Cancel For Any Reason Waiver

for individual traveller cancellations

When you purchase the TuGo “Explorer” insurance package within 10 days of the initial deposit/payment for your Trip, you also receive the WorldStrides Canada Inc. Cancel For Any Reason Waiver benefit. This waiver allows you to cancel your WorldStrides Canada travel arrangements more than 2 days before your scheduled departure **for any reason**. With this WorldStrides Canada Cancel For Any Reason Waiver, 75% of your non-refundable cancellation fees will be refunded in cash.

Please Note: This Cancel For Any Reason Waiver does not cover penalties associated with air or other travel arrangements not provided by WorldStrides Canada. Any benefit payable under this Cancel For Any Reason Waiver will be reduced by the amount of any cancellation benefits paid or payable by the TuGo “Explorer” package or any other insurance plan providing Trip Cancellation benefits.

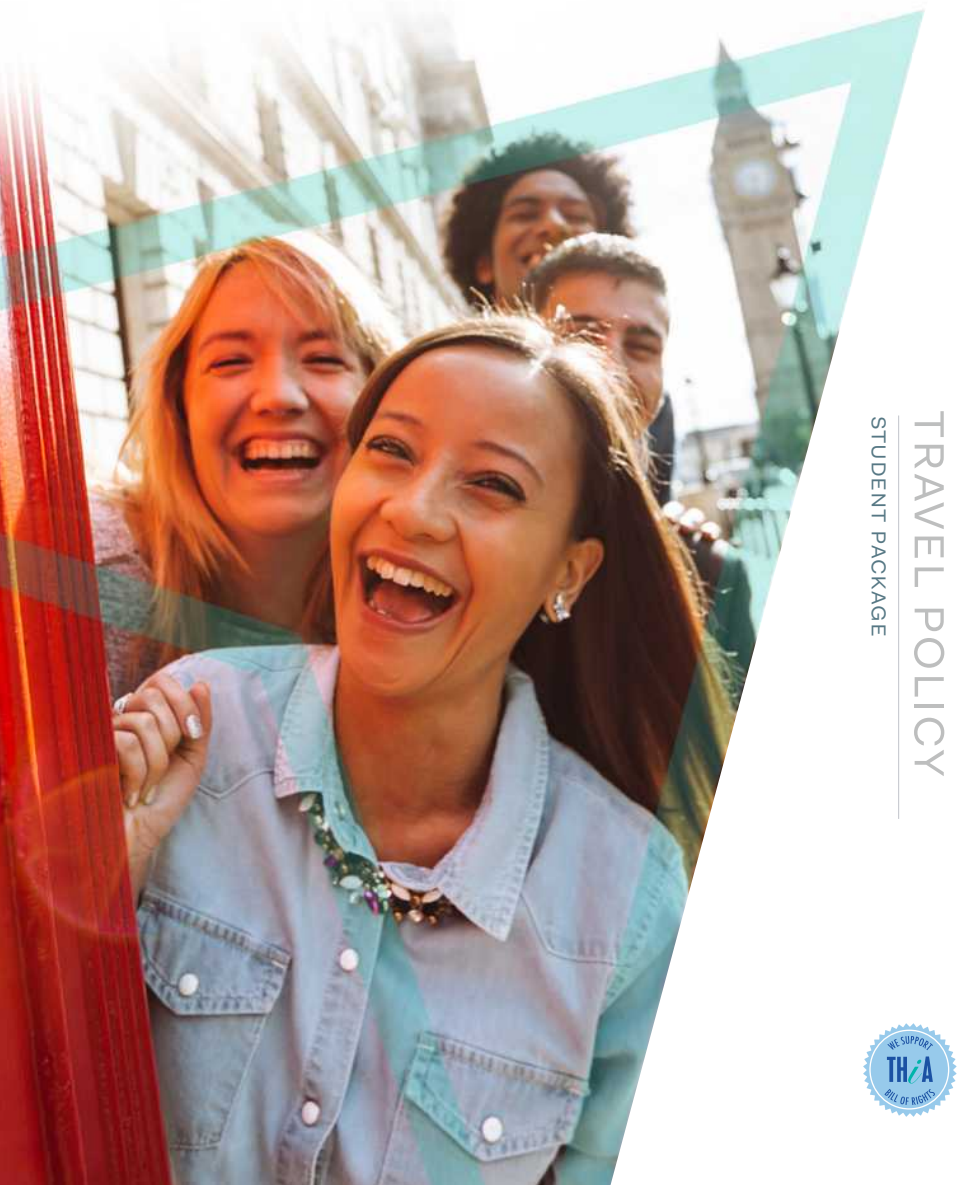
This Cancel For Any Reason Waiver is provided by WorldStrides Canada and is not an insurance benefit provided by TuGo or their designated underwriters.

To file a Cancel For Any Reason (CFAR) claim, please contact TuGo to open a Trip Cancellation claim, or visit www.tugo.com/claims.

TuGo will contact WorldStrides Canada once the claim is processed, informing WorldStrides Canada of any cancellation benefits to be paid out. WorldStrides Canada will then process the CFAR claim for 75% of the non-refundable cancellation fees, less any TuGo paid cancellation benefits.

Explorer

TuGo® Travel Insurance



TRAVEL POLICY

STUDENT PACKAGE

WE SUPPORT THIA BILL OF RIGHTS

ABOUT US

North American Air Travel Insurance Agents Ltd. doing business as TuGo® is a licensed insurance agency in all Canadian provinces and territories.

TuGo is a third-party administrator of travel insurance products and services. We develop and administer a variety of travel insurance plans for Canadian business and leisure travellers, visitors to Canada and international students.

OneWorld Assist Inc. doing business as Claims at TuGo® is our claims and assistance provider and performs all assistance services and administers claims on our behalf under this policy. Claims at TuGo provides ISO 9001:2015 certified service.

At TuGo, our mission is to help travellers have better experiences. TuGo specializes in products and services that enhance and enable travel. Founded in 1964, TuGo understands its customers' needs and is driven to provide top-rated service how, when and where its customers want it.

Our address is 1200 - 6081 No.3 Road, Richmond, BC V6Y 2B2 Canada



TuGo is a proud member of The Travel Health Insurance Association (THIA). Travel insurance is designed to give all travellers the ability to protect themselves against unexpected medical costs and other expenses associated with the cancellation, interruption or delay of travel arrangements. The Travel Health Insurance Association (THIA) has developed a Travel Insurance Bill of Rights and Responsibilities to ensure travellers know what to expect from their travel insurance policies along with responsibilities they have when purchasing travel insurance. The Travel Insurance Bill of Rights and Responsibilities builds upon the following golden rules of travel insurance:

- Know your health
- Know your trip
- Know your policy
- Know your rights

For more information, visit **thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html**

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance policy – what's next? *We* want *you* to understand (and it is in *your* best interests to know) what *your* policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and *emergencies* and typically not *follow-up* or recurrent care).
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions (i.e. *pre-existing medical conditions* that are not *stable*, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase. It is *your* responsibility to review the *pre-existing medical condition* exclusions and stability requirements, understand how they apply to *you* and how they relate to *your* departure date, date of purchase and/or effective date.
- In the event of a claim, *your* prior medical history may be reviewed.
- If *you* have been asked to complete a Medical Questionnaire and any of *your* answers are not accurate or complete, an extra deductible may apply.
- If *your* health changes after *you* have purchased *your* insurance, *you* are not required to call to update *your* Medical Questionnaire (if applicable) or modify *your* application. However, *your* health change may affect *your* coverage for *pre-existing medical conditions* and *you* may choose to contact us to review *pre-existing medical condition* coverage and discuss whether other coverage options are available.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CONTACT *US* OR VISIT **tugo.com**.

PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL.

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

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section on page 38 for details.

INTRODUCTION

Thank you for choosing TuGo. Be sure to review *your* policy wording and Policy declaration before *you* travel. These documents also have important contact information, if *you* need *emergency* assistance while *you*'re away. In case *you* don't have access to the internet while travelling, *we* recommend that *you* save or download a copy of this policy wording before leaving on *your* trip. Or alternatively, *you* can print the Contact Us section of this Policy. For printing instructions, see below.

Before *you* go, take note of these exclusive services:

TuGo Telemedicine powered by 1.800MD®

Visiting the USA? If *you* aren't feeling well and would like to seek medical advice, but don't think a clinic or *hospital* visit is necessary, *you* can access our convenient, prompt, and comprehensive telemedicine service* instead! Call toll-free at 1-866-419-9038 to be connected with a certified *physician*, who can provide consultation and a recommended *treatment* over the phone. *You* can even get *your* resulting prescription sent instantly to a pharmacy near *you*! More details at **tugo.com**.

* TuGo Telemedicine is only available for travel within the USA. Subject to policy terms and conditions.

TuGo® Wallet app

For quick access to *our emergency* medical assistance phone numbers while travelling, download the "TuGo Wallet" app to *your* phone or tablet. More details at **https://www.tugo.com/en/tugo-wallet/**.

Printing instructions:

To reduce the number of pages, configure *your* print setup to landscape orientation and select 2-sided printing with 2 pages per sheet or "booklet printing". If *you* only need to print certain pages, *you* can choose to just print the current page in view, or a range of pages (i.e. 1-4, 1-10, etc.).

Safe Travels!



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CONTACT INFORMATION

Contact *us* anytime by phone or online at **https://www.tugo.com/en/company/contact-us/**.

Dialing instructions vary by country. *We* recommend that *you* save or download the policy wording or print a copy of this page and the international access codes on page 2 before *you* leave on *your* trip.

Our global toll-free service from outside North America and Mexico listed below may not be accessible from all countries. *We* also accept collect calls, but many countries have discontinued this service.

Alternatively, *you* can call *us* direct at +1-604-278-4108 and *we*'ll reimburse the charges incurred for making this call.

Claims/Hospitalization

In the event of *hospitalization*, call *us* immediately:

From Canada & USA
1-800-663-0399

From Mexico
001-800-514-9976 or
800-681-8070

Outside N. America & Mexico (global toll-free)*
800-663-00399

Worldwide (collect)**
604-278-4108

Notice to Insured, Physicians & Hospitals

In the event of a medical *emergency* due to a *medical condition* which may require or result in *hospitalization*, contact *us* as soon as possible.

Customer Service During Business Hours

To speak with Customer Service, simply call *us*:

From Canada & USA
1-855-929-8846

From Mexico
001-800-514-9976 or
800-681-8070

Outside N. America & Mexico (global toll-free)*
800-663-00399

Worldwide (collect)**
604-276-9900

*To use the global toll-free service from outside North America and Mexico, dial the international access code shown on page 2 for the country *you*'re in, then enter *our* 11-digit toll-free number (for example, if *you* are in Australia, dial 0011 + 800-663-00399).

**To call *us* collect, contact the local operator, and let them know *you*'d like to make a collect call to Canada and provide *our* number:

- For customer service, call 604-276-9900
- For claims and *hospitalizations*, call 604-278-4108

International Access Codes

This list of access codes is not comprehensive. Codes may not be available from certain phone providers and are subject to change. For the most up-to-date list of access codes, please use the **TuGo® Wallet** app or visit **tugo.com/claims**.

