Emergency Medical Plan

Allianz Global Assistance

Travel with confidence

Welcome to your travel insurance policy

You put all the plans in place for a good trip, and made your well-being a priority by choosing travel insurance. Allianz Global Assistance is there to support you should an unexpected emergency happen with 24/7 assistance, medical monitoring and guided care from our experienced, in-house team and network of trusted physicians and hospitals.

Take the time to get to know your ***policy*** before you leave on your trip and contact Allianz Global Assistance if:

- there is anything you do not understand,
- you have questions about this ***policy***,
- your travel arrangements change, or
- you have a change in health.

How to Reach us for Medical Care

CALL US BEFORE SEEKING TREATMENT

If *you* require **medical care** while travelling, it is critical that *you* contact Allianz Global Assistance before seeking *treatment*. In a serious medical *emergency*, get to a *hospital* immediately and have a *family member* or friend call Allianz on *your* behalf within 24 hours of admission and before any surgery is performed.

Allianz Global Assistance will guide *you* through the situation, find the best care locally, help manage *your* care, and support *you* in *your* recovery.

Please note: If *you* do not notify Allianz Global Assistance prior to seeking *treatment* without reasonable cause, *we* will only pay 80% of the **eligible medical expenses**. *You* will be responsible for paying the remaining 20% of eligible expenses.

Contact Information

Location	Number to call
In Canada or USA	Toll Free: 1-844-310-1578
Outside Canada or USA	Collect: 1-519-514-0355

International operator assistance may be required, depending on where *you* are calling from. Collect calls will be accepted.

It is recommended *you* confirm how to call Canada from *your* destination prior to departure so *you* are prepared in the event of an *emergency*.

For additional travel assistance needs or questions, please contact Allianz Global Assistance.

Medical Monitoring and 24/7 Emergency Assistance

You can rely on Allianz Global Assistance 24 hours a day, 7 days a week. Allianz Global Assistance has a caring and experienced in-house medical team, and a worldwide network of trusted *physicians* and *hospitals* ready to help when an unexpected *sickness* or *injury* arises.

Allianz Global Assistance will attempt to arrange direct billing with the medical facility whenever possible. Some facilities require payment up front and *you* may have to pay for *your treatment*. Be sure to keep all *your* original, itemized receipts.

Allianz Global Assistance provides the following **services** during a covered **unexpected** *sickness* or *injury*:

- Ensuring *you* receive the most optimal healthcare solution, based on *your* condition and location, from the first point of contact,
- A referral to the closest appropriate medical provider,
- Virtual care from qualified *physicians* in real-time via video or tele-conferencing, if appropriate for the situation,
- Monitoring the status of *your* medical case,
- Sharing important information and next steps related to *your* claim,
- Communicating with *you* and others *you* request such as *your* family, *your physician*, *travel supplier*, or consulate, and
- Coordinating Emergency Transportation arrangements, including air ambulance when immediate evacuation is required, related to *your* medical *emergency*.

Allianz Global Assistance will make commercially reasonable efforts to provide these services during a covered unexpected *sickness* or *injury*.

Quickly Claim Your Expenses

For fastest claim processing, any eligible medical expenses which *you* have paid for out of pocket can be submitted through Allianz Global Assistance's secure online Claims Portal (www.allianzassistanceclaims.ca).

The majority of *our* customers use the online Claims Portal to submit their claim in a few easy steps. *You* can return to the portal at any time to track the progress of *your* claim or upload any other documents that may be requested. *Your* explanation of benefits will also be immediately available once *your* claim is finalized.

Coverage Summary

Full terms, conditions and limitations of *your* coverage begin on page 10. If a specific benefit is limited to a lower maximum (a sublimit), this will be identified in the benefit descriptions.

Remember keep all of *your* documents together and take them with *you* when *you* travel!

Emergency Medical

Provides coverage for emergency *treatment* and services resulting from an **unexpected** *sickness* or *injury* occurring during *your trip*, up to an overall maximum of $10 million.

Emergency Medical Plan

Allianz Global Assistance

Who We Are

Travel insurance is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

Administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd. Allianz Global Assistance provides claims and travel assistance services on behalf of the insurance company.

Important Notices

Travel insurance is designed to reimburse *you* for **covered losses** that are sudden and unforeseen. It does not cover every situation and expense. *Your* coverage is subject to certain conditions, limitations and exclusions. It is important for *you* to read and understand *your policy* before *you* travel.

Please note that key terms are printed in *italics* throughout this ***policy*** and are defined in the Definitions section on page 7. Referring to the definitions will help *you* to better understand *your policy*.

