Deluxe Package

This Deluxe Package includes our most popular product features and benefits to meet the needs of your vacation plans.

<table>
<thead>
<tr>
<th>Benefits per Insured</th>
<th>Benefit Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip Cancellation</td>
<td>Up to $10,000 Canadian</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>Up to $10,000 Canadian</td>
</tr>
<tr>
<td>Trip Delay</td>
<td>$300 Canadian/Day – Maximum 2 Days</td>
</tr>
<tr>
<td>Emergency Medical and Dental Coverage</td>
<td>Up to $5,000,000 Canadian (Overall policy maximum)</td>
</tr>
<tr>
<td>Emergency Medical Transportation</td>
<td>Included in the overall policy maximum</td>
</tr>
<tr>
<td>Accommodations and Meals</td>
<td>$150 Canadian/Day – Maximum 10 days</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>$5,000 Canadian</td>
</tr>
<tr>
<td>Vehicle Return</td>
<td>$2,000 Canadian</td>
</tr>
<tr>
<td>Baggage Coverage</td>
<td>$1,000 Canadian</td>
</tr>
<tr>
<td>Baggage Delay</td>
<td>$200 Canadian</td>
</tr>
<tr>
<td>Flight Accident</td>
<td>Up to $100,000 Canadian</td>
</tr>
<tr>
<td>Travel Accident</td>
<td>Up to $50,000 Canadian</td>
</tr>
<tr>
<td>24-Hour Emergency Travel Assistance</td>
<td>Included</td>
</tr>
</tbody>
</table>

Your Deluxe Package provides insurance for travellers who are age 84 or younger at the time the coverage is purchased.

This plan will provide you with coverage for the length of your trip to a maximum of:

- the number of days allowed under your government health insurance plan for travel outside of your province or territory of residence if you are 64 years old or younger at the time the coverage is purchased; or
- 60 days if you are age 65 up to and including 84 years old at the time the coverage is purchased.

Your departure date and your return date are both counted and included as separate days when determining the duration of coverage.

For complete information, please read the Policy of Insurance below.
This product is underwritten by CUMIS General Insurance Company (herein called “insurer”, “we”, “us”, “our”), a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc.

IMPORTANT NOTICE- PLEASE READ CAREFULLY

We have issued this policy of insurance to the person(s) named on the declaration page (herein called “you” or “your”). If you believe that the declaration page we sent you is incorrect, please contact Allianz Global Assistance immediately at the phone number(s) listed on your declaration page.

This policy and your declaration page describe your insurance and its terms and conditions, which may limit benefits and amounts payable to you. Please read the policy carefully to understand the conditions of all coverage for which you have paid a premium.

Be sure to take this document, your declaration page and your receipt with you on your trip.

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.

This policy contains a number of exclusions and limitations including a Pre-Existing Condition Exclusion, which may apply to a medical condition or symptoms that existed prior to your trip, please take time to read it before leaving on your trip.

Please read your policy of insurance carefully before you travel

IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL ALLIANZ GLOBAL ASSISTANCE AT ONE OF THE NUMBERS LISTED ON YOUR DECLARATION PAGE BEFORE SEEKING TREATMENT.

Allianz Global Assistance is here to help you 24 hours a day, 365 days a year.

Please have the following information ready for the Allianz Global Assistance representative when you call:

• your name and policy number (per your declaration page), and
• your location and local phone number.

Please note that Emergency Medical insurance provides for a reduction of benefits if you do not call before seeking treatment. If your medical condition prevents you from calling before seeking emergency treatment, you must call Allianz Global Assistance as soon as medically possible. As an alternative, someone else may call on your behalf.

Right to Examine this Insurance

If you notify us that you are not completely satisfied with your purchased plan within 10 days of the date of issue of this Policy of Insurance as indicated on your declaration page, we will provide a full refund if you have not already departed on your trip or filed a claim.

Refunds are only available when Allianz Global Assistance receives your request for a refund before your departure date.

Insured benefits under this Policy of Insurance include:

• Trip Cancellation/Trip Interruption and Trip Delay
• Emergency Medical and Dental Expenses
• Emergency Medical Transportation
• Baggage Coverage
• Baggage Delay
• Flight Accident
• Travel Accident

Please refer to your declaration page to determine which coverage you purchased and the corresponding maximum amounts of coverage.
What risks are insured?
This insurance covers the reasonable and customary charges for medically necessary expenses for medical care or surgery that is required as part of the emergency treatment arising from a medical condition that occurs while you are travelling outside of your province of residence; and protects you against situations or losses that result from sudden and unexpected conditions or events. We reserve the right, in our sole discretion, to reject applications for coverage.

These insurance benefits do not cover conditions or events that, on the date of purchase, are either known to you or are likely to occur.

The Emergency Medical and Dental insurance covers only the medically necessary expenses you incur once you have left your province of residence. In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under your government health insurance plan and by any other insurance or benefit plan under which you are covered.

What must you do in a medical emergency?
You or someone on your behalf must contact Allianz Global Assistance before seeking emergency treatment. Failure to call Allianz Global Assistance may result in a reduction to the amount reimbursed, or no reimbursement, for the expenses you have incurred. In addition, the medical advisors of Allianz Global Assistance must approve all medical procedures (including cardiac procedures and cardiac catheterisation) in advance.

When you contact Allianz Global Assistance, they will refer you or may transfer your call, when medically appropriate, to an accredited medical service provider within a network. Allianz Global Assistance may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to us instead of to you. We will guarantee payments up to the amounts provided under this Policy of Insurance, if needed, to secure your medically necessary admission to a hospital.

In this policy, certain terms have defined meanings. Those defined terms are as indicated on your declaration page, or as below in the section titled “Definitions”, and appear throughout this policy in italics.

