DISTRIBUTION GUIDE AND 
TRAVEL INSURANCE POLICY

Blue Cross®

Name of product
Blue Cross Travel Insurance

Type of product
Individual travel insurance policy

Insurers
Canassurance Hospital Service Association
550 Sherbrooke Street West, Suite B-9
Montreal, Quebec H3A 3S3
Telephone: 514-286-8400
Fax: 514-286-8358

Canassurance Insurance Company
550 Sherbrooke Street West, Suite B-9
Montreal, Quebec H3A 3S3
Telephone: 514-286-8400
Fax: 514-286-8358

The address of your distributor is found on the back cover of this brochure.

Responsibility of the Autorité des marchés financiers
The Autorité des marchés financiers does not express an opinion as to the quality of the products offered in this guide. The Insurer is solely responsible for any discrepancies between the wording of the guide and the policy.
# DISTRIBUTION GUIDE

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Note: words in bold and italic type in the text are found under “Definitions” on pages 39 to 41.
WHY A DISTRIBUTION GUIDE?

The purpose of this guide is to describe the travel insurance product offered in a simple and concise manner so you can judge for yourself whether this product is right for you in the absence of an insurance advisor.

The present guide also provides you with the main exclusions and restrictions of your policy. Read them carefully!

THE INSURER

**Insurer** means:

1. In Quebec and Ontario:
   - Canassurance Hospital Service Association (non-profit mutual benefit association) for the Emergency Medical Care benefit;
   - Canassurance Insurance Company for all other benefits.
2. Elsewhere in Canada:
   - Canassurance Insurance Company.

YOUR INSURANCE CONTRACT

Your insurance contract consists of the **insurance certificate** and the insurance policy.

- The **insurance certificate** indicates the product purchased, the dates of coverage, the benefits and services covered by this contract, the deductible as well as the particular medical conditions specifically excluded from this contract.

- The policy (including endorsements, if applicable) defines the benefits and services offered.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

IN CASE OF EMERGENCY

You must contact CanAssistance travel assistance services **BEFORE** you go to a hospital or a clinic, otherwise your claim may be refused.

From Canada and the United States:
1-800-361-6068

From elsewhere in the world, collect:
514-286-8411
DESCRIPTION OF BLUE CROSS TRAVEL INSURANCE

1- PRODUCTS OFFERED

‘Blue Cross Travel Insurance' consists of different benefits that cover you when dealing with unforeseen situations while travelling. These benefits are available under different combinations called products and are displayed in the table below.

<table>
<thead>
<tr>
<th>Products Offered</th>
<th>Solutions for single and occasional trips</th>
<th>Solutions for multiple trips and frequent travellers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Package Plus</td>
</tr>
<tr>
<td>Obtain only desired benefits</td>
<td>A combination of our most popular benefits for a trip abroad</td>
<td>A combination of our most popular benefits for a trip in Canada</td>
</tr>
</tbody>
</table>

**Benefits Offered**

(X = MANDATORY IN THE SELECTED PRODUCT)

<table>
<thead>
<tr>
<th>Benefits Offered</th>
<th>Individual</th>
<th>Package Plus</th>
<th>Canada Package</th>
<th>Summer Time Blue</th>
<th>Annual medical</th>
<th>Annual package option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Care</td>
<td>Optional if Trip Cancellation/ Interruption is selected</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trip Cancellation or Interruption</td>
<td>Optional if Emergency Medical Care benefit is selected</td>
<td>Optional</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental Death or Dismemberment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Flight Accident</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baggage*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Available Benefits**

<table>
<thead>
<tr>
<th>Benefits Offered</th>
<th>Individual</th>
<th>Package Plus</th>
<th>Canada Package</th>
<th>Summer Time Blue</th>
<th>Annual medical</th>
<th>Annual package option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Return**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Rental Physical Damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* To purchase this benefit, you must also purchase one of the following benefits: Emergency Medical Care and/or Trip Cancellation or Interruption.

** Purchasing the Emergency Medical Care benefit is mandatory to purchase this benefit.

**Note that all products offered give you access to CANASSISTANCE Travel Assistance Services**
Solutions for single trips

We offer three insurance solutions for single or occasional trips:

**Individual**: allows you to select one or many benefits to meet your specific insurance needs.

**Package Plus**: a combination of turnkey benefits for trips partially in Canada or abroad.

**Canada Package**: a combination of turnkey benefits when your trip is entirely within the Canadian borders.

The purchase or *prepayment* of land or sea arrangements or transportation ticket is compulsory to purchase the Package Plus or Canada Package insurance.

Solutions for multiple trips

For frequent travellers or those who plan to go on more than one trip:

**Summertime Blue**: coverage for Emergency Medical Care offered only for the summer. Offered to persons aged 75 and under, Summertime Blue covers all trips taken between the first Monday in the month of June and the first Tuesday in the month of September, no matter the length of stay.

**Annual**: for those who want annual coverage for multiple trips. The insurance covers you for each trip made outside the province of residence as long as the duration of each trip does not exceed the number of days selected from the trip durations offered: 4, 8, 17, 31, 60, 90, 120, 150 and 180 days.

To be eligible, you must be 85 years old or under for trip durations of 4 to 120 days or 80 years old or under for trip durations of 150 to 180 days.

The Annual plan is divided in 3 categories:

- **Annual Medical**: for those who want annual Emergency Medical Care coverage.

- **Annual Package Option**: for those that do not need medical coverage while travelling, but who wish to be insured for Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident and Baggage on an annual basis.
- **Annual Medical and Package Option**: a combination of our 2 Annual plans for those who wish to have full coverage both for Emergency Medical Care and the benefits covered in the Package Option.

The insurance is in force for a period of 365 days (one year) as of its effective date.

**Maximum sums insured under each benefit:**

- **Emergency Medical Care benefit**: $5,000,000 (optional deductible available)
- **Trip Cancellation or Interruption benefit**: according to the amount indicated on the *insurance certificate*
- **Accidental Death or Dismemberment benefit**: according to the amount indicated on the *insurance certificate*
- **Air Flight Accident benefit**: according to the amount indicated on the *insurance certificate*
- **Baggage benefit**: $1,500
- **Emergency Return benefit**: unlimited
- **Car Rental Physical Damage benefit**: up to $75,000

**WARNING**

The benefits presented apply only when they are mentioned on your *insurance certificate* and your premium has been paid in full.

Make sure you have received a copy of your *insurance certificate* mentioning the benefits you have selected.
2- TYPES OF BENEFITS OR SERVICES OFFERED

A) Emergency Medical Care benefit

Benefits will be paid for eligible expenses incurred following an emergency resulting from an accident or sudden illness that occurs on a trip during the period of coverage.

Expenses are covered up to $5,000,000.

Eligible costs are limited to what is declared necessary for the stabilization of the medical condition.

This benefit does not cover non-urgent care such as regular check-ups with a physician, prescription refills or follow-up visits for a stabilized condition.

The benefits provided by this coverage are over and above and are not a substitution for benefits granted by government programs. The Insurer does not reimburse what is paid by the governments.

The benefits provided by this coverage are granted once the deductible has been paid. The deductible is the part of the eligible expenses you must pay and remain responsible for in case of a claim. The deductible amount is indicated on your insurance certificate and applies per trip per covered person.

Eligible costs come under 4 categories:

- Hospitalization, medical and paramedical expenses
- Transportation expenses
- Subsistence allowance
- Medical Follow-up in Canada (applicable when you are repatriated at the expense of the Insurer following a hospitalization outside of your province of residence)
## Hospitalization, medical and paramedical expenses

<table>
<thead>
<tr>
<th>Hospital expenses</th>
<th>Cost for a private or semi-private room when your condition requires <strong>hospitalization</strong>. Expenses inherent to <strong>hospitalization</strong>, such as parking fees, television rental, etc. ($100 maximum per <strong>hospitalization</strong>).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians' fees</td>
<td>Whether you see a physician at a clinic or a hospital.</td>
</tr>
<tr>
<td>The following professional fees when they are prescribed by the doctor and are required for your medical condition</td>
<td>Private care from a registered nurse during the <strong>hospitalization</strong> period. Services of a physiotherapist, chiropractor, osteopath or podiatrist (maximum $300 per profession). Dermatological emergencies ($300 maximum per trip).</td>
</tr>
<tr>
<td>Diagnostic expenses and medical appliances when prescribed by the doctor</td>
<td>Charges for laboratory tests and X-rays. Rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other necessary medical appliances.</td>
</tr>
<tr>
<td>Drugs</td>
<td>Drugs prescribed as part of an emergency <strong>treatment</strong>.</td>
</tr>
<tr>
<td>Dental care</td>
<td>Up to a maximum of $2,000 when healthy, natural teeth are damaged due to external injury. Up to $500 for any emergency dental treatment excluding root canal treatments.</td>
</tr>
</tbody>
</table>
Transportation expenses

Ambulance or taxi service
The cost of ambulance or taxi service to get to the nearest appropriate medical facility.

Repatriation to the province of residence following the authorization of the attending physician and CanAssistance
Costs incurred for repatriation to your province of residence in order to get immediate medical care.

When you are repatriated, the cost of repatriation of a travelling companion or members of your immediate family who are also covered under this contract when they are unable to return by the means of transportation initially planned.

Transportation for a friend or family member to visit the covered person who is hospitalized for a period of 7 days or more, or to complete the formalities after the death of the covered person
When one of the events mentioned occurs, the Insurer agrees to pay the following fees:
- The total cost of round-trip, economy class transportation;
- Up to $1,200 for the cost of accommodation and meals in a commercial establishment ($300 maximum per day) and the cost of travel insurance.

Vehicle return
When an illness or accident occurs resulting in your inability to bring your road vehicle back to your place of residence or to the rental agency in the case of a rental car:
- The cost for the return of the road vehicle by a commercial agency designated by CanAssistance, subject to a maximum of $5,000.
Baggage and pet return
If you must be repatriated:

- The cost for returning your baggage to your province of residence ($300 maximum);
- The cost for returning your pet to your province of residence ($500 maximum).

Return of the deceased following the death of the covered person

Cost of preparing and returning the deceased body (excluding the cost of the coffin) to the departure point in the province of residence or the cost of cremation or burial on site (excluding the cost of the urn, coffin or gravestone), subject to a maximum of $10,000.

Subsistence allowance

Accommodation and meal costs in a commercial establishment
When your return is delayed because of bodily injury or illness for which you are the victim yourself or which affects your travelling companion or a member of your immediate family ($300 maximum per day / maximum $3,000 in total).
Medical Follow-up in Canada

When hospitalized outside of your province of residence and repatriated at the expense of Blue Cross, the following fees when they are engaged within 15 days of your repatriation:

<table>
<thead>
<tr>
<th>Cost of a semi-private room</th>
<th>The cost of a semi-private room in a hospital or a rehabilitation center or a convalescent home (maximum $1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse’s services</td>
<td>The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant (maximum $50 per day / maximum 10 days)</td>
</tr>
<tr>
<td>Medical appliances rental fees</td>
<td>Crutches, standard walker, canes, trusses, orthopaedic corset and oxygen (maximum $150)</td>
</tr>
<tr>
<td>Transportation fees</td>
<td>Ambulance or taxi fees to receive medical care (maximum $250)</td>
</tr>
</tbody>
</table>
Exclusions and reductions of coverage

WARNING

A claim will be refused if the claimed charges are due, directly or indirectly, to one of the following causes:

Exclusions due to pre-existing conditions
1. For persons under the age of 55, during the 3 months prior to the last of the following dates:
   - the effective date of the contract, or;
   - the actual departure date for the trip.
   a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which you:
      - consulted a physician (other than for a regular check-up), or;
      - were hospitalized, or;
      - were prescribed or received a new treatment, or;
      - received a change in an existing treatment, or;
      - were prescribed or took a new medication, or;
      - received a change in existing medication\(^1\) (including usage or dosage).
   b) any heart condition for which you took nitroglycerin more than once in a 7-day period for the relief of chest pain.
   c) any pulmonary condition for which you were treated with home oxygen or needed corticosteroid therapy.

2. For persons aged 55 to 75 and covered for less than 32 days or covered by Summertime Blue\(^\circledR\), during the 6 months prior to the last of the following dates:
   - the effective date of the contract, or;
   - the actual departure date for the trip.
   a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which you:
      - consulted a physician (other than for a regular check-up), or;
      - were hospitalized, or;
      - were prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- were prescribed or took a new medication, or;
- received a change in existing medication¹ (including usage or dosage).

b) any heart condition for which you took nitroglycerin more than once in a 7-day period for the relief of chest pain.

c) any pulmonary condition for which you were treated with home oxygen or needed corticosteroid therapy.