- Please review *your* Confirmation of Coverage to confirm all information *you* provided is complete and accurate. If *you* provide false information (misrepresentation) or do not share important details (non-disclosure), *your policy* may be void or voided and leave *you* without coverage.
- This *policy* must be accompanied by a Confirmation of Coverage to complete the contract.
- *You* must meet all Eligibility criteria on page 5 on the *effective date* shown on *your* Confirmation of Coverage. If it is determined *you* are ineligible for coverage, *our* only obligation will be to refund *your* **premium** (premium is the amount *you* paid for this ***policy***).
- **Claims** for **pre-existing** *medical conditions* will only be considered if they meet the specific stability requirements on page 6.
- Any changes in *your* health may affect *your* coverage. If *you* experience a change in health after purchasing this ***policy***, contact *us* to determine how this may affect *your* coverage.
- *Your* prior medical history may be reviewed when a claim is reported.
- Some severe *medical conditions* have strict limitations on coverage. Please refer to the General Exclusions on page 12 for details.
- In the event of a medical *emergency*, *you* or someone on *your* behalf must contact Allianz Global Assistance before seeking *treatment,* or as soon as reasonably possible. Failure to notify Allianz Global Assistance will delay the processing of *your* claim and may result in a reduction or denial of *your* claim.

Right to Cancel

Please review this ***policy*** when *you* receive it to ensure it meets *your* needs. If *you* are not completely satisfied with this ***policy***, *you* may cancel it within 10 days of purchase for a full premium refund as long as *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim before *you* have left for *your trip*.

How to navigate this policy

Consider this page *your* home base which provides *you* with an overview of this ***policy***. From here *you* can easily explore the sections below by clicking on the topic *you* want to read more about.

Once *you* jump to *your* chosen section *you* can either continue to scroll and explore, or simply click on the

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button located on the bottom right of each page which will bring *you* back to this table of contents.

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Coverage Conditions

Coverage Period

When Your Coverage Starts

Your coverage starts on the *effective date*.

The *effective date* is the later of:

a) The date indicated as the *effective date* on *your* Confirmation of Coverage, or

b) The date *you* begin *your trip*.

Coverage is only provided for losses that occur while *your policy* is in effect.

When Your Coverage Ends

Your coverage ends on the *expiry date*.

The *expiry date* is the earlier of:

a) The date indicated as the *expiry date* on *your* Confirmation of Coverage, or

b) The date *you* end *your trip* (other than as described under Temporary Return Home section).

Eligibility

Review this section to confirm *you* are eligible for coverage.

To be eligible for coverage, all of the following conditions must be met:

1. As of the *effective date* of *your* ***policy*** *you* must:

   a) be at least 15 days old,

   b) be a Canadian resident and be insured for benefits under a Canadian government health insurance plan during the entire Coverage Period,

   c) not have been advised against travel by a *physician* for a period of time which includes *your trip*, and

   d) not be travelling or going on *your trip* to receive *treatment* or alternative therapy of any kind.

   Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada.

   The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for provincial coverage. It is *your* responsibility to ensure *you* remain eligible during *your* Coverage Period. Check *your* province or territory's health insurance plan for details.

2. In the two (2) years prior to the *effective date*, *you* must not have been **diagnosed** with or received *treatment* for a terminal condition for which a *physician* gave *you* a prognosis of eventual death or for which palliative care was or is being received.

3. If *you* are age 65 or older on the *effective date*, to be eligible for coverage *you* must not require assistance with activities of daily living including but not limited to, eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair), or dressing, as the result of a *medical condition* or state of health.

Important note about changes in *your* health:

If *your* health changes in any way before *your effective date*, contact *us* to see how this may affect *your* coverage.

Temporary Return Home

You can return to *your* province or territory of residence temporarily during *your* Coverage Period without *your* ***policy*** expiring. There is no coverage when *you* are in *your* province or territory of residence. Expenses for *your* temporary return are *your* responsibility and there is no premium refund for the time *you* were in *your* province or territory of residence. If *you* are still within *your* Coverage Period and choose to continue *your trip*, *you* must meet the eligibility requirements of this ***policy*** when *you* exit *your* province or territory of residence to continue *your* coverage.

Automatic Extension of Coverage

Your coverage may be automatically extended beyond the *expiry date* stated on *your* Confirmation of Coverage for the following reasons:

- **Medically unfit to travel:** If *you* or *your travelling companion* is deemed unfit to travel due to a covered *sickness* or *injury*, *your* coverage will be extended until *you* or *your travelling companion* is deemed fit to travel, plus an additional five (5) days to travel to *your* province or territory of residence. Allianz Global Assistance medical staff in consultation with the attending *physician* will determine when *you* or *your travelling companion* is deemed fit to travel.
- **Transportation Delay:** If *your travel carrier* is delayed, or the automobile in which *you* are travelling is involved in a *traffic accident* or *mechanical breakdown*, preventing *you* from returning on *your* scheduled return date, *your* coverage will be automatically extended for up to 72 hours.

Insuring Agreement

This section outlines the legal agreement made between *you* and *us*.

We will provide the coverage described in this ***policy*** in return for payment of the premium shown on *your* Confirmation of Coverage.