Argentina	00
Australia	0011
Austria	00
Belarus	810
Belgium	00
Brazil	0021
Bulgaria	00
China	00
Colombia	005
Costa Rica	00
Cyprus	00
Czech Republic	00
Denmark	00
Estonia	00
Finland	990
France	00
Germany	00
Hong Kong	001 or 006
Hungary	00
Iceland	00
Ireland	00
Israel	00 or 014
Italy	00
Japan	010 or 0061+010 or 001+010 or 0033+010
Latvia	00
Luxembourg	00
Macau	00
Malaysia	00
Netherlands	00
New Zealand (Aotearoa)	00
Philippines	00
Poland	00
Portugal	00
Russia	810
Singapore	001
Slovenia	00
South Africa	00
South Korea	001 or 002 or 008
Spain	00
Sweden	00
Switzerland	00
Taiwan	00
Thailand	001
United Kingdom	00
Uruguay	00

10-DAY FULL REFUND PROVISION

You have 10 days starting from the *application date* of the Policy to review this Policy to ensure it meets *your* Insurance needs. A full refund is available provided no travel has taken place and the Policy has not expired.

To cancel *your* Policy, *you* must contact *your* agent or *us* during business hours. The request must be received no later than 10 days starting from the *application date* of the Policy.

Other refunds may be available, please refer to the Refunds section.

SCHEDULE OF BENEFITS

The following plans are included in *your* insurance package:

COVERAGE		MAXIMUM LIMITS PER *INSURED*
Emergency Medical		$5,000,000
Trip Cancellation & Trip Interruption	Trip Cancellation	*Trip* cost*
	Trip Interruption (includes missed connection and travel delay)	*Trip* cost** or up to the benefit limit specified
Accidental Death and Dismemberment		$25,000
Baggage		$3,000

*The maximum *trip* cost for trip cancellation is $15,000.
**The maximum *trip* cost for trip interruption is $15,000.

INSURING AGREEMENT

You will become insured once *you* have:

a Completed the online application provided by *us* or *your* agent, and
b Paid the premium in full for the selected coverage; and
c Received a policy number and Policy declaration.

This policy wording along with *your* Policy declaration become *your* insurance contract.

We will provide Insurance for the coverage *you* have paid for according to the terms and conditions as detailed in this policy wording. Refer to each applicable plan for details on the coverage *you* have purchased insurance for.

All the limits of Insurance under each benefit are *aggregate limits* per *insured*, per trip, unless otherwise stated.

ELIGIBILITY

At the time of application, *you* are eligible for coverage if:

1 *You* have booked and paid for *your trip*.

2 *You* are a *Canadian resident*.

3 *You* are not travelling against a *physician* or other registered medical practitioner's advice.

4 *You* have not been diagnosed with a *terminal condition*.

5 *You* are not receiving palliative care or palliative care has not been recommended.

PERIOD OF COVERAGE

Applicable to Emergency Medical Insurance

Coverage commences on the later of:

1 The date and time *you* depart from *your* province/territory of residence or Canada; or,
2 The effective date of the Policy.

Coverage terminates on the earliest of the following:

1 At 11:59 PM on the expiry date of the Policy; or,
2 On the date and time when *you* return to *your* province/territory of residence, except as outlined below:

   One temporary visit to *your* province/territory of residence, is permitted during *your* period of coverage provided the temporary visit is unexpected or beyond *your* control; *your* Policy will not terminate, however *you* will not be covered while in *your* province/territory of residence. There will be no refund for the number of days *you* spend in *your* province/territory of residence.

Applicable to Trip Cancellation Insurance

Coverage commences on the *application date* of the Policy and terminates on the earlier of:

1 The date of the cause of cancellation before *your departure date*; or,
2 At 11:59 PM on the day before *your departure date*.

Applicable to Trip Interruption Insurance

Coverage commences on the *departure date* and terminates on the earlier of:

1 The date *you* return to *your departure point*; or,

2 At 11:59 PM on the expiry date of the Policy, as shown on the Policy declaration.

   If *your* return is delayed due to a covered risk, coverage terminates on the date *you* return to *your departure point* or within 30 days after the original scheduled *return date*, whichever is earlier.

Applicable to Accidental Death & Dismemberment Insurance and Baggage Insurance

Coverage commences on the date and time *you* leave for *your* trip. Coverage terminates on the earliest of the following:

1 At 11:59 PM on the expiry date of the Policy; or,

2 On the date and time *you* return to *your* ordinary place of residence, except as outlined below:

   a If *your* trip is interrupted before the scheduled return date as a result of an event as mentioned under the Trip Cancellation & Trip Interruption benefit numbers 8 and 9; *your* Policy will not terminate, however *you* will not be covered while in *your* province/territory of residence. There will be no refund for the number of days *you* spend in *your* province/territory of residence.

   b If *you* are returned to *your* province/territory of residence under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit during the period of coverage, coverage will be suspended during *your* temporary return and will resume once *you* return to *your* trip destination under the Return to Your Destination benefit. In this case, *your* Policy will not terminate, however *you* will not be covered while in *your* province/territory of residence. There will be no refund for the number of days *you* spend in *your* province/territory of residence.

Coverage shall be void if purchased after the date of departure from *your* province/territory of residence or for a trip not originating in Canada.

Top-up is not available under this Insurance.

EMERGENCY MEDICAL INSURANCE

Benefits

Maximum limit—$5,000,000

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition*. The charges must result from an *emergency* that first occurs after coverage commences and while *you* are travelling outside *your* province/territory of residence.

Eligible medical and related expenses are described below.

Emergency Medical Treatment

- **Hospital Services**
  - *Hospitalization* services (limited to a semi-private room). Any coverage related to *hospitalization* terminates upon release from the *hospital* other than what is specified under the Follow-up Visit Benefit.
  - Out-patient *treatment* provided by a *hospital*.
- **Physician**
  The services of a *physician*.
- **Ambulance Services**
  The services of a licensed ground, air or sea ambulance and paramedics to the nearest *hospital*. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to *your* medical *emergency*. If an ambulance is medically required but is unavailable, *we* will reimburse *you* for taxi expenses, but the taxi receipt is required.
- **X-ray Examinations**
  X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial *emergency*.
- **Prescription Drugs**
  Up to a maximum supply of 30 days for prescription drugs. All prescriptions must be issued by a *physician* and purchased in the 30 days from the initial date of the *emergency* visit and/or the *follow-up* visit. While *you* are *hospitalized*, *we* will pay the total cost of all prescription drugs, in addition to the 30-day maximum supply of related prescription drugs purchased in the 30 days from the release from *hospital*.

  Over the counter medicine, vitamins, minerals and dietary supplements are not covered. Original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required.
- **Lost, Stolen or Damaged Prescription Drugs**
  Up to a maximum of $200 for one *physician* visit to obtain a new prescription and the cost of the new prescription drugs in the event *your* prescription drugs are lost, stolen or damaged.

  Over the counter medicine, vitamins, minerals and dietary supplements are not covered. Original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required.
- **Essential Medical Appliances**
  The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.
- **Private Duty Nursing**
  Private duty nursing services, performed by a registered nurse (R.N.) other than a *family member*, when ordered in writing by the attending *physician*.

COVID-19

We will pay up to the Policy limit or as specified under each benefit limit in this plan for expenses incurred due to COVID-19.

Follow-up Visit

One *follow-up* visit within the 14 days after the initial *emergency treatment*, provided the *follow-up* visit is required as a direct result of the initial *emergency*.

Fracture Treatment

Following the initial *emergency treatment* and the one *follow-up* visit, *we* will pay up to a maximum of $1,250 for the following *treatments* related to fractures:

- X-ray examinations; and,
- Re-examination *physician* visits; and,
- Casting and re-casting, if *medically necessary*; and,
- Cast removal

Eligible expenses must be incurred during the same trip and before *your* return to *your* province/territory of residence.

This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

Hospital Allowance

Up to $100 per day to cover incidental *hospital* charges, which are billed by the *hospital*, such as TV rental and telephone charges.

Other Professional Medical Services

Up to a maximum of $700 for any one incident at any time during the trip, per practitioner for the services of the following registered practitioners as a result of an *emergency*:

- Physiotherapist
- Chiropractor
- Chiropodist
- Osteopath
- Podiatrist
- Optometrist
- Acupuncturist

Dental Services

The services of a dentist or dental surgeon for *emergency* dental *treatment*, including the cost of prescription drugs and x-rays, as follows:

a Up to the Policy limit for dental expenses *you* incur while on *your* trip, for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants.

You are also covered for continuous *treatment* in *your* province/territory of residence for up to 30 days after *your* return, provided the *treatment* is related to the accidental blow to the face.

All *treatment* whether it occurs during *your* trip or in *your* province/territory of residence must be completed no later than 90 days after the initial *treatment* began.

This benefit does not cover dental *treatment* for veneers or dentures.

b Up to a maximum of $700 for dental expenses *you* incur while on *your* trip for any dental *emergencies* other than pain caused by an accidental blow to the face. *Treatment* must be completed within the 90 days after the *treatment* began and before *your* return to *your* province/territory of residence.

Unexpected Birth of a Child

Up to a maximum of $25,000 for the medical expenses incurred by *your* newborn child/children following the unexpected birth of the child/children. This benefit is not payable during the 9 weeks before the expected date of delivery or within the 9 weeks after. Coverage terminates upon release from *hospital* or when the maximum limit has been reached, whichever first occurs.

Remote Evacuation

This benefit is payable only when pre-approved by *us*, unless contacting *us* is not possible

Up to a maximum of $6,000 for reimbursement of expenses for non-medical emergency evacuation from a remote location (including mountain, sea or other location) by professional services to the nearest accessible point. This includes search and rescue services for mountain, sea or other remote locations.

Emergency Air Transportation

This benefit is payable only when pre-approved and arranged by *us*

At the time of *hospitalization*, medical air evacuation for return to Canada or medical air evacuation between medical facilities when the first medical facility is not equipped to provide the required *treatment*.

Airfare to Return Home for Treatment

This benefit is payable only when pre- approved by *us*

The cost of a one-way economy airfare on a commercial flight via the most direct route to return to *your* province/territory of residence for immediate *treatment* as a result of an *emergency*. The *treatment* must be sought in the 10 days from arrival to *your* province/territory of residence and the attending *physician* providing *treatment* outside *your* province/territory of residence must indicate in writing that the *treatment* is required.

The cost of an airline seat upgrade is included if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is also medically required.

For fracture claims, this benefit is only available in lieu of the Fracture Treatment Benefit.

Medical Attendant

This benefit is payable only when pre-approved by *us*

If *you* are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will pay:

a The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or *travelling companion* in lieu) to accompany *you* if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is medically required; and,

b The cost of an airline seat upgrade for the medical attendant (or *travelling companion* in lieu) if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is medically required.

Airline Seat Upgrade

Following *emergency treatment*, *we* will pay the cost of *your* airline seat upgrade when *you* are flying home on *your* regularly scheduled return flight, if the attending *physician* providing *treatment* outside *your* province/territory of residence indicates in writing that it is medically required.

Return of Excess Baggage

This benefit is payable only when pre-approved by *us*

If *you* are returned to *your* province/territory of residence under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, *we* will pay up to a maximum of $700 to return *your* excess baggage. If there was room aboard the aircraft for *your* baggage during the emergency air transportation, this benefit is not applicable.

Return of Travelling Companion

This benefit is payable only when pre-approved by *us*

If *you* are returned under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, *we* will reimburse a one-way economy airfare for one *travelling companion* to return back to the original departure point.

If *you* are resuming *your* trip under the Return to Your Destination Benefit, *we* will also pay for the cost of a one-way economy airfare by the most direct route for the same *travelling companion* to return to the place *you* departed from or to continue the trip with *you* as originally scheduled.

