

Medi-Select Advantage[®]

TRAVEL INSURANCE



Thank you for your interest in our Medi-Select Advantage Travel Insurance product. We are pleased to provide you with information regarding our product and trust you will join our thousands of satisfied customers who enjoy peace of mind knowing they have the protection they need at an incredible price.

To provide the best possible service to our customers, RSA Travel Insurance works with Global Excel Management Inc. (GEM), to offer full assistance service during an emergency situation. GEM provides a toll free multilingual response available 24 hours a day, 365 days a year. An experienced and professional team of case managers and registered nurses, headed by the medical director, will quickly arrange and monitor treatment, while providing support to the patient and family.

APPLY FOR YOUR INSURANCE TODAY!

Call us at 819-780-0471 or 1-855-444-1488

Should you have any questions, please reply to omatravel@rsagroup.ca.

Our qualified customer service representatives are available to answer your questions Monday to Friday from 8 a.m. to 9 p.m. and Saturday from 9 a.m. to 5 p.m. Eastern Time.

We look forward to serving you!



Medi-Select Advantage[®] Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by RSA Travel Insurance Inc., operating as RSA Travel Insurance Agency in British Columbia.

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SUMMARY OF BENEFITS

Medi-Select Advantage Travel Insurance is a superior emergency medical travel insurance product for Canadian snowbirds and vacationers, providing coverage for out-of-province/country medical emergencies at competitive rates.

UP TO \$5 MILLION OF COVERAGE FOR EMERGENCY MEDICAL BENEFITS*

These are just a few of the plan benefits:

- | | |
|---|--|
| • Hospital Accommodation and Physician Fees | • Private Duty Nursing |
| • Ambulance Services | • Return of Insured Travel Companion |
| • Emergency Air Transportation | • Escorting your Children and Grandchildren Home |
| • Remote Evacuation | • Flying Someone to your Bedside |
| • Paramedical Services | • Prescription Drugs (30-day supply for new prescriptions) |
| • Treatment of Dental Accidents and Emergency Relief of Dental Pain | • Out-of-Pocket Expenses (including meals and accommodation) |

* Certain conditions, limitations and exclusions may apply.

FLEXIBLE PLANS, UNBEATABLE OPTIONS

- **No age limit**
- **\$0 deductible for applicants age 54 or under**
- **Family coverage available for applicants age 54 or under**
- **Deductible options available for applicants age 55 or over**
- **Multi-Trip Annual Plan:** Unlimited number of 4, 9, 16, 30 or 60-day trips anywhere in the world PLUS unlimited travel in Canada, outside of your province or territory of residence
- **All-Inclusive Plan:** Emergency Medical Coverage PLUS Trip Cancellation & Interruption, Protection of Travel Baggage & Personal Effects, and Accidental Death & Dismemberment benefits
- **Single Trip Daily Plan:** Up to 182 consecutive days of coverage (or any number of days allowed in your province or territory of residence)
- **Single Trip Non-Medical Plan:** Travel Cancellation & Interruption, Protection of Travel Baggage & Personal Effects, and Accidental Death & Dismemberment benefits
- **55-79 Vacation Plan:** For travellers age 55 to 79, up to 21 consecutive days of coverage for trips outside of Canada with no medical questionnaire
- **Canada Plan:** For trips within Canada (outside your province or territory of residence), GREAT rates and no medical questionnaire for ALL ages
- **Public Service Health Care Plan (PSHCP):** Supplemental Multi-Trip Annual Plan provides coverage for an unlimited number of 40-day trips anywhere in the world outside of your province or territory of residence, up to a maximum of \$5 Million

24-HOUR ASSISTANCE INCLUDED AROUND THE WORLD, DAY OR NIGHT

- Toll-free, multilingual assistance available 24/7
- Access to Doctor-On-Call™ service for travellers to the United States
- Experienced and professional team to arrange and monitor treatment, and provide support to you and your family

IN THE EVENT OF AN EMERGENCY: You must call Global Excel Management Inc. (hereinafter called "Global Excel") immediately:

From Canada and U.S.,
call TOLL FREE 1-855-640-9152

From anywhere,
call COLLECT + 1-819-780-0555

Do not assume that someone will contact *Global Excel* on your behalf. It remains your responsibility to ensure that *Global Excel* has been contacted prior to receiving treatment or as soon as reasonably possible. Failure to do so may limit benefits (see Section V - Limitations and Restrictions).

