

**Underwritten by:** CUMIS General Insurance Company, a member of The Co-operators group of companies  
**Claims Administration and Assistance Services provided by:** Allianz Global Assistance which is a registered business name of AZGA Service Canada Inc.  
**Managed by:** The Destination: Travel Group Inc.

## RIGHT TO EXAMINE POLICY

Please review this policy when *you* receive it to ensure it meets *your* needs. *You* can request a full refund, provided *your* coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to the Refunds section on page 5 of this policy.

## IMPORTANT NOTICE

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

### Please read your policy carefully when you receive it.

#### To help you better understand your policy

Key terms in this policy are printed in *italics* and are defined in the Definitions section starting on page 3.

#### What are you covered for?

To find out what *your* coverage is, please read the section titled Benefits starting on page 2. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

#### What is not covered?

Travel insurance does not cover everything. *Your* insurance has exclusions, conditions and limitations. *Your pre-existing medical conditions* may be excluded. *You* should carefully read and understand *your* policy when you receive it.

#### What if you have an emergency or claim?

*You*, or someone on *your* behalf, must notify Allianz Global Assistance (toll free **1-800-995-1662** or worldwide collect **416-340-0049**) prior to any surgery being performed or within 24 hours of admission to a *hospital*.

#### Limits on Coverage

Failure to notify Allianz Global Assistance, without reasonable cause, will result in the reduction of eligible benefit amounts payable by **20%**. *You* will be responsible for any expenses that are not payable by the *insurer*. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay; refer to the Claims Procedures also explained in this policy.

#### What if your travel plans change?

*You* must contact *your* agent/broker or The Destination: Travel Group Inc. at **1-855-337-3532** prior to the **effective date** to make any changes to *your* insurance.

#### Travel Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, Allianz Global Assistance, the *insurer*, The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

## ELIGIBILITY

### 1. Coverage is NOT AVAILABLE to any individual who:

- has been diagnosed with a terminal illness; or
- has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
- has been prescribed or used home oxygen *treatment* in the last 12 months; or
- has been diagnosed with or *treated* for congestive heart failure; or
- has had a major organ transplant (heart, kidney, liver, lung); or
- has received kidney dialysis *treatment* in the last 12 months.

### 2. To be eligible for coverage you must, as of the effective date:

- be at least 15 days old; and
- be in good health at the time *you* purchase *your* policy and on the *effective date*, and know of no reason why *you* would attend any *medical consultation* during the *period of coverage*; and
- not be insured or eligible for benefits under a Canadian government health insurance plan.

**Effective Date** means the date and time coverage starts. Coverage begins on the **latest** of the following:

- the date and time the completed application and premium are accepted by The Destination: Travel Group Inc. or its agent; or
- the date indicated as the *effective date* in *your* confirmation of coverage; or
- the date and time *you* exit *your* country of origin.

#### Waiting Period

Coverage for losses resulting from any *sickness* will only begin 48 hours after the *effective date* if *you* purchase *your* policy:

- after *your* arrival date in Canada; or
- after the *expiry date* of an existing policy issued by the *insurer* and managed by The Destination: Travel Group Inc.

Any *sickness* that manifests itself during the 48-hour waiting period is not covered even if related expenses are incurred after the 48-hour waiting period.

However, if *you* are age **86 or older** on *your* *effective date*, *your* waiting period is **15 days**.

**Expiry date** means the date and time coverage ends. Coverage ends on the **earliest** of the following:

- the date indicated as the *expiry date* in *your* confirmation of coverage.
- the date *you* become eligible for coverage under a Canadian government health insurance plan.

The waiting period may be waived if:

- the policy is purchased on or prior to the *expiry date* of an existing Destination: Canada policy.
- you* have insurance with another *insurer* during the first part of *your* trip in Canada, and there will be no gap in coverage. *You* must provide satisfactory proof and receive written approval from the *insurer*.

## INSURING AGREEMENT

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this policy, if *you* incur eligible expenses for *emergency hospital* and *emergency* medical care or services during the *period of coverage* as the result of a medical condition occurring during the *period of coverage*, the *insurer* will pay up to the amounts specified in this policy for the *reasonable and customary* costs for eligible expenses, in excess of any deductible amount and the amount allowed and/or paid for by any other insurance plan(s).