This benefit can only be offered once during the same trip, and will not apply after *your* original expected return date.

Return of Dependent Children

This benefit is payable only when pre-approved by *us*

If *you* are returned to *your* province/territory of residence under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, *we* will pay for:

a A one-way economy airfare for *dependent children* travelling with *you* to return back to the original departure point; and,

b The cost of a chaperone when necessary.

Return of Pets

Up to a maximum of $300 for the cost of returning *your pets* who are travelling with *you*, to Canada if *you* are returned to *your* province/territory of residence under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit.

Repatriation

In the event of *your* death during a trip covered under the Policy benefits, ***we*** will pay for:

a The preparation and return of *your* body, including the cost of a standard shipping container and one death certificate (excluding the cost of funeral and related expenses or a burial coffin), to *your* province/territory of residence; or,

b Up to a maximum of $6,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin), including one death certificate in the event *your* body is not returned to *your* province/territory of residence; or,

c Up to a maximum of $6,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn), including one death certificate and the standard shipping cost to return *your* ashes to *your* province/territory of residence; and

d Transportation costs of one *family member* to go to the place of *your* death to identify *your* body when it is necessary to be identified before the release of *your* body and up to a limit of $400 per day to a maximum of $2,000 for meals and commercial accommodation.

The *family member* identifying *your* body will also be covered for the period of time required to identify *your* body. Coverage for the *family member* is limited to the Emergency Medical Insurance plan.

Family Transportation

This benefit is payable only when pre-approved by *us*

If an attending *physician* considers it necessary, ***we*** will pay one round trip economy airfare or ground transportation costs for one *family member* to be with *you* while *you* are *hospitalized* if *you* are travelling alone; or for one additional *family member* other than *your travelling companion* if *you* are not travelling alone, and up to a maximum of $500 per day to a maximum of $2,500 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

Out-of-Pocket Expenses

Up to $500 per day to a maximum of $5,000 for *your* commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and rental car, if:

a *Your travelling companion* is transferred to a different *hospital* in another city for *emergency treatment*; or,

b *Your travelling companion* is *hospitalized* on or after the date *you* are scheduled to return to *your* province/territory of residence.

If *you* are claiming under part b), there is no coverage for any out-of-pocket expenses *you* incur before the date *you* are scheduled to return to *your* province/territory of residence.

Child Care

Up to $500 per day to a maximum of $5,000 for child care costs for *insured* children 18 years and under who are travelling with *you* (excluding child care provided by a *family member*) when:

a *You* are *hospitalized*; or,

b *You* are transferred to a different *hospital* in another city for *emergency treatment*.

Return of Vehicle

This benefit is payable only when pre-approved by *us*

If the attending *physician* determines that as a result of an *emergency*, *you* are incapable of continuing *your* trip by means of the *vehicle* used to depart from *your* province/territory of residence and the *vehicle you* intended to use to return to *your* province/territory of residence and *your travelling companion* is unable to do so for *you*, *we* will pay either:

a Up to the Policy limit for the charges incurred for a commercial agency to return a *vehicle* that *you* own or rent to either *your* province/territory of residence or the nearest appropriate *vehicle* rental agency; or,

b A one-way economy airfare to the destination where the *vehicle* is located; and gas, meals and accommodation for a *family member* or friend to return a *vehicle* that *you* own or rent to *your* province/territory of residence.

The maximum benefit payable is limited to *reasonable and customary charges* to return *your vehicle*.

If the *vehicle you* used to depart from *your* province/territory of residence was towing an object (such as a trailer or boat) and *you* had intended to use the same *vehicle* to tow the object back to *your* province/territory of residence, the cost to return the towed object is also included in this benefit. If the towed object must be returned separately, it is not covered.

Vision Care and Hearing Aids

Up to a maximum limit of $1,000 for:

a The replacement of prescription glasses (including prescription sunglasses) or contact lenses (up to a 30-day supply) due to theft, loss, or breakage. Replacement of prescription glasses or contact lenses must be purchased and received during the same trip when the theft, loss, or breakage occurred and before *your* return to *your* province/territory of residence.

b The replacement of a hearing aid due to theft, loss, or breakage. Replacement of a hearing aid must be purchased during the same trip when the theft, loss, or breakage occurred and before *your* return to *your* province/territory of residence.

Replacement of prescription glasses, contact lenses and hearing aids must be of similar or lesser value to the ones that were stolen, lost or broken during the trip.

Air Travel Delay Expenses

We will reimburse *you* in respect of the following additional expenses related to air travel:

a Up to a maximum of $900 for necessary and reasonable hotel, motel or restaurant expenses when *your* flight is delayed for more than 4 hours.

b Up to a maximum of $400 for additional transport expenses incurred when *your* flight is delayed for more than 4 hours.

c Up to a maximum of $400 for entertainment expenses incurred when *your* flight is delayed for more than 4 hours.

d Up to a maximum of $900 for the purchase of essential clothing and personal care items while *your* baggage is lost or delayed by the airline for more than 6 hours.

Replacement must be purchased during the same trip when the loss or delay occurred and prior to *your* return to *your* ordinary place of residence.

If *your* flight or baggage is delayed as outlined in the benefits listed above, coverage terminates on the date and time *you* return to *your* ordinary place of residence or within 30 days after the original scheduled date of return, whichever is earlier.

If *your* flight is cancelled and *you* are issued a new ticket/boarding pass to resume *your* travel, this is not considered a delay.

Domestic Services in Canada

This benefit is payable only when pre-approved by *us*

If *you* have been returned to *your* province/territory of residence under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will reimburse up to a maximum of $300 for necessary and reasonable cooking, cleaning, child care and/or pet care services that are required at *your* principal residence. The services cannot be provided by a *family member* and receipts are required.

Coverage is available within the 15 days after the date *you* return to *your* province/territory of residence.

Medical Follow-Up in Canada

This benefit is payable only when pre-approved by *us*

If *you* have been returned to *your* province/territory of residence under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit after being *hospitalized* during *your* trip, *we* will reimburse the following expenses in Canada:

a Up to $1,000 for a semi-private room in a *hospital*, rehabilitation centre or convalescent home; and,

b Up to $100 per day for *home care nursing* when it is *medically necessary*; and,

c Up to $300 for licensed ambulance services or taxi services to receive medical care; and,

d Up to $300 to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When medical appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the medical appliance had been rented.

Coverage is available within the 15 days after the date *you* return to *your* province/territory of residence.

Return to Your Destination

If *you* are returned to *your* province/territory of residence under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will pay the cost of a one-way economy airfare by the most direct route to return *you* to the place *you* departed from or to continue *your* trip as originally scheduled.

Your Policy will not terminate, however *you* will not be covered for any expenses incurred in *your* province/territory of residence. There is also no refund for the number of days *you* spend in *your* province/territory of residence.

Once *you* are returned to *your* trip destination, a recurrence of the same *medical condition* which necessitated a return to *your* province/territory of residence or the occurrence of a related *medical condition* will not be covered under this Policy. This benefit can only be offered once during the same trip, and will not apply after *your* original expected return date.

Pre-existing Medical Condition Stability Exclusion

The Emergency Medical Insurance plan is also subject to the Emergency Medical Insurance Exclusions and to the General Exclusions shown on page 33.

The stability requirements for *pre-existing medical conditions* are outlined below:

We will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Any *medical condition* which is not *stable* on or within the 60 days before the date of departure.

2 Any complications that develop after departure, related to a *medical condition* that was not *stable* on or within the 60 days before the date of departure.

Medical conditions that do not meet the stability criteria set out above are not covered.

Refer to the following definitions: *alteration*, *medical condition*, *pre-existing medical condition*, *treatment* and *stable*.

The *pre-existing medical condition* stability exclusion does not apply to *your medical conditions* if:

a This Policy is purchased in the 7 days from the date *you* made *your* initial payment for the booking with the *tour operator*, whether it's a full payment, partial payment or deposit; and,

b *Your medical conditions* are *stable* on or within the 7 days before the *application date* of the Policy.

Exclusions

In addition to the General Exclusions shown on page 33, *we* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Any claim incurred after a *physician* advised *you* not to travel.

2 Any claim incurred after any other registered medical practitioner advised *you* not to travel.

3 A trip that is undertaken after the diagnosis of a *terminal condition*.

4 A trip that is undertaken while *you* are receiving palliative care or after palliative care has been recommended.

5 *Medical conditions* or any related *medical conditions* for which, on or before departure, *diagnostic tests* took place, were scheduled to take place or were recommended and for which results had not yet been received at the time of departure. This includes *diagnostic tests* that were scheduled or recommended on or before departure, but had not yet taken place at the time of departure.

   This exclusion does not apply to:

   a Tests to monitor an existing *medical condition* if there have been no new or more frequent symptoms, whether or not results have been received; or,

   b Screening tests intended to prevent illness or to detect *medical conditions* before symptoms are noticed, whether or not results have been received.

6 The cost of any mandated test required for travel.

7 *Medical conditions* or any related *medical conditions* for which, on or before departure, tests to follow up on the effectiveness or response to a procedure, surgery or *hospitalization* were scheduled to take place or were recommended. This includes tests that were scheduled or were recommended on or before departure, but had not yet taken place at the time of departure.

8 *Medical conditions* or any related *medical conditions* for which before departure, medical procedures, surgeries and/or referrals to a specialist were scheduled to take place or were recommended but had not yet taken place at the time of departure.

9 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in *remission*) for which *you* received or were recommended to receive *active cancer treatment* on or within the 90 days before the date of departure. This includes *active cancer treatment* that *you* were recommended to receive but chose to decline.

10 Tests and investigation except when performed at the time of the initial *emergency medical condition*.

11 a Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip.

b Any *medical condition* arising during *your* trip from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when *you* have reached a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate *you* were intoxicated and no blood alcohol level is specified.

12 Any *medical condition* for which *you* are registered on a waiting list in Canada for *treatment* or diagnosis.

13 Expenses incurred once the *emergency* ends and in the opinion of the attending *physician* or other registered medical practitioner, *you* are able to travel to *your* province/territory of residence for any further *treatment* relating to the *medical condition* that led to the *emergency*, unless otherwise specified in a benefit.

14 The continued *treatment*, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* during *your* trip, if *we* determine that *your emergency* has ended, unless otherwise specified in a benefit.

15 Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by *us*.

16 Any *medical condition* or related expenses if *we* determine that *you* should transfer to another facility or could return to *your* province/territory of residence for *treatment*, and *you* choose not to, benefits will not be paid for further *treatment* related to the *medical condition*.

17 An official travel advisory issued by a Canadian government stating to “avoid all travel” or “avoid non-essential travel” regarding the country, region or city of *your* destination, before the effective date of the Policy or the date *you* travel to that destination (including any stopovers, layovers or any other destinations *you* are transiting through).

To view the travel advisories, visit the Government of Canada Travel site.

If an official travel advisory is issued for the country, region or city of *your* destination after *you* have already arrived to that country, region or city, *your* coverage for an *emergency* or a *medical condition* related to the travel advisory in that specific destination will be limited to a period of 30 days from the date the travel advisory was issued. *We* may extend this coverage beyond 30 days if authorized at *our* discretion.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory or to claims incurred for COVID-19.

18 Expenses incurred when coverage is purchased after departure, unless *we* authorized it in advance.

19 Any medical and related expenses in excess of $50,000, if *you* are not covered by a provincial or territorial government health care plan at the time *your* claim occurred.