Definitions

Accident/Accidental - a sudden, unexpected, unintended, unforeseeable external event, occurring during the coverage period, arising wholly from accidental means, which independently of any other cause, causes injury.

Accidental Bodily Injury - a bodily injury caused by an accident of external origin occurring during the period of insurance and being the direct and independent cause of the loss.

Allianz Global Assistance – Allianz Global Assistance, our administrator for assistance and claims services under this policy.

Baggage - luggage and personal possessions, whether owned, borrowed or rented and taken by you on your trip.

Children - unmarried persons who are dependent on you for support and are:
- under 21 years of age; or
- under 26 years of age if a full-time student; or
- mentally or physically incapable of self-support, and became so as a dependent child, and over 20 years of age.

Common Carrier - any land, air or water conveyance for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there are no legal grounds for refusal.

Contamination - the contamination or poisoning of people by nuclear or chemical or biological substances, which causes illness or death.

Coverage Period - the time insurance is in effect, beginning on the effective date and ending on the expiry date.

Departure Date - the date on which you are scheduled to start your trip as shown on the declaration page (using the local time at your Canadian address).

Departure Point - the city within Canada, from which you depart on your trip on your departure date.

Effective Date - has the following meaning depending on the coverage and benefit:
• Trip Cancellation and Interruption Coverage - *effective date* means 00:01 on the day after your premium payment is received by us, (using local time at your Canadian address).

• Emergency Medical and Dental Coverage - *effective date* means the time and date on which you leave your province, or territory of residence (using local time at your Canadian address) on or after the *departure date* shown on your declaration page.

• All other coverage - *effective date* means 00:01 on the day you are scheduled to leave your departure point (using local time at your Canadian address).

**Emergency** - an unforeseen event that occurs during the *coverage period* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

**Emergency Medical Care/Treatment** - the services or supplies provided by a licensed *physician, hospital* or other licensed provider (licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath) that are *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected) and which cannot be reasonably delayed until you return to your home country without endangering your health.

**Epidemic** - a contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

**Essential Items** - means necessary clothing or toiletries purchased during the time period in which checked *baggage* has been delayed.

**Expiry Date** - the date on which your coverage ends under this insurance as shown on your declaration page.

**Family Member** - includes your *spouse*; parents; *children*, including children who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; step-*children*; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with you.

**Future Travel Credits** - any credit or voucher for future travel that you are eligible to receive from a travel supplier, employer, another insurance company, a credit card insurer, or any other entity.

**Government Health Insurance Plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** - an establishment that is licensed as a hospital and is operated for the care and *treatment* of inpatients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. Hospital does not mean any 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.

**Illness** - a sickness, infirmity or disease occurring during the *coverage period* that requires *emergency medical care*, which did not occur prior to the *effective date*.

**Immediate Family** - means your *spouse*; parent; *children* (including all natural or adopted *children*); your sibling; your step-parents, step-*children*, your grandparent or grandchild.

**Injury** - bodily injury occurring during the *coverage period*, resulting directly and independently of all other causes, from an *accident*.

**Insurer** – CUMIS General Insurance Company.

**Inpatient** - a person treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.

**Medical Condition** - an *accidental bodily injury* or *illness* (or a condition related to that accidental bodily injury or illness), including disease, acute psychosis and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Medically Necessary** - the services or supplies provided by a *hospital, physician*, dentist, or other licensed provider that are required to identify or treat your *illness* or *injury* and that we determine are:

- consistent with the symptoms or diagnosis and *treatment* of your condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of you, a *physician* or other provider and;
- the most appropriate supply or level of service that can be safely provided to you.
When applied to the care of an inpatient, it further means that your medical symptoms or condition requires that the services cannot be safely provided to you as an outpatient.

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

**Outpatient** - someone who receives a covered service while not an inpatient.

**Pandemic** - an epidemic that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.

**Physician** - a person (other than an insured) who is not related to the insured by blood or marriage who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A physician does not include a naturopath, a herbalist or a homeopath.

**Policy** - the entire policy of insurance document containing the terms and conditions of this insurance and issued to you by us.

**Prepaid** - paid prior to your departure date.

**Prescription Drug** - a drug or medicine that can only be issued upon the prescription of a physician or licensed dentist and is dispensed by a licensed pharmacist.

**Professional** - engaged in a specified activity as your main paid occupation.

**Quarantine** – the mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, a physician, or the captain of a commercial vessel on which you are booked to travel during your trip, which is intended to stop the spread of a contagious disease to which you or a traveling companion has been exposed.

**Reasonable and Customary Charge** - a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

**Return Date** - the date on which you are scheduled to return to your departure point as shown on your declaration page (using the local time at your Canadian address).

**Spouse** - the person who is:
- legally married or in a legal civil union with you; or
- is living with you in a conjugal relationship and is publicly represented as your spouse or your domestic partner in the community in which you reside. You may only have 1 spouse for the purposes of this insurance.

**Stable** - any medical condition or related condition (including any heart condition or lung condition) for which all the following statements for that medical condition or related condition (including any heart or any lung condition) are true:
- there has been no new treatment or prescribed medication;
- there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

**Terrorism or Act of Terrorism** - an act including, but not limited to, the use of force or violence or the threat thereof, including hijacking, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Travelling Companion** - a person with whom you are sharing travel arrangements and prepaid accommodation.

**Treatment** - the medical advice, care or service provided by a physician. This includes, but is not limited to, diagnostic measures and prescription drugs (including pills and inhaled or injected medications). It does not include check-ups or cases where you have no specific symptoms.

**Trip** - a period of round-trip travel to a destination outside of your province of residence that is not for the purpose of obtaining health care or treatment of any kind.
We, Us and Our - refers to CUMIS General Insurance Company.

You and Your - refer to all persons listed on your declaration page under the plan purchased when the required insurance premium has been paid for that person, before the effective date.

