Benefits are payable for 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. Benefits are payable for 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 \$15,000 will be payable 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) Missed Connection (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; and
- 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**

If *your trip* is interrupted or delayed beyond the *expiry date* shown in *your* 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**

If *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 rescheduled 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.

### **4. Accidental Death & Dismemberment**

\$10,000 sum insured.

**Refer to page 19 for details of coverage.**

### **5. Flight Accident**

\$50,000 sum insured.

**Refer to page 22 for details of coverage.**

### **6. Baggage**

\$500 sum insured.

**Refer to page 36 for details of coverage.**

## **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*; or

b) a *family member*; or

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.

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

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 travelling 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 when 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.
4. When **travelling companions** are travelling together, the total **aggregate limit** is 5 **insured persons**, regardless of the number of policies issued.
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; or
  - 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 44.

## EXCLUSIONS

### CANX1 Pre-existing Conditions Exclusion

**If the Trip Cancellation sum insured purchased is \$15,000 or less:** Benefits are not payable for costs incurred due to any **pre-existing medical condition** of **you**, **your** friend, 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:** Benefits are not payable for costs incurred due to any **pre-existing medical condition** of **you**, **your** friend, 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** Benefits are not payable for losses while sane or insane due to:

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

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

**CANX3** Benefits are not payable for costs incurred due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** including those caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.



**CANX4** Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

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

**CANX5** Benefits are not payable for costs incurred due to 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:

- a) use or abuse of alcohol; or
- b) use of prohibited drugs or any other intoxicant; or
- c) non-compliance with a prescribed **treatment** or medical therapy; or
- d) misuse of medication.

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

**CANX6** Benefits are not payable for costs incurred due to 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** Benefits are not payable for costs incurred due to any **medical consultation** that is non-**emergency** or any procedure or **treatment** that is elective or the consequence of a prior elective procedure.

**CANX8** Benefits are not payable for costs incurred due to 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** Benefits are not payable for costs incurred due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) **professional** sport activities; or
- d) **high-risk activities**.

**CANX10** Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
- b) elective treatment; or
- c) pregnancy, childbirth or complications thereof after the 31<sup>st</sup> week of pregnancy; or
- d) **high-risk pregnancy**; or
- e) a child born during a **trip**.

**CANX11** Benefits are not payable for costs incurred due to 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.

**CANX12** Benefits are not payable for costs incurred due to loss for any event prior to departure, which might reasonably have been expected to necessitate **your** immediate return or delay **your** return.

**CANX13** Benefits are not payable for costs incurred due to loss for any event which, on the **application date**, could reasonably have been expected to prevent **you** from travelling as booked.

**CANX14** Benefits are not payable for costs incurred due to losses recovered or which are recoverable from any other source, including trustees or any government or industry compensation fund.

**CANX15** Benefits are not payable for costs incurred due to 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.

**CANX16** Benefits are not payable for costs incurred due to 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.

**CANX17** Benefits are not payable for costs incurred due to 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.

**CANX18** Benefits are not payable for costs incurred due to losses arising from **default** of a **travel supplier** for travel services you purchased directly from the **travel supplier**.

**CANX19** Benefits are not payable for costs incurred due to 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.

**CANX20** Benefits are not payable for costs incurred due to 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 no more than 89 years old as of the **effective date**; and
- b) scheduled to travel on a **trip** to, from, or within Canada.

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

## Start of Coverage

Coverage starts on the later of:

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

## End of Coverage

Coverage ends on the earlier of:

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

## DESCRIPTION OF COVERAGE

Subject to the policy terms and conditions, the **insurer** agrees to pay up to a maximum of the sum insured indicated on **your** 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.
2. The **sickness, injury** or death of **your family member**, or a **travelling companion**, or a **travelling companion's family member**, or a **key employee**.
3. A disaster which renders **your** principal residence, in **your** country of permanent residence, uninhabitable.
4. **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

### TRIP1 Pre-existing Conditions Exclusion

Benefits are not payable for costs incurred due to 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 date **you** made the initial non-refundable payment for **your trip** or the date of any change to the sum insured.

**TRIP2** Benefits are not payable for costs or losses while sane or insane due to:

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

**TRIP3** Benefits are not payable for costs incurred due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** including those caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

**TRIP4** Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
- b) armed forces activities; or
- c) a commercial sexual transaction; or

- d) the commission or attempted commission of any criminal offence; or
- e) the contravention of any statutory law or regulation in the area where the loss occurred.

**TRIP5** Benefits are not payable for costs incurred due to 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:

- a) use or abuse of alcohol;
- b) use of prohibited drugs or any other intoxicant; or
- c) non-compliance with a prescribed *treatment* or medical therapy; or
- d) misuse of medication.

**TRIP6** Benefits are not payable for costs incurred due to 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** Benefits are not payable for costs incurred due to any *medical consultation* or *treatment* that is non-emergency, elective or the consequence of a prior elective procedure.