20 A *medical condition* for which symptoms arose or worsened or for which *emergency treatment* was received after the date of departure from *your* province/territory of residence but before the effective date of this Policy, and any related *medical condition* or any subsequent claim related to the *medical condition*.

21 A *medical condition* for which symptoms arose or worsened or for which *treatment* by a *physician* or other registered medical practitioner was received during a temporary visit to *your* province/territory of residence during the period of coverage or any *medical condition* wholly or partly, directly or indirectly, related thereto. This exclusion does not apply if the *treatment* was for either:

a The unchanged use of *prescribed* drugs or medication for a *stable medical condition*, symptom or problem; or,

b A check-up where the *physician* or other registered medical practitioner observes no change in a previously noted *medical condition*, symptom or problem.

22 Loss, theft or breakage of prosthetic devices or dentures.

23 *Your* participating, training or practicing for the following sports or activities:

- *Backcountry* skiing/snowboarding
- Base jumping
- Boxing
- *Downhill freestyle skiing/snowboarding in organized competitions*
- *Downhill mountain biking*
- Hang gliding/paragliding
- *High risk snowmobiling*
- *Ice climbing*
- *Mixed martial arts*
- *Motorized speed contests*
- *Mountaineering*
- Parachuting/skydiving/tandem skydiving
- *Rock climbing*
- Scuba diving or free diving over 40 metres
- *White water sports – Class VI*
- Wingsuit flying

24 *Your* participating, training or practicing as part of a registered team, league, association or club; or while competing in a registered tournament, competition or sporting event for the following sports or activities, if *you* are 21 years of age and over:

- Football (American and Canadian)
- Ice hockey
- Rugby

Automatic Extensions to Coverage

At the time the period of coverage ends, *your* coverage will be automatically extended at no additional premium:

Hospitalization

If *you*, *your* family travelling with *you* or *your travelling companion* are *hospitalized*. The automatic extension will be provided to *you* for the remaining period of the *hospitalization*, plus up to 7 days after *hospital* release to recover and/or travel home.

Medically Unfit to Travel

If *you*, *your* family travelling with *you* or *your travelling companion* are unable to travel on the scheduled return date due to a *medical condition* that does not require *hospitalization*. The automatic extension will be provided to *you* for up to 7 days to recover and/or travel home. In the event of a claim, written documentation must be provided to *us* by the attending *physician* to substantiate the inability to travel home as originally scheduled.

Delay of Common Carrier

If *your common carrier* is delayed due to circumstances beyond *your* control, preventing *you* from returning to *your* province/territory of residence. The automatic extension will be provided to *you* for up to 7 days. In the event of a claim, written documentation must be provided to *us* to substantiate the *common carrier* delay.

Quarantine

If *you*, *your* family travelling with *you* or *your travelling companion* are unable to travel on *your* scheduled return date due to being placed under quarantine after a positive COVID-19 test, the automatic extension will be provided to *you* for up to 14 days. In the event of a claim, written documentation must be provided to *us* to substantiate the quarantine.

TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

- Trip cancellation means an event occurring before *your departure date*, causing *you* to cancel *your trip* or a portion of *your trip*.
- Trip interruption means an event occurring on or after *your departure date* causing *you* to disrupt *your trip* as originally scheduled or interrupt *your trip* and return earlier or later than *your return date*.

Covered Risks

Benefits will only be payable if the *trip* has been cancelled or interrupted as a result of one of the following covered risks. Refer to pages 23 to 24 for a description of the benefits applicable to the covered risks described below.

Health

1 *Medical condition*, death or quarantine of *you* or *your travelling companion*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7, 10

2 *Medical condition*, death or quarantine of *your family member* or *your travelling companion*'s *family member*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

3 *You* and/or *your travelling companion* have been advised by a Canadian government (including provincial/territorial government) that if *you* travel to a specific country, region or city, *you* will have to self-quarantine or self-isolate upon *your* return to *your* province/territory of residence.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

4 *Medical condition*, death of *your* or *your travelling companion*'s business partner, employer or key employee, *caregiver*, or death of a friend not travelling with *you* on the *trip*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

5 *Medical condition*, death or quarantine of *your* host at *your* destination.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

6 *Hospitalization* (including home-based palliative care) or death of a *family member* not travelling with *you*, that causes *you* to interrupt *your trip* before *your* scheduled *return date*.
Trip Cancellation Benefits: none
Trip Interruption Benefits: 9

Pregnancy and Adoption

7 *You* or *your travelling companion* being notified, after the *trip* is booked or after the date this Insurance is purchased, whichever occurs later, that the actual date of a legal adoption of a child by *you* or *your travelling companion* is scheduled to take place during *your trip*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

8 *You*, *your spouse*'s or *your family member*'s pregnancy, or *your travelling companion*'s, *your travelling companion*'s *spouse*'s or *your travelling companion*'s *family member*'s pregnancy, being diagnosed after the date the *trip* is booked or after the date this Insurance is purchased, whichever occurs later, if *you* or *your travelling companion*'s *trip* is scheduled to take place in the 9 weeks before or after and including the expected date of delivery.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

9 Complications of *your*, *your spouse*'s or *your family member*'s pregnancy, or *your travelling companion*'s, *your travelling companion*'s *spouse*'s or *your travelling companion*'s *family member*'s pregnancy, occurring within the first 31 weeks of pregnancy.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

Employment and Education

10 *Your*, *your spouse*'s, *your* parent/guardian's or *your travelling companion*'s job transfer which results in the relocation of *your* or *your travelling companion*'s principal residence (excluding contract or self-employment).
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

11 Involuntary loss of *your*, *your spouse*'s, *your* parent/guardian's, *your travelling companion*'s or *your travelling companion*'s *spouse*'s permanent employment (excluding contract or self-employment) if *you*, *your spouse*, *your* parent/guardian, *your travelling companion* or *your travelling companion*'s *spouse* had been continuously employed by the same employer for at least 365 days before the date the *trip* is booked or before the date this Insurance is purchased, whichever occurs later.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

12 The cancellation of a *business meeting* at *your* destination beyond *your* or *your* employer's control or beyond *your travelling companion*'s or *your travelling companion*'s employer's control. Only the *travel costs* related directly to the *business meeting* will be reimbursed.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

13 The cancellation of a conference, seminar, workshop, convention, symposium or retreat at *your* or *your travelling companion*'s destination that is beyond *your* or *your travelling companion*'s control.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

14 The revocation of *your* previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

15 The cancellation of ***your trip*** by the school board due to a teachers' labour strike. The labour strike and the trip cancellation must both occur within the 90 days before the ***departure date***. Cancellation would require a letter on school board letterhead, signed by someone with authority to do so, confirming the reason for cancellation.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

16 The cancellation of ***your trip*** by the school board or the association/organization that ***you*** booked the ***trip*** with, when the school board or association/organization has determined that ***you*** are at a risk of physical harm due to an event directly occurring at any of ***your*** travel destinations.

The trip cancellation and the event which causes the trip cancellation must both occur within the 90 days before the ***departure date***. Cancellation would require a letter on official school board or association/organization letterhead, signed by someone with authority to do so, confirming the reason for cancellation.

This Covered Risk only applies if the Insurance is purchased in the 10 days from the date ***you*** make an initial payment for the ***trip***, whether it's a full payment, partial payment or deposit. No chaperone, parent or ***insured*** can decide to cancel their individual participation in the ***trip***.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

17 The cancellation of ***your trip*** by the school board or the association/organization that ***you*** booked ***your trip*** with, for any reason other than the reasons listed in Covered Risks no. 15 and no. 16.

The trip cancellation and the event which causes the trip cancellation must both occur within the 90 days before the ***departure date***. Cancellation would require a letter on official school board or association/organization letterhead, signed by someone with authority to do so, confirming the reason for cancellation.

This Covered Risk only applies if the Insurance is purchased in the 10 days from the date ***you*** make an initial payment for ***your trip***, whether it's a full payment, partial payment or deposit. No chaperone, parent or ***insured*** can decide to cancel their individual participation in the ***trip***.

The Trip Cancellation & Trip Interruption Exclusions and the General Exclusions Applicable to All Coverages do not apply to this Covered Risk.

Trip Cancellation Benefits: 3
Trip Interruption Benefits: none

Legal

18 *You* or *your travelling companion* being subpoenaed, after the *trip* is booked or after the date this Insurance is purchased, whichever occurs later, for jury duty, as a witness, or required to appear at a court proceeding during the period of travel (excluding law enforcement officers).
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

19 *You* or *your travelling companion* being summoned to police, fire, paramedic or military service (active or reserve).
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

20 An official travel advisory issued by a Canadian Government stating to "avoid all travel" or "avoid non-essential travel" to any of *your* travel destinations (including any stopovers, layovers or any other destinations *you* are transiting through), provided such travel advisory was issued after the date *your trip* is booked or after the date this Insurance is purchased, whichever occurs later, and the travel advisory is still in effect on *your* scheduled *departure date* or at any time within the 7 days before *your* scheduled *departure date*.
This covered risk also applies if a Canadian government (including provincial/territorial governments) issues an advisory stating against travel to any province/territory, region or city within Canada for Canadians travelling within Canada.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

21 An official travel advisory issued after *your* departure by a Canadian Government stating to "avoid all travel" or "avoid non-essential travel" to any of *your* travel destinations (including any stopovers, layovers or any other destinations *you* are transiting through), provided such travel advisory was issued for *your* scheduled travel dates and this Insurance was purchased before the travel advisory being issued.
This covered risk also applies if a Canadian government (including provincial/territorial governments) issues an advisory against travel to any province/territory, region or city within Canada for Canadians travelling within Canada.
Trip Cancellation Benefits: none
Trip Interruption Benefits: 4, 5, 6, 7

22 The non-issuance of *your* or *your travelling companion*'s travel or student visa (not including an immigration or employment visa) for reasons beyond *your* or *your travelling companion*'s control, provided *you* or *your travelling companion* were eligible to make such an application, and the application was not submitted late.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: none

23 A reported theft of *your* or *your travelling companion*'s passport or travel visa. This coverage cannot be combined with Covered Risk no. 24.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

24 A reported loss or theft of *your* or *your travelling companion*'s travel documents or currency. This coverage cannot be combined with Covered Risk no. 23.
Trip Cancellation Benefits: none
Trip Interruption Benefits: 7

Cancellations and Delays

25 The earlier departure, the later departure or the later arrival of *your* or *your travelling companion*'s *common carrier* causing a missed connection.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

26 The earlier departure, the later departure or the later arrival of *your* or *your travelling companion*'s *common carrier* by at least 4 hours when there is no connection.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

27 The cancellation of a *common carrier* for any reason other than bankruptcy, insolvency or quarantine.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

28 The cancellation of *your* or *your travelling companion*'s tour by the *tour operator*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

29 An accident on the way to the *departure point* involving a private *vehicle* in which *you* are a passenger or driver; or a *common carrier* in which *you* are a passenger (a police report or written confirmation from the *common carrier* is required).
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

30 The delay of a private *vehicle* resulting from mechanical failure of the *vehicle*, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

31 An *act of terrorism* which occurs at *your departure point* or in a city *you* are scheduled to travel to on *your trip*, and which occurs within the 30 days before *your departure date*, provided the city has not experienced an *act of terrorism* within the 30 days before the *application date* of the Policy.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

32 An *act of terrorism* which occurs at *your departure point* or in a city *you* are scheduled to travel to on *your trip*. This coverage is available if coverage is not provided under any of the other Covered Risks.
Trip Cancellation Benefits: none
Trip Interruption Benefits: 7

33 A government-mandated shutdown of an airport or air traffic control system due to a natural disaster or *acts of terrorism*.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

Other

34 Hijacking when *you*, *your spouse*, *your travelling companion* or *your travelling companion*'s *spouse* is a victim.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

35 A natural disaster, which renders *your* or *your travelling companion*'s principal residence uninhabitable or place of business inoperative.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

36 An unforeseeable event completely independent of any intentional or negligent act which renders *your* or *your travelling companion*'s principal residence uninhabitable or place of business inoperative.
Trip Cancellation Benefits: 1, 2
Trip Interruption Benefits: 4, 5, 6, 7

37 A natural disaster or unforeseeable event completely independent of any intentional or negligent act, which renders *your* principal residence uninhabitable and that causes *you* to interrupt *your trip* before *your* scheduled *return date*.
Trip Cancellation Benefits: none
Trip Interruption Benefits: 8

Benefits

Maximum limit — Up to the sum insured as indicated on the Policy declaration

Sum insured amounts are *aggregate limits* per *insured*, per Policy and are payable up to the maximum limit as shown on the Policy declaration, except for benefits 1b, 7, 10b and 10c which are payable up to the amount listed.