Your Confirmation of Coverage summarizes the benefit limits that *we* agree to provide during *your* Coverage Period. Unless otherwise stated, benefit limits are per insured person, per *trip*. Benefits are payable up to the specified limits, in excess of any amount allowed or paid for by any other insurance plan(s) or other sources of reimbursement. All benefit limits, premiums and other amounts referenced are shown in Canadian currency. Some benefits are subject to advance approval by Allianz Global Assistance.

Pre-existing Medical Conditions

Expenses that are due to, contributed by, or resulting from pre-existing *medical conditions*, may qualify for coverage, if *your* pre-existing *medical condition* meets the **stability period** that applies to *you*. All exclusions, including those for specific *medical conditions*, still apply.

IMPORTANT:

If *you* are age 64 or younger on *your effective date*:

Pre existing *medical conditions* that are stable for 90 days before the *effective date* qualify for coverage, up to the **Sum Insured** shown on *your* Confirmation of Coverage.

If *you* are age 65 or older on *your effective date*:

Pre existing *medical conditions* that are stable for 150 days before the *effective date* qualify for coverage, up to the **Sum Insured** shown on *your* Confirmation of Coverage.

To be considered stable during *your* **stability period**, *your* pre-existing *medical condition* or related conditions must not have resulted in any of the following:

1. New *treatment* (including new prescriptions),
2. Change in *treatment* including frequency, dosage or type (including prescriptions),
3. *Signs or symptoms*,
4. A new diagnosis,
5. Test results showing *your* condition is worsening,
6. Hospitalization,
7. A referral to a specialist, received or recommended, or
8. Waiting for any test results, further investigation, or surgery.

The following are considered stable:

1. **Diabetic Insulin users** - Routine insulin adjustment not prescribed by *your physician*, as long as insulin was not first prescribed during *your* **stability period**,
2. **Coumadin, Warfarin users** - Routine adjustment of these medications, as long as Coumadin or Warfarin were not first prescribed during *your* **stability period**,
3. A change from a brand name medication to a generic medication, or
4. **Minor Ailments** - a *sickness* or *injury* that ended more than 30 days prior to *your effective* date and did not require:
   a) *treatment* (including prescriptions) for more than 30 consecutive days, or
   b) more than one (1) follow-up with a *physician*.

A-Z Definitions

Throughout this ***policy***, words and any form of the word appearing in italics are defined in this section.

Accident(al)

An unexpected and unintended event that causes *injury*, property damage, or both.

Accommodation(s)

A hotel or any other kind of commercial lodging for which *you* make a reservation or where *you* stay and incur an expense.

Baggage

Personal property *you* take with *you* or acquire on *your trip*.

Climbing sports

An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.

Cohabitant

A person *you* currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.

Computer System

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.

Cyber Risk

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 (1) or more instances of any of the following:

1. 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*;
2. Any error or omission involving access to, or the processing, use, or operation of any *computer system*;
3. Any partial or total unavailability or failure to access, process, use, or operate any *computer system*; or
4. 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.

Departure date

The date on which *you* are originally scheduled to begin *your* travel, as shown on *your* Confirmation of Coverage.

Dependent child(ren)

Your unmarried biological, adopted or step child living in the same residence as *you*, for whom *you* have legal custody and/or control and is financially dependent on *you*, at least 15 days old, and:

1. No more than 21 years old, or
2. No more than 25 years old if full-time students, and
3. Cannot self-sustain independently without *your* aid or support due to mental or physical disability.

Effective date

As stated in the Coverage Period section.

Emergency

Sudden, unforeseen *sickness* or *injury* occurring during the Coverage Period that requires immediate *treatment* and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* province or territory of residence.

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.

Expiry date

As stated in the Coverage Period section.

Family member

Your:

1. Spouse (by marriage, common law, domestic partnership, or civil union);
2. *Cohabitants*;
3. Parents and stepparents;
4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;
5. Siblings and stepsiblings;
6. Grandparents and grandchildren;

7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;
8. Aunts, uncles, nieces, and nephews;
9. Legal guardians and wards; and
10. Paid, live-in caregivers;

Heart condition

Includes angina or chest pain, arrhythmia, coronary artery disease, congenital heart defect, acute and chronic heart failure, cardiomyopathy, myocardial infarction, cardiac tamponade, cardiogenic shock, cardiogenic syncope, heart block, heart murmur, and any other condition relating to the heart or cardiovascular system like carotid artery occlusions, vessel dissection and aneurysms of the great vessels.

High-altitude activity

An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.

Hospital

A medical facility or institution incorporated, registered and licensed as a hospital by the local jurisdiction that operates and functions for the provision of care and *treatment* of resident inpatients and where medically related services such as diagnosis, testing, *treatment* and surgery are provided and/or made available to patients. A Hospital shall have organized facilities on its premises or on a facility available to it that can provide accommodations for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. This does not include a convalescent or nursing home, palliative care, home for the aged, health spa, or an institution for the care of drug addiction, alcohol addiction or persons suffering from mental or emotional disorders.