**TRIP8** Benefits are not payable for costs incurred due to 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** Benefits are not payable for costs incurred due to *injury* resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities;
- c) *professional* sport activities; or
- d) *high-risk activities*.

**TRIP10** Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
- b) elective treatment; or
- c) pregnancy, childbirth or complications thereof after the 31<sup>st</sup> week of pregnancy; or
- d) *high-risk pregnancy*; or
- e) a child born during a *trip*.

**TRIP11** Benefits are not payable for costs incurred due to 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*.

**TRIP12** Benefits are not payable for costs incurred due to any event that occurred prior to departure, for which it is reasonable to expect that *you* would have to return early from *your trip*.

**TRIP13** 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.

### Start of Coverage

Coverage starts on the later of:

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

### End of Coverage

Coverage ends on the earlier of:

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

## DESCRIPTION OF COVERAGE

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

### 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

### 1. Personal Effects

The *insurer* agrees to reimburse for items for the personal use, adornment or amusement of **you** or any of **your family members** who are travelling with **you**.

### 2. Personal Currency

The *insurer* agrees to reimburse up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.

### 3. Wheelchair

The *insurer* agrees to reimburse up to \$100 for repairs or rental replacement of **your** wheelchair (or standard special features) if the wheelchair is rendered inoperable due to damage resulting during normal usage.

### 4. Injury of Accompanying Cat or Dog

The *insurer* agrees to reimburse up to \$200 for emergency care due to unexpected *injury* of an accompanying cat or dog.

### 5. Travel Documents

The *insurer* agrees to reimburse 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

**BAG1** Benefits are not payable for costs incurred due to any:

- a) *act of war*; or
- b) kidnapping; or
- c) *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

**BAG2** Benefits are not payable for costs incurred due to the participation by **you**, a *family member* or *travelling companion* in:

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

**BAG3** Benefits are not payable for costs incurred due to normal wear and tear, deterioration, moths or vermin.

**BAG4** Benefits are not payable for loss of or damage to:

- a) contact lenses; or
- b) prescription eye glasses; or
- c) artificial teeth and limbs; or
- d) hearing aids; or
- e) forms of money and currency (except as provided under Personal Currency); or
- f) securities; or
- g) tickets; or
- h) credit cards; or
- i) statuary; or
- j) paintings; or
- k) fragile or brittle objects; or
- l) objects of art or antiques; or
- m) animals (except as specifically provided for cat or dog).

**BAG5** Benefits are not payable for costs incurred due to theft from an unattended vehicle unless it was securely locked and there was visible evidence of forced entry.

**BAG6** Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

## Definitions

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

**Act of terrorism** means an act, including but not limited to 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 any of the following:

- a) eating;
- b) bathing;
- c) using the toilet;



- d) changing positions (including getting in and out of a bed or chair);
- e) dressing.

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

**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**.

**Auto-immune disorder** includes acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV), Grave's disease, Lou Gehrig's disease, multiple sclerosis, myasthenia gravis, sarcoidosis any location, scleroderma, systematic lupus erythematosus.

**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 accommodation** means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction.

**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.

**Deductible** means the dollar amount for which **you** are responsible before any remaining eligible expenses are reimbursed under this insurance. **Your** deductible is indicated on **your** confirmation of coverage and applies to each claim.

**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) born before the **trip**; and
- b) financially dependent on **you**; and
- c) at least 15 days old and no more than 21 years old.

**Effective date** means the later of:

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

If **you** purchase a Multi-trip Plan after **you** have exited **your** province or territory of residence, effective date means the date indicated as the effective date on **your** confirmation of coverage.

For Trip Cancellation & Interruption Prior to Departure benefits, effective date means the date **you** make the initial non-refundable payment for **your trip**.

If **you** purchase **your** policy after **you** have exited **your** province or territory of residence, any **sickness** that manifests itself during the first 48 hours after the **effective date** is not covered even if related expenses are incurred after the 48-hour waiting period.

**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 **your trip** or return to **your** place of ordinary residence in Canada.

**Expiry date** means the earlier of:

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

**Family member** means **your 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.

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

**Heart surgery** includes ablation, angioplasty, heart bypass operation, implanted defibrillator, implanted pacemaker, valve replacement (repair), valvuloplasty.

**High-risk activity(ies)** includes skiing or snowboarding out of bounds, 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 emotional disorders.

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

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

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

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

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

**Major organ** means heart, kidney, liver, or lung.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for a *sickness, injury* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and during 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 between check-ups or were found during the check-up.

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

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

**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.

**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.

**Professional** means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

**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 paid 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.

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

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

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

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

The following are also considered stable:

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

**Terminal** applies to a 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 and for which coverage is in effect.

**Vehicle** means a private passenger automobile, station wagon, pickup truck or minivan that is used exclusively for the transportation of passengers; and is either owned or rented by **you**.