3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over:

A) The following particular medical conditions are excluded unless otherwise stipulated on the insurance certificate:

a) During your lifetime, any illness or condition related to the following medical conditions for which you were diagnosed with or treated for:

- cardiovascular condition (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);

- kidney failure;

- organ transplant (heart, liver, pancreas, lung, bone marrow);

b) During the 24 months prior to the effective date of coverage, any chronic pulmonary condition (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which you were hospitalized or took cortisone pills.

c) During the 12 months prior to the effective date of coverage, any illness or condition related to one of the following conditions:

- cancer (with the exception of basal cell carcinoma) for which you were diagnosed with or treated for;

- gastrointestinal condition (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn’s disease, pancreatitis, ulcerative colitis) for which you were diagnosed with or treated for.
B) are also excluded when arising in the 6 months prior to the effective date of coverage:
   i) any other illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which you:
      - consulted a physician (other than for a regular check-up), or;
      - were hospitalized, or;
      - were prescribed or received a new treatment, or;
      - received a change in an existing treatment, or;
      - were prescribed or took a new medication, or;
      - received a change in existing medication\(^1\) (including usage or dosage).
   ii) any heart condition for which you took nitroglycerin more than once in a 7-day period for the relief of chest pain.
   iii) any pulmonary condition for which you were treated with home oxygen or needed corticosteroid therapy.

\(^1\) The Insurer does not consider a change in existing medication, the following elements:
   - the routine adjustment of insulin or Coumadin\(^\circledR\);
   - a change from a brand name medication to a generic brand medication, provided the dosage is the same;
   - Aspirin\(^\circledR\) taken for non-prescribed medical purposes;
   - decrease of the dosage of cholesterol medication;
   - hormone replacement therapy;
   - vitamins and minerals and non-prescription medication;
   - creams or ointments prescribed for cutaneous irritations.
Other exclusions and reductions of coverage

No sums are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

1. Any condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.

2. Pregnancy, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.

3. **Accident** sustained while participating in:
   - a sport for remuneration;
   - a sporting event where prize money is awarded;
   - any kind of motor vehicle competition;
   - any kind of speeding event (except for amateur athletic activities which are non-contact and engaged in solely for leisure or fitness purposes);
   - a dangerous or violent sport with a high level of danger and involving one of the following elements: speed, height, high level physical difficulty, highly specialized material, stunts, physical contacts. As an example, the following sports are not covered: offtrack snow sports, show jumping obstacles, rock climbing or mountain climbing, parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, etc.

4. Abuse of medication, alcohol, or use of drugs. Driving a motor vehicle while the ability to drive is impaired by any drug, whether its consumption is legal or not, or with an alcohol level exceeding 80 milligrams per 100 millilitres of blood (0.08).

5. Trip undertaken for the purpose of receiving medical attention or paramedical services.

6. Suicide, attempted suicide or self-inflicted injury.

7. War (declared or not) or insurrection.

8. Your involvement in the commission or attempted commission of a criminal act.

9. Mental, nervous, psychological or psychiatric problems, unless you are hospitalized for that specific reason.
10. **Hospitalization** in a chronic care hospital, a rehabilitation unit of a hospital, or in nursing homes or health spas.

11. Care, *treatments*, products or services other than those required for the stabilization of the medical condition.

12. Custodial care or services rendered for the convenience of the patient.

13. Care or *treatments* for cosmetic purposes.

14. Care or *treatments* received outside your province of residence, when such care or *treatments* could have been obtained in your province of residence, with the exception of immediate and necessary medical care following an emergency resulting from an accident or sudden illness.

15. Care or *treatments* which are not covered under government programs.

16. The services of a health care professional who is not a physician, nurse, physiotherapist, chiropractor, osteopath or podiatrist.

17. Even when prescribed, the following products are excluded: natural products, vitamins, processed food and supplements, creams, oils, shampoos, soaps, lotions and generally any drug available over the counter.

18. Failure to communicate first with CanAssistance in the event of medical consultation or hospitalization.

19. Expenses incurred following the extension of the contract if these expenses are related to a medical condition that occurred during the initial period of coverage of your contract.

20. Expenses exceeding $10,000 for emergency air evacuation to the nearest medical facility when the transportation was not planned by CanAssistance.

21. When you choose to use the Trip break, expenses incurred in your province of residence or upon return to your destination, when these expenses are caused by a change in health condition that happened while you were in your province of residence.
B) Trip Cancellation or Interruption benefit

The Trip Cancellation or Interruption benefit will reimburse the non-refundable expenses paid in advance incurred if you or your travelling companion must cancel or interrupt the trip due to certain events.

The event must be sufficiently serious, directly affect the covered person and require that the trip be cancelled, interrupted, extended or modified; for example if yourself, your family member or a travelling companion must be hospitalized following an accident or illness.

Any event known prior to making your reservations and that would be likely to prevent you from making the trip as planned cannot be considered as a valid cause of cancellation.

The amount insured is indicated on the insurance certificate and must be equivalent to the total prepaid travel expenses that are non-refundable.

Exclusions and reductions of coverage

Exclusions due to pre-existing conditions
During the 3 months prior to the last of the following dates:
- the beginning of the coverage, or;
- the purchase of the toreszen or current trip.

a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which you:
- consulted a physician (other than for a regular check-up), or;
- were hospitalized, or;
- were prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- were prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).
b) any heart condition for which you took nitroglycerin more than once in a 7-day period for the relief of chest pain.

c) any pulmonary condition for which you were treated with home oxygen or needed corticosteroid therapy.

The Insurer does not consider a change in existing medication, the following elements:

- the routine adjustment of insulin or Coumadin®;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin® taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

Other exclusions

No sums are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

a) Any condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.

b) Trip undertaken for the purpose of obtaining medical care or visiting a person receiving medical care when the state of that person justifies the modification of your trip.

c) Illness or hospitalization of any person other than a travelling companion, family member or person that takes care of the covered person's business or residence during his trip.

d) Illness that does not require hospitalization of the host at destination.

e) Mental, nervous, psychological or psychiatric problems, unless the covered person or the travelling companion is hospitalized for that specific reason.

f) Pregnancy, delivery or complications resulting from either of these events, during the 8 weeks preceding or following the expected date of delivery of the covered person or of the travelling companion.
g) Preterm birth of a child when the planned travel dates are scheduled to take place during the 8 weeks preceding or following the expected delivery date.

h) Pregnancy diagnosed after the effective date of coverage when the return date of the trip is during the first 32 weeks of pregnancy.

i) Abuse of medication or alcohol, or use of drugs. Driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or with an alcohol level exceeding 80 milligrams per 100 millilitres of blood (0.08).

j) Suicide, attempted suicide or self-inflicted injury.

k) *Accident* sustained while participating in:
   - a sport for remuneration;
   - a sporting event where prize money is awarded;
   - any kind of motor vehicle competition;
   - any kind of speeding event (except for amateur athletic activities which are non-contact and engaged in solely for leisure or fitness purposes);
   - a dangerous or violent sport with a high level of danger and involving one of the following elements: speed, height, high level physical difficulty, highly specialized material, stunts, physical contacts. As an example, the following sports are not covered: offtrack snow sports, show jumping obstacles, rock climbing or mountain climbing, parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, etc.

l) Commission or attempted commission of a criminal act by the *covered person* or a *travelling companion*.

m) War (declared or not) or insurrection.

n) Any public transportation missed when the *covered person* or a *travelling companion* did not plan to arrive at the connection point within the time frame recommended by the carrier, except during a stopover between two segments of travel.

o) Disagreement with a *travelling companion* or *spouse*, financial problems, inability to obtain the desired accommodation, aversion of the *covered person* or the *travelling companion* to the trip or transportation.
p) Loss of employment unless you had a permanent position for at least one year.
q) Cancellation of a business meeting by the employer of the covered person or the travelling companion.
r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case to be held during the trip.
s) Refused or delayed visa or passport application for the covered person or a travelling companion.
t)Refused entry at customs or security checkpoints, except in a case of mistaken identity.
u) Failure of the covered person to communicate with CanAssistance.
v) Cancellation prior to departure when the common carrier is delayed for less than 30% of the total duration of the trip due to adverse weather conditions.
w) Situation that is known by the covered person when purchasing insurance or during subsequent trip payments that could reasonably lead to an event which may prevent the covered person from making the trip as planned.
x) Event that occurred in a destination country if the Canadian government does not issue a notice against all travel to that country.

Reductions of coverage
Benefits are reduced if the amount of insurance you buy is lower than the amount of your non-refundable travel expenses.

During group travel, the settlement is limited to members of the immediate family and to a maximum of 6 other travelling companions.

Benefits cannot exceed $7,500 in the case of supplier default and will be reduced by 50% in the event of an act of terrorism.

Limitations
If the Vehicle return costs, Subsistence allowance or Costs for returning the remains of a deceased person are also covered under the Emergency Medical Care benefit of this contract, the expenses are only payable under the Emergency Medical Care benefit.
C) Accidental Death or Dismemberment benefit

This benefit covers you in case of death or loss of use of one or more limbs resulting directly from an accident sustained during the trip while the coverage is in force. The loss must occur within 12 months of this accident.

The Insurer shall pay an amount corresponding to the percentage, as shown in the “Benefits Chart”, of the sum insured indicated on your insurance certificate.

**Benefits Chart**

<table>
<thead>
<tr>
<th>Accidental loss of:</th>
<th>Percentage payable of sum insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under age 18</td>
</tr>
<tr>
<td>life in public transportation</td>
<td>40%</td>
</tr>
<tr>
<td>life under any other circumstance</td>
<td>20%</td>
</tr>
<tr>
<td>use of several limbs or sight of both eyes</td>
<td>20%</td>
</tr>
<tr>
<td>use of one limb or sight of one eye</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Exclusions and reductions of coverage**

**WARNING**

Only one loss is covered and the total payable benefit under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit is limited to $300,000.

No sums are payable under this benefit if the loss sustained results directly or indirectly from one of the following causes:

1. Accident sustained while participating in:
   - a sport for remuneration;
   - a sporting event where prize money is awarded;
   - any kind of motor vehicle competition;
- any kind of speeding event (except for amateur athletic activities which are non-contact and engaged in solely for leisure or fitness purposes);
- a dangerous or violent sport with a high level of danger and involving one of the following elements: speed, height, high level physical difficulty, highly specialized material, stunts, physical contacts. As an example, the following sports are not covered: offtrack snow sports, show jumping obstacles, rock climbing or mountain climbing, parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, etc.

2. Abuse of medication, alcohol, or use of drugs. Driving a motor vehicle while the ability to drive is impaired by any drug, whether its consumption is legal or not, or with an alcohol level exceeding 80 milligrams per 100 millilitres of blood (0.08).

3. Suicide, attempted suicide or self-inflicted injury.

4. War (declared or not) or insurrection.

5. Your involvement in the commission or attempted commission of a criminal act.


D) Air Flight Accident benefit

This benefit covers you in case of death or loss of use of one or more limbs resulting directly from an accident sustained during air transportation while the coverage is in force. The loss must occur within 12 months of this accident.

This benefit covers you when travelling as a paying passenger aboard an airplane, a helicopter, or a land or water conveyance provided by the airline company. It covers you whether you are victim of an emergency landing, lost aircraft or an accident while waiting at the airport.

The Insurer shall pay an amount corresponding to the percentage, as shown in the “Benefits Chart”, of the sum insured indicated on your insurance certificate.
<table>
<thead>
<tr>
<th>Accidental loss of:</th>
<th>Percentage payable of sum insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>life</td>
<td>100%</td>
</tr>
<tr>
<td>use of several limbs or sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>use of one limb or sight of one eye</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Exclusions and reductions of coverage**

**WARNING**

Only one loss is covered and the total payable benefit under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit is limited to $300,000.

No sums are payable under this benefit if the loss sustained results directly or indirectly from one of the following causes:

1. Suicide, attempted suicide or self-inflicted injury.
2. War (declared or not) or insurrection.
3. Your involvement in the commission or attempted commission of a criminal act.

**E) Baggage benefit**

This benefit covers theft or damage caused to your baggage during a trip, up to a maximum of $1,500 when they are not covered by another insurance policy or by the carrier. The Insurer’s responsibility is limited to the value of the property at the time of loss.

If your checked baggage is delayed for over 12 hours during the trip (but prior to the return date), we will reimburse up to $500 for necessary toiletries and clothing as well as for sports equipment rental.