Illegal act

An act that violates law where it is committed.

Incident date

The first date *you* exhibited *signs or symptoms* or sought *treatment* for a *medical condition*, *sickness* or *injury*.

Injury or Injured

Physical bodily harm.

Local public transportation

Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport *you* or a *travelling companion* less than 150 kilometers.

Lung/respiratory Condition

Includes asbestosis, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, Interstitial lung diseases, lung transplant, pleural effusions, pulmonary edema, tuberculosis or any other condition relating to lungs or respiratory system.

Medical condition

Any *sickness* (including *signs or symptoms* of undiagnosed conditions), *injury*, or condition for which *you* consulted a *physician*.

Natural disaster

A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.

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 *you*, a *family member* or a *travelling companion*, who is a medical practitioner and whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada.

Policy

This travel insurance document containing terms and conditions of this insurance.

Political risk

Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to:

- Nationalization;
- Confiscation;
- Expropriation (including Selective Discrimination and Forced Abandonment);
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Civil commotion assuming to proportion of or amounting to an uprising;
- Military and usurped power.

Primary residence

Your permanent, fixed home address for legal and tax purposes.

Professional sporting competition

A sporting competition in which competitors take part at either a professional or semi-professional level, while under contract to a club or sporting organization for payment or financial remuneration.

Quarantine

Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, 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 *travelling companion* has been exposed.

Reasonable and Customary

The services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury* or *medical condition*.

Service animal

Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to, guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.

Sick or Sickness

Any sudden illness or disease requiring the medical care or *treatment* of a *physician*.

Signs or Symptoms

Any abnormalities observed or uncovered in any examination, or any evidence of *sickness* or *injury* experienced by *you*.

Sporting equipment

Equipment or goods used to participate in a sport.

Travel carrier

A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:

1. Rental vehicle companies;
2. Private or non-commercial transportation carriers;
3. Chartered transportation, except for group transportation chartered by *your* tour operator; or
4. *Local public transportation*.

Travel supplier

A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.

Travelling companion

A person or *service animal* travelling with *you* or travelling to accompany *you* on *your trip*. A group or tour leader is not considered a travelling companion unless *you* are sharing the same room with the group or tour leader.

Treatment

A medical or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to, prescribed medication, investigative testing or surgery.

Trip

A period of time *you* are travelling outside of *your* province or territory of residence and for which coverage is in effect.

We, Us or Our

CUMIS General Insurance Company, a member of The Co-operators group of companies and/or AZGA Service Canada Inc. operating as Allianz Global Assistance (AGA).

You or Your

All persons listed as insureds on the Confirmation of Coverage.

Description of Coverage

Emergency Medical

Benefits

We will pay insured losses up to an overall coverage maximum shown on *your* Confirmation of Coverage for *reasonable and customary* expenses arising from an unexpected *sickness* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) or *injury* or *medical condition*, when both the *incident date* occurs and the expenses are incurred during the Coverage Period. Any *treatment* or service not listed below is not covered. The benefits and coverage are available to *you* worldwide other than in *your* home province or territory of residence.

Some benefits are subject to lower maximums (a sublimit), or require advance approval by Allianz Global Assistance.

Emergency Care

If *you* experience an unexpected *sickness* or *injury* during *your trip*, *we* will pay for the following *reasonable and customary* expenses:

Services

1. Hospital accommodation in a private or semi-private room, medical services and supplies when medically necessary for *your treatment* when *you* are a resident inpatient. *Your* accommodation at the *hospital* shall not exceed the maximum amount of time allowable and covered under the Emergency Medical Limit and any stay over such period of time shall be at *your* cost and not payable by *us*.
2. Medical professional services, including virtual visits, provided by a *physician*. Services of anesthesiologists, specialists and surgeons shall require the advance approval of Allianz Global Assistance. Failure to obtain the advance approval may result in a reduction in the insured losses payable.
3. Medically necessary lab tests or x-rays to obtain a diagnosis for *your emergency*, when ordered by a *physician*. All other diagnostic testing shall require the advance approval of Allianz Global Assistance. Failure to obtain the advance approval may result in a reduction in the insured losses payable.
4. One (1) follow-up visit during *your* Coverage Period when declared medically necessary by a *physician*. The follow-up visit must occur within the 15 days after the *incident date* (or 15 days after *your* discharge date, if hospitalized). Additional follow up visits shall require the advance approval of Allianz Global Assistance. Failure to obtain the advance approval may result in a reduction in the insured losses payable.
5. Up to $10,000 for private duty services performed by a licensed registered nurse when approved in advance by Allianz Global Assistance.
6. One (1) visit during *your* Coverage Period to a *physician* to obtain a written prescription for *your* medication if it was lost, stolen or damaged during *your trip*. The cost of the medication is *your* responsibility and not covered by this ***policy***.