For the Return of Vehicle benefit under Emergency Hospital & Medical Insurance, vehicle also means a motorhome or a camper unit that is either owned or rented by **you** where:

- a) motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- b) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

**We, us** and **our** means CUMIS General Insurance Company, a member of The Co-operators group of companies and/or AZGA Service Canada Inc. o/a Allianz Global Assistance (AGA).

**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**.

### 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 AGA administered 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 AGA at the time of application, and indicated on **your** confirmation of coverage.

Any benefits payable do not include interest charges.

Benefits payable as a result of **your** death will be payable to **your** named beneficiary or to **your** Estate.

### Claim Submission

You or the claimant, if other than you, shall be responsible for providing AGA with the following:

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

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.

**AGA 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 AGA.

### **Coordination of Benefits**

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

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

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, until such benefits are exhausted.

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

If **you** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, AGA will not coordinate benefits with that provider, except in the event of **your** death.

### **Currency**

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

### **Extending Your Trip**

If **you** decide to apply for additional coverage before **you** have left **your** province or territory of residence, contact the agent where coverage was originally purchased.

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

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

If **you** have incurred a claim, **we** will review **your** file before deciding on granting an extension.

Each policy or term of coverage is considered a separate contract.

AGA reserves the right to decline any request for new terms of coverage.

### **General Terms**

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

### **Governing Law**

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

### **Language**

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

### **Limit on Liability**

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

### **Limitation of Action**

Every action or proceeding against the insurer for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the Insurance Act or any other applicable legislation.

### **Misrepresentation or Nondisclosure**

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

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

### **Premiums**

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for **your** age on the effective date of this policy as indicated on **your** confirmation of coverage.

A family rate is available for Emergency Hospital & Medical Single-trip and Multi-trip Plans. Family includes the applicant, age 59 and under, no more than one additional adult *family member* age 59 and under, and *dependent*



**children.** The premium for family coverage is calculated at two and a half (2.5) times the premium for the eldest adult age 59 and under.

### **Rights of Examination**

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

### **Right to be Reimbursed (Subrogation)**

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.

## **Premium Refunds**

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A full refund will be provided for policies which are returned within 10 days of purchase, provided **you** have not departed on **your** trip and a claim has not been incurred, as described in the section titled Right To Examine Policy.

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 payable 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;

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

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

1. a fully completed and signed Refund Request Form; and
2. a copy of **your** confirmation of coverage; and
3. any other documentation to support **your** refund request.

#### **Important Note**

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

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 \$20 will not be issued.

## Claims Procedures

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Claims forms are available by calling **our** Claims Department.

### SEND YOUR CLAIMS TO:

#### Allianz Global Assistance Claims Department

250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

Collect worldwide: 416-340-8809

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

1. **Notice of Claim.** Claims must be reported within 30 days of occurrence.
2. **Proof of Claim.** Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are **your** or the claimant's responsibility.
4. To submit **your** claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
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. Completed appropriate provincial government health insurance plan forms; see claim form for details.
4. For Multi-trip Plans, proof of original departure from and return to **your** province or territory of residence.
5. Any other documentation that may be required and/or requested by AGA.

### Important Note

In the event of a medical **emergency**, AGA must be notified within 24 hours of admission to **hospital** and before any surgery is performed.

### Limits on Coverage

If **you** fail to notify AGA without reasonable cause, then AGA will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable.

**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 AGA 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.

**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 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.

## **Statutory Conditions**

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Despite any other provision contained in the contract, 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.

#### **Administered by:**

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

250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

#### **Underwritten by:**

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

## Emergency Procedures

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

### Limits on Coverage

If *you* fail to notify AGA without reasonable cause, then AGA will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

*We* are here to help. *Our* service is available 24 hours a day, 7 days a week. AGA 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*.

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

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

**Toll-free worldwide: 00-800-842-08420 or  
Country code + 800-842-08420**

If unable to contact *us* through the toll-free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from *your* destination prior to departure.

Underwritten by CUMIS General Insurance Company,  
a member of The Co-operators group of companies,  
and administered by Allianz Global Assistance.

Cut along dotted line to remove wallet card



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# About Allianz Global Assistance

Allianz Global Assistance is one of the largest travel insurance and assistance services providers in Canada, with offices in Kitchener, Toronto, Montreal and Vancouver. We're everywhere you go and proud to be part of the world's largest travel insurance and assistance company, operating in 34 countries around the globe.

In an emergency, our knowledgeable, caring and dedicated assistance team is ready to help at any time, in virtually any language, nearly anywhere in the world. From answering questions to taking care of you during a claim, we're here to help at every stage of your journey so you can enjoy a worry-free travel experience.

## How can we help?

Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

1Ab062PL-1115

Cut along dotted line to remove wallet card



Insured Name(s) \_\_\_\_\_

Policy # \_\_\_\_\_

Effective Date MM/DD/YYYY      Expiry Date MM/DD/YYYY

Purchased From \_\_\_\_\_  
(name of travel insurance representative)

Please carry this wallet card with you.