What do you need to know?

Are you eligible for coverage?
To be eligible for any insurance coverage you must:

• be a Canadian citizen or be a permanent or temporary resident of Canada;
• be covered under your government health insurance plan for the full duration of your coverage period;
• at the time this insurance is purchased, be age 84 or younger; and be travelling no longer than:
  i. the maximum number of days allowed under your government health insurance plan for travel outside of your province or territory of residence if you are 64 years old or younger at the time the coverage is purchased; and
  ii. 60 days if you are age 65 up to and including 84 years old at the time the coverage is purchased; and
• have completed a medical questionnaire if you are age 75 or older at the time the coverage is purchased.

Please Note: You must meet all of the above eligibility requirements to be insured under this policy.

How do you become insured?
You become insured and this policy becomes an insurance contract:

• when you are named on your completed insurance application and named on your declaration page; and
• upon payment of the required premium on or before your effective date.

When does your insurance start?
Your insurance starts on the effective date if:

• you are eligible;
• you are named on the application; and
• you pay the full required premium before the effective date.

For Trip Cancellation and Interruption Coverage to be in effect we must have received all premium due prior to the trip cancellation.

When does your insurance end?
Your insurance ends on the earliest of:

• the date your trip is cancelled when cancelled prior to your departure date;
• 23:59 on your return date; or
• upon your return to your province or territory of residence, except in the circumstances outlined under “When will your coverage be automatically extended?”

When will your coverage be automatically extended?
Regardless of your expiry date, coverage will be extended provided:

• your entire trip falls within the coverage period;
• your return is delayed by unforeseeable circumstances beyond your control, including the hospitalization as an inpatient or medical condition of you, (your spouse or your children if they are travelling with you) or your travelling companion; and
• you provide us with documentation of your reason for the delay that is satisfactory to us.

If coverage is extended for these reasons, coverage will end on the earliest of either:

• your arrival at your province of residence or return destination based on your travel itinerary; or
• 5 days after your scheduled return date; however, if you are hospitalized as an inpatient, if medically necessary, we will extend insurance for 72 hours from the time you are discharged but under no circumstances for more than 3 months from your scheduled return date.

What must you do if you decide to extend your trip?
If you decide to extend your trip you may purchase an extension of your coverage by contacting your travel insurance representative or Allianz Global Assistance:

• if you have not already departed on your trip; or
• if you have already departed on your trip, you have not had a medical condition during your trip and you call before your scheduled return date.

If you have already left on your trip and have had a medical condition during your trip, you may still be eligible for an extension of your coverage by contacting Allianz Global Assistance before your scheduled return date. The granting of an extension in this situation is subject to the approval of Allianz Global Assistance.

Any extension of coverage is subject to the following conditions:

• the total duration of your trip may not exceed
  o the maximum number of days allowed under your government health insurance plan for travel outside of your province or territory of residence if you are 64 years old or younger at the time the coverage is purchased; or
  o 60 days if you are age 65 up to and including 84 years old at the time the coverage is purchased;
• you are covered by your government health insurance plan for the entire duration of the trip,
• you must pay the required premium on or before your original scheduled return date.

Can you obtain a refund?
If you notify us that you are not completely satisfied with your purchased plan within 10 days of the date of issue of this policy of insurance as indicated on your declaration page, we will provide a full refund if you have not already departed on your trip or filed a claim.

Refunds are only available when Allianz Global Assistance receives your request for a refund before your departure date.

Description of Coverage
The following insurance benefits protect you against situations or losses that result from sudden and unexpected conditions or events. The benefits do not cover conditions or events that, on the date of purchase, are either known to you or likely to occur.

Trip Cancellation and Interruption Coverage

Trip Cancellation Coverage provides reimbursement for the covered losses you incur for a trip that is cancelled before your departure date. The total amount paid for your trip cancellation will not exceed the maximum benefit amount of $10,000.

Trip Interruption Coverage reimburses you for covered losses you incur for trips that are interrupted or delayed after your departure date. The total amount paid for your trip interruption will not exceed the maximum benefit amount of $10,000.

Covered Reasons
A maximum benefit up to $10,000, is provided to cover the losses (identified under ‘Covered Benefits’) which result from the cancellation or interruption of your trip due to one of the following covered reasons

Medical Conditions and Death
Any serious injury or any unforeseen serious illness occurring to:

• you, or your travelling companion, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their trip (including being diagnosed with an epidemic or pandemic disease); or
• a family member that is life threatening or requiring hospitalization as an inpatient; or
• a family member who is dependent upon your care.

For Trip Cancellation benefits, a physical examination by a physician must take place within 72 hours from when the cancellation is made, and the physician must recommend in writing that your trip be cancelled.

For Trip Interruption benefits, a physical examination must take place during your trip, and the physician must recommend in writing that your trip be interrupted or delayed.

The death of you, a family member or a travelling companion, if the death occurs within 30 days prior to your departure date, or during your trip.

Your family or friends, with whom you were planning to stay on your trip, are unable to accommodate you due to life-threatening illness, life-threatening injury or death of one of them.

Pregnancy and Adoption
The pregnancy of you, your spouse, an immediate family member or your travelling companion if such a pregnancy:
• has been diagnosed after your trip has been booked, and your departure is scheduled within 9 weeks before or after the expected date of delivery; or
• the legal adoption of a child by you or your travelling companion, when the actual date the child is to be placed in your care is scheduled to take place during your trip and this date was not known until after the trip was booked.

Government Advisories and Visas
The Canadian government issues a written warning after you book your trip, to avoid non-essential travel or to avoid all travel to your ticketed destination, for a period that includes your scheduled trip. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a common carrier.