Supplies

1. Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances when approved in advance by Allianz Global Assistance.

Treatment

1. Physiotherapist, chiropractor, podiatrist, chiropodist services to treat *your emergency* when medically necessary. *We* will pay up to a maximum of $500 per profession.
2. Prescriptions required as an outpatient as a result of *your* covered *sickness* or *injury* are limited to a 30 day supply. This does not include medication available without a prescription where *treatment* is received.

Dental

If *you* experience a dental *accident* or *emergency*, *we* will pay for the following *reasonable and customary* expenses related to the services that are provided by a licensed dentist, up to the maximum **Sum Insured** shown on *your* Confirmation of Coverage:

1. An *accidental* and unintentional strike to the face that causes damage to *your* natural teeth (including capped or crowned teeth) up to the maximum **Sum Insured** shown on *your* Confirmation of Coverage, or
2. Up to $500 to relieve temporary dental pain *you* experience while on *your trip*.

Emergency Transportation

If *you* require transportation to get to a medical facility to obtain medical *treatment* due to an unexpected *sickness* or *injury we* will pay for the following *reasonable and customary* expenses:

1. Local transportation, or local ground, air or sea ambulance (including mountain or sea evacuation) to the nearest *hospital*.
2. Emergency transportation to another medical facility when required to receive appropriate care.
3. Emergency transportation to return *you* to Canada once *your* condition has stabilized according to the opinion of *your* treating or attending *physician*.

Emergency transportation must be approved in advance and arranged by Allianz Global Assistance. Arrangements for transportation are subject to availability of appropriate care, a receiving bed and a receiving *physician* at the receiving medical facility. If required, this will include additional expenses such as seat upgrades, stretchers, a medical attendant or approved *family member* to accompany *you*.

If *you* refuse to be transported when *you* are declared fit and stable to travel by Allianz Global Assistance in consultation with the attending *physician*, *you* will no longer have coverage and be eligible to receive payments for insured losses for the *medical condition* that caused *your* claim for the remainder of the *trip*.

The following benefits apply if *you* are returned to Canada under the Emergency Transportation benefit.

Baggage Return

We will pay up to $500 to ship *your baggage* to *your primary residence* if it cannot be returned with *you* under the Emergency Transportation benefit.

Return of Travelling Companion

We will pay for the following *reasonable and customary* expenses when approved in advance by Allianz Global Assistance:

1. Extra cost for one-way economy transportation for *your dependent child(ren)* requiring *your* full-time supervision and care or one (1) *travelling companion* to return to their province or territory of residence, and
2. Round trip economy transportation for the cost of one (1) attendant or one (1) approved *family member* to return *your dependent child(ren)* requiring *your* full-time supervision and care to their province or territory of residence.

Return to Trip Destination

We will pay for one-way economy transportation by the most direct and affordable route to resume *your trip*, if after seeking and obtaining medical *treatment* in Canada *you* are declared medically fit to continue *your trip* by *your* attending *physician*. Any reoccurrence or complication of the condition that caused the return to Canada will not be covered under this ***policy*** if *you* continue *your trip*.

Additional Expenses While Hospitalized

These benefits apply if *you* are hospitalized for a minimum of 24 hours.

Incidental Expenses

When supported by receipts, *we* agree to pay for the following incidental *reasonable and customary* expenses incurred by *you* or any person insured under this ***policy*** staying with *you*:

1. Meals;
2. Commercial *accommodation*;
3. Phone calls;
4. TV rental or internet rental fees;
5. Local transportation; and
6. Child care provided by someone other than *your travelling companion* or *family member* (if a *dependent child* was travelling with *you*).

There is a per ***policy*** maximum of $500 per day, up to a maximum of $5,000 per ***policy*** for this benefit.

Bedside Companion

In the event:

1. *You* are hospitalized and a *physician* advises a *family member* or a friend's presence is necessary; or
2. Local authorities legally require *your* remains to be identified if *you* die as result of an unexpected *sickness* or *injury*;

we will pay for the following bedside companion expenses only when approved in advance by Allianz Global Assistance:

a) Round-trip economy transportation to bring one (1) *family member* or one (1) friend to *your* location, and

b) Commercial *accommodation*, meals, phone calls and local transportation expenses. There is a per ***policy*** maximum of $300 per day, up to a maximum of $1,500 applicable for this benefit.

Pet Return

This benefit applies if *you* are returned to *your* province or territory of residence under the Emergency Transportation Benefit, or if *you* are hospitalized due to a covered *sickness* or *injury*. *We* agree to reimburse *you* up to $500 for:

1. The cost to return *your* pet(s) to *your* province or territory of residence; or
2. The cost to board *your* pet(s) while *you* are hospitalized.