## Limits on Coverage

The deductible amount (if any) is shown on your confirmation of coverage and applies to each claim. You will be responsible for any expenses that are not payable by the insurer.

The specific details of your policy are outlined in your confirmation of coverage which forms part of your policy.

Costs incurred outside of Canada are covered provided the majority of the period of coverage is spent in Canada. However this limitation may be waived in certain circumstances, see Extending Your Trip on page 4 for details.

Costs incurred in your country of origin are not covered.

You or someone on your behalf must notify Allianz Global Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any surgery being performed or within 24 hours of admission to a hospital.

## Limits on Coverage

Failure to notify Allianz Global Assistance, without reasonable cause, will result in the reduction of your eligible benefit amounts payable by 20%.

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

The insurer reserves the right, as reasonably required, to transfer you to any hospital or to transport you to your country of origin following an emergency. If you refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage ceases upon your refusal and no coverage will be provided to you for the remainder of the period of coverage.

## BENEFITS

Subject to the terms, conditions, limitations and exclusions of this policy, benefits are payable for the following costs:

- 1) **Emergency Hospital** The insurer agrees to pay for semi-private hospital accommodation and for reasonable and customary services and supplies necessary for your emergency medical care during confinement as a resident in-patient.
- 2) **Emergency Medical** The insurer agrees to pay for emergency medical, surgical or anaesthetic services when performed and authorized by a physician.
- 3) **Emergency Extended Health** The insurer agrees to reimburse for the following services, supplies or treatment, when provided by a health practitioner who is not related to you by blood or marriage:
  - a) Private duty services of a Registered Nurse when approved in advance by Allianz Global Assistance.  
Not to exceed **\$10,000**.
  - b) The services of a legally licensed physiotherapist when ordered by the attending physician as treatment for a covered injury.  
Not to exceed **\$500** for out-patient treatment.
  - c) The services of a legally licensed chiropractor, osteopath, chiropodist or podiatrist when ordered by an attending physician as treatment of a covered injury.  
Not to exceed **\$500 per practitioner** for out-patient treatment.
  - d) When performed at the time of the initial emergency, lab tests and/or X-ray examination as ordered by a physician for the purpose of diagnosis.
  - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation) to the nearest hospital, when reasonable and necessary.
  - f) Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
  - g) Emergency out-patient services provided by a hospital.
  - h) Drugs or medications that require a physician's written prescription, not exceeding a one-month supply.  
Not to exceed **\$500 per insured person**.
- 4) **Emergency Transportation** When necessary, the insurer agrees to transport you to your country of origin when immediate medical consultation is required due to a covered emergency sickness or injury. Any emergency transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be approved and arranged by Allianz Global Assistance.
- 5) **Transportation of Family or Friend** Up to **\$3,000** for one round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by your family member or close friend if:
  - a) you are hospitalized due to a covered sickness or injury and the attending physician advises the necessary attendance by such persons; or
  - b) local authorities legally require the attendance of such person to identify your remains in the event of death due to a covered sickness or injury.
- 6) **Attendant** If you are hospitalized for 48 hours or more as a result of an emergency, the insurer agrees to reimburse up to **\$50** a day, to a maximum of **\$500** for an attendant, other than a relative, to care for your accompanying travelling companion(s) under age **18**, or physically or mentally handicapped travelling companion(s) who rely on you for assistance.
- 7) **Follow-up visits** Follow-up visits are covered up to **\$3,000**, provided they are directly related to the emergency and the emergency has been reported to Allianz Global Assistance.