The non-issuance of a travel visa to you, or your travelling companion for reasons beyond your or your travelling companion’s control. The non-issuance of a travel visa due to late application is not covered. Non-issuance of an immigration or employment visa is not covered.

Terrorism
An act of terrorism committed by an organized terrorist group (recognized as such by the Canadian Government), occurring in the city and country of your destination:
• within 30 days of your scheduled departure date (for Trip Cancellation benefits);
• during your trip (for Trip Interruption benefits).

Employment and Occupation
You or your travelling companion:
• being terminated or laid off, after having been with the same employer for at least 3 continuous years, through no fault of your own, after your effective date of coverage;
• being required to serve on a jury or served with a court order or subpoena, excluding law enforcement officers who are required to appear in court;
• being summoned to service in the case of reservists, active military, police or fire personnel.

Delays
If your trip has been delayed due to one of the covered reasons listed under the ‘Trip Delay’ coverage of this policy and that delay results in a loss of more than 50% of the duration of your scheduled trip.

Other Covered Reasons
You or a travelling companion:
• being quarantined; or
• having your home made uninhabitable by flood, burglary, vandalism or natural disaster; or
• being directly involved in a traffic accident while en route to a departure point for a trip; or
• under the Trip Cancellation benefit, being the victim of an indictable criminal assault within 10 days prior to your departure date. An indictable criminal assault inflicted by you, a family member, travelling companion or travelling companion’s family member is not a covered reason under this insurance;
• under the Trip Interruption benefit, being denied boarding based on a suspicion that you or your travelling companion have a contagious medical condition (this does not include your or your travelling companion’s refusal or failure to comply with rules and requirements to travel or of entry to your or your travelling companion’s destination).

Covered Benefits

Trip Cancellation Benefits (prior to departure)

We will reimburse you for the following covered losses providing you cancel your trip prior to your departure date:

• the non-refundable, non-transferable to another date portion of the prepaid travel arrangements, less available refunds or future travel credits; or
• the additional reasonable cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a travelling companion’s trip is cancelled for a covered reason and yours is not.

Trip Interruption Benefits (after date and time of departure)

If your trip is interrupted for a covered reason we will reimburse you for the following:

• the unused non-refundable, non-transferable to another date, portion of the prepaid travel arrangements, less available refunds or future travel credits;
• the additional reasonable cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a travelling companion’s trip is interrupted for one of the above covered reasons and yours is not;
• reasonable*, additional accommodation, meal and transportation expenses up to $100 per day up to a maximum of 5 days, if a covered travelling family member or travelling companion must remain hospitalized as an inpatient;
• reasonable*, additional transportation expenses needed to return to your departure point or to travel from the place your trip was interrupted to the place where you can rejoin your trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of your trip; and
• reasonable*, additional travel costs for you to reach your scheduled destination if you must depart after your departure date.

* The reasonable amount of benefit paid to you will not exceed the cost of economy airfare by the most cost-effective route on the next available carrier, less any refunds paid to you.

Conditions and Limitations

You must notify the appropriate travel supplier(s) of your cancellation or interruption within 24 hours of the cause of cancellation or interruption, unless your condition or situation prevents it, then as soon as reasonably possible. If you do not do so, your claim will not be payable.

Exclusions

1. You are not covered for any reason, circumstance, event or medical condition which on the effective date, could reasonably have been expected to prevent you from travelling as booked (applies to Trip Cancellation Benefits only).
2. You are not covered for any reason, circumstance, event or medical condition which prior to your departure date, might reasonably have been expected to necessitate your immediate return or delayed return (applies to Trip Interruption/Trip Delay Benefits only).

3. You are not covered for any reason, circumstance, event or medical condition relating to an epidemic or pandemic, except as specifically provided for under the Covered Reasons.

Trip Cancellation and Interruption Coverage are also subject to the General Provisions, Statutory Conditions and General Exclusions, as well as the Pre-Existing Condition Exclusion.

Trip Delay Coverage

Covered Reasons and Benefits
If your trip is delayed from its scheduled departure time for more than 6 hours, we will pay you on a one-time per trip basis, up to a per person maximum of $300 per day and a total of 2 days, for reasonable, additional accommodation, meal and travelling expenses.

Covered reasons for which we provide a Trip Delay benefit are:

- delays of your common carrier (including bad weather);
- lost or stolen passports, money, or travel documents;
- quarantine;
- unannounced strikes;
- natural disaster;
- civil disorder or unrest.

Conditions, Limitations and Exclusions
1. Prepaid expenses are not covered, unless as otherwise specified under Trip Cancellation and Trip Interruption Coverage.
2. The additional expenses must be incurred by you.
3. The total amount paid for these additional expenses for all persons will not exceed the benefit maximum listed on the declaration page.

Trip Delay Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

Emergency Medical and Dental Coverage

Covered Benefits
Emergency Medical and Dental Coverage reimburses you for eligible expenses if you require emergency medical or dental care during your trip. This coverage will also cover expenses for emergency medical transportation back to your province of normal residence. In the event of injury or illness while on a trip, during the coverage period, we reimburse you for reasonable and customary charges for the following medically necessary expenses required by you.

Emergency Medical Expenses
We provide coverage up to the policy maximum amount up to $5,000,000, for the following:

Emergency Medical Treatment (including X-rays and lab)
This insurance covers emergency medical care or treatment of any medical condition that is acute (onset is sudden and unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

Emergency Dental Treatment (including x-rays and lab)
This insurance covers the following dental expenses when required as emergency treatment and ordered by or received from a licensed dentist:

- if you need dental treatment to repair or replace your natural or permanently attached artificial teeth because of an accidental blow to your face, you are covered for the emergency dental expenses you incur during your trip.
You are also covered up to a maximum of $1,000 to continue necessary treatment after your return to Canada. However, this treatment must be completed within 90 days after the accident.