We also cover the cost to replace a lost or stolen passport, driver’s license, visa, birth certificate, up to a maximum of $150.
Particular conditions

You must take reasonable precautions to protect, safeguard or recover your property.

You must notify the police as soon as you notice theft, burglary, vandalism or disappearance of items in your baggage and obtain written confirmation, otherwise your application will not be admissible.

You must notify the Insurer as soon as possible and submit your claim with the necessary proof within 90 days of the loss.

In order to buy the Baggage benefit, you must also buy the Emergency Medical Care benefit and/or the Trip Cancellation or Interruption benefit.

Exclusions and reductions of coverage

WARNING

Some events and articles are not covered.

Certain events are not covered such as:

- Theft from an unattended automobile or trailer (except in the event of burglary)
- Breakage of fragile or brittle articles unless stolen or burned
- Negligence of the covered person
- Wear and tear, mechanical breakdown, vermin or work being done on an article
- Confiscation by authorities
- Illegal activity, demonstration, rebellion, war
Certain articles are not covered such as:

- Conveyances and their accessories (except bicycles as checked baggage)
- Furniture or its accessories
- Orthoses, prostheses, glasses and contact lenses
- Cash, securities, tickets, documents, professional equipment and goods
- Antiques, collectors’ items
- Perishable articles, cosmetics
- Animals and, in general, any item that is not normally part of a traveler's baggage

Limitations and reductions of coverage:

The maximum value per item included in your baggage - and for each of the following categories (grouping several articles) - is $300:

- Jewelry: jewelry, watches and gold, silver or platinum articles
- Furs: fur or fur-trimmed articles
- Electronics: any electronic device including cameras

In addition, the maximum amount payable for loss or damage of the total for the 3 categories mentioned above is $500.

The value of an item that is part of a set is calculated in proportion to its importance within the set.

F) Emergency Return benefit

The Emergency Return benefit covers transportation expenses for the return to your province of residence and return to the original trip destination in the event of:

- the death or hospitalization of a family member of the covered person;
- a loss at the principal place of residence of the covered person.

In order to buy the Emergency Return benefit, your contract must include the Emergency Medical Care benefit.
Exclusions and reductions of coverage

**WARNING**

Only one emergency return per trip shall be reimbursed.

When applying for insurance and/or upon departure, the *covered person* must not be aware of any reason which would keep him from continuing his trip as originally planned.

Accommodation costs during transportation are not covered.

**G) Car Rental Physical Damage benefit**

This benefit covers the repair costs for which you are responsible in case of collision, fire, theft or vandalism on a rented automobile, a pickup truck or a mini-van. Rental must be made from a commercial car rental agency for a maximum of 60 days. The maximum reimbursement is $75,000 per trip.

**Particular conditions**

You must respect the conditions set out in the car rental contract.

The driver must be an authorized person in the rental contract.

You must contact *CanAssistance* and the rental agency within 48 hours of the event giving entitlement to a benefit. When applying for benefits, you must provide proof of the event, the circumstances of the *accident* and the actual costs incurred.
Exclusions and reductions of coverage

WARNING
Benefits will not be paid if the loss results directly or indirectly from the following causes:

- Violation of the law or the rental agreement
- Transportation of passengers or goods against payment or contraband
- Driving a motor vehicle while the ability to drive is impaired by any drug, whether its consumption is legal or not, or with an alcohol level exceeding 80 milligrams per 100 millilitres of blood (0.08) or exceeding the legal limit of the visited country.
- Wear and tear, manufacturing defects, insects and animals
- Third-party liability insurance
- Declared or undeclared war, rebellion, revolution, requisition or confiscation by authorities

WARNING
The following vehicles are not covered:

- Any vehicle other than an automobile, a pickup truck or a mini-van, such as a camper, truck, motorcycle, trailer, etc.
- Expensive or luxury cars with a suggested retail price of $75,000 or more by the manufacturer in Canada
- Stretch or altered limousines
- Vehicles that are over 10 years old
- Pickups or minivans with seating for more than 8 occupants or that exceed a “¾ ton” rating or that are designed for recreational use
- Automobiles that are rented:
  - under a monthly or annual lease
  - under a buy-back formula
  - over 60 consecutive days
- Cars that are not intended for short-term rental
H) CanAssistance Travel Assistance services

Assistance services are included in each benefit described in this guide. Wherever you are, you may contact CanAssistance, whose experienced agents can be of great help with:

- referral to an appropriate physician, clinic or hospital;
- follow-up of the medical file, at destination;
- referral to the services of an interpreter;
- communication with the family physician;
- coordination of the repatriation of the covered person and dependent children;
- referral to legal counsel in the event of a serious accident;
- information about embassies, consulates, vaccines, etc;
- transmission of important messages;
- assistance in the event of loss or theft of identification papers or credit cards.

CanAssistance is under no circumstance responsible for the expenses related to the services described above.

**WARNING**

In the event of an emergency, you must contact CanAssistance before incurring any fees, otherwise your claim could be refused.
3- SUMMARY OF APPLICABLE CONDITIONS

A) Who is eligible for this insurance

All persons
The benefits apply to all Canadian residents who are covered under law by the health and hospitalization programs of their province of residence (for example, someone who has a RAMQ card in Quebec or OHIP card in Ontario).

Persons aged 55 and over
To be eligible for purchasing or renewing a travel insurance contract that includes the Emergency Medical Care benefit and/or the Trip Cancellation or Interruption benefit, the person aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a terminal stage;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

B) Payment of the premium

The premium is indicated on your insurance certificate. It must be paid in full before the effective date of the contract.

C) Validity of the contract

The insurance is valid only when purchased and paid in full before the effective date of the contract.

The travel insurance must be purchased before any departure and for the entire duration of the trip, including the departure and return dates.
### D) Beginning and end of benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Beginning of coverage</th>
<th>End of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Care</td>
<td>Coverage begins on the last of the following dates: The effective date of your contract or your departure date.</td>
<td>Coverage ends on the first of the following dates: Your return date or the expiry date of your contract.</td>
</tr>
<tr>
<td>Accidental Death or Dismemberment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Flight Accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baggage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trip Cancellation or Interruption</td>
<td>Coverage begins on the last of the following dates: The date of issue or the date of the first deposit on the price of the trip.</td>
<td>It ends on the first of the following dates: Your return date or the expiry date of your contract.</td>
</tr>
<tr>
<td>Car Rental Physical Damage</td>
<td>Coverage begins on the last of the following dates: The effective date of the contract or the date you take possession of the vehicle.</td>
<td>It ends on the first of the following dates: The expiry date of the contract or the date you return the vehicle to the car rental agency.</td>
</tr>
</tbody>
</table>

### E) Beginning and end of the insurance contract

1- When you have an Individual, Package Plus or Canada Package without the Trip Cancellation or Interruption benefit:

The contract begins on the last of the following dates: the effective date of your contract or your departure date.

It ends on the first of the following dates: your return date or the expiry date of the contract.
2- When you have an Individual, Package Plus or Canada Package with the Trip Cancellation or Interruption benefit:

The contract begins on the last of the following dates: the issue date or the date of the first deposit on the price of the trip.

It ends on the first of the following dates: your return date or the expiry date of the contract.

3- When you have a Summertime Blue plan:

The contract begins on the last of the following dates:
- the first Monday of the month of June of the current year at 00:01, or;
- the date Blue Cross or an authorized distributor receives the premium.

The contract ends on the first Tuesday of the month of September of the current year.

4- When you have an Annual plan:

The contract begins on the effective date of the contract indicated on your insurance certificate.

The contract ends on the expiry date indicated on your insurance certificate.

F) Extending the insurance contract

The duration of your insurance contract can be extended at your request, except for Summertime Blue.

The contract can be extended if:
- The request is made before the contract expires, or, in the case of the Annual, before you have reached the maximum number of days selected, and;
- You pay the additional premium, and;
- You are still eligible for insurance, and;
- Your health condition has remained unchanged since your trip departure.
WARNING

The contract must cover the total duration of the trip including the return date.

The extension must be purchased from Blue Cross. An extension purchased from another insurer shall render your Blue Cross contract null and void in its entirety.

If the covered person files a claim during the initial period of coverage, the Insurer’s approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The insurance cost and conditions will be modified for the entire length of the trip if they are different for this reason.

Insurance contract benefits are automatically extended at no cost under the following circumstances:

- extended 24 hours when the return is delayed due to a delay by the carrier, a traffic accident or the breakdown of a private vehicle returning to the departure point;

- extended for the duration of hospitalization of the covered person and for the next 24 hours;

- extended up to 72 hours when return is delayed due to an illness of the covered person that began within the 24 hours preceding the return and that requires emergency medical care.

G) Trip break – Exclusive to Individual, Package Plus and Canada Package

You can return to your province of residence and go back to your destination without terminating your insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in your province of residence. You must ensure you meet insurance eligibility criteria before leaving again.
WARNING

If a change in health condition were to occur while in your province of residence, you must contact the Insurer before returning to your destination. A change in health condition could result in the denial of a claim as stipulated under Other exclusions and reductions of coverage of the Emergency Medical Care benefit.

H) Annual renewal

The Insurer will send a notice 30 days before the end of the contractual year to persons who have an Annual plan.

This notice will serve as a reminder of the expiry date and will invite covered persons to thoroughly evaluate their needs for the following year.

The notice will provide information on reaching Blue Cross or a partner, depending on the original point of purchase. Contract holders will then be able to purchase an identical travel insurance product or select an alternate one based on their needs.

Failure to purchase a new contract or renew by the expiry date of the annual contract will result in the termination of coverage as indicated on the insurance certificate.

I) Cancelling the insurance contract

You can cancel the insurance without any fee within 10 days of purchase if your trip has not yet begun. This does not apply to the Trip Cancellation or Interruption benefit purchased less than 11 days prior to your trip departure.

Once the 10-day period expires, no premium refund is possible for the following products: Package Plus and Canada Package bought with the Trip Cancellation or Interruption benefit, Annual, Summertime Blue and the Trip Cancellation or Interruption benefit in the Individual product.
To obtain the reimbursement of your premium if your trip has not yet begun, you can either:

- contact your distributor or call Blue Cross Travel Insurance Customer Service directly at 514-286-8403 for the Montreal area, or 1-800-361-5706 for all other areas:

- send the Insurer by registered mail the Notice of cancellation of an insurance contract found on page 43.

J) Reimbursement of the insurance contract

If you left for your trip and returned earlier than expected:

In the event of early return, the premium can be reimbursed for the unused days if no claim was made during your trip.

A $25 administration fee applies on all reimbursements, except for premium reimbursements due to cancellation of the contract before departure.

Procedure:

Send a written request to the travel administration department providing your contract number and proof of return. The proof can be your return ticket to the province of residence or a proof certifying your presence in the province of residence at the time of the transaction. This proof must clearly demonstrate that you were in your province of residence on the date stated (for example, a luggage tag issued by the carrier mentioning the name of the covered person, the date and the place of return).

If you do not have proof of your return, the postmark date on the reimbursement request letter will be considered as the return date and the reimbursement will be calculated from the following day.

SEND YOUR REQUEST TO:
Blue Cross
Travel Administration
550 Sherbrooke Street West, Suite B-9
Montreal QC H3A 3S3
For contracts with the Trip Cancellation or Interruption benefit and for the Annual and Summertime Blue products, there is no premium refund if the contract is in force, apart from the right to cancel an insurance policy within 10 days of purchase (see the Notice of Cancellation on page 43 of this guide).

K) Coordination of benefits
Reimbursable expenses by another insurer or government plan – whether you have filed such a reimbursement claim or not – reduce benefits payable under this contract.

L) Subrogation
If you acquire a right of action against a third party, the Insurer is subrogated to your rights up to the cost reimbursed by the Insurer.

M) Concealment, fraud or attempted fraud
If you conceal or misrepresent or if you attempt a fraud either at the time of application for insurance, or at the time of claim or any other moment during the life of the contract, the contract will be deemed void and to never have existed.

N) Governing law and jurisdiction
The contract shall be governed by and interpreted under the laws of the Canadian province or territory in which you normally reside.

The parties abide to the jurisdiction of the Court of the Canadian province or territory in which you normally reside, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.
4- CLAIMS FOR ALL BENEFITS

A) Submitting a claim

WARNING
Before undergoing a treatment covered under the Emergency Medical Care benefit, it is very important to contact CanAssistance beforehand so that the Insurer can authorize this treatment, otherwise the claim could be denied.