- 8) **Accidental Dental** The insurer agrees to reimburse reasonable and customary costs up to **\$3,000** for emergency treatment or services to whole or sound natural teeth (including capped or crowned teeth) caused by an accidental direct blow to the face. Treatment relating to any dental claim must begin and end within **90** days from the onset of the accident and prior to your return to your country of origin.
- 9) **Dental Emergencies** The insurer agrees to reimburse up to **\$500** for the immediate relief of acute dental pain caused by a dental emergency other than a direct blow to the face. Dental conditions for which you have previously received treatment or advice are not covered. Treatment relating to any dental claim must begin and end within **90** days from the onset of the emergency and must be completed within the period of coverage and prior to your return to your country of origin.
- 10) **Meals and Accommodation** The insurer agrees to reimburse up to **\$150** per day to a maximum of **\$1,500**, or up to a maximum **10** days in the event you or your insured travelling companion are confined to hospital on the date on which you are scheduled to return home. The insurer will reimburse for commercial accommodation, meals, child care costs (children under age **18**, or physically or mentally handicapped travelling companion(s) who rely on you for assistance), essential telephone calls and taxi fares incurred by you or any insured travelling companion. The insurer will only reimburse these expenses if you have actually paid for them.  
Expenses must be supported by original receipts from commercial organizations.
- 11) **Emergency Return Home** If a covered sickness or injury requires you to be returned home during the period of coverage, the insurer agrees to reimburse up to **\$3,000** for the additional cost of a one-way economy transportation by the most direct route to your country of origin when approved and arranged by Allianz Global Assistance. This benefit also includes one insured family member.
- 12) **Return of Deceased** In the event of death due to a covered sickness or injury, the insurer agrees to reimburse up to:
  - a) **\$10,000** for the costs incurred to prepare and return your remains in a standard transportation container, to your country of origin; or
  - b) **\$4,000** for cremation or burial at the place of death. The cost of a coffin or urn is not covered.
- 13) **Accidental Death & Dismemberment** The insurer agrees to pay up to the maximum sum insured selected at the time of application, not to exceed **\$150,000**, for loss of life, limb or sight resulting directly from accidental injury, occurring during the period of coverage, except while boarding, riding in, or disembarking from an aircraft. Accidental Death & Dismemberment Benefits are payable according to the following schedule:
  - a) 100% of sum insured resulting from the same accidental injury for loss of:
    - life; or
    - entire sight of both eyes; or
    - both hands; or
    - both feet; or
    - one hand and entire sight of one eye; or
    - one foot and entire sight of one eye.
  - b) 50% of sum insured resulting from the same accidental injury for loss of:
    - entire sight of one eye; or
    - one hand; or
    - one foot.Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.  
Loss of eye or eyes means total and irrecoverable loss of the entire sight. Only one amount is payable (the largest) if you suffer more than one of these losses.
- 14) **Flight Accident** The insurer agrees to pay up to a maximum sum insured of **\$50,000** for death or dismemberment as a result of accidental death sustained during the period of coverage while entering, riding or leaving an airplane or helicopter flight lawfully operated by a licensed public air common carrier as a fare-ticket passenger.
- 15) **Exposure and Disappearance** If you are exposed to the elements or disappear as a result of an accident, a loss will be covered if:
  - a) as a result of such exposure, you suffer one of the losses specified in the schedule of losses above; or
  - b) your body has not been found within **52** weeks from the date of the accident it will be presumed, subject to evidence to the contrary, that you suffered loss of life.

## LIMITATIONS & EXCLUSIONS

This policy will not provide coverage, provide services, or pay claims for expenses incurred directly or indirectly as a result of:

- 1a) If at the time of application you are **79 years of age or under** and selected **Option 1:**  
Any pre-existing medical condition unless it was stable in the **120** days immediately before the effective date.
- 1b) If at the time of application you are **79 years of age or under** and selected **Option 2:**  
Any pre-existing medical condition.
- 1c) If at the time of application you are **80 years of age or over:**  
Any pre-existing medical condition.
- 2) Any sickness for which symptoms occurred within:
  - **48 hours** after the effective date, if you are age **85 or younger** on your effective date; or
  - **15 days** after the effective date, if you are age **86 or older** on your effective date;

except when this insurance is purchased:

- a) before the date of *your* arrival to Canada; or
  - b) before the *expiry date* of *your* existing Visitors to Canada policy issued by the *insurer* and managed by The Destination: Travel Group Inc.
- 3) Any losses incurred when a diagnosis or *treatment* was received, prior to the *effective date*, for pancreatic cancer, liver cancer or any type of cancer that has metastasized (migrated to another organ from its original site).
  - 4) Any emotional, mental or nervous disorders resulting from any cause, including but not limited to:
    - Alzheimer's disease or dementia;
    - anxiety or depression;
    - suicide or attempted suicide; or
    - intentionally self-inflicted *injury*.
  - 5) *Act(s) of war*, kidnapping, *act(s) of terrorism* caused directly or indirectly by nuclear, chemical or biological means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities, participation in a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by *you*, a *family member* or *travelling companion*.
  - 6) Any *sickness* or *injury* when a *trip* is undertaken for the purpose of securing medical *treatment* or *advice*.
  - 7) Any loss, death or *injury*, if evidence supports that *you* were affected by, or the medical condition was in any way contributed to by:
    - the abuse or chronic use of alcohol either before or during the *period of coverage*; or
    - the use of prohibited drugs, or any other intoxicant either before or during the *period of coverage*; or
    - the non-compliance with prescribed *treatment* or medical therapy either before or during the *period of coverage*; or
    - the misuse of medication either before or during the *period of coverage*.
  - 8) Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.
  - 9) Any medical condition that was diagnosed by a *physician* as terminal prior to the *effective date* of this policy or travelling against the advice of a *physician*.
  - 10) Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a medical condition, unless approved in advance by Allianz Global Assistance.
  - 11) Any *treatment* which can be reasonably delayed until *you* return to *your country of origin* (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Allianz Global Assistance.
  - 12) Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, *treatment* of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *treatment* in connection with drugs, alcohol or any other substance abuse.
  - 13) Any rehabilitation or convalescent care.
  - 14) *Injury* resulting from training for or participating in:
    - speed contests usually and customarily in excess of 60 km per hour;
    - motor sport contests;
    - stunt activities, exhibitions or demonstrations of any kind;
    - *professional* sport activities; or
    - *high-risk activities*.
  - 15) Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof.
  - 16) Any *sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
  - 17) Dental or cosmetic surgery except when specified.
  - 18) *Treatment* or services that contravene, or are prohibited by legislation under a provincial or territorial hospital/medical plan.
  - 19) Naturopathic, holistic or acupuncture *treatment*.
  - 20) Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
  - 21) Any nuclear occurrence however caused.
  - 22) Any loss incurred when, prior to the *effective date*, Global Affairs Canada issued a written warning to avoid all travel, or to avoid non-essential travel, to that city, region, or country.
  - 23) Any loss incurred outside of Canada when *you* have not spent the majority of the *period of coverage* in Canada.
  - 24) Any loss incurred inside *your country of origin*, which is other than Canada.
  - 25) Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Transportation or Emergency Return Home benefits.
  - 26) Any loss resulting when *you* are a driver, the operator, a co-driver, a crew member or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during *your trip* solely for pleasure purposes and not used for delivering goods or carrying a load.
  - 27) **Applicable to Accidental Death & Dismemberment Benefits only:** Being an occupant of an aircraft, either as passenger or crew, or while boarding or disembarking from an aircraft.

## DEFINITIONS

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

**Act(s) of terrorism** means an act, including but not limited to the use of force or violence and/ or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act(s) of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

**Commercial accommodation** means a hotel or motel room, or a bed and breakfast licensed under the law of its jurisdiction.

**Confirmation of coverage** means the document(s) that *you* receive from The Destination: Travel Group Inc. as a confirmation of the coverage *you* have purchased, which may be a confirmation of coverage letter, an application form or an internet purchase confirmation page.

**Country of origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

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

**Dependent children** means *your* unmarried children who are:

- a) financially dependent on *you*; and
- b) at least 15 days of age; and
- c) age 21 or under; or
- d) age 25 or under and attending school full time.

**Effective date** means the date and time coverage begins as indicated in the *Effective Date* section on page 1 of this policy.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed.

An *emergency* is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*.

**Expiry date** means the date and time coverage ends as indicated in the Expiry Date section on page 1 of this policy.

**Family member** means *your* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, stepbrother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, and ward, natural or adopted child.