- if you need emergency treatment to relieve dental pain, you are covered for the emergency dental expenses you incur during your trip, up to a maximum of $250, and the complete cost of prescription drugs.

Professional Fees
This insurance covers expenses for emergency treatment by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of $250 per profession.

Licensed Private Duty Nurse
This insurance covers the cost of licensed private duty nursing services to a maximum of $5,000 while you are an inpatient, when pre-approved by Allianz Global Assistance.

Prescription Drugs
This insurance covers the cost of prescription drugs, limited to a supply of 30 days, if prescribed because of an emergency condition.

Medical Appliances
This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or hospital-type beds, if ordered by a licensed physician. We will pay the lesser of the rental or the purchase price.

Ambulance/Ground Transport
This insurance covers the cost of local ground transport to a medical service provider in an emergency.

Medical Assistance Services

Medical Assistance
If you have a medical problem or emergency, you must contact Allianz Global Assistance, who will refer you to a local physician, dentist, hospital, medical facility, or other appropriate resource.

Medical Consultation and Monitoring
If you are hospitalized, Allianz Global Assistance’s medical staff will keep in contact with you and your treating physician to get information on the care you are receiving and determine the need for further assistance. Allianz Global Assistance will also contact your personal physician and family at home, if necessary.

Emergency Medical Transportation
We will arrange and pay for medical transportation services as specified below, which are required by you as a result of an injury or illness that occurs during the coverage period that requires transportation to an appropriate medical facility or return to your province of residence.

All emergency medical transportation services must be authorized in advance and organized by Allianz Global Assistance. Such services that Allianz Global Assistance does not pre-authorize shall not be covered.

Transportation to an Appropriate Medical Facility
If our consulting physician and the local attending physician determine that adequate treatment is not available locally and that treatment is medically necessary, you will be transported to the nearest appropriate medical facility.

Return to your Province of Residence
Once you have received emergency medical care and our consulting physician determines you are able to and recommends that you return home, we will arrange for you to return to your province of residence.

We will arrange and pay, up to the amount included in the overall policy maximum, for the following services and expenses to evacuate you to your province of residence:
• the cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return-trip tickets. If medically necessary or required by the airline, we will also pay the expenses for a qualified medical attendant to accompany you.

• the cost of a stretcher fare on a commercial flight via the most cost-effective route to your province of residence, if a stretcher is medically necessary.

• the cost of air ambulance transportation to the most appropriate facility in your province of residence, if the use of an air ambulance is required and medically necessary.

Accommodation and Meals

A maximum benefit of up to $150 per day (up to a total of 10 days) is provided to cover hotel expenses, meals and taxi fares, if you or your travelling companion, because of receiving a covered emergency treatment:

• are delayed beyond the initial return date; or
• have to relocate to receive the medical attention.

Bedside Visits

If you are travelling alone and will be hospitalized during your trip as an inpatient for more than 3 consecutive days, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a family member or a close personal friend to your bedside. We will also pay up to $150 per day (up to a total of 10 days) for that person’s reasonable accommodation, taxi fares and meals. Verification from the attending physician that the situation is serious enough to warrant the visit will be required.

This benefit is subject to pre-authorization and must be arranged by Allianz Global Assistance.

Repatriation of Remains

In the event of your death during your trip from a medical condition covered under this insurance, the insurance covers a maximum benefit of up to $5,000 in total for:

• the cost for reasonable and necessary services needed for the transport of your remains from the place of death to your city of residence; or
• the burial or the cremation of your remains where your death occurred. The cost of a burial coffin or urn is not a covered expense.
• if someone is legally required to identify your remains, this policy covers the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for that person. Meals and accommodations for that person are covered up to a maximum of $150 per day (up to a maximum of 3 days).

Return of Travelling Companion

If you are travelling with a travelling companion, this insurance covers them for the extra cost (i.e. transfer fees) of a one-way economy air fare on a commercial flight via the most cost-effective route to their departure point, if you must return to Canada because of a medical condition covered under this insurance.

This benefit is subject to pre-authorization and must be arranged by Allianz Global Assistance.

Return of Children and Escort for Children to their Departure Point

If children insured under one of our emergency medical insurances travel with you or join you during your trip and you are hospitalized for more than 24 hours or you must return to Canada because of your emergency medical condition covered under this insurance, this insurance covers:

• the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those children to their departure point; and
• the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the children be escorted.
Vehicle Return

If, as a result of a covered medical emergency, you are unable to return your vehicle or your rented vehicle to its point of origin, this insurance covers the reasonable costs up to $2,000 in total to return the vehicle to your residence or to the rental agency, when pre-authorized by Allianz Global Assistance.

Conditions and Limitations

1. You or someone on your behalf must contact Allianz Global Assistance before seeking care. If you do not notify Allianz Global Assistance or if you choose to receive treatment from a service provider other than that suggested by Allianz Global Assistance, you may be responsible for 30% of your medical expenses under this insurance. If your medical condition prevents you from calling Allianz Global Assistance before seeking emergency treatment, you must call as soon as medically possible.

2. As an alternative, someone else (family member, friend, hospital or physician’s office staff, etc.) may call on your behalf.

3. The medical staff of Allianz Global Assistance must approve all cardiac procedures, including cardiac catheterization, angioplasty and cardiovascular surgery in advance.