Trip Cancellation Before Departure

Benefits outlined below are payable if cancellation of *your trip* results in unexpected expenses.

1 Reimbursement of:
   - a Non-refundable prepaid *travel costs*, other than prepaid transportation costs, that cannot be recovered from another source; and,
   - b Up to a maximum of $200 for additional commercial accommodation to resume *your* travel itinerary to *your* next pre-scheduled destination, when *you* choose to cancel a portion of *your trip*; and,
   - c Non-refundable prepaid transportation costs that cannot be recovered from another source; or,
   - d Either of the following, if *you* choose not to cancel *your trip* or if *you* choose to cancel a portion of *your trip*:
     - i The change fees charged by the transportation supplier; or,
     - ii A one-way *common carrier* economy fare via the most direct route to resume *your* travel itinerary to *your* next pre-scheduled destination.

2 Reimbursement of the additional single supplement commercial accommodation expense in the event a *travelling companion* cancels their *trip*.

3 Reimbursement of non-refundable prepaid *travel costs*, that cannot be recovered from another source.

Under 1) and 3), if *you* received any refunds or travel credits from the travel supplier for *your* original, unused prepaid *travel costs*, reimbursement towards an economy fare or commercial accommodation will be limited to the amount over and above the refunded/credited amount unless the travel credit is cancelled by the *insured*.

Trip Interruption After Departure

Benefits outlined below are payable if interruption of *your trip* results in unexpected expenses.

4 Reimbursement of either:
   - a *Your* non-refundable, unused prepaid airfare costs; or,
   - b The change fees; or,
   - c The cost of a one-way economy airfare to the original *departure point* to return earlier or later than the *return date*; or,
   - d An airline seat upgrade when *medically necessary* to the original *departure point* to return earlier or later than the *return date*. This benefit is only payable if the attending *physician* indicates in writing that the upgrade is medically required and when pre-approved and arranged by *us*; or,

e Transportation costs or a one-way economy airfare to catch-up to *your* next travel destination.

Under c), d) and e), if *you* received any refunds or travel credits from the travel supplier for *your* original, unused prepaid airfare, reimbursement towards a new one-way airfare will be limited to the amount over and above the refunded/credited amount unless the travel credit is cancelled by the *insured*.

5 Reimbursement of *your* other non-refundable unused prepaid *travel costs*, excluding the cost of unused prepaid transportation back to the original *departure point* from a destination where *you* have already been reimbursed for a one-way economy airfare under Benefit no.4c) to return *you* to *your* original *departure point*.

6 Reimbursement of the additional single supplement commercial accommodation expense in the event a *travelling companion* cancels or interrupts their *trip*.

7 Up to the limit of $200 per day to a maximum of $2,000 for *your* reasonable out-of-pocket expenses for commercial accommodation, meals, internet, telephone and taxi expenses.

8 Reimbursement of the cost of a round-trip economy airfare to return *you* to the original *departure point* and back to *your* original travel destination point provided the return to *your* original travel destination takes place within the same *trip*.

If *you* return to *your* province/territory of residence under this benefit, *your* Policy will not terminate, however, *you* will not be covered for any expenses incurred in *your* province/territory of residence. There is also no refund for the number of days *you* spend in *your* province/territory of residence.

9 Reimbursement of the cost of a round-trip economy airfare to return *you* to the original *departure point* or the place of *hospitalization* or death of *your family member* and back to *your* original travel destination point, provided the return to *your* original travel destination takes place within the same *trip*.

For airfare to a location other than the *departure point*, the cost of the ticket is limited to the cost for a round-trip economy airfare to the *departure point*.

If *you* return to *your* province/territory of residence under this benefit, *your* Policy will not terminate, however, *you* will not be covered for any expenses incurred in *your* province/territory of residence. There is also no refund for the number of days *you* spend in *your* province/territory of residence.

10 **Repatriation** — In the event of *your* death during a *trip*, *we* will pay:

a Preparation and return of *your* body, including the cost of a standard shipping container (excluding the cost of funeral and related expenses or a burial coffin) to *your* province/territory of residence; or,

b Up to a maximum of $5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin), including one death certificate, in the event *your* body is not returned to *your* province/territory of residence; or,

c Up to a maximum of $5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn), including one death certificate and the standard shipping cost to return *your* ashes to *your* province/territory of residence.

Conditions

In addition to the General Conditions shown on page 35, the following conditions apply:

1 **Duplication of Coverage** — If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Expenses are paid to an overall maximum limit of $100,000 for any trip cancellation and/or trip Interruption claim.

2 When the reason for cancellation occurs before departure, *you* must:

   a Contact the travel agent or airline on the day the reason for cancellation occurs or on the next business day; and,

   b Advise *us* within the same period. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect at the time the cause of cancellation occurs.

3 No claims will be considered unless the original unused transportation ticket(s) or electronic ticket(s) are provided to *us*. If applicable, *we* will also require copies of substitute transportation tickets and travel agent or travel supplier invoices.

4 **Trip Cancellation** — If *you* need to cancel *your trip* because of a *medical condition*, the patient must consult a *physician* before *you* cancel *your trip* and before the date and time *you* are scheduled to leave from *your departure point*. If it's not possible for the patient to consult a *physician* on or before the date and time *you* are scheduled to leave from *your departure point*, the patient must consult a *physician* within one business day from the scheduled date of departure.

Trip Interruption — If *you* need to interrupt *your trip* because of a *medical condition*, the patient must consult a *physician* at the place where the *medical condition* occurred, on or before the date and time *you* interrupt or disrupt *your trip*.

In both cases, *you* must provide a medical certificate or letter completed by the attending *physician* at the place where the *medical condition* occurred, advising against travel that includes: a complete diagnosis, the date of onset of the *medical condition*, the dates and type of *treatment*, and the medical necessity of cancelling or interrupting or disrupting *your trip*. If a *physician* was not consulted as required or if *you* do not provide the complete written certificate, *your* claim will be denied.

5 If *your* travel dates change, *you* must notify *us* of *your* new travel dates. Failure to do so will result in denial of *your* claim.

6 The benefits are only applicable if:

   a *You* had left enough travel time to comply with the travel provider's recommended check-in time before departure;

   b *Your trip*, whether booked online or through a travel agent, meets the minimum connection times approved by the applicable travel provider.

7 *We* do not insure or reimburse the cash value of any *travel costs* that have been booked and paid for with points, air miles or any other type of travel reward program. However, *we* will insure and reimburse the cost of any applicable administration fees to reinstate points.

8 If *you* increase *your* Policy sum insured, all exclusions below will apply to the date *you* increased *your* sum insured, for the amount of the increase.

9 Payments due or made by the *insureds* to the *tour operator* after the *trip* is cancelled as a result of a union mandated teachers' labour strike, a school board or an association/organization decision to cancel will only be covered if the student had a contractual obligation to make the payment to the *tour operator*.

10 Coverage will not be provided for cancellation due to a teachers' strike if any labour disputes or union negotiations were taking place before the date and time the *trip* was booked or the Insurance was purchased.

Pre-existing Medical Condition Stability Exclusion

The Trip Cancellation & Trip Interruption plan is also subject to the Trip Cancellation & Trip Interruption Exclusions and to the General Exclusions shown on page 33.

The stability requirements for *pre-existing medical conditions* are outlined below:

We will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of the following:

Applicable to Trip Cancellation & Trip Interruption

1 Any *medical condition* affecting *you* or *your family member*, *caregiver*, friend, business partner, host at destination, employer or key employee, unless the *medical condition* was *stable* on or within the 60 days before the date this Insurance is purchased.

2 Any *medical condition* affecting *your travelling companion* or *your travelling companion*'s *family member*, *caregiver*, business partner, host at destination, employer or key employee, unless the *medical condition* was *stable* on or within the 60 days before the date this Insurance is purchased.

Applicable to Trip Cancellation

Any complications that develop after the date this Insurance is purchased, related to a *medical condition* that was not *stable* on or within 60 days before the date this Insurance is purchased.

Applicable to Trip Interruption

Any complications that develop after the *departure date*, related to a *medical condition* that was not *stable* on or within the 60 days before the *departure date*.

The *pre-existing medical condition* stability exclusion does not apply to *your medical conditions* if:

a This policy is purchased in the 7 days from the date *you* made *your* initial payment for the booking with the *tour operator*, whether it's a full payment, partial payment or deposit; and,

b *Your medical conditions* are *stable* on or within the 7 days before the *application date* of the Policy.

Exclusions

In addition to the General Exclusions shown on page 33, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 A ***trip*** booked or for which Insurance is purchased after the diagnosis of a ***terminal condition***.

2 A ***trip*** booked or for which Insurance is purchased while receiving palliative care or after palliative care was recommended.

3 Any claim incurred for a ***trip*** booked or for which Insurance is purchased after a ***physician*** advised ***you*** or ***your travelling companion*** not to travel.

4 Any claim incurred for a ***trip*** booked or for which Insurance is purchased after any other registered medical practitioner advised ***you*** or ***your travelling companion*** not to travel.

5 Cancellation or interruption caused by or related to a circumstance known to ***you*** or any person purchasing insurance on ***your*** behalf before the date and time the ***trip*** is booked or before the date and time this Insurance is purchased, whichever occurs later, and which eventually prevents or interrupts travel as booked.

6 Cancellation or interruption caused by or related to the following events occurring before the date and time this Insurance is purchased: earthquakes, tsunamis, hurricanes, tornados, cyclones, avalanches, rock slides, snow storms/blizzards, floods, wildfires, volcanic eruptions and volcano ash clouds, political unrest, epidemics and/or pandemics. This exclusion applies whether or not ***you*** were aware of these events at the date and time the Insurance was purchased and whether or not these events were affecting any of ***your*** travel destinations at the date and time the Insurance was purchased.

7 Cancellation or interruption caused by or related to any of the following:

   a Coronavirus disease (COVID-19);

   b Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);

   c Any mutation or variation of SARS-CoV-2.

   This exclusion does not apply if ***you*** must cancel or interrupt ***your trip*** as a result of a ***medical condition*** caused by or related to any of the above.

8 ***Emotional or mental disorders***, unless they result in ***hospitalization***.

9 Acute psychosis if drug or alcohol induced.

10 A disease, illness or death (other than death caused by an accident) occurring within 72 hours after the date this Insurance is purchased if the Policy was purchased more than 72 hours after the transportation and/or commercial accommodations are booked.