You must also notify CanAssistance within the 48 hours following an event requiring the cancellation of a trip covered by the Trip Cancellation or Interruption benefit or a claim covered by the Car Rental Physical Damage benefit.

You must send, within 90 days of the event, a medical certificate specifying the diagnosis and treatments as well as the original and detailed bills covering the medical and hospital services rendered.

For other benefits, it is not necessary to notify CanAssistance immediately. However, you must inform the Insurer of the claim within 30 days following the event giving rise to the claim. You must then send, within 90 days of the event, all information, and original detailed bills covering the services received or purchases made.

The Insurer reserves the right to require, at his expense, medical exams and, if the law permits, an autopsy in the event of a death. The Insurer is also entitled to require proof showing the trip duration when processing the claim.

You may contact Blue Cross Travel Insurance customer service for a claim form at the following numbers:

- Montreal area: 514-286-6690
- Other areas (toll-free): 1-800-387-2538
B) The Insurer’s response period

The Insurer has 30 business days following reception of all the documents needed to process your file to:

i) pay you the benefit or to notify you that the payment was made to the healthcare or service provider (hospital, clinic, etc.), or;

ii) refuse the claim in writing and give the reason or reasons that justify this decision.

Blue Cross’ agreements with a network of healthcare providers worldwide enable us, most of the time, to coordinate payments directly with the service providers, without having you to submit invoices for reimbursement.

C) Appealing the Insurer’s decision and recourse

Should the Insurer refuse the claim, you may contest or ask for a review of the Insurer’s decision. You must do so in writing and state your case or provide new documents that could alter the Insurer’s decision (ex: new document from your treating physician.)

Any request for review can be made within the 12 months following the Insurer’s refusal. After receiving your request for review, the Insurer will immediately acknowledge receipt in writing and will inform you of possible recourses. You must send supporting documents to the claims department at the following address:

Blue Cross
Review Committee – Travel Claims
550 Sherbrooke Street West
Suite B-9
Montreal QC H3A 3S3

The Insurer has 4 months following your appeal to notify you of his decision in writing or by telephone.

Furthermore, you can request that your file be transferred to the Autorité des marchés financiers at any time. You can also consult that organization or your own legal counsel.
Definitions: here are a few definitions to help you understand the policy.

**Accident**: refers to an external, violent, sudden, unforeseeable, unintentional and unexpected event causing direct bodily injury to the **covered person**, independently of all other causes. This must occur when the insurance is in effect.

**Age**: means the age of the **covered person** at the time the present contract is purchased or renewed.

**CanAssistance**: means the company appointed by the Insurer to provide assistance services to **covered persons**.

**Change in health condition**: means any illness, accident, injury or symptoms for which the **covered person**:
- consulted a physician (other than for a regular check-up), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- was prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).

**Contract holder**: means the person designated as such on the **insurance certificate**.

**Covered person**: means the **contract holder** and the persons mentioned as insured on the **insurance certificate**, depending on the coverage selected.

**Dependent child**: means a child of the **contract holder**, his **spouse**, or both, over 30 days old before departure, who is dependent on the **contract holder**, who is not married, and who is:
- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is over 30 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee’s country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and hospitalization program of a Canadian province or territory.

In a single-parent or family plan, any child of the contract holder or his **spouse** born after the **effective date of the contract** is automatically insured as soon as he meets the criteria of the
definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

**Effective date of the contract**: means the date indicated on the insurance certificate.

**Expiry date**: means the date indicated on the insurance certificate.

**Family member of the covered person** refers to:
- The **spouse**;
- A child of the **covered person** or the **spouse**;
- The father or mother;
- A brother, a sister, a half-brother, a half-sister;
- The grandparents and the grandchildren;
- The parents-in-law, a brother-in-law or sister-in-law;
- A son-in-law or a daughter-in-law;
- An uncle or an aunt, a nephew or a niece.

However, only the underlined members from the above list designate the **immediate family members**.

**Hospitalization**: refers to admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours. Eligible short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute **illness** and does not include convalescent care and physical or mental rehabilitation. In the case of day surgery, the hospital stay is equivalent to 18 hours of Hospitalization.

**Illness**: means a deterioration in health or an organism disorder certified by a physician, or when the person is pregnant, a pathological complication arising during the pregnancy. However, in the case of trip cancellation, this deterioration, disorder or pathological complication must be serious enough to prevent the **covered person** from continuing the trip as planned.

**Insurance certificate**: refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the **covered persons**, the contract number, the product, the dates of coverage, the deductible, the selected benefits and the sums insured.

**Minor ailment**: refers to any **illness**, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:
- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a physician, or;
- a hospitalization, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.
**Period of coverage:** means the time between the *effective date of the contract* and the *expiry date* indicated on the *insurance certificate*.

**Pre-existing conditions:** refers to a health condition (with the exception of a *minor ailment*) already existing at the time the insurance contract is purchased or at the time the benefit becomes effective. *Pre-existing conditions are grounds for claim denial.*

**Prepayment:** means the deposit of a sum of money which is non-refundable.

**Public transportation:** refers to any common carrier (on land, sea, or by air) that charges set fares and is operated legally.

**Regular check-up:** means a periodic consultation with a physician scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the *covered person* and no new anomaly is certified by the physician.

**Spouse:** means the person to whom the *contract holder* is married or the person who has been living permanently with the *contract holder* for at least one year.

**Sudden illness:** means an unexpected and unforeseen *illness* for which initial symptoms (certified or not by a physician) appear during the trip.

**Terminal stage:** means the period when a cure for an *illness* is no longer possible or when the *illness* resists any curative *treatment* and death is bound to happen within a more or less short delay.

**Travelling Companion:** means a member of the immediate family or another person who plans, leaves and returns with the *covered person* on the same trip. The number of companions is limited to 6 persons in addition to the members of the immediate family.

**Treatment:** means surgery, prescription drugs, therapy, consultations with physicians or other health professionals and any other type of method used to treat the *covered person.*
ADDITIONAL INFORMATION

For any additional information concerning your travel insurance policy, contact the Insurer first at:
- Montreal area: 514-286-8403
- Other areas (toll-free): 1-800-361-5706

For any additional information on the obligations of the Insurer or distributor, contact the Autorité des marchés financiers at:

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 Laurier Blvd., 4th Floor
Quebec, QC G1V 5C1
Toll free: 1-877-525-0337
Quebec City: 418-525-0337
Montreal: 514-395-0337
Website: www.lautorite.qc.ca

SIMILAR PRODUCTS

Other insurance companies offer travel insurance products. Check whether you already have travel insurance coverage and whether it contains any coverage exclusions, restrictions or reductions.

NOTES

Beginning of coverage: ____________________________
End of coverage: _________________________________
Amount of coverage: ______________________________
Premium: ________________________________
Other: ______________________________________
Notice of cancellation of an insurance contract

Notice given by a distributor

Article 440 of the Act respecting the distribution of financial products and services

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

• The Act allows you to cancel an insurance contract you have just signed when signing another contract, without penalty, within 10 days of its signature. To do so, you must give the insurer notice by registered mail within that delay. You must use the following model.

• Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Beware, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

• You may cancel your insurance contract at any time, but after the 10-day delay, penalties may apply.

• Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the trip cancellation insurance.

• Article 441 does not apply when the trip cancellation insurance contract is purchased within 11 days prior to the trip.

For further information, contact l'Autorité des marchés financiers at:
Quebec 418-525-0337, Montreal 514-395-0337
Toll free 1-877-525-0337

Notice of cancellation of an insurance contract

To: Canassurance Hospital Service Association/Canassurance Insurance Company
P.O. Box 910, Station B, Montreal, Quebec H3B 3K8

Date: ________________________________________________

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no.: ______________________________________________

Entered into on: ______________________________________

In: _______________________________________________

__________________________________________________

(name of client, please print) (signature of client)

Sections 439, 440, 441 and 442 of the Act are reproduced on the back of this notice.
Art.439. A distributor may not subordinate the making of a contract to the making of an insurance with the Insurer specified by the distributor. The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

Art.440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Bureau, stating that the client may cancel the insurance contract within 10 days of signing it.

Art.441. A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is cancelled, the first contract retains all its effects.

Art.442. No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.
Your Travel Insurance Policy

11QV0161A (2018-05)
This is your insurance policy. Read it carefully.

The insurance certificate constitutes proof of the product purchased and determines the benefits and services covered by this contract, as well as the particular medical conditions specifically excluded from this contract.

The policy (including endorsements, if applicable) defines the benefits and services offered and combined with your insurance certificate, constitutes your Travel Insurance contract.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

Note: words in italic type in the text are found under the “Definitions applicable to all benefits” section.
NOTICE REGARDING PERSONAL INFORMATION

By purchasing one of our insurance products, you are consenting to the collection, use and disclosure of your personal information by Blue Cross® for the purposes of appraising your insurance application, confirming coverage and assessing your claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

Compliance Director
Canassurance Hospital Service Association and its subsidiaries
550 Sherbrooke Street West
Suite B-9
Montreal, QC H3A 3S3

privacyofficer@qc.bluecross.ca

1 Canassurance Insurance Company and CanAssistance Inc.

PRODUCTS

Individual

What is covered

The coverage offered includes the Emergency Medical Care benefit, as well as Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident, Emergency Return, Baggage and Car Rental Physical Damage benefit.

The covered person may choose one or several benefits.

The benefits are applicable only if indicated on the insurance certificate.

The purchase of this product gives you access to CanAssistance travel assistance services.

The following amounts represent the maximum sums payable per covered person per benefit.
Benefits | Insured sums per person
---|---
Emergency Medical Care | Up to $5,000,000
Trip Cancellation or Interruption | According to the amount shown on the insurance certificate
Emergency Return | Unlimited
Accidental Death or Dismemberment | According to the amount shown on the insurance certificate
Air Flight Accident | According to the amount shown on the insurance certificate
Baggage | Up to $1,500
Car Rental Physical Damage | Up to $75,000
Travel Assistance | Included

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Coverage is valid only if the premium has been paid before the effective date of the contract for the entire duration of the trip. The insurance must include both departure and return dates.

**Refund of premium**

We will refund the premium for the unused days during an early return as long as you have no claim to submit for this trip. You must provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date. The countdown of unused days starts the day after your return and a $25 fee applies.

You must submit your request to the insurer’s authorized agent that sold the policy.

**Please note that there is no premium refund for the Trip Cancellation or Interruption and Emergency Return benefits.**

**Package**

This section includes Package Plus and Canada Package.

Package Plus can be purchased:

- with the Emergency Medical Care benefit and the Trip Cancellation or Interruption benefit;
- with the Emergency Medical Care benefit, but without the Trip Cancellation or Interruption benefit;
- without the Emergency Medical Care benefit, but with the Trip Cancellation or Interruption benefit;

The Canada Package can be purchased:

- with the Emergency Medical Care benefit and the Trip Cancellation or Interruption benefit;
- with the Emergency Medical Care benefit, but without the Trip Cancellation or Interruption benefit.

**Note for packages with Trip Cancellation and/or Interruption:**

The following condition is in addition to those applicable to all benefits: the purchase or prepayment of land or sea arrangements or transportation ticket are compulsory.
What is covered

Coverage includes the Emergency Medical Care benefit, as well as the Accidental Death or Dismemberment, Air Flight Accident, Trip Cancellation or Interruption and Baggage benefits.

The covered person must choose coverage under the Emergency Medical Care benefit or the Trip Cancellation or Interruption benefit or both, but the other Package Insurance benefits apply.

Benefits apply only when indicated on the insurance certificate.

Purchasing this product gives you access to CanAssistance travel assistance services.

The following amounts represent the maximum sums payable per covered person, per benefit:

### Package Plus or Canada Package

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Insured sums per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Care</td>
<td>Up to $5,000,000</td>
</tr>
<tr>
<td>Trip Cancellation or Interruption</td>
<td></td>
</tr>
<tr>
<td>- Before departure</td>
<td>According to the amount shown on the insurance certificate</td>
</tr>
<tr>
<td>- After departure</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Accidental Death or Dismemberment</td>
<td>Up to $100,000</td>
</tr>
<tr>
<td>Air Flight Accident</td>
<td>Up to $300,000</td>
</tr>
<tr>
<td>Baggage</td>
<td>Up to $1,500</td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>Included</td>
</tr>
</tbody>
</table>

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

### Refund of premium

The refund of premium does not apply to Package Insurance with Trip Cancellation insurance before departure.