Emergency Medical and Dental Exclusions

Coverage is not provided for:

1. Any treatments, services, supplies, or charges we determine are non-emergent or can be reasonably delayed until your return to your province or territory of residence;

2. Any treatment received in unlicensed facilities or given by unlicensed health care providers, or given by a family member or a travelling companion, whether or not a licensed provider;

3. Regular care of a chronic condition;

4. Any treatment received if the purpose of the travel is to receive medical care, medication or treatment;

5. Any medical condition for which it was reasonable to expect treatment or hospitalization during your trip;

6. Any condition for which you had symptoms before your effective date that would have caused a prudent person to seek diagnosis or treatment (including emergency treatment);

7. Any recurrence or complication of any medical condition following medical treatment during your trip where Allianz Global Assistance determined and recommended you should return home and you chose not to do so;

8. Any cardiac catheterization, angioplasty, or cardiovascular surgery unless approved in advance by Allianz Global Assistance;

9. Treatment for any medical condition for which future investigation or treatment was planned before the effective date (other than routine monitoring);

10. Treatment or surgery for a specific condition, or a related condition, which had caused your physician to advise you not to travel.

Emergency Medical and Dental coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions, as well as the Pre-Existing Condition Exclusion

Baggage Coverage

Covered Reasons and Benefits

This insurance covers loss, damage or theft of baggage occurring on a covered trip.

We will reimburse you an amount up to the maximum of $1,000 for the loss, damage or theft of one or more items of baggage occurring on your covered trip.

Conditions and Limitations

1. You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of your baggage within 24 hours after the loss. You must file written proof of loss with us within
90 days from the date of your loss. If applicable law provides for a longer period, you must submit your claim within the longer period provided for by law.

You must attach copies of airline, cruise line or common carrier claims forms, original police reports, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, cancelled cheques, photos, or other appropriate documentation as may be required.

2. All benefits payable to you under this coverage are in excess of any payments provided by a common carrier or any other insurance you have.

3. The insurance will pay the lesser of:
   - the actual purchase price of a similar item;
   - the actual cash value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the program will pay up to 75% of the determined depreciated value); or
   - the cost to repair or replace the item.

4. You must have taken all reasonable measures to protect, save and recover your baggage.

5. For baggage items valued at $500 or more, we will only provide you with reimbursement if you submit receipts.

6. If an item is damaged and we pay a benefit hereunder to replace the item, the damaged item becomes ours.

Baggage Exclusions
The following baggage, property or losses are not covered:
1. Animals;
2. Automobiles and equipment, motorcycles, scooters, mopeds and motors;
3. Bicycles, skis, snowboards (except when checked with a common carrier);
4. Aircraft, boats or any other vehicles or conveyances;
5. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
6. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
7. Property shipped as freight or shipped prior to your departure date;
8. Rugs or carpets of any type;
9. Perishables, medicines, perfumes, cosmetics and consumables;
10. Baggage or personal effects that are unaccompanied or left unattended in a public place.
11. Property used in trade, business or for the production of income;
12. Antiques or collectors items;
13. Accidental loss, theft or damage to baggage or personal effects left unattended, unsecured and unlocked in your accommodation or the motor vehicle in which you are travelling; or
14. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

Baggage Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

Baggage Delay Coverage
Covered Reasons and Benefits
If your personal baggage is delayed or misdirected for at least 12 hours by a common carrier, we will reimburse you $200 for the reasonable cost to purchase essential items.
Conditions, Limitation and Exclusions

1. Verification of the delay by the common carrier and receipts for the essential items purchased must accompany any claim.

2. Purchases must be made within 36 hours of your arrival at your destination.

3. The costs of items purchased under this benefit will reduce the maximum amount payable under the Baggage Coverage benefit, if it is later determined that your personal baggage has been lost, stolen or damaged.

Baggage Delay Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

24-Hour Emergency Travel Assistance Services

Travel Document and Ticket Replacement Assistance

If your passport or other travel documents are lost or stolen, we will provide you with information and assistance to obtain replacing documents. We will also help you to replace lost airline and other travel tickets and assist you in obtaining money for this purpose. These funds will come from you, your family or friends. We will make all necessary arrangements for you and assist you to return home if your trip is interrupted.

Legal Assistance

If you have legal issues while travelling, our assistance coordinators will help you find a local legal advisor. If you require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from your family or friends.

Emergency Cash Transfer

If your cash or traveller’s cheques are lost or stolen, or if you need funds for the immediate payment of unexpected expenses, we will help arrange for emergency cash (in currency, traveller’s cheques or any other form acceptable to us) to be transmitted to you in a timely fashion. These funds will come from you, your family or friends. Our assistance coordinators will make all the necessary arrangements for you.

Emergency Message Centre

In an emergency, call Allianz Global Assistance, identify yourself by name and your policy number, and give the assistance coordinator your message. We will make at least 3 attempts in 24 hours to reach your requested party, and we will provide you with an update on the results of our efforts to deliver the message. We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for trips anywhere in the world.

Flight Accident Coverage

Description of Coverage

Subject to the policy terms and conditions, we agree to pay up to $100,000, for loss of life, limb or sight directly resulting from injury occurring during a trip while you are:

a) riding solely as a ticketed passenger in, or boarding or disembarking from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports.

b) on airport premises immediately before boarding or immediately after disembarking from an aircraft.

c) riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or disembarking from an aircraft.

Coverage is for all eligible flights ticketed and arranged before the effective date.

The maximum amount payable for injury resulting from one covered event under all Flight Accident Coverage under all policies issued by us and administered by Allianz Global Assistance is $10 million.
Covered Benefits
Benefits are payable for losses from the same injury according to the following schedule:

a) $100,000 for loss of:
   i. life; or
   ii. entire sight of both eyes; or
   iii. both hands; or
   iv. both feet; or
   v. one hand and entire sight of one eye; or
   vi. one foot and entire sight of one eye.

b) $50,000 for loss of:
   i. entire sight of one eye; or
   ii. one hand; or
   iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.
Loss of eye or eyes means total and irrecoverable loss of the entire sight.
Only one amount is payable (the largest) if you suffer more than one of these losses.

Exposure and Disappearance
If you are exposed to the elements or disappear as a result of a flight accident, a loss will be covered if:

a) as a result of such exposure, you suffer one of the losses specified in the schedule of losses above; or
b) your body has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that you suffered loss of life.