11 Travel undertaken to visit an ailing ***family member*** where the ***medical condition*** or death of that ***family member*** is the cause of the cancellation or interruption of the ***trip***.

12 An early or late return due to a ***medical condition***, unless ordered in writing by the attending ***physician*** that ***you*** return to ***your*** province/territory of residence.

13 a Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to the chronic use of alcohol, drugs or other intoxicants whether prior to or during the *trip*.

b Any *medical condition* arising from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood has been reached or when records indicate intoxication and no blood alcohol level is specified.

14 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in *remission*) where *active cancer treatment* was received or recommended (including *active cancer treatment* that was recommended but declined) on or within the 90 days before the date this Insurance is purchased.

15 Any unused prepaid travel expenses when a refund is available, whether *you* choose to accept the refund or not.

16 Any unused prepaid travel expenses when a travel credit is available unless *you* choose to cancel the credit.

17 Travel arrangements for which no premium was paid before departure.

18 Cancellation due to a *medical condition* when a *physician* has not been consulted and has not advised against travel, on or before the date and time of cancellation. When it's not possible for the patient to consult a *physician* on or before the date and time *you* are scheduled to leave from *your departure point*, the patient must consult a *physician* within one business day from the scheduled date of departure.

19 Interruption due to a *medical condition* when a *physician* has not been consulted at the place where the *medical condition* occurred and has not advised against travel, on or before the date and time of interruption or disruption.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Maximum limit—$25,000

Covered Risks

Death or dismemberment as a result of an accident sustained during the period of coverage.

Benefits

In the case of *your* accidental death or certain *losses* resulting from an accident, *we* will pay to or on behalf of *you*, *your* estate or other *beneficiary*, the benefits as outlined below, but in no event shall payment exceed the sum insured under this section:

1 100% of the sum insured for loss of life, double dismemberment or *loss* of sight in both eyes.

2 50% of the sum insured for single dismemberment or *loss* of sight in one eye.

Benefits for loss of life, limb or sight are payable for *loss* which occurs in the 90 days from the date of the accident.

Any claim for indemnity for loss of life, dismemberment or *loss* of sight must be substantiated by a certificate from the attending medical *physician* at the place of the accident attesting to the actual injuries sustained.

Exclusions

In addition to the General Exclusions shown on page 33, *we* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Any claim incurred after a *physician* advised *you* not to travel.

2 Any claim incurred after any other registered medical practitioner advised *you* not to travel.

3 A trip that is undertaken after the diagnosis of a *terminal condition*.

4 A trip that is undertaken while *you* are receiving palliative care or after palliative care has been recommended.

5 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in *remission*) for which *you* received or were recommended to receive *active cancer treatment* on or within the 90 days before the date of departure.

This includes *active cancer treatment* that *you* were recommended to receive but chose to decline.

6 a Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip.

b Any *medical condition* arising during *your* trip from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when *you* have reached a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate *you* were intoxicated and no blood alcohol level is specified.

7 An official travel advisory issued by a Canadian government stating to "avoid all travel" or "avoid non-essential travel" regarding the country, region or city of *your* destination, before the effective date of the Policy or the date *you* travel to that destination (including any stopovers, layovers or any other destinations *you* are transiting through).

To view the travel advisories, visit the Government of Canada Travel site.

If an official travel advisory is issued for the country, region or city of *your* destination after *you* have already arrived to that country, region or city, *your* coverage for an *emergency* or a *medical condition* related to the travel advisory in that specific destination will be limited to a period of 30 days from the date the travel advisory was issued. *We* may extend this coverage beyond 30 days if authorized at *our* discretion.

This exclusion does not apply to claims for an accident unrelated to the travel advisory.

8 *Your* participating, training or practicing for any of the following activities:

- *Backcountry* skiing/snowboarding
- Base jumping
- Boxing
- *Downhill freestyle skiing/snowboarding in organized competitions*
- *Downhill mountain biking*
- Hang gliding/paragliding
- *High risk snowmobiling*
- *Ice climbing*
- *Mixed martial arts*
- *Motorized speed contests*
- *Mountaineering*
- Parachuting/skydiving/tandem skydiving
- *Rock climbing*
- Scuba diving or free diving over 40 metres
- *White water sports – Class VI*
- Wingsuit flying

9 *Your* participating, training or practicing as part of a registered team, league, association or club; or while competing in a registered tournament, competition or sporting event for the following sports if *you* are 21 years of age and over:

- Football (American and Canadian)
- Ice hockey
- Rugby

Limitation

The total *aggregate limit* is $10,000,000 for any one event under this Policy and all policies administered and issued by *us*. If the total sum of all claims resulting from the same event exceeds the total *aggregate limit*, the $10,000,000 will be shared proportionately among all *insureds*. The proportionate share for each *insured* will not exceed the maximum limits of their plan. Payment will be processed after *we* have completed the review of all submitted claims related to the same event.

BAGGAGE INSURANCE

Maximum limit—$3,000

Benefits

Baggage and Personal Effects

We agree to pay for the loss, damage, destruction or theft of personal effects (including musical instruments) owned by and travelling with the *insured* while in transit, or while in any hotel or other building, en route anywhere in the world, on land or water or in the air.

Passport and Travel Visas

We agree to pay up to a maximum of $100 for the cost to replace *your* lost or stolen passport and/or travel visas.

Credit Cards

We agree to pay up to a maximum of $50 for costs associated with unauthorized use of *your* lost or stolen credit cards, provided that *you* have complied with all conditions of the credit card company. This benefit is not applicable if the credit card company has or will reverse the charge and there aren't any applicable administration fees.

Baggage Delay

If *your* baggage is delayed beyond 12 hours while *you* are en route and before *you* return to *your* ordinary place of residence, *we* will pay for personal necessities up to a maximum of $500, until *your* baggage has been returned to *you*.

Limitation

Coverage for risk of loss of or damage to *your* property for any single item is limited to not more than 25% of the sum insured per *insured* per claim.

Conditions

In addition to the General Conditions shown on page 35, the following conditions apply:

1 This insurance offers coverage on a first payor basis unless the property that is lost, stolen or damaged is:

   a insured for a specific value under another insurance policy; or,

   b in the care of any *common carrier* at the time of loss, theft or damage.

2 **Notice of Loss** — If the insured property is lost, stolen or damaged, *you* must promptly notify the police, any hotel, hostel, campground, timeshare, vacation rental, airline or any other commercial common carrier in whose custody the property was at the time of loss, damage or theft. *You* must also notify *us* within 30 days from the date of return and take all reasonable measures to protect, save and/or recover the property.

3 **Payment of Loss** — Any claim hereunder for damage and/or destruction shall be paid immediately after *we* have been presented evidence substantiating such damage and/or destruction.

4 **Valuation** — *We* shall reimburse the repair or replacement with a like kind and quality or the actual cash value of the property at the time any loss or damage occurs, whichever is less.

5 **Duplication of Coverage** — If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Expenses are paid to an overall maximum limit of $5,000 per *insured* for the Baggage plan.

Exclusions

In addition to the General Exclusions shown on page 33, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Loss, damage or theft of:

- Animals; or,
- Motorized vehicles of any kind and their accessories and/or related equipment; or,
- Trailers, boats, motors, aircrafts or other vehicles and their accessories and/or related equipment; or,
- Bicycles except while checked as baggage with a ***common carrier***; or,
- Household goods and furnishings; or,
- Artificial teeth and limbs; or,
- Hearing aids; or,
- Prescription and non-prescription glasses (including sunglasses) and contact lenses; or,
- Money, currency, securities, tickets and documents (except as specified under the Passport and Travel Visas Benefit); or,
- Electronic and/or mobile devices and their accessories and/or related equipment; or,
- Professional or occupational equipment or property, except for musical instruments; or,
- Works of art, antiques and collectors' items; or,
- Property illegally acquired, kept, stored or transported; or,
- Jewellery or furs; or,
- Cameras, camera accessories and/or related equipment.

2 Loss or damage caused by wear and tear, deterioration, moths or vermin.

3 Property insured for a specific value under another insurance policy.

4 Loss caused by theft from an unattended vehicle unless the vehicle was securely locked and displayed visible signs of forced entry.

5 Any loss caused by or related to a circumstance known to ***you*** or to any person purchasing this Policy on ***your*** behalf before the date and time this Insurance is purchased.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERAGES

In addition to the exclusions specified in each Insurance coverage, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 *Your* participation in and/or voluntary exposure to ***acts of war*** or ***acts of terrorism***.

2 Death, disablement or injury in any way caused by or contributed by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by ***acts of war*** or ***acts of terrorism***).

3 Any ***medical condition*** that is the result of ***you*** not following ***treatment*** as ***prescribed*** to ***you***, including ***prescribed*** or over the counter medication.

4 Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).

5 *Your* participating, training or practicing in any areas that have been closed off to public access and/or can typically only be accessed by crossing a fenced, gated or roped-off area that has been marked as off limits according to recommendations of safety authorities in the area for the following activities:

- *Backcountry* skiing/snowboarding
- *Downhill freestyle skiing/ snowboarding in organized competitions*
- *High risk snowmobiling*
- *Ice climbing*
- *Mountaineering*
- *Rock climbing*

6 *Your* participating in, training or practicing for any of the following sports or activities:

- Barrel racing
- Bronc riding
- Bull riding
- Chariot racing
- Chuck wagon racing
- Harness racing
- Rodeo bareback racing
- Rodeo clowning
- Rodeo team roping
- Steer wrestling/chute dogging
- Trick riding

7 Any ***medical condition*** or recognized complication of a ***medical condition***, where the purpose of ***your*** trip is to seek ***treatment***, advice or services, and where the medical evidence indicates the ***treatment***, advice or services received are related to that ***medical condition***.

8 a Routine pre-natal or post-natal care; or,

b Pregnancy, delivery, or complications of either, arising within the 9 weeks before the expected date of delivery or within the 9 weeks after.

9 *Your* child born during the trip, except as specified under the Unexpected Birth of a Child benefit.

10 *Your* voluntary termination of pregnancy or resulting complications.

11 *Your* suicide or attempt thereat or self-inflicted injury.

12 *Your* commission or attempted commission of a criminal offence or illegal act based on the law where the cause of the claim occurred.

13 *Non-emergency*, experimental or elective *treatment* or procedures (including but not limited to ongoing care, chronic care, rehabilitation or check-ups) and their related complications.

14 a Cosmetic surgeries, procedures and/or *treatments*, and,

b Complications related to cosmetic surgeries.

15 Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatments* will be required during *your* trip.

16 Unless otherwise stated in this Policy (see General Condition, number 4), expenses incurred if other insurance policies, plans or contracts cover the loss. This includes, but is not limited to, any private or provincial automobile insurance plan or any provincial or territorial government health care plan. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to Accidental Death and Dismemberment Insurance and Baggage Insurance.

GENERAL CONDITIONS APPLICABLE TO ALL COVERAGES

Provisions & Conditions

1 This Policy is issued on the basis of information in *your* Policy declaration or provided in connection with *your* application. When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history.

2 Coverage under this Policy will be void if *you* do not meet the eligibility requirements for the plan selected as set out at the time of application.

3 *We* will not pay a claim if *you*, any person insured under this Policy or anyone acting on *your* behalf fails to disclose any material fact or makes a fraudulent, false or exaggerated statement or claim.