For all Package Insurance without Trip Cancellation insurance before departure, we will refund the premium for the unused days during an early return as long as you have no claim to submit for this trip. You must provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date. The countdown of unused days starts the day after your return and a $25 fee applies.

You must submit your request to the Insurer’s authorized agent that sold the policy.

### Canada Package

The Canada Package is applicable only within the Canadian borders. Any trip outside Canada is not covered under this product.

### Annual

What is covered

This plan insures the covered person for trips made outside the province of residence for which departure and return dates are included in the period of
coverage, as long as the duration of each trip does not exceed the number of days indicated on the insurance certificate. (4, 8, 17, 31, 60, 90, 120, 150 or 180 days). Proof showing the duration of the trip will be required when processing a claim.

The product can include the Emergency Medical Care benefit and / or the Package Option as per the choice of the covered person and as indicated on the insurance certificate.

When indicated on the insurance certificate, the Annual insurance includes Emergency Medical Care, which covers, in case of emergency during a trip, hospitalization, medical and paramedical expenses as described under the benefit.

When indicated on the insurance certificate, the Annual insurance includes the Package Option which consists of the Trip Cancellation or Interruption, Accidental Death or Dismemberment, Air Flight Accident and Baggage benefits.

Purchasing this product gives you access to CanAssistance travel assistance services.

There is no limit as to the number of trips taken within the period of coverage.

The following amounts represent the maximum sums payable per covered person, per benefit:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Insured sums per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Care</td>
<td>Up to $5,000,000</td>
</tr>
<tr>
<td>Trip Cancellation or Interruption</td>
<td></td>
</tr>
<tr>
<td>- Before departure</td>
<td>According to the amount shown on the insurance certificate</td>
</tr>
<tr>
<td>- After departure</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Accidental Death or Dismemberment</td>
<td>Up to $100,000</td>
</tr>
<tr>
<td>Air Flight Accident</td>
<td>Up to $300,000</td>
</tr>
<tr>
<td>Baggage</td>
<td>Up to $1,500</td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>Included</td>
</tr>
</tbody>
</table>

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Age limit

To purchase or renew the Annual plan, the covered person must be:

- 85 years of age or under for the brackets of 4, 8, 17, 31, 60, 90 and 120 days,
- 80 years of age or under for the brackets of 150 and 180 days.

Trip exceeding the period of coverage

If a covered person wishes to obtain insurance coverage for a trip with a duration exceeding the maximum number of days allowable per trip, the Insurer will issue a new contract to cover the complete duration of the trip. Moreover, the Insurer will provide coverage at no charge for a period equivalent to the covered person’s maximum allowable number of days per trip.
This discount applies only to certain products available through the Insurer’s authorized agent from whom the Annual Insurance was purchased.

The contract must cover the total duration of the trip including the return date and the extension must be purchased from Blue Cross.

An extension purchased from another insurer shall render your Blue Cross contract null and void in its entirety.

The new contract covering the complete duration of the trip must be purchased before the end of the period covered by the maximum number of days per trip of the Annual contract.

The purchase of the new contract is subject to the Insurer’s approval if the covered person files a claim during the initial period of coverage.

**Important:** The covered person is no longer covered by his Annual Insurance for the trip. Only the coverage offered under the new insurance contract is applicable, subject to the definitions, terms, conditions and exclusions contained therein.

### Annual renewal

At the end of the year of coverage, the Insurer will issue a notice 30 days prior to the expiry date of the current contract.

The notice will be sent to the contract holder and will explain how to purchase insurance for another year.

The notice will be based on the age and the length of stay indicated in the contract (see table below).

<table>
<thead>
<tr>
<th>No of days per trip</th>
<th>Age 54 and under</th>
<th>Age 55 to 75</th>
<th>Age 76 to 80</th>
<th>Age 81 to 85</th>
</tr>
</thead>
<tbody>
<tr>
<td>4, 8, 17 or 31</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>60, 90 or 120</td>
<td>A</td>
<td>B</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>150 or 180</td>
<td>A</td>
<td>B</td>
<td>B</td>
<td>-</td>
</tr>
</tbody>
</table>

#### A) Renewal notice

The Insurer will offer to renew the contract for another year. The payment of the premium will serve as a confirmation.

All covered persons must meet the effective eligibility criteria at the time of renewal.

The renewal notice will indicate the changes to the contract or the product which will be effective on the date of renewal. These changes may concern all aspects of the contract. For example, the product, nature of the benefits offered, eligibility conditions, coverage amounts offered, and renewal possibilities, as well as the exclusions and reductions of coverage may be subject to change.

Failure to renew before the expiry date of the annual contract will result in the coverage ending on the expiry date indicated on the insurance certificate.

#### B) Expiration notice

The contract cannot be renewed. Coverage will end on the expiry date indicated on the insurance certificate.

Clients can purchase a new contract to meet their needs, according to the products in effect at that time.
Refund of premium

The refund of premium does not apply to Annual Insurance after the effective date of the contract.

Summertime Blue

The following condition is in addition to those applicable to all benefits:

The covered person must be 75 years of age or under to be eligible for the Summertime Blue plan.

What is covered

This insurance covers the covered person for trips made anywhere in the world (including in the province of residence), during the period of coverage, which includes the departure and return dates.

In case of emergency, coverage includes hospital, medical and paramedical expenses as described in the Emergency Medical Care benefit of this policy.

Purchasing this product gives you access to CanAssistance travel assistance services.

The following amounts represent the maximum sums payable per covered person, per benefit:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Insured sums per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Care</td>
<td>Up to $6,000,000</td>
</tr>
<tr>
<td>Unexpected return home</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>Included</td>
</tr>
</tbody>
</table>

Definitions, terms, conditions and exclusions applicable to each benefit of this contract apply.

Effective date of coverage

Coverage begins on the last of the following dates:
- the first Monday of June of the current year, or;
- the date of purchase of the insurance.

Termination date of coverage

Coverage ends on the first Tuesday of September of the current year.

Unexpected return home

A covered person may ask CanAssistance to help organize his return to his city of residence in the event of the death of an immediate relative (spouse, child, father or mother, father-in-law or mother-in-law, brother or sister), during a trip.

The Insurer shall refund the following expenses: the extra cost of the most economical one-way common carrier fare for the covered person’s trip back to his city of residence, and the non-refundable portion of unused prepaid travel arrangements (other than the original return ticket), to a maximum of $500 per covered person per event causing a claim, when the Insurer is provided with the death certificate.

Contract extension

The Summertime Blue plan cannot be extended beyond the termination date of coverage, except in the case of automatic extension of coverage.
Refund of premium

There is no refund of premium for Summertim e Blue Insurance after the effective date of the contract.

CONDITIONS APPLICABLE TO ALL BENEFITS

Contract extension

Coverage under this contract may be extended if the additional premium is paid, provided that the covered persons remain eligible for insurance and that their health condition remains unchanged since the departure date. If the extension or the coverage conditions affect the initial rate of the contract, the new rate will apply for the entire duration of the contract.

The contract must cover the total duration of the trip including the return date and the extension must be purchased from Blue Cross.

An extension purchased from another insurance company shall render your Blue Cross contract null and void in its entirety.

If the covered person files a claim during the initial period of coverage, the Insurer’s approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The contract holder must file a request for extension prior to the end of the initial period of coverage by contacting the Insurer.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

a) up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic accident or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);

b) during the period of hospitalization and the 24 hours which follow the discharge from hospital of a covered person;

c) up to 72 hours when the return home is delayed due to a covered person’s illness occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

Trip break – Exclusive to Individual, Package Plus and Canada Package

Covered persons can return to their province of residence and go back to their destination without terminating the insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in the province of residence. Covered persons must ensure they meet insurance eligibility criteria before leaving again.

If one of the covered persons has a change in health condition while in the province of residence, the covered person must contact the Insurer before returning to his or her destination: any change in health condition will be considered as a pre-existing condition and will be a contract exclusion as stipulated under the Other exclusions and reductions of coverage of the Emergency Medical Care benefit.
Validity of the contract

The insurance is valid only when purchased and paid in full before the effective date of the contract.

The travel insurance must be purchased before any departure date and for the full duration of the trip, including the departure and return dates.

Repatriation of the covered person

No premium refund will be granted for an early return when the covered person was repatriated at the expense of the Insurer. In the absence of medical contraindication, the Insurer can require repatriation of any covered person or his transfer to a different medical facility. Any repatriation or transfer refusal by the covered person terminates the insurance and no premium refund will be issued.

The termination notice to the contract holder shall be sufficient.

Settlement of claims

The Insurer shall not assume responsibility under the contract unless the covered person has contacted CanAssistance as stipulated in the Emergency Medical Care benefit, in the Cancellation or Interruption benefit and in the Car Rental Physical Damage benefit and informs the Insurer of the loss within 30 days of acquiring knowledge of it. The covered person must transmit to the Insurer within 90 days of the loss, original and detailed bills of the claimed expenses, a proof of payment accepted by the Insurer, a medical certificate giving the complete diagnosis and confirming that the services included in the claim have been rendered or that the covered loss did indeed occur, as well as any other document or information of any nature required by the Insurer for the study of a claim.

The Insurer reserves the right to have the covered person undergo examinations for claim adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the Insurer’s responsibility.

Method of payment

The Insurer shall make any refund by means of a cheque in the name of the service provider or the contract holder or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the Insurer shall have the right to pay the service provider directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations to the extent of such amount.

When a refund for hospital, medical and assistance expenses is not requested by the covered person, but is the object of a claim settlement between the Insurer and the service providers, the contract holder must provide any original document requested to enable the claim settlement, otherwise he becomes responsible for the payment of the amounts owed.

Coordination of benefits

Benefits under this contract cover only the excess costs which are not covered by any other individual or group contract or by any law or public insurance.

If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be
coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

Subrogation
If, in the event of loss or damage, the covered person shall acquire any right of action against any individual or legal entity for loss covered under this contract, the Insurer shall be subrogated for all the covered person’s rights of recovery up to the amount paid by the Insurer. The covered person shall sign and submit necessary documents to this effect and do whatever is necessary to secure such rights. If the covered person reaches an agreement or accepts payment from the third party liable for the loss without the written consent of the Insurer, the latter shall be relieved of any obligation toward the covered person.

Concealment, fraud or attempted fraud
This contract is void in the case of fraud or attempted fraud by the covered person, or if the covered person conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the contract.

Interest
No sum payable under this contract shall bear interest.

Currency
All amounts of money mentioned in this contract, as well as sums payable under this contract, are in Canadian dollars.

Modifications to the contract
The terms and conditions of this contract may not be modified unless agreed upon in writing by the contract holder and the Insurer. The Insurer’s waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the Insurer’s waiver of its right to require any provision to be carried out or observed.

Governing law and jurisdiction
The contract shall be governed by and interpreted under the laws of the Canadian province or territory in which the covered person normally resides. The parties abide to the jurisdiction of the Court of the Canadian province or territory in which the covered person normally resides, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.
Emergency Medical Care Benefit

Eligibility
In addition to the conditions applicable to all benefits, the following conditions apply:

Persons aged 55 and over
In order to be eligible for purchasing or renewing a travel insurance contract which includes this benefit, the covered person aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a terminal stage;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

All insured
At the time of application and during the entire period of coverage, all covered persons must be covered under the government health and hospitalization programs of their province of residence.

Conditions particular to this benefit
The following conditions are in addition to those applicable to all benefits:

1. Benefits shall be payable only upon presentation of a certificate by the attending physician attesting that services for which a claim is made have been provided or the covered loss has effectively occurred.
2. When reimbursement of hospital, medical and travel assistance expenses is not claimed by the covered person but settled between the Insurer and the service provider, the contract holder shall provide any original document required for such settlement. Failure to do so shall render the contract holder responsible for the amounts the Insurer cannot recover.

Effective date of coverage
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the actual departure date.

Termination date of coverage
Coverage ends on the first of the following dates:
- the expiry date of the contract, or;
- the return date, whether planned or premature.
What is covered
Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an accident or sudden illness which occurs on a trip during the period of coverage. Eligible treatments are limited to what is declared urgent and necessary for the stabilization of the medical condition.

The benefits provided by this coverage are granted once the deductible has been paid. The deductible is the part of the eligible expenses the covered person must pay and remain responsible for in case of a claim. The deductible applies after any benefits covered under governmental programs have been paid. The deductible amount is indicated on the insurance certificate and applies per trip per covered person.

Benefits
The following benefits are provided for each covered person for reasonable and customary charges listed below, subject to a maximum of $5,000,000 during the period of the contract, and provided that these charges are not incurred before obtaining the approval of CanAssistance.