Flight Accident Exclusions
Flight Accident Coverage is subject to the General Provisions, Statutory Conditions and General Exclusions.

Travel Accident Coverage

Description of Coverage
Subject to the policy terms and conditions, we agree to pay up to $50,000, for loss of life, limb or sight resulting directly from injury, occurring during a trip, except while boarding, riding in, or disembarking from an aircraft.

The maximum amount payable for all losses related to one covered event under all Travel Accident Coverage under all policies issued by us and administered by Allianz Global Assistance is $10 million.

Covered Benefits
Benefits are payable for losses from the same injury according to the following schedule:

a) $50,000 for loss of:
   i. life; or
   ii. entire sight of both eyes; or
   iii. both hands; or
   iv. both feet; or
   v. one hand and entire sight of one eye; or
   vi. one foot and entire sight of one eye.

b) $25,000 for loss of:
   i. entire sight of one eye; or
   ii. one hand; or
   iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.
Loss of eye or eyes means total and irrecoverable loss of the entire sight.
Only one amount is payable (the largest) if you suffer more than one of these losses.
Exposure and Disappearance

If you are exposed to the elements or disappear as a result of an accident, a loss will be covered if:

c) as a result of such exposure, you suffer one of the losses specified in the schedule of losses above; or
d) your body has not been found within 52 weeks from the date of the accident. It will be presumed, subject to evidence to the contrary, that you suffered loss of life.

Travel Accident Exclusions

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

Travel Accident Coverage is also subject to the General Provisions, Statutory Conditions and General Exclusions.

Pre-Existing Conditions Exclusion

If you are age 64 or younger when you purchase this insurance, the following pre-existing condition exclusion applies to you.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your medical condition or related condition, if at any time in the 90 days before your effective date, your medical condition or related condition has not been stable.
2. Your heart condition, if at any time in the 90 days before you depart on your trip:
   - any heart condition has not been stable; or
   - you have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. Your lung condition, if at any time in the 90 days before you depart on your trip:
   - any lung condition has not been stable; or
   - you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any medical condition for which future investigation or treatment was planned before the effective date (other than routine monitoring).

If you are age 65 up to and including 84 years old when you purchase this insurance, the following pre-existing condition exclusion applies to you.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your medical condition or related condition, if at any time in the 180 days before your effective date, your medical condition or related condition has not been stable.
2. Your heart condition, if at any time in the 180 days before you depart on your trip:
   - any heart condition has not been stable; or
   - you have taken nitroglycerine more than once per week specifically for the relief of angina pain.
3. Your lung condition, if at any time in the 180 days before you depart on your trip:
   - any lung condition has not been stable; or
   - you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any medical condition for which future investigation or treatment was planned before the effective date (other than routine monitoring).

General Exclusions

These exclusions apply to all policy benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide;
2. Routine pre-natal care, fertility treatments, elective abortion, a child born during your trip, complications of your pregnancy when they occur in the 9 weeks before or after the expected date of delivery except as specifically provided for in the Trip Cancellation and Interruption benefit under Pregnancy and Adoption;
3. Mental, nervous or emotional disorders that do not require immediate hospitalization;

4. Abuse of any medication or non-compliance with prescribed medical treatment or therapy;

5. Any injury or accident occurring while you are under the influence of illicit drugs or alcohol (where the concentration of alcohol in your blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when you illustrate a visible impairment due to alcohol or illicit drugs and any chronic illness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;

6. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; terrorism or act of terrorism (unless specifically covered);

7. Amateur or professional sports, or other athletic activities, which are organized or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, parachuting, mountain climbing (where ropes or guides are normally used), caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an insured person solely for leisure, recreational, entertainment or fitness purposes;

8. Scuba diving, unless you hold a basic SCUBA designation from a certified school or other licensing body or you are accompanied by a dive master or are diving in water not deeper than 10 metres;

9. Nuclear reaction, radiation or radioactive contamination;

10. Biological or chemical contamination;

11. Seepage, pollution or contamination;

12. Financial collapse or default of any transport, tour or accommodation provider or any other service providers;

13. Any unlawful acts committed by you, family members, or travelling companions, whether they are insured or not;

14. Prohibition or regulation by any government which interferes with your trip,

15. Cosmetic or any other elective surgery;

16. Organ harvesting surgery;

17. Air travel except while you are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled trip or charter;

18. Any medical condition or related condition when you knew prior to your trip that you would require or seek treatment or surgery for that condition;

19. Your travel to a country, region or city for which the Canadian government has issued a written warning prior to your departure date to:
   - avoid all travel, or
   - avoid non-essential travel,
   to that city, region, or country, and your claim is related to or due to the reason for the warning.
   This includes written warnings to avoid non-essential travel, or to avoid all travel, on a common carrier.

20. Your travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.


   Cyber Risk means any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following:
   - Any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any computer system,
   - Any error or omission involving access to, or the processing, use, or operation of any computer system,
   - Any partial or total unavailability or failure to access, process, use, or operate any computer system,
• Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Computer System means any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.