Pet means an animal owned by *you* for *your* personal companionship, emotional support or medical service purposes. Pet(s) not travelling with *you* and animals owned for commercial or business purposes are not covered. If *you* are travelling with more than one (1) pet, the maximum payable for all pets combined is $500.

Return of Vehicle/Watercraft

This benefit applies if *you* cannot return to Canada with *your* vehicle or watercraft that *you* took with *you* and used for *your trip*, due to a covered unexpected *sickness* or *injury*. *We* will pay up to a total of $5,000 to return *your* vehicle or watercraft used for *your trip* to its point of origin, or in the case of a rental vehicle, to the closest rental agency.

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

Return of Deceased

In the event of *your* death due to a covered unexpected *sickness* or *injury*, *we* will pay for one (1) of the following:

1. The *reasonable and customary* costs to prepare and return *your* remains, in a standard transportation container, back to *your* province or territory of residence, or
2. Up to $5,000 for the cremation or burial at the place of *your* death.

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

General Exclusions

This section describes the exclusions applicable to *your* ***policy***.

An exclusion is something that is not covered by this ***policy***, and therefore no payment would be available.

This ***policy*** does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *travelling companion*, or a *family member*:

1. Pre-existing *medical conditions* that do not meet *your* stability period as stated in Pre-existing Medical Conditions on page 6.
2. An unrepaired aneurysm 4 cm or greater, measured in either length or diameter, diagnosed at any time before the *effective date*.
3. Any *heart condition* if *you* used or were prescribed nitroglycerin in the 90 days before the *effective date*.
4. Any *heart condition* if *you* were diagnosed with, received *treatment* for, or had an episode of congestive heart failure in the two (2) years before the *effective date*.
5. Any kidney condition that required dialysis in the 90 days before the *effective date*.
6. Any *lung/respiratory condition* if *you* used or were prescribed home oxygen or oral steroids (inhalers are not considered oral steroids) for a *lung/respiratory condition* in the 90 days before the *effective date*.
7. Any cancer if *you* had any cancer *treatment* (other than for basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the 90 days before the *effective date*.
8. Any bone marrow, stem cell, or organ transplant (excluding skin or cornea) received or recommended in the two (2) years before the *effective date*.
9. Dental procedures, except as otherwise described in the Dental benefit.
10. The following pregnancy related conditions:
    a) Routine pre-natal or post-natal care;
    b) Pregnancy, childbirth or related complications after the 31st week of pregnancy; or
    c) High-risk pregnancy. High-risk pregnancy means a pregnancy involving a *medical condition* that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These *medical conditions* include, but are not limited to, pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

    A child born during a *trip* is not an insured person under this ***policy***.

11. Continued *treatment* or recurrence of a *medical condition* during *your trip*, if:
    a) The *emergency* is declared over by Allianz Global Assistance in conjunction with the treating or attending *physician*;
    b) *You* refuse to be transported to another medical facility or to Canada when *you* are declared safe and fit to travel by Allianz Global Assistance in conjunction with the opinion of the treating *physician*. As of the date *you* refuse to be transported, *you* will no longer have coverage for the *medical condition* that caused *your* claim; or
    c) *You* continued on *your trip* after being returned to Canada, as stated in the Return to Trip Destination benefit.
12. Any of the following *treatment(s)*:
    a) *Treatment* not related to an *emergency*;
    b) Elective *treatment*; or
    c) Experimental *treatment*.
13. *Your* travel to a country, region or city with a published formal travel advisory issued by the Canadian government or responsible ministry or public authority, before *your effective date*, advising travellers to avoid all travel, or to avoid non-essential travel, and *you* have an *emergency* or *medical condition* related to the reason for the travel warning, *your* claim will not be paid. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a *travel carrier*.
14. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your* ***policy*** was purchased.
15. *Your* intentional self-harm or if *you* attempt or commit suicide.
16. Any *medical condition* arising during *your trip* resulting from, or in any way related to, the abuse of alcohol that results in a blood alcohol level of more than 80 milligrams in 100 millilitres of blood, drugs or other intoxicants. This does not apply to drugs prescribed to *you* by a *physician* and used by *you* as prescribed.
17. Acts committed with the intent to cause loss.
18. Participating in or training for any *professional sporting competition*.
19. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.
20. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
    a) Skydiving, BASE jumping, hang gliding, or parachuting;
    b) Bungee jumping;
    c) Caving, rappelling, or spelunking;
    d) Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
    e) *Climbing sports* or free climbing;
    f) Any *high-altitude activity*;
    g) Personal combat or fighting sports;
    h) Racing or practicing to race any motorized vehicle or watercraft;
    i) Free diving; or
    j) Scuba diving at a depth greater than 20 meters or without a dive master.

    For high-risk sports and activities that are not expressly excluded to be covered, they must be:
    i. Arranged as part of *your trip*;
    ii. Provided by a company that is regulated or licensed where required; and
    iii. Not otherwise prohibited by law.