Notice
Failure to contact CanAssistance beforehand in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

Hospitalization, medical and paramedical expenses

Hospitalization
The cost of hospital services in a private or semi-private room which is in excess of the amount refunded or refundable under government programs.

Incidental expenses
The expenses inherent to hospitalization (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of $100 per hospitalization.

Physicians’ fees
The difference between fees charged by a physician and benefits allowed under government programs.

Medical appliances
The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending physician.

Nursing care
The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending physician.

Professional services (when prescribed as part of emergency treatment)
Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending physician, up to a maximum of $300 per profession.

Dermatological emergencies up to a maximum of $300 per trip.
Diagnostic services
The charges for laboratory tests and X-rays when prescribed by the attending physician.

Drugs (when required as part of emergency treatment)
The cost of drugs requiring a physician’s prescription, except when they are required for the continued stabilization of a chronic medical condition.

Dental care
The fees of dental surgeons for emergency dental care treatment, excluding root canal therapy, up to $500 per trip and per covered person. The fees of dental surgeons up to $2,000 per accident and per covered person for treatment necessitated by an external injury (not as a result of introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous treatment are damaged or to reduce a fracture or dislocation of the jaw. In all cases, treatment must begin during the period of coverage and end within 6 months of the accident. The covered person must transmit to the Insurer an X-ray taken after the accident and before the treatment begins, showing the damages sustained.

Transportation expenses
The following services must be approved and planned by CanAssistance:

Ambulance or taxi service
The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-hospital transfer when the attending physician and CanAssistance determine that existing facilities are inadequate to treat or stabilize the patient’s condition.

Repatriation to the province of residence
The cost of repatriation of the covered person to his province of residence by means of appropriate transportation in order to receive immediate medical attention following the authorization of the attending physician and CanAssistance.

The cost of simultaneous repatriation of a travelling companion or any member of the immediate family of the covered person who is also covered under this contract, if he is unable to return to the departure point, by means of the transportation initially planned for such return.

The cost of an accompanying adult is covered in the case of child repatriation, as the case may be.

Transportation to visit the covered person
When a member of the family of the covered person or a friend not travelling with the covered person visits the hospital where he is being treated, or travels to identify a deceased covered person, if necessary, prior to transportation of the deceased, the Insurer covers the following expenses:

1. Up to $1,200 for:
   - The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, up to a daily maximum of $300.
   - The cost of travel insurance.

2. The total cost of round-trip, economy class transportation.

In the event that the family member or friend of the covered person travels to the hospital where the covered person is being treated, the expenses described above will be reimbursed only if the covered person remains
hospitalized for at least 7 days and the attending physician acknowledges in writing that the visit is necessary.

**Vehicle return**
The cost of returning a covered person’s road vehicle, either private or rental, by a commercial agency, or by any person authorized by CanAssistance, to the covered person’s residence or nearest appropriate vehicle rental agency when the covered person is unable to return the vehicle due to illness or accident, subject to a maximum refund of $5,000. A medical certificate from the attending physician in the locality where the incapacity occurred is required, attesting that the covered person is incapable of using his vehicle.

**Baggage return**
When the covered person is repatriated for medical reasons to the province of residence at the Insurer’s expense, the cost to bring back the covered person’s baggage to the province of residence is covered, up to a maximum of $300.

**Pet return**
When the covered person is repatriated for medical reasons to the province of residence at the Insurer’s expense, the cost to bring back the covered person’s pet to the province of residence is covered, up to a maximum of $500.

**Return of the deceased**
The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), subject to a total reimbursement of $10,000.

**Subsistence allowance**
Up to $3,000 (maximum $300 per day) for the cost of accommodation and meals in a commercial establishment, when a covered person’s return must be delayed due to illness or bodily injury to himself or to an accompanying immediate family member or travelling companion.

**Medical follow-up in Canada**
When a covered person is repatriated to his place of residence in Canada at the expense of Blue Cross further to a hospital stay while on a trip out of his province of residence, the Insurer will reimburse the following costs if they are incurred within 15 days of the repatriation.

1. The cost of a semi-private room in a hospital or a rehabilitation centre or a convalescent home up to a maximum of $1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of $50 per day, for a maximum of 10 days.
3. The rental cost of the following devices, up to a maximum of $150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of $250.
What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

Exclusions relating to pre-existing conditions

1. For persons under the age of 55, during the 3 months prior to the effective date of coverage:
   a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
      - consulted a physician (other than for a regular check-up), or;
      - was hospitalized, or;
      - was prescribed or received a new treatment, or;
      - received a change in an existing treatment, or;
      - was prescribed or took a new medication, or;
      - received a change in existing medication (including usage or dosage).
   b) any heart condition for which the covered person took nitroglycerin more than once in a 7-day period for the relief of chest pain.
   c) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.

2. For persons aged 55 to 75 and covered for less than 32 days or covered by Summertime Blue, during the 6 months prior to the effective date of coverage:
   a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
      - consulted a physician (other than for a regular check-up), or;
      - was hospitalized, or;
      - was prescribed or received a new treatment, or;
      - received a change in an existing treatment, or;
      - was prescribed or took a new medication, or;
      - received a change in existing medication (including usage or dosage).
   b) any heart condition for which the covered person took nitroglycerin more than once in a 7-day period for the relief of chest pain.
   c) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.

3. For persons aged 55 to 75 and covered for 32 days or more or aged 76 and over:
   A) The following particular medical conditions are excluded unless otherwise stipulated on the insurance certificate:
   a) During the lifetime of the covered person, any illness or condition related to the following medical conditions for which the covered person was diagnosed with or treated for:
- cardiovascular condition (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);
- kidney failure;
- organ transplant (heart, liver, pancreas, lung, bone marrow);

b) During the 24 months prior to the effective date of coverage, any chronic pulmonary condition (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the covered person was hospitalized or took cortisone pills.

c) During the 12 months prior to the effective date of coverage, any illness or condition related to one of the following conditions:
- cancer (with the exception of basal cell carcinoma) for which the insured person was diagnosed with or treated for;
- gastrointestinal condition (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which the insured person was diagnosed with or treated for.

B) are also excluded when arising in the 6 months prior to the effective date of coverage:

i) any other illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
- consulted a physician (other than for a regular check-up), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- was prescribed or took a new medication, or;
- received a change in existing medication¹ (including usage or dosage).

ii) any heart condition for which the covered person took nitroglycerin more than once in a 7-day period for the relief of chest pain.

iii) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.

¹ The Insurer does not consider a change in existing medication the following elements:
- the routine adjustment of insulin or Coumadin®;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin® taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.
Other exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
2. Pregnancy, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.
3. Accident sustained by the covered person while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, snowboarding, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the Yosemite Decimal System – YDS), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.
   The restriction for the speeding events does not apply to amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.
4. Abuse of medication or alcohol, or use of experimental drugs or products or any other drug addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or by alcohol with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
5. Trip undertaken for the purpose of receiving medical attention or paramedical services.
6. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the covered person is hospitalized for that specific reason.
10. Any claim for patients in chronic care hospitals or public hospital rehabilitation services, or in nursing homes or health spas.
11. Any care, treatment products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received outside the province of residence, when such care or treatments could have been obtained in the province of residence without endangering the life or health of the covered person, with the exception of care for immediately necessary treatment following an emergency resulting from an accident or sudden illness.
Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside his province of residence does not constitute a danger to the covered person’s life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for any covered person travelling outside his province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is recommended by a physician.

15. Care or treatments received outside the province of residence which are not covered under government programs.

16. Care or treatments such as those rendered by an acupuncturist, a homeopath or a naturopath.

17. Products listed below are not covered even when obtained by a prescription:
   - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called “natural” products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.

18. Failure of the covered person to communicate beforehand with CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness.

19. Once the contract has been extended, any medical condition that arose during the initial period of coverage will be excluded as of the date of the extension.

20. Expenses exceeding $10,000 for emergency air evacuation to the nearest medical facility when the transportation was not planned by CanAssistance.

21. Expenses incurred in the covered person’s province of residence or upon return to the destination if these expenses are related to a change in health condition of the covered person while on Trip break in his province of residence.

Trip Cancellation or Interruption Benefit

Eligibility

In addition to the conditions applicable to all benefits, the following conditions apply:

Persons aged 55 and over

In order to be eligible for purchasing or renewing a travel insurance contract which includes this benefit, the covered person aged 55 and over must not:

1. Have received medical advice not to travel;
2. Suffer from a medical condition in a terminal stage;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.
What is covered

The Insurer shall pay the benefits specified below, subject to the definitions, limitations, conditions, exclusions and reductions of coverage of this contract, in the case of an accident, illness or other unforeseen fortuitous event that is beyond the control of the:

- covered person, or;
- travelling companion.

The event must be sufficiently serious, directly affect the covered person or the travelling companion and require that the trip be cancelled, interrupted, extended or modified.

Conditions particular to this benefit

Notice of an event

When a covered event occurs prior to the departure date, the covered person must contact his travel agent or the carrier, as the case may be, to cancel his trip within the 48 hours following the event and notify the Insurer within the same period.

The claim settlement shall be limited to the amounts stipulated on the insurance certificate and that are non-refundable at the date of the event.

Insured amount

The covered person must be insured for all prepaid travel expenses that are non-refundable.

Documents required for a claim

To substantiate a claim, the covered person must provide, where applicable:

a) a medical certificate completed by the legally qualified physician in active personal attendance in the locality where the illness or accident occurred and providing a complete diagnosis; this medical supervision must have begun before the departure or return date of the planned scheduled trip, as the case may be;

b) documentary evidence that a non-excluded event was the cause of the claim;

c) original or electronic versions of unused transportation tickets, the original invoice from the travel provider, official receipts for return transportation, credit note, or all four;

d) receipts for land arrangements and other expenses.

Failure to provide the applicable substantiation required by the Insurer shall invalidate any claim under this benefit.

Effective date of coverage

Coverage begins on the last of the following dates:

- the application date for insurance, or;
- the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.
Termination date of coverage

Coverage ends on the first of the following dates:
- the expiry date of the contract, or;
- the return date, whether planned or premature.

Benefits

1. Non-refundable prepaid expenses
   The non-refundable portion of unused prepaid travel expenses, other than the return ticket that was initially planned, when the covered person cancels, interrupts or misses part of the planned trip.

2. New occupancy charges
   The additional cost of new occupancy charges incurred by the covered person who chooses to continue his trip when a travelling companion must cancel.

3. Additional transportation costs
   All extra costs associated with the most economical transportation (including charges for schedule changes) to the destination or back to the departure point when the covered person must interrupt, extend or modify his trip.

4. Vehicle return costs
   The cost of returning a covered person’s road vehicle, either private or rental, to the covered person’s residence or nearest appropriate vehicle rental agency, subject to a maximum refund of $5,000, when the covered person is unable to return the vehicle as planned. The person carrying out the return must be authorized by CanAssistance.

5. Subsistence allowance
   An allowance of $300 per day per covered person for accommodation, meals in a commercial establishment, essential phone calls and transportation by taxi:
   a) during transit to get to the destination when the covered person must modify the trip, or;
   b) during transit to get back to the departure point when the covered person is unable to return by the planned means, or;
   c) when the covered person must extend his trip.
   The subsistence allowance is subject to a maximum reimbursement of $3,000 per covered person.

6. Costs for returning the remains of a deceased person
   In case of death, the cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence, or for the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), up to a maximum reimbursement of $10,000.

Limitations

If the Vehicle return costs, Subsistence allowance or Costs for returning the remains of a deceased person are also covered under the Emergency Medical Care benefit of this contract, the expenses are only payable under the Emergency Medical Care benefit.
What is not covered
Exclusions and reductions of coverage

Reductions of coverage

1. Insufficient coverage
   Benefits for Non-refundable prepaid expenses and New occupancy charges are reduced if the amount of insurance indicated on the insurance certificate is less than the non-refundable prepaid travel expenses. In this case, the settlement will be reduced in proportion to the insurance amount purchased and the non-refundable prepaid travel expenses.
   Additional transportation costs, Vehicle return costs, Subsistence allowance and Costs for returning the remains of a deceased person are not affected by the present reduction of coverage.

2. Travelling companion
   When an event affects several people who plan, leave and return together on the same trip, the settlement will be limited to the amount that corresponds to the settlements of the members of the immediate family plus a maximum of six other travelling companions.