<table>
<thead>
<tr>
<th>Claim Filing Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please note that Emergency Medical coverage provides for a reduction of benefits if you do not call before seeking emergency treatment. If your medical condition prevents you from calling before seeking emergency treatment, you must call Allianz Global Assistance as soon as medically possible. As an alternative, someone else may call on your behalf.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claims Portal</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the most efficient claims experience, claims for out-of-pocket expenses can be submitted through the secure Allianz Global Assistance Claims Portal <a href="http://www.allianzassistanceclaims.ca">www.allianzassistanceclaims.ca</a></td>
</tr>
</tbody>
</table>

**IMPORTANT:**

<table>
<thead>
<tr>
<th>Notice of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims should be reported as soon as reasonably possible, within 30 days of the incident date, and in no event later than one (1) year after the incident date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proof of Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Written proof of loss should be submitted as soon as reasonably possible, within 90 days of the incident date, and in no event later than one (1) year after the incident date.</td>
</tr>
<tr>
<td>• All eligible claims must be supported by receipts from commercial organizations and medical documentation regarding your treatment. Other documentation may be required or requested by Allianz Global Assistance.</td>
</tr>
<tr>
<td>• Any expenses for documentation or required reports are your responsibility.</td>
</tr>
<tr>
<td>• Incomplete information when submitting your claim will cause delay.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Provisions</th>
</tr>
</thead>
</table>

**Assignment**

Any benefits payable or which may become payable under this cannot be assigned by you, and the insurer is not responsible for and will not be bound by any assignment entered into by you.

**Benefit Payment**

Unless otherwise stated, all provisions in this policy apply to you during a trip. Benefits are only payable to you under one policy during a trip.

If more than one policy issued by the insurer is in effect at the same time, benefits will only be paid under one insurance policy; specifically the one with the highest amount of insurance.

Benefits are only payable for the plans and the specific amount of insurance selected, paid for by you, and accepted by Allianz Global Assistance acting on the insurer’s behalf at the time of application, and shown on your declaration page.

Any benefits payable do not include payment for interest charges.

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

**Conformity with Law**

Any policy provision that conflicts with any applicable law is hereby amended to conform to the minimum requirements of that law.

**Coordination of Benefits**

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force and held by or available to you.
Other coverage includes but is not limited to:

Your provincial or territorial health insurance plan of your province or territory of residence,

- Homeowners insurance,
- Tenants insurance,
- Multi-risk insurance,
- Any credit card, third-party liability, group or individual basic or extended health insurance,
- Any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

Allianz Global Assistance, on the insurer’s behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to you under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which you receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

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

If you are retired with an extended health plan provided by a former employer, that has a lifetime limit of up to $100,000, Allianz Global Assistance will not coordinate benefits with that provider on the insurer's behalf, except in the event of your death.

**Currency**

All benefit limits stated in your policy and declaration page are in Canadian dollars.

At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate in effect on the date the service was supplied to you will be used.

**General Terms**

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

**Governing Law**

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

**Language**

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

**Limit on Liability**

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

**Limitation of Action**

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), The Limitations Act (for actions or proceedings governed by the laws of Saskatchewan), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

**Misrepresentation or Nondisclosure**

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

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

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates on the effective date of this policy as shown on your declaration page.

Right to be Reimbursed (Subrogation)

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

- reimburse the insurer for all emergency medical and hospital costs paid under the policy from any amounts you receive from a third party responsible (in whole or in part) for your injury or illness whether such amounts are paid under a judgment or settlement agreement,
- whenever reasonable, initiate a legal action against the third party to recover your damages, including emergency medical and hospital costs paid under the policy,
- act reasonably, including in any settlement agreement, to preserve the insurer’s rights to be reimbursed for any emergency medical or hospital costs paid under the policy, and
- keep the insurer informed of the status of any legal action against the third party.

Your obligations under this section of the policy in no way restrict the insurer’s right to bring a subrogated claim in your name against the third party and you agree to cooperate with the insurer fully should the insurer choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this for any losses or expenses incurred due to or as a result of your travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

This will be governed by the local time of the Canadian province or territory in which you normally reside.

Statutory Conditions

<table>
<thead>
<tr>
<th>Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>The application, this policy, any document (including but not limited to the completed medical questionnaire, declaration page) attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copy of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>The insurer shall, upon request, furnish you or a claimant under the contract a copy of the application.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>No statement made by you or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may at any time request that this contract be terminated and the insurer shall, as soon as practical after you make the request, refund the amount of premium actually paid by you that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the insurer at the time of the termination.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notice and Proof of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>You or the claimant, if other than you, shall be responsible for providing Allianz Global Assistance with the following:</td>
</tr>
</tbody>
</table>
1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. supporting medical documentation, at the request of Allianz Global Assistance.

If you do not provide the required supporting documentation, your claim will not be paid.

**Failure to Give Notice and Proof**

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than the limitation period set out in *The Limitations Act* from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or

b) in the case of your death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than the limitation period set out in *The Limitations Act* after the date a court makes the declaration.

**Insurer to Furnish Forms for Proof of Claim**

Claims forms are available by contacting Allianz Global Assistance’s Claims Department and shall be furnished to you upon request, and no later than 15 days after receiving notice of claim.

**Rights of Examination**

The claimant shall provide the insurer with the opportunity to examine you when and so often as it reasonably requires while a claim is pending. In the case of your death, the insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The insurer shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the insured or the insured’s representative.

**When Money Payable**

All money payable under this contract shall be paid by the insurer within 60 days after the insurer has received proof of claim.

---

### Privacy Information Notice

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and "our") require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about you
- records that reflect your business dealings with and through us

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with you
- To consider any application for insurance
- If approved, to issue a Certificate or Policy of insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- To investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from...
members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder’s, insured’s or claimant’s file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca.

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at privacy@allianz-assistance.ca or by writing to:

Privacy Officer
Allianz Global Assistance
700 Jamieson Parkway
Cambridge, ON
N3C 4N6 Canada

For a complete copy of our Privacy Policy please visit www.allianz-assistance.ca.

Questions?

If you have any questions or concerns about our products, services, your policy, or claim please feel free to contact Allianz Global Assistance at the phone number(s) listed on your declaration page or email questions@allianz-assistance.ca.

Administered by:
AZGA Service Canada Inc.
o/a Allianz Global Assistance
700 Jamieson Parkway
Cambridge, Ontario N3C 4N6
Canada

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