**Follow-up** means re-examination of *you* to monitor the effects of earlier *treatment* related to the initial *emergency*, except while hospitalized. Follow-up does not include continuous or ongoing *treatment* or further diagnostic or investigative testing related to the initial *emergency*.

**High-risk activity(ies)** mean(s) heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, mountaineering, participation in any rodeo activity.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

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

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

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

**Medical consultation** means any medical services obtained from a *physician* for a *sickness*, *injury* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, *advice* or *treatment*, and during which a diagnosis of the medical condition need not have been definitively made. This does not include routine annual medical check-ups where no medical *signs* or *symptoms* existed or were found during the check-up.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated on the *confirmation of coverage* and for which premium has been paid. As selected and paid for at the time of application, the maximum *period of coverage* per trip cannot exceed 365 days.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

**Pre-existing medical condition** means a *sickness*, *injury* or medical condition, whether or not diagnosed by a *physician*:

- i) for which *you* exhibited *signs* or *symptoms*; or
- ii) for which *you* required or received any *medical consultation*; and
- iii) which existed prior to the *effective date* of *your coverage*.

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

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

**Sickness** means any illness or disease.

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

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



**Stable** means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a change in type or dosage of medication;
- c) did not exhibit any *signs or symptoms*

**Travelling companion** means a person who is accompanying *you* on *your trip*, and who has prepaid shared accommodation or transportation with *you*. (Maximum of 5 persons including *you*.)

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

**Trip** means a period during which *you* are travelling outside *your country of origin* and for which coverage is in effect.

**You or Your** means the *insured person*.

## GENERAL PROVISIONS

### Assignment

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

### Automatic Extension of Coverage

- 1) This coverage shall be automatically extended for up to **72 hours** if, during the *period of coverage*, the conveyance in which *you* are riding or are scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond *your* control.
- 2) If medical evidence supports that *you* are medically unfit to travel due to a covered *sickness or injury* on or before the *coverage expiry date*, coverage will be automatically extended for up to **5 days**.
- 3) If *you* are *hospitalized* at the end of the *period of coverage*, as a result of a covered *sickness or injury*, coverage will be extended for *you* and one insured *travelling companion* remaining with *you*, when reasonable and necessary, during the *period of hospital confinement*, plus **72 hours** after release to travel home. Coverage for *your travelling companion* will only be extended under their respective Allianz Global Assistance administered policy.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each eligible *insured person* during one *period of coverage*. Benefits are only payable under one policy, for each *insured person* during the *period of coverage*.

If more than one Allianz Global Assistance administered policy issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer*, at the time of application, and indicated in *your confirmation of coverage* letter.

Any benefits payable do not include interest charges.

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

### Claim Submission

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

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

Failure to provide substantiating documents shall invalidate all claims under this insurance.

### Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

### Coordination of Benefits

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

Other coverage includes but is not limited to:

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

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

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

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

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

### Currency

All amounts stated in the policy, including premium, are in Canadian dollars.

If currency conversion is necessary, Allianz Global Assistance will use the exchange rate on the date the service was rendered to *you*.

At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred.

### Extending Your Trip

If *you* decide to extend *your trip*, *you* may apply for a new *period of coverage* provided *you* meet the requirements in Eligibility 1 and Eligibility 2 of this policy.

If *you* have incurred a claim, Allianz Global Assistance, on behalf of the *insurer*, will review *your* file before deciding on granting an extension.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

Allianz Global Assistance, on behalf of the *insurer*, reserves the right to decline any request for new terms of coverage.

If *you* decide to extend *your trip* please call *your* agent/broker or The Destination: Travel Group Inc. at 1-855-337-3532

**NOTE:** If *you* extend *your trip* for the purpose of returning to *your country of origin*, coverage outside Canada will be provided while *you* are in transit even if *you* do not spend the **majority** of the *period of coverage* in Canada if:

- a) the policy is purchased on or prior to the *expiry date* of an existing Destination: Canada policy; and
- b) the number of days in transit to *your country of origin* does not exceed 3 days.

There is no coverage provided in *your country of origin*.

### General Terms

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

### Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued.