    You must wear all recommended safety equipment while participating in *your* high-risk sports and activities and the *sporting equipment* must be used in the manner for which it was intended in order to be eligible for coverage.
21. An *illegal act* resulting in a conviction, except when *you*, a *travelling companion*, a *family member,* or *your service animal* is the victim of such act.
22. *Natural disaster*.
23. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination.
24. *Nuclear reaction*, radiation, or radioactive contamination.
25. War (declared or undeclared) or acts of war.
26. Military duty.
27. *Political risk*.
28. *Cyber risk*.
29. Civil disorder or unrest.
30. An act of negligence or gross negligence or any omission or failure, by *you* or a *travelling companion*, to exercise the standard of care expected of a reasonable person in similar circumstances.
31. Acts, travel alerts/bulletins, or prohibitions by any government or public authority.

32. Travel against the orders or advice of any government or other public authority.

This ***policy*** does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

IMPORTANT:

You are not eligible for reimbursement if:

1. *Your travel carrier* tickets do not show travel date(s); or
2. The Departure date and Return date as shown on the Confirmation of Coverage do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking).



Making Changes to Your Coverage

Change in Trip Dates

If *you* need to change the *effective date* or *expiry date* shown on *your* Confirmation of Coverage, contact *us* to make the request.

You can apply for additional coverage after *you* have left on *your trip*, by contacting *us*, if:

1. *You* purchase additional coverage before the *expiry date* of *your* existing coverage,
2. *You* have no reason to seek medical attention during the new Coverage Period, and
3. *You* have no reason to submit a claim during the new Coverage Period.

If *you* have incurred a claim, *your* file will be reviewed before deciding on granting an extension. Each ***policy*** or term of coverage is considered a separate contract. *We* reserve the right to decline any request for new terms of coverage.

Refunds

A full premium refund will be provided as long as *you* have not left on *your trip*. If *you* end *your trip* early, *you* can request a partial refund for unused days provided *you* have not submitted a claim under any benefit in this ***policy***.

Please contact *us* if *you* need to request a premium refund. When submitting a request for a refund of *your* premium, please include:

1. A fully completed and signed Premium Refund Request Form,
2. A copy of *your* Confirmation of Coverage, and
3. Any other documentation to support *your* refund request.

IMPORTANT:

The refund will be calculated based on the date the refund request is received by Allianz Global Assistance.

Refund amounts less than $20 will not be issued.

How to Claim Your Expenses

If *you* require medical care while travelling, it is critical that *you* contact Allianz Global Assistance before seeking *treatment*. In a severe medical *emergency*, get to a *hospital* immediately and have a *family member* or friend call Allianz Global Assistance on *your* behalf within 24 hours of admission and before any surgery is performed. For more details, refer to Medical Monitoring and 24/7 Emergency Assistance on page 2.

Claims for out-of-pocket expenses can be submitted through the secure Allianz Global Assistance. Claims Portal: www.allianzassistanceclaims.ca for the most efficient claims experience.

IMPORTANT:

Notice of Claim. Claims should be reported as soon as reasonably possible, within 30 days of occurrence, and in no event later than one (1) year after the date of occurrence.

Proof of Loss. Written proof of loss should be submitted as soon as reasonably possible, within 90 days of occurrence, and in no event later than one (1) year after the date of occurrence.

All eligible claims must be supported by receipts from commercial organizations and medical documentation regarding *your treatment*. Other documentation may be required and/or requested by Allianz Global Assistance.

Any expenses for documentation or required reports are *your* responsibility.

Incomplete information when submitting *your* claim will cause delay.

Legal Information

This section outlines the general provisions and statutory conditions that apply to this ***policy***, and how *your* information is kept safe and secure. *You* are encouraged to reach out to *us* anytime if something in *your* ***policy*** is not clear to *you*.

General Provisions

Assignment

Any benefits payable or which may become payable under this ***policy*** cannot be assigned by *you*, and *we* are 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 (1) ***policy*** during a *trip*.

If more than one (1) ***policy*** issued by *us* is in effect at the same time, benefits will only be paid under one (1) ***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 *us* at the time of application, and shown on *your* Confirmation of Coverage.

Any benefits payable do not include payment for interest charges.

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

We 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, *we* will not coordinate benefits with that provider, except in the event of *your* death.

Currency

All benefit limits stated in *your* ***policy*** and Confirmation of Coverage 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 ***policy*** will be governed by the laws of the Canadian province or territory in which *you* normally reside.

Language

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

Limit on Liability

It is a condition precedent to liability under this ***policy*** that at the time of application and on the *effective date*, *you* 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 and void at *our* option, and any claim submitted thereunder shall not be payable.