4 **Subrogation** — *We* will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently $100,000 or less. If the lifetime maximum limit under that plan is greater than $100,000, *we* may exercise *our* right to subrogate, but, if applicable, *we* will limit *our* subrogated claim to the extent required to preserve $50,000 of the lifetime limit available under that plan, except in the event of *your* death.

If compensation is or will be available from a third party for any payments made by *us* under this Policy, *we* have the right to subrogate to recover those payments. *We*, at *our* own expense, can file a suit in *your* name for that purpose and *you* authorize *us* to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if *you* make any claim against a third party related to payments that *we* made under this Policy, *you* will include the amount of those payments in *your* claim against the third party. If *you* obtain compensation for a portion or all of the included payments *we* made, *you* must immediately remit that compensation to *us*. *You* understand that *you* shall do nothing to prejudice *our* rights of subrogation, which includes not releasing third parties from liability without *our* express written agreement.

5 **Coordination of Benefits** — Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, *we* will coordinate benefits of all eligible expenses with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.

6 *You* may not claim or receive more than 100% of *your* total covered expenses. This general condition does not apply to Accidental Death and Dismemberment.

7 **Misstatement of Age** — If *your* age has been misstated to *us*, the coverage and/or premium may be adjusted in accordance with the correct age as of the date *you* became covered. Any premium adjustment is payable upon receipt of a premium notice.

8 *You* must be accurate and complete in *your* dealings with *us* at all times.

9 **Currency** — Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by *us* to be in Canadian currency, unless otherwise stated.

10 **Duplication of Coverage** — If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *us* and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Benefits are paid under the one Policy, Plan or Optional Coverage with the greatest benefit limit, except for Baggage and Trip Cancellation & Trip Interruption. For limits that apply to these Plans or Optional Coverages, refer to Duplication of Coverage under the Conditions section of each applicable Plan or Optional Coverage.

11 In the case of duplicate benefits in this Policy, claims are payable under the one benefit with the greatest benefit limit.

12 The date and time of commencement and termination of coverage is based on the time zone of the province or territory the Policy was purchased in.

13 Premium and coverage are based on factors including but not limited to age, trip length, travel destination and answers to the Medical Questionnaire, if applicable.

14 The availability, quality, results or effects of any *treatment*, assistance, *hospitalization*, transportation or *your* failure to obtain any of the above, is not *our* responsibility or the responsibility of any company or agency providing services on *our* behalf.

15 *We* reserve the right to accept or to decline any person as an *insured*.

16 In the event of *your treatment* by a *physician* or other registered medical practitioner or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any *hospital*, *physician* or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide *us* that information and authorize *us* to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.

17 If requested by *us*, *you* must furnish or consent to the release of *your* medical records for the relevant period before the effective date of the Policy and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate *your* claim.

18 In the event of a claim, upon request, *you* will establish the date and time of departure and initially planned date of return of the trip.

19 *You* shall be responsible for the verification of any *hospital* and medical expenses incurred and shall obtain itemized accounts of all *hospital* and medical services which have been provided.

20 *We* shall not reimburse any expense incurred after a period of 365 days has elapsed following the date on which the loss first occurred or the relevant *emergency* first occurred.

21 *We* shall comply with all applicable privacy legislation and regulations. *You* can learn about *our* privacy policy at **tugo.com/en/privacy**.

22 If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

23 In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 1200 - 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. *You* can learn about *our* complaint procedure at **https://www.tugo.com/en/legal/**.

24 The law of the province or territory of Canada in which *you* ordinarily reside, will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.

25 This Insurance provides no coverage and no *insurer* shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that *insurer* to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

26 *We* shall not reimburse any interest charges accrued by *you*.

27 If *you* are a US citizen, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.

If *you* are a US citizen or US resident, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.

28 When a premium is not paid, *we* reserve the right to terminate the Policy with notice, except as otherwise provided by law.

REFUNDS

Refunds are not available if a claim has been or will be submitted.

When no travel has taken place, a full refund is available in the 10 days from the *application date* of the Policy.

A refund less an administration fee is available when the *trip* is cancelled before any penalties from the *tour operator* apply.

If *you* purchased a trip cancellation sum insured that exceeded any payments or deposits made for *your trip*, a partial refund less an administration fee may be provided. Proof of all payments made up to the date the refund was requested must be submitted to *us*.

DEFINITIONS

Active cancer surveillance
Also known as 'watchful waiting' is a *treatment* plan that involves monitoring cancer without giving any other form of *treatment*. It is used to monitor changes in test results to see if the cancer is getting worse and whether other forms of *active cancer treatment* might also be needed. This method of *treatment* is often used when the cancer is newly diagnosed and before it's clear what types of *treatment* would be most effective, for conditions that progress slowly and/or when the risks of *active cancer treatment* are greater than the possible benefits.

Active cancer treatment
Treatment that is not limited to but includes chemotherapy, radiation therapy, surgery, medication, experimental treatment or *active cancer surveillance*.

Acts of terrorism
An act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Acts of war
War, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

Acute
Initial or *emergency* short course (not chronic) *treatment* by a *physician* phase of a *medical condition*.

Aggregate limit
The maximum amount of coverage available, regardless of the number of separate claims.

Alteration
The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been *prescribed*.

Alteration does not include:

a Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,

b Routine dosage adjustments within *prescribed* parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the *medical condition* must remain unchanged; or,

c Routine dosage adjustments within *prescribed* parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the *medical condition* must remain unchanged; or,

d A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,

e Usage changes due to the combination of several medications into one; the *medical condition* must remain unchanged.

Application date
The date when premium for this Insurance is paid.

Backcountry
An area that is not marked, not patrolled and/or not cleared for avalanche dangers, but where public access is permitted. Backcountry is also known as slackcountry, sidecountry and/or off-piste and does not include heli-skiing or cat skiing.

Beneficiary
Estate unless otherwise requested in writing.

Business meeting
A meeting between companies with unrelated ownership that pertains to *your* full-time occupation or profession and is the primary purpose of *your trip*. The meeting must be pre-arranged before the date the *trip* was booked or the date this Insurance was purchased, whichever occurs later.

Courses and legal proceedings are not business meetings.

Canadian resident
An *insured* who is eligible for or has a provincial or territorial government health care plan in place and:

a Is a Canadian citizen with a primary permanent residence in Canada; or,

b Has landed immigrant status in Canada and a primary permanent residence in Canada; or,

c Has a permit to study or work in Canada.

Caregiver
A person entrusted with the care and guidance of *your* dependent(s) on a permanent, full-time basis and whose absence cannot reasonably be replaced.

Common carrier
A boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

Departure date
The date *you* leave *your departure point* to begin *your trip*.

Departure point
The place *you* depart from on the first day of *your trip*.

Dependent children
Unmarried children who are dependent on a parent or guardian and are:

a Up to and including 21 years, if they are residing with their parent or guardian; or,

b Up to and including 25 years, if they are attending an educational institution full-time, whether or not they are residing with their parent or guardian; or,

c Any age, if they have a cognitive, developmental or physical disability, whether or not they are residing with their parent or guardian.

Diagnostic tests
Tests required to:

a Assess, identify or investigate a symptom or a *medical condition*; or,

b Follow up on abnormal test results.

Downhill freestyle skiing/snowboarding in organized competitions
Any skiing/snowboarding competition with the following activities: aerial skiing/snowboarding, kite-skiing, mogul or cross competitions, half-pipes and/or slopestyle activities, rails, jumps and other terrain park features.

Downhill mountain biking
Biking down mountain trails or rough mountain terrain (whether as part of a race or not) and often features jumps, drops, rock gardens or other obstacles. It often requires the use of mechanical lifts or elevators.

Emergency
An unforeseen *medical condition*, which requires immediate *treatment* to alleviate existing danger to life or health. An emergency no longer exists, when the medical evidence indicates that *you* are able to continue the trip or return to *your* province/territory of residence. Once such emergency ends, no further benefits are payable in respect of the *medical condition* which caused the emergency, unless otherwise specified in a benefit.

Emotional or mental disorder
An emotional condition, state of anxiety, situational crisis, anxiety or panic attack, or any other illness or disorder impacting mood, thinking and/or behaviour.

Family member
(Whether by birth, adoption or marriage) *your* legal or common-law *spouse*, parents/guardians, step-parents, brothers, sisters, fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, natural or adopted children, stepchildren, stepbrothers or stepsisters, grandparents, grandchildren, aunts, uncles, nieces, nephews, foster children or any individual of whom *you* are a legal guardian.

Follow-up
Re-examination of *you* to monitor the effects of earlier *treatment* related to the initial *emergency*, except while *hospitalized*. Follow-up does not include *diagnostic tests* and/or continued *treatment* (as determined by *us*).

High risk snowmobiling
Racing competitions, endurance events, high-marking and/or snowmobiling in unguided *backcountry* terrain.

Home care nursing
Medical and non-medical home care performed by skilled nursing professionals that is not covered by a provincial/territorial government health care plan.

Hospital
An institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Hospitalization or **hospitalized**
Formal admission to the in-patient services of a *hospital*. This does not include visits to the emergency room unless they result in the formal admission to the in-patient services of a *hospital*.

Ice climbing
The act of climbing or rappelling from vertical or nearly vertical ice formations such ice falls, frozen waterfalls or cliffs or rock slabs that are covered with ice from flows of water freezing over. Ice climbing requires the use of specialized equipment including but not limited to ice axes, crampons or ice screws. Glacier hiking is not ice climbing. If the glacier hike is on a mountain, it is considered *mountaineering*.

Insured or **insured persons**
The person named in the Policy declaration for whom the applicable premiums have been paid.

Insurer
The insurers listed under the definition of *us*, *we*, *our*.

Loss
For Accidental Death and Dismemberment Insurance
In respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

Medical condition
Any disease, illness or injury (including symptoms of undiagnosed conditions).

Medically necessary
The medical service or product in question is necessary to preserve, protect or improve *your medical condition* and well being.

Mixed martial arts
A combat sport in which participants use fighting and grappling techniques from any combination of wrestling, boxing and martial arts. Mixed martial arts include ultimate fighting.

Motorized speed contest
Any motorized vehicle race or timed event by land, air or water.

Mountaineering
The act of climbing or descending a mountain using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment. Mountaineering does not include *ice climbing*.

Non-emergency
Any *treatment*, investigations or surgery either:

a not required for the immediate relief of *acute* pain and suffering; or,

b which reasonably could be delayed until *you* return to Canada; or,

c which *you* elect to have during a trip following *emergency treatment* by a *physician* or other registered medical practitioner of a *medical condition* or the diagnosis of a *medical condition*, which on medical evidence would not prevent *you* from returning to Canada before such *treatment* or surgery.

Pet
Dog, cat, bird, small reptile or small mammal.

Physician
A medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than *you* or a *family member*.

Pre-existing medical condition
For Emergency Medical Insurance
Any *medical condition* that exists on or before the date *you* leave for *your* trip.

For Trip Cancellation & Trip Interruption Insurance
Any *medical condition* that exists on or before the date the *trip* is booked or the date this Insurance is purchased.

Prescribed
Treatment ordered or recommended by a *physician* and/or any other registered medical practitioner, as documented in *your* medical records.

Reasonable and customary charges
Charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Remission
The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by *your physician* and noted in *your* medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

Return date
The date on which *you* are scheduled to return from *your trip* or the date of *your* actual return to *your departure point*.

Rock climbing
The sport of climbing rock faces, especially with the aid of ropes and special equipment. Rock climbing includes the following activities: bouldering, traditional climbing, free soloing, top-rope, sports climbing, canyoning/canyoneering, but does not include indoor wall rock climbing.