3. Supplier default protection
   In the case of default of a travel supplier, the engagement of the Insurer is limited to the amounts indicated on the insurance certificate, subject to a maximum of $7,500 per covered person.
   An overall maximum of $2,000,000 will be paid for all claims due to the default of any one travel supplier.
   An overall maximum of $5,000,000 will be paid for all claims due to the default of a travel supplier in any one calendar year.

4. Acts of terrorism
   The benefit payable is reduced to 50% when the loss is caused directly or indirectly by an act of terrorism.
   The total payout for which the Insurer will be responsible for in case of an act of terrorism or a series of acts of terrorism occurring within a 72-hour period shall not exceed $5,000,000.
   The total payout for which the Insurer will be responsible for in case of an act of terrorism shall not exceed $10,000,000 per calendar year.

Exclusions
No benefits are payable under this benefit if the loss sustained or the expenses incurred result directly or indirectly from one of the following causes:

1. Pre-existing conditions
   During the 3 months prior to the effective date of coverage:
   a) any illness, injury or condition (with the exception of a minor ailment) related to a medical condition for which the covered person:
      - consulted a physician (other than for a regular check-up), or;
      - was hospitalized, or;
      - was prescribed or received a new treatment, or;
      - received a change in an existing treatment, or;
      - was prescribed or took a new medication, or;
received a change in existing medication (including usage or dosage).

b) any heart condition for which the covered person took nitroglycerin more than once in a 7 day period for the relief of chest pain.

c) any pulmonary condition for which the covered person was treated with home oxygen or needed corticosteroid therapy.

The Insurer does not consider a change in existing medication the following elements:

- the routine adjustment of insulin or Coumadin®;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin® taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

2. Other exclusions

a) Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests, or procedures were not carried out prior to the date of purchase or the date of the first non-refundable deposit on the trip or transportation ticket.

b) Trip undertaken by the covered person for the purpose of obtaining medical care or visiting or attending an ailing person and that the medical condition or ensuing death of that person is the cause of the cancellation, interruption, extension or modification of the trip.

c) Illness or hospitalization of any person other than a travelling companion, family member or person that takes care of the covered person’s business or residence during his trip.

d) Illness that does not require hospitalization of the host at destination.

e) Any condition resulting from a mental, nervous, psychological or psychiatric problem except if the covered person or the travelling companion must be hospitalized due to this condition.

f) Pregnancy of the covered person or the travelling companion, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.

g) Premature birth of a child if the anticipated trip is scheduled to take place during the last 8 weeks of pregnancy or during the first 8 weeks following the expected delivery date.

h) Diagnosis of pregnancy after the effective date of coverage, if the departure or return date of the trip is scheduled to take place during the first 32 weeks of pregnancy.

i) Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving of a motor vehicle by the covered person or the travelling companion while ability to drive is impaired by any drug, whether its consumption is legal or not, or with an alcohol level of more than 80 milligrams per 100 millilitres of blood (0.08).

j) Suicide, attempted suicide or self-inflicted injury of the covered person or the travelling companion, whether sane or insane.
k) Accident sustained by the covered person or the travelling companion while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, snow jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of Yosemite Decimal System - YDS), paragliding, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction for the speeding event does not apply to amateur athletic activities which are non-contact and engaged in by the covered person or the travelling companion solely for leisure or fitness purposes.

l) Perpetration of or attempt to perpetrate, directly or indirectly, by the covered person or the travelling companion, a criminal act under any law.

m) War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection.

n) Except for stops between 2 transportation segments, all missed transportation when the covered person or the travelling companion did not plan to arrive at the connecting point within the time frame recommended by the carrier.

o) Financial problems, conjugal conflicts, or disagreement with a travelling companion on the part of the covered person, inability to obtain the accommodation desired, refusal of the covered person or the travelling companion to the trip or transportation.

p) Loss of employment of a person who has a temporary, contract or permanent position for less than one year.

q) Cancellation of a business meeting by the employer of the covered person or the travelling companion.

r) Law enforcement officers being summoned for jury duty or subpoenaed as a witness or defendant in a case that is scheduled to be held during the trip.

s) Late visa or passport application or request for a visa or passport subsequent to a previous refusal or ineligibility of the covered person or the travelling companion to file a visa or passport application.

t) Refused entry at customs or security checkpoints, except in a case of mistaken identity.

u) Failure of the covered person to communicate with CanAssistance.

v) Cancellation of the trip prior to departure if adverse weather conditions cause a delay to the carrier of less than 30% of the total duration of the trip.

w) Situation known at the time of effective coverage or during subsequent trip payments that could reasonably lead to an event which may prevent the covered person from making the trip as planned.

x) Any event that does not lead the government to issue a general recommendation not to travel in a region that is the trip destination.
Accidental Death or Dismemberment Benefit

Effective date of coverage
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the departure date.

Termination date of coverage
Coverage ends on the first of the following dates:
- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered
Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the Insurer hereby insures the covered person for the accidental loss of life or loss of use of one or several limbs.

The loss must result directly from an accident sustained during the period of coverage and occur within 12 months of the accident.

The Insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the insurance certificate.

**Benefits Chart**

<table>
<thead>
<tr>
<th>Accidental loss of:</th>
<th>Percentage payable of sum insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 18</td>
<td>Age 18 to 64</td>
</tr>
<tr>
<td>life in public transportation</td>
<td>40%</td>
</tr>
<tr>
<td>life under any other circumstance</td>
<td>20%</td>
</tr>
<tr>
<td>use of several limbs or sight of both eyes</td>
<td>20%</td>
</tr>
<tr>
<td>use of one limb or sight of one eye</td>
<td>10%</td>
</tr>
</tbody>
</table>

Payment of the sum insured
In case of the loss of life of a covered person, the benefit shall be paid directly to the contract holder if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder’s estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the covered person who has been the victim of the accident, his representative, or to his legal guardian if he is a minor.
Limitations

If the covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed $300,000 per covered person.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained results directly or indirectly from one of the following causes:

1. Accident sustained by the covered person while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the Yosemite Decimal System – YDS), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

   The restriction for the speeding event does not apply to amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

2. Abuse of medication, or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).

3. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.

4. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.

5. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.

Effective date of coverage
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the departure date.

Termination date of coverage
Coverage ends on the first of the following dates:
- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered
Subject to the provisions, conditions, exclusions and reductions of coverage of this policy, the insurer hereby insures the covered person for the accidental loss of life or loss of use of one or several limbs occurring while:

a) travelling as a paying passenger in an aircraft operated from the departure point to the destination or return point;
b) riding as a passenger in a land or water conveyance at the expense of the airline;
c) riding as a passenger in a scheduled helicopter shuttle service to and from airports to connect with a required flight;
d) exposed to the elements due to the forced landing or disappearance of an aircraft on which the covered person is insured by this insurance;
e) waiting at the airport for the departure of a required flight to go or return from his destination.

The loss must result directly from an accident sustained during the period of coverage and occur within 12 months of the accident.

The insurer shall pay an amount corresponding to the percentage shown in the Benefits Chart of the sum insured indicated on the insurance certificate.

<table>
<thead>
<tr>
<th>Accidental loss of:</th>
<th>Percentage payable of sum insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>life</td>
<td>100%</td>
</tr>
<tr>
<td>use of several limbs or sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>use of one limb or sight of one eye</td>
<td>50%</td>
</tr>
</tbody>
</table>

Payment of the sum insured
In case of the loss of life of a covered person, the benefit shall be paid directly to the contract holder if he is living, and to the designated beneficiary if he is deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder’s estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the covered person who has been the victim of the accident, his representative, or to his legal guardian if he is a minor.
Limitations

If the covered person sustains more than one loss, the Insurer shall pay for one loss only, namely that which allows the highest amount.

The total benefits payable under the Accidental Death or Dismemberment benefit and the Air Flight Accident benefit may in no way exceed $300,000 per covered person.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained results directly or indirectly from one of the following causes:

1. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
2. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
3. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.

Baggage Benefit

Conditions particular to this benefit

The following conditions are in addition to conditions applicable to all benefits:

1. Where loss is due to theft, burglary, vandalism or disappearance, the covered person must notify the police upon discovery of the loss. Failure to report the said loss to the authorities shall invalidate any claim under this benefit for such loss.
2. In the event of loss, the covered person must notify the Insurer as promptly as possible and take all reasonable precautions to protect, safeguard or recover his property and must also promptly notify the police and obtain from them written confirmation regarding such loss. The covered person shall obtain written confirmation from the hotel manager, tour guide or transportation authorities. The covered person must furnish proof of the loss or damage and the value of concern items with a sworn statement within 90 days of the date of loss. Failure by the covered person to comply with these conditions shall invalidate claims under this benefit.
3. If the covered property is checked with a public carrier and delivery is delayed until after expiry of the coverage, coverage shall be continued until such property is delivered by the public carrier.
4. The Insurer shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and may elect to repair or replace any damaged or lost property with other of like quality or value.
5. Upon the occurrence of any loss for which a claim is made, the amount of the applicable limit of liability is reduced by the amount equivalent to such loss.
6. This benefit shall not profit, directly or indirectly, any carrier or guarantor.

Effective date of coverage
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the departure date.

Termination date of coverage
Coverage ends on the first of the following dates:
- the expiry date of the contract, or;
- the return date, whether planned or premature.

What is covered
This benefit insures the loss or damage of a covered person’s baggage during a trip while the contract is effective. The maximum amount payable is $1,500 and applies to the entire duration of the trip and to each covered person. Exclusions and reductions of coverage may also apply.

In cases where checked baggage is delayed for over 12 hours while en route and prior to the return date, the Insurer will reimburse up to $500 for necessary toiletries and clothing and for the rental of delayed sporting equipment. Proof of checked baggage delay from the carrier along with receipts of purchases or rentals must be included with the claim upon presentation to the Insurer.

This benefit also covers the reimbursement of expenses to replace a passport, driver’s license, and birth certificate or visa in case they are lost or stolen during the trip, not exceeding $150.

What is not covered

Exclusions and reductions of coverage
The benefits are reduced or not payable in the event of or with regard to:

1. Loss of or damage to automobiles or automobile equipment, motorcycles, bicycles (unless registered with the carrier), boats, motors or other conveyances or their accessories, household furnishings or accessories, orthoses, prostheses, glasses, contact lenses, hard cash, commercial papers, securities, tickets and documents, professional equipment or property, goods brought with the intent of trading them, antiques and collectors items, perishable articles, cosmetics, medication, animals or any item that is not part of the usual baggage.

2. Breakage of fragile or brittle articles unless caused by fire or theft.

3. Loss or damage due to confiscation or damage by order of any government or public authority, or to illegal transportation or trade, war, demonstration or insurrection or hostilities between nations (whether or not war is declared).

4. Loss or damage caused by wear and tear, gradual deterioration, mechanical breakdown, moths or vermin or while the article is actually being worked upon or processed.

5. Theft from an unattended automobile, trailer or other vehicle, unless such vehicle was securely locked or was equipped with a closed
compartment which was securely locked and the theft occurred as a result of forcible entry (of which there must be visible marks).

6. The maximum amount payable for loss or damage for each item comprising the covered person’s baggage is $300.

7. When an article is part of a set, its loss is valued in proportion to its importance within the set. Such loss does not constitute the total loss of the set.

8. The following items are grouped in categories, and each category is considered, pursuant to the contract, as a single item with a maximum value of $300:
   - **jewelry**: jewelry, watches, silver, gold or platinum items;
   - **furs**: fur or fur-trimmed articles;
   - **electronics and photography equipment**: cameras, video or audio devices, tablets, phones, readers, watches, music players and any other electronic devices and their equipment.

In addition, the maximum amount payable for loss or damage of the total of the 3 categories mentioned above is $500.

9. Loss or damage caused by any imprudent action or omission by the covered person. When an article or personal property in question cannot be located and the circumstances of its disappearance cannot be explained or does not lend itself to a reasonable conclusion that a theft occurred.

10. Loss or damage to articles specifically insured under any other insurance contract at the time this benefit is in effect.

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**Emergency Return Benefit**

**Effective date of coverage**
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the departure date.

**Termination date of coverage**
Coverage ends on the expiry date of the contract.

**What is covered**
The Emergency Return benefit covers transportation expenses for the return to the province of residence and then the return to the original trip destination if the return is made necessary by:
- death, or hospitalization for at least 7 days of a member of the family of the covered person, a family member of his spouse or of the person for whom the covered person acts as legal guardian or estate executor. It is not necessary to wait 7 days before departure, but expenses will be reimbursed only if the person remains hospitalized for at least 7 days;
- disaster which renders the covered person’s principal residence uninhabitable or causes significant damages to his commercial establishment.