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

Premiums

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

Repayment Obligations

If, due to mistake or any other reason, *you* receive payments in excess of what this ***policy*** provides, *you* shall repay the overpayment to *us* if a reimbursement request is made of *you*. If *you* fail to repay the overpayment, then without limiting any other available remedies available to *us*, *we* may deduct the amount of the overpayment from any other benefits that become payable under this ***policy***.

Right to be Reimbursed (Subrogation)

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

1. Reimburse *us* 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 sickness* or *injury* whether such amounts are paid under a judgment or settlement agreement,
2. Whenever reasonable, initiate a legal action against the third party to recover *your* damages, including *emergency* medical and *hospital* costs paid under the ***policy***,
3. Act reasonably, including in any settlement agreement, to preserve *our* rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the ***policy***,
4. Keep *us* informed of the status of any legal action against the third party,

5. Include all *emergency* medical and *hospital* costs paid under the ***policy*** in any settlement agreement *you* reach with the third party, and

6. Advise *your* counsel of *our* right to reimbursement under the ***policy***.

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

Sanctions

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

Time

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

Statutory Conditions

Contract

The application, this ***policy***, any document (including but not limited to the completed Medical Screening and Confirmation of Coverage) attached to this ***policy*** when issued and any amendment to the contract agreed on in writing after this ***policy*** is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Waiver

We 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 and signed by *us*.

Copy of Application

We shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

Material Facts

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

Termination

You may at any time request that this contract be terminated and *we* 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 *us* at the time of the termination.

Please refer to Making Changes to Your Coverage on page 14.

Notice and Proof of Claim

Please refer to How to Claim Your Expenses on page 14.

You or the claimant, if other than *you*, shall be responsible for providing Allianz Global Assistance with the following:

1. Receipts from commercial organizations for all costs incurred and itemized accounts of all services which have been provided,

2. Any payment made by any other insurance plan or contract, including a government hospital/medical plan, and

3. Supporting 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:

1. 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

2. 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 Proof of Claims

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 *us* 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, *we* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. *We* 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 *us* within 60 days after *we* have received proof of claim.

Privacy Notice

Protecting your personal information

Protecting *your* personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed. PLEASE READ THIS NOTICE CAREFULLY.

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 Privacy Notice collectively "We" "Us" and "Our") require *your* personal information.

Personal information we collect

We will collect *your* personal information including but not limited to:

- Surname, First name
- Address
- Date of Birth
- Telephone numbers
- Email addresses
- Credit/debit card and bank account information
- Employment details including termination notices and accepted offers of employment
- Sensitive personal information such as: Medical information relating to *your* health status, excluding genetic test results

How will we obtain and use your personal information?

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

- To identify and communicate with *you*
- To consider any application for insurance
- If approved, to issue a Policy or Certificate of Insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses
- To adjudicate 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 reserve our right to collect personal information, necessary for insurance purposes, from the following individuals:

- Individuals who apply for insurance products
- Certificate holder and/or Policyholders
- Insureds and/or Claimants
- *Family members*, friends or *travelling companions* of a Certificate or Policyholder, Insured or Claimant, in cases where *you*, for medical or other reasons, cannot communicate directly with Us.

Who will have access to your personal information?

We disclose information for insurance purposes, to and with, third parties such as, but not necessarily limited to, other Allianz group companies, health care practitioners and facilities in Canada and abroad, government and private health insurers, *family members* and friends/ *travelling companions* of the Certificate holder or Policyholder, Insured or Claimant and agencies. We may also use and disclose information from Our existing files for insurance purposes. Our employees who require this information for the purposes of administering your insurance 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"). 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.

What are your rights in respect of your personal data?

When permitted by applicable law and regulations *you* have the right to:

- Access *your* personal data held about *you*
- Withdraw consent at any time where *your* personal data is processed
- Update or correct *your* personal information so that it is always accurate

- Delete *your* personal information from our records, if it is no longer needed for the purposes indicated above
- File a complaint with Us and/or relevant data protection authority

You may exercise these rights by contacting the Privacy Officer at privacy@allianz-assistance.ca.

How long do we keep your personal data?

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, Ontario N3C 4N6 Canada

How can you contact us?

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.

For a complete copy of Our Privacy Policy, please visit www.travelinsurance.ca.

How often do we update this privacy notice?

We regularly review this Privacy Notice. We will ensure the most recent version is available on Our website, www.travelinsurance.ca.

Contact Information

Administrator:

Allianz Global Assistance
700 Jamieson Parkway
Cambridge, Ontario N3C 4N6
1-844-310-1578

Insurer:

CUMIS General Insurance Company
P.O. Box 5065, 151 North Service Road
Burlington, Ontario L7R 4C2
1-800-263-9120

Know Your Rights

Allianz Global Assistance is proud to be a member of Travel Health Insurance Association (THIA). THIA has designed the Travel Insurance Bill of Rights and Responsibilities to help customers understand what to expect from their travel insurance policies along with responsibilities customers 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

Please visit https://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html for more information.