### Language

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

### Limit on Liability

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

### Limitation of Action

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

### Misrepresentation or Nondisclosure

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

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

### Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the *effective date* of this policy as indicated on *your confirmation of coverage*. A family rate is available. Family includes the applicant, age 69 and under, the applicant's *spouse*, age 69 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 69 and under.

### Right to be Reimbursed (Subrogation)

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

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your injury or sickness*, whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include the *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the policy.

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

### Sanctions

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

### Time

This policy will be governed by the local time of the Canadian province or territory in which *your* policy was issued.

### Questions?

If *you* have any questions or concerns about our products or services, or *your* policy or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-869-6747

Collect: (416) 340-8809

## STATUTORY CONDITIONS

### Contract

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

### Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

### Copy of Application

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

### Material Facts

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

### Termination

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

Refer to Refunds on page 5.

### Notice and Proof of Claim

Please refer to the Claims Procedures on page 5.

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

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

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

### Failure to Give Notice and Proof

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

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting Allianz Global Assistance's Claims Department and shall be furnished to *you* upon request.

### Rights of Examination

The claimant shall provide the *insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, the *insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### When Money Payable

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

### Refunds

When submitting *your* refund request, please include:

1. a fully completed and signed Refund Request Form; and
2. a copy of *your* *confirmation of coverage*; and

3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to *your* country of origin; and
4. any other documentation to support *your* refund request.

### Refunds will only be considered when:

1. The entire *trip* is cancelled prior to the *effective date*.
2. *You* return to *your* country of origin prior to the *expiry date*.
3. *You* become insured under a Canadian provincial or territorial health/medical plan as long as *you* are not required to maintain coverage for work permit or other immigration purposes.

A fee of \$150 may be applied by The Destination: Travel Group Inc. if cancelling a policy issued for one year of consecutive coverage prior to the *effective date*.

### Important Notes

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

Partial refunds will be:

- calculated based on the date the refund request is received by The Destination: Travel Group Inc.; and
- subject to a \$25.00 administration fee applied by The Destination: Travel Group Inc. and a minimum refund of \$25.00.

Under no condition will a refund be made if a claim has been incurred or paid, or is pending.

### Claims Procedures

Claims forms are available by calling the Allianz Global Assistance Claims Department.

### SEND YOUR CLAIMS TO:

#### Allianz Global Assistance Claims Department

4273 King Street East,  
Kitchener, ON N2P 2E9

Collect worldwide: 416-340-0049

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

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

### When submitting *your* claim, please include:

1. Fully completed and signed claim form with all original bills and receipts from commercial organizations.
2. Medical records including an *emergency* room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Any other documentation that may be required and/or requested by Allianz Global Assistance.

### When submitting *your* Accidental Death & Dismemberment claim, please include:

1. Fully completed and signed claim form by either *you*, or in the case of *your* death, by the appointed executor/ executrix.
2. Police report including any witness statements.
3. Coroner's report.
4. Death certificate.
5. Medical Certificate completed by the attending *physician* or *hospital* medical records.
6. Any other documents requested by Allianz Global Assistance after initial review of the claim.

### Underwritten by:

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

### Emergency Medical Assistance and Claims Administration provided by:

Allianz Global Assistance  
4273 King Street East,  
Kitchener, ON N2P 2E9

### Managed and Distributed by:

The Destination: Travel Group Inc.  
307-211 Consumers Road  
Willowdale, Ontario, Canada M2J 4G8  
Tel: 1-855-337-3532

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

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

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

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

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

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

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

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

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

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
 Allianz Global Assistance  
 4273 King Street East,  
 Kitchener, ON N2P 2E9  
 Fax: (416) 340-2707

In the event of a medical *emergency*, you or someone on your behalf must notify Allianz Global Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any surgery being performed or within 24 hours of admission to a hospital.

**Limits on Coverage**

Failure to notify Allianz Global Assistance, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. You will be responsible for any expenses that are not payable by the insurer.

Allianz Global Assistance is here to help with service available 24 hours a day, 7 days a week. Allianz Global Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your trip.



**ALLIANZ GLOBAL ASSISTANCE**

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

If unable to contact us through the toll-free numbers, call collect  
**416-340-0049**