The refundable expenses correspond to the cost of a round-trip public transportation economy fare ticket by the most direct route.
What is not covered

Exclusions and reductions of coverage
1. Only one emergency return per trip shall be reimbursed;
2. When applying for insurance, the covered person must not know the reason which would keep him from continuing his trip as originally planned;
3. Accommodation costs during transportation are not covered.

Car Rental Physical Damage Benefit

Eligibility
The following eligibility requirements apply:
- the car must be rented from a commercial car rental agency;
- the rental car must have been operated by a person permitted to operate the rental car under the car rental agreement and in accordance with its conditions, when the loss occurred.

Conditions particular to this benefit
1. Notice of a claim must be given to CanAssistance and the car rental agency within 48 hours after the event giving rise to the loss covered by this contract occurs.
2. Before considering a claim filed under the contract and before paying any benefits, the Insurer has the right to require adequate proof of:
   - the event giving rise to the claim;
   - the circumstances surrounding the accident;
   - the actual costs incurred.

Effective date of coverage
Coverage begins on the last of the following dates:
- the effective date of the contract, or;
- the date the covered person takes possession of the rental car.

Termination date of the contract
Coverage ends on the first of the following dates:
- the expiry date of the contract;
- the date the rental car is given back to the car rental agency.

What is covered
This benefit covers the consequences of contractual liability of a car rental agreement for the rental of a 4-wheel tourism vehicle, up to a maximum of $75,000.
This coverage provides protection against collision, theft, fire or vandalism. This coverage does not provide any form of third party automobile property damage or personal injury liability insurance.
The maximum duration of the rental agreement is 60 consecutive days.
The amount of the benefit payable will be the amount of the loss for physical damage to the rental car less any amount assumed, waived or paid by the rental agency or its Insurer.

This insurance applies everywhere, except when the law or the rental agency does not permit it.

Further, benefits are payable only if all terms and conditions of the car rental agreement are met.

**What is not covered**

**Exclusions and reductions of coverage**

1. No benefits are payable if the loss sustained results *directly* or *indirectly* from one of the following causes:
   a) operation of the rental in violation of the terms of the car rental agreement;
   b) operation of the rental car for the transportation of goods/passengers against payment;
   c) operation of the rental car while impaired by any drug, whether its consumption is legal or not, or with an alcohol level superior to the local legal level without exceeding 80 milligrams per 100 milliliters of blood (0.08);
   d) wear and tear, gradual deterioration, pests, particularly insects, or inherent defects;
   e) war, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power, confiscation or nationalization or requisition or destruction of or damages to belongings due to any governmental or local or public authority;
   f) transporting contraband or illegal trade;
   g) violation of any established law and regulation;
   h) personal civil liability insurance;
   i) any amount assumed, waived or paid by the car rental agency or its Insurers.

2. The following vehicles are not covered by this benefit:
   a) vehicles that are not rental vehicles;
   b) vehicles rented under a contract that are not under a daily, weekly or monthly basis;
   c) vehicles rented under a rental agreement that exceeds 60 consecutive days under a single car rental agreement or several consecutive car rental agreements;
   d) vehicles rented under a monthly or yearly lease;
   e) vehicles which belong to the following categories: campers or trailers, off-road vehicles, motorcycles, mopeds or motorbikes, expensive or luxury cars, antique cars, recreational vehicles, limousines, trucks.
      
      *i) expensive or luxury cars refers to cars with a suggested retail price exceeding $75,000 by the manufacturer in Canada;*
ii) a limousine is a vehicle that has been stretched or altered from the original factory design. Standard models are covered;

iii) an antique car is one which is over 20 years old or has not been manufactured for at least 10 years;

iv) pickups or vans are not excluded provided that they:
   - are for private passenger use with seating for no more than 8 occupants including the driver;
   - do not exceed a "3/4 ton" rating;
   - are not designed for recreational use.

CanAssistance Travel Assistance services

These services are offered free of charge with the purchase of any travel insurance product included in this policy.

Medical assistance

If, following an accident or sudden illness, the covered person must consult a physician or require hospitalization, he must contact CanAssistance immediately. CanAssistance will make the necessary arrangements in order to provide the covered person with the following services:

- for the State of Florida, direct the covered person to an appropriate clinic or hospital member of the Preferred Patient Care network;
- for the State of South Carolina, direct the covered person to an appropriate clinic or hospital member of the Preferred Personal Care network;
- for all other destinations, direct the covered person to an appropriate clinic or hospital and advance funds to the hospital if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family physician;
- coordinate repatriation of the covered person to his province of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the covered person is hospitalized for at least 7 days and if the attending physician advises such attendance;
- coordinate the return of the covered person's road vehicle if he is unable to bring it back due to illness or accident.

Notice

Failure to contact CanAssistance beforehand in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.
General assistance

In the event of any other emergencies, the covered person can contact CanAssistance in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information regarding embassies and consulates.

Through CanAssistance, the Insurer may also provide pre-travel information with regard to visas and vaccines.

CanAssistance is under no circumstance responsible for the expenses incurred for medical or general assistance. However, depending on the benefit purchased some of these fees could be reimbursed by the Insurer.
DEFINITIONS APPLICABLE TO ALL BENEFITS

Accident means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the period of coverage.

Accidental loss of sight of one eye means the total and irrecoverable loss of sight therein.

Accidental loss of use of one limb means the accidental loss of use of a hand or a foot, i.e. the total and irrecoverable loss of use thereof.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, 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.

Age means the age of the covered person at the time the present contract is purchased or renewed.

Aircraft means any multi-engine transport-type aircraft with a maximum authorized take-off weight greater than 10,000 lbs (4,540 kg.), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier license, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier license or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline’s scheduled, charter or regular specific point license.

Business meeting means a pre-arranged private meeting between unaffiliated companies pertaining to the full-time occupation or profession of the covered person and which was the sole purpose of the trip (documentary evidence of meeting arrangements required). In no event shall business meeting include legal proceedings.

CanAssistance means the company authorized by the Insurer to provide assistance services to covered persons.

Change in health condition means any illness, accident, injury or symptoms for which the covered person:
- consulted a physician (other than for a regular check-up), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- was prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).

Contract holder means the person designated as such on the insurance certificate.

Covered person means the contract holder and the persons mentioned on the insurance certificate, depending on the coverage selected. A child born during the first 32 weeks of pregnancy over the course of a trip is automatically covered by this insurance, if the medical costs of delivery and medical care to the mother are not excluded.
Dependent child means a child of the contract holder, his spouse, or both, over 30 days old before departure, who is dependent on the contract holder, who is not married, and who is:
- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is over 30 days old and is in the process of being adopted by a Canadian resident is considered a dependent child upon completion of all required documents and once the appropriate authorities in the adoptee’s country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and hospitalization program of a Canadian province or territory.

In a single-parent or family plan, any child of the contract holder or his spouse born after the effective date of the contract is automatically insured as soon as he meets the criteria of the definition of a dependent child, subject to the payment of a supplementary premium, as the case may be.

Effective date of the contract means the date indicated on the insurance certificate.

Expiry date means the date indicated on the insurance certificate.

Hospital means a place licensed as an accredited hospital and offering care and treatment to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term “hospital” mean any hospital or institution or part of such licensed hospital or institution, used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or treatment centre for drug addicts or alcoholics.

Hospitalization means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Eligible short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

Illness means a health deterioration or an organism disorder certified by a physician, or even when the person is pregnant, a pathological complication that arose during the pregnancy. However, in the case of trip cancellation, this deterioration, this disorder, or this pathological complication must be serious enough to prevent the covered person from pursuing his travel plans.

Insurance certificate refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the covered persons, the contract number, the product, the dates of coverage, the deductible, the selected benefits and the sums insured.
**Insurer** means:

1. In Quebec and Ontario:
   - Canassurance Hospital Service Association (non-profit mutual benefit association) for the Emergency Medical Care benefit;
   - Canassurance Insurance Company for all other benefits.
2. Elsewhere in Canada:
   - Canassurance Insurance Company.

**Member of the family of the covered person** means spouse, father and mother, grandparent, grandchild, parents-in-law, child (not necessarily dependent) of the covered person and/or his spouse, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew.

**Member of the immediate family of the covered person** means the spouse, father, mother and children (not necessarily dependent) of the covered person, his spouse or both.

**Minor ailment** means any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:
- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a physician or;
- a hospitalization, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a minor ailment.

**Period of coverage** means the time between the effective date of the contract and the expiry date indicated on the insurance certificate.

**Physician** means a person who is not related in any way to the covered person and who is legally authorized to practice medicine on the premises where medical services are provided.

**Pre-existing condition** refers to any health condition that already exists when the benefit becomes effective. Pre-existing conditions are grounds for a claim refusal.

**Prepayment** means the deposit of a sum of money which is not refundable.

**Public transportation** refers to any common carrier (on land, sea, or by air) that is operated by a carrier holding a licence issued by the public authorities competent to do so and providing transportation for fare-paying passengers.

**Regular check-up** means a periodic consultation with a physician scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the covered person and no new anomaly is certified by the physician.

**Spouse** means the person united to the contract holder by marriage or a person who has been living permanently with the contract holder for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

**Sudden illness** means an unexpected and unforeseen illness for which initial symptoms (certified or not by a physician) appear during the trip.
**Terminal stage** means the period when a cure for an *illness* is no longer possible or when the *illness* resists any curative *treatment* and death is bound to happen within a more or less short delay.

**Travel/Trip** means occasional absence from the *covered person’s* residence for the purpose of a vacation, leisure or business. The *covered person* travelling within his province of residence must have at least a one-night stay in a commercial accommodation establishment. The Annual insurance covers only trips made outside the province of residence.

**Travelling companion** means the person who plans, leaves and returns with the *covered person* on the same *trip*, up to a maximum of six persons. A *member of the immediate family of the covered person* who plans and leaves on the same *trip* as the *covered person* is considered a travelling companion but is not included in the six-person maximum.

**Travel supplier** means any tour operator, wholesale group transportation, airline, cruise company or accommodation facility. Where two or more travel suppliers are wholly-owned subsidiaries of one person or corporation they are deemed for the purpose of this clause to be one travel supplier.

**Treatment** means surgery, prescription drugs, therapy, consultations with *physicians* or other health professionals and any other type of method used to treat the *covered person*. 
NOTICE

Any notice to the Insurer may be validly forwarded to:

Canassurance Hospital Service Association/Canassurance Insurance Company
P.O. Box 910, Station B
Montreal, Quebec
H3B 3K8

In witness whereof the Insurer has signed this contract which must be validated by an authorized representative.

Sylvain Charbonneau
President and Chief Executive Officer
Travel Assistance Lines
If the covered person needs health care abroad, he or a travelling companion must call CanAssistance immediately.

Canada, United States
1-800-361-6068

Elsewhere in the world, collect
514-286-8411

Assistance agents offer the covered person 24-hour service, 7 days a week.
If the covered person cannot call collect, the insurer will reimburse the cost. The insurer will not pay for roaming charges.
For better service, the covered person must give his name, the phone number where he is calling from and his contract number.

Notice
Failure to contact CanAssistance beforehand in the event of medical consultation or hospitalization following an accident or sudden illness could result in the compensation requested being refused.

Extension
To obtain an extension, the covered person must contact the insurer at:

Canada, United States
1-877-986-7681

Elsewhere in the world, collect
514-286-7681

Settlement of Claims
To obtain a claim form, the covered person may contact our Customer Service Department at one of the following numbers:

514-286-6690 / 1-800-387-2538
Please keep this card with you at all times.
Veuillez conserver cette carte avec vous en tout temps.

- Call the Assistance line before consulting a doctor, or as soon as you can.
- Present this card at the hospital or at the front desk of a medical clinic.

In case of an emergency

- Appeler le service d’assistance avant d’aller voir un médecin ou dès que possible.
- Présenter cette carte à l’hôpital ou à l’accueil d’une clinique.

Partner of / Partenaire de

Florida Blue South Carolina
Your distributor

550 Sherbrooke Street West
Suite B-9
Montréal, Québec
H3A 3S3

Detach this card and carry it with you at all times for the duration of your contract.

In case of emergency or should you require medical attention, please call the emergency telephone number(s) listed on the card as soon as possible.

24/7 Travel Assistance
Assistance voyage 24/7

Policyholder / Titulaire de la police

Policy number / Numéro de police

Expiration date / Date d’expiration

From Canada and/or the U.S.A
Du Canada ou des États-Unis
1-800-361-6068
From other countries, call collect
D’autres pays, à frais virés
514-286-8411