Spouse
The person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your* spouse.

Stable
A *medical condition* is considered stable when all of the following statements are true:

a There has been no deterioration of the *medical condition* as determined by a *physician* or other registered medical practitioner, and

b There have been no new symptoms or findings or more frequent or severe symptoms or findings, and

c There has been no change in *treatment* by a *physician* or other registered medical practitioner or any *alteration* in any medication related to the *medical condition*, and

d There has been no new *treatment* received, *prescribed* or recommended by a *physician* or other registered medical practitioner.

Terminal condition
A *medical condition* for which, before the date of departure, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

Tour operator
The tour operator that *you* purchased *your trip* and this insurance from.

Travel costs
Non-refundable unused prepaid travel arrangements booked through the *tour operator* for: hotels, hostels and campgrounds; timeshares and vacation rentals that are booked through a rental agency or platform with a published cancellation process; airfares, car rentals, boat rentals, RV rentals, bus, train, ferry and cruise tickets; conference, seminar, workshop, convention, symposium and training fees; entrance fees, sports tickets and passes (intended for a participant or a spectator); tours, retreats, excursions, city passes and ski passes.

Travelling companion
A person who has prepaid shared commercial accommodation or transportation with *you* for the same period of travel.

Treatment, treat, treated
A procedure *prescribed*, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to medication, investigative testing and surgery.

Trip
For Trip Cancellation & Trip Interruption Insurance
The period of time *you* are travelling and for which coverage under this Policy has been purchased.

Us, we, our
OneWorld Assist Inc. doing business as Claims at TuGo and North American Air Travel Insurance Agents Ltd. doing business as TuGo. TuGo is a third party administrator for the following insurers:

- For all insurance plans except Baggage Insurance: Industrial Alliance Insurance and Financial Services Inc.
- For Baggage Insurance: Industrial Alliance Pacific General Insurance Corporation.

Vehicle
Car, recreational vehicle, motorcycle, boat or other land or water conveyance used for the trip.

White water sports – Class VI
Rafting on extreme rapids or waterfalls deemed unnavigable according to safety authorities. Class VI white water sports include rafting on rapids with substantial levels of white water, large waves, hazardous rocks and/or drops with the potential to damage most rafting equipment.

You or **your**
The same as *insured* or *insured persons*.

STATUTORY CONDITIONS

The Contract
The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

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

Termination of Insurance

1 The contract may be terminated
   a by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
   b by the insured at any time on request.
2 If the contract is terminated by the insurer,
   a the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
   b the refund must accompany the notice.
3 If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.

The 15 day period referred to in subparagraph (1) (a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

Notice and Proof of Claim
Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and if it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim
The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination
As a condition precedent to recovery of insurance moneys under the contract,

a the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and

b in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable
All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the limitation period specified in the Insurance Act, Limitations Act, Civil Code of Quebec or other relevant legislation of the applicable jurisdiction.

Applicable to Quebec Residents
Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

Action Against Company
Service of legal proceedings to enforce the obligations under this Policy to the *insurers* listed in the definition of *us* may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200 - 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.

Notice to Company
Notice under this Policy to the *insurers* listed in the definition of *us* may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200 - 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be submitted to Industrial Alliance Insurance and Financial Services Inc. by completing the form available at **www.ia.ca/complaints**.

PRIVACY

Privacy Notice

The protection of your personal information is very important to us. TuGo is committed to the protection of your personal information. TuGo fully complies with Canada's privacy laws. TuGo's privacy policy determines our responsibilities on the collection and use of your personal information. You can review TuGo's entire Privacy Policy at **tugo.com/en/privacy**.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with your agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. Your information may need to be shared with or by organizations located outside of Canada, such as the country you are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage you to review TuGo's Privacy Policy occasionally as it could be amended.

Upon written request, you may also review your personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 1200 - 6081 No. 3 Road, Richmond BC, Canada, V6Y 2B2. Email: **privacy@tugo.com** Fax: (604) 276-9409.

Notice on Privacy & Confidentiality

PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices**.

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400 - 988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

In witness whereof this Policy has been signed as authorized by the *insurers* listed in the definition of *us*.

K. Starko, Executive Director

HOW TO CLAIM

Claims Procedures & Payment of Benefits

For information on how to contact *us*, please refer to Contact Information at the beginning of this policy wording booklet.

Applicable to All Claims

1 Claims can be opened online at **tugo.com/claims**, although some restrictions apply. If *you* are unable to open *your* claim online, please contact *us* using the Contact Information at the beginning of this policy wording.

2 Once *you* have received *your* claim number, all forms and supporting documentation required for *your* claim can be uploaded to *us* at **mytugo.com**. This is the fastest way to send *us* documents and follow the status of *your* claim.

3 Any cost incurred to obtain documentation required to confirm eligibility of *your* claim, other than medical records requested by *us* is the responsibility of the claimant.

4 To receive benefits, any requested supporting documentation must be provided by the claimant. Claim Forms will be provided to the claimant to complete and return to *us*. It is the claimant's responsibility to complete and/or produce any documentation that *we* require to process and confirm the eligibility of the claim.

5 All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.

6 To qualify for reimbursement, original itemized receipts must be provided as support for all eligible expenses. If original, itemized receipts are not provided, the expense will not be reimbursed.

7 If the claim is the result of a death, the following documents are required:

- a A copy of the death certificate
- b A copy of the Will or Power of Attorney
- c A police report, if applicable

The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.

8 Any notices of claim or correspondence concerning a claim that require physical delivery can be sent to:

Claims at TuGo
1200-6081 No. 3 Road
Richmond, BC V6Y 2B2 Canada

Applicable to Emergency Medical Insurance

1 *We* will submit a claim for medical expenses to *your* provincial or territorial government health care plan offices PROVIDED THAT the Claim Forms, including the appropriate Provincial Assignment Form are completed in full and forwarded together with original, itemized receipts from *your* medical providers within the deadline that is established by *your* provincial or territorial government health care plan. If *you* fail to meet their deadline, *you* will be responsible for the provincial or territorial government health care plan portion. While these deadlines vary across Canada, some deadlines are as short as 90 days. For the deadline that applies to *you*, please check with *your* provincial or territorial government health care plan office.

2 Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate *your* claim.

3 Only bills from *physicians*, *hospitals* and other medical care provider(s) that are original itemized and which state *insured*'s name, diagnosis, date(s) of service and type of *treatment* or service will be considered. Only original official pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

Applicable to Trip Cancellation & Trip Interruption Insurance

1 To receive benefits, the following documents must be provided:

- a The original unused tickets or e-tickets and/or all additional travel tickets or e-tickets purchased to return home, to catch up to *your* next destination or to rejoin the tour.
- b Original itemized, dated invoices and receipts from all travel suppliers showing full payment, taxes and fees paid.
- c A copy of the originally scheduled travel arrangements or itinerary, confirming traveller name(s), destination(s) and dates.
- d Proof of cancellation from all airlines, hotel or accommodation providers, tour operators, cruise lines and any other travel suppliers, for all unused expenses.
- e A statement from the travel agency/airline/travel supplier documenting their refund policies and copies of all refunds and/or credits provided for cancelled or unused expenses.
- f If the claim occurred before departure, a medical certificate completed by the attending *physician* at the place where the *medical condition* occurred, stating the diagnosis, the date of onset of symptoms, the dates and type of *treatment*, and the reason why travel was not possible.
- g If the claim occurred after departure, a medical certificate completed by the attending *physician* at the place where the *medical condition* occurred, stating the diagnosis, the date of onset of the symptoms, the dates and type of *treatment*, and the reason why it was necessary to interrupt the *trip*.

Applicable to Baggage Insurance

1 Lost, stolen or damaged baggage must be promptly reported (and claimed for where applicable) to the most appropriate local authority or party in whose custody the property was in the care of at the time of loss, damage or theft. This includes but is not limited to: the police, any hotel, hostel, campground, timeshare, vacation rental, airline or any other commercial *common carrier*.

2 If baggage is lost or stolen, proof of loss (copy of notice and/or police report) is necessary to substantiate claim.

3 If baggage is damaged, a written estimate to repair damaged luggage from a repair shop of *your* choice (if under $25, have repairs completed and forward the invoice to *us*) is necessary to substantiate claim.

INTERNATIONAL ASSISTANCE SERVICES

The following services will be provided to all insureds:

1 Toll-free help line 24 hours a day, every day (for medical and trip interruption emergencies only).

2 Vital communications link between claimant/hospital regarding insurance coverage and procedures.

3 Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.

4 Monitoring of progress during treatment and recovery.

5 Establishing contact with family, personal physician and/or employer as appropriate.

6 Multilingual capabilities.

7 Coordination of payments.

8 Special assistance respecting claims.

9 Management, arrangement and authorization of emergency medical evacuation.

10 Arrangement and coordination of repatriation of remains.

11 Interpretation of policy wordings.

12 Assistance in locating the nearest and most appropriate medical care.

13 Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.

14 Travel arrangements assistance for family members.

15 Provision of medical assistant to travel with claimant when necessary.

16 Physicians, hospitals/administrators and ambulance arrangements and communications.

17 Assistance on how to contact:

- Consulates
- Travel Agents
- Embassies
- Tour Guides
- Airlines
- Police
- Foreign Affairs Department

18 Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information section at the beginning of this policy wording.

GENERALI GLOBAL ASSISTANCE CONCIERGE SERVICES

To speak with Generali Global Assistance (GGA) for travel support services, simply call:

From Canada & USA
1-833-430-3653

Worldwide (collect)
954-308-3925
ops@gga-usa.com

When you call, please be ready to provide:

- The partner code listed on your policy declaration
- A phone number where Generali Global Assistance may reach you

Non-Insurance Personal Assistance Services — These are Non-Insurance Services provided by Generali Global Assistance:

Pre-Trip Information — Upon request, GGA will provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

Interpretation/Translation — If during your trip you need an interpretation, GGA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, GGA will refer you to local translators.

Legal Referral/Bail — Upon request, GGA will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, GGA will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, family member or friend. You are responsible for associated fees.

Emergency Cash Advance — GGA will advance up to $500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses — GGA will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

Concierge Services — These are Non-Insurance Services provided by Generali Global Assistance:

- Delivery of foods and beverages
- Event ticketing - sports, concerts, theater
- Flowers and gift baskets
- Golf outings and tee times
- Hotel accommodation assistance
- Meet and greet services
- Personalized shopping assistance
- Restaurant reviews and reservations
- Rental car reservations
- Pet services locator

Terms, Conditions and Exclusions

GGA shall provide services to all participants. On any expenditure for which the participant is responsible, GGA shall not be obligated to provide services without first securing funds from the participant in payment of such expenditure. If the participant pays for covered expenses without receiving an approval or authorization in writing from GGA, then GGA shall not be obligated to reimburse the participant for any such expenditure. In the event a participant requests a service not included in a program, GGA may, in its sole and absolute discretion, provide such benefits or services at the sole expense of the participant, including a reasonable fee to GGA for its efforts on behalf of the participant. While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer you to appropriate medical and legal providers, but neither the Insurer nor GGA may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

tugo.com

Insurance is administered by North American Air Travel Insurance Agents Ltd. doing business as TuGo®, a licensed insurance broker in all provinces and territories. The issuer of the contract is Industrial Alliance Insurance and Financial Services Inc. and Industrial Alliance Pacific General Insurance Corporation. Claims at TuGo® and TuGo® are registered trademarks owned by North American Air Travel Insurance Agents Ltd. doing business as TuGo®.