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Section I - Important Notice

- Throughout this policy, words in italics have a specific meaning and are defined in Section XI - Definitions.
- Please read this policy carefully before you travel.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.

Section II - Eligibility

1. You must meet the following conditions to be eligible for this insurance:
 - a) You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip;
 - b) You must NOT be travelling against the advice of a physician or have been diagnosed with a terminal illness or metastatic cancer;
 - c) You must NOT have a kidney disease requiring dialysis;
 - d) You must NOT have been prescribed or used home oxygen during the 12 months prior to your departure date; and
 - e) You must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus).

Section III - Insurance Agreement

A - Coverage Offered

This contract offers coverage to a maximum of \$5 million CAD per insured person, per trip for reasonable and customary costs incurred by you (less any applicable deductible) in case of an emergency occurring while you are travelling outside your province or territory of residence for the benefits set out in Section IV - Benefits. The Insurer will pay such eligible expenses, subject to all terms and conditions indicated in the policy, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and your Canadian provincial or territorial government health insurance plan.

B - Plans Offered

1. SINGLE TRIP DAILY PLAN

- a) Provides coverage for a single trip outside of your province or territory of residence or Canada.
- b) May be purchased as a Top Up to commence on the day after the expiry of another insurance plan.
- c) Optional extensions are available (see below).
- d) This plan also offers:
 - i. **Canada Plan**
 - Provides coverage for a single trip outside your province or territory of residence, but within Canada.
 - You must be travelling outside your province or territory of residence but within Canada for the entire duration of your trip. If, during your period of coverage you leave Canada or return to your province or territory of residence, your policy will terminate and you may be eligible for a refund (see Section III - Insurance Agreement - F - Refunds).
 - May NOT be purchased as a Top Up.
 - Optional extensions are available (see below).
 - ii. **55 to 79 Vacation Plan**
 - Provides coverage for a single trip outside your province or territory of residence or Canada, for a maximum of 21 consecutive days.
 - You must be age 55 to 79 on the purchase date of the insurance.
 - May NOT be purchased as a Top Up.
 - Optional extensions are available (see below).
- e) If you are travelling within Canada, coverage must be purchased prior to departure from your province or territory of residence.
- f) If you are travelling outside of Canada, coverage must be purchased prior to departure from Canada.
- g) Coverage must be purchased for the entire duration of your trip unless topping up another coverage.

Period of Coverage

Plan	Age	Maximum Trip Duration
Single Trip Daily Plan	All Ages	Up to 182 days (or any number of days allowed in your province or territory of residence)*
Canada Plan		
55 to 79 Vacation Plan	55-79	Up to 21 days

* **Note:** Coverage beyond the Maximum Trip Duration (to a limit of 365 days) is permitted providing you have been granted an extension on your GHIP coverage.

Effective Date of Coverage

Coverage begins on the latest of the following:

- a) The date you leave your province, territory of residence or Canada; or
- b) Under the Canada Plan: the date you leave your province or territory of residence; or
- c) Your effective date as indicated on your confirmation of insurance.

Termination of Insurance

Coverage terminates on the earliest of the following:

- a) The date you return to your province or territory of residence or Canada; or
 - b) Under the Canada Plan: the date you either return to your province or territory of residence or the date you leave Canada; or
 - c) The expiry date indicated on your confirmation of insurance.
- However, if you return to your province or territory of residence for an unexpected temporary visit prior to your expiry date, provided you have not incurred a claim, your coverage may resume with no additional premium once you leave your province or territory of residence to resume your trip. The premium for the number of days of your temporary return will not be refunded or reissued. If, during your temporary visit you are treated or you receive medical treatment for a medical condition (other than a minor ailment), your policy will terminate and you may be eligible for a partial refund (see Section III - Insurance Agreement - F - Refunds).

Optional Extension or Top Up of Coverage

Optional Extensions After Your Departure: Extensions may be available for the Single Trip Daily Plan, including the Canada Plan and the 55 to 79 Vacation Plan (up to a total trip duration of 21 days for the 55 to 79 Vacation Plan).

- a) Your additional coverage must be purchased for the entire number of remaining days of your trip.
- b) Your additional coverage may be purchased after the departure date but before the expiry of prior coverage.
- c) You must pay the required premium prior to the effective date of the extension.

Top Up: A Top Up is a Single Trip Daily Plan (see paragraph B - Plans Offered) that provides coverage for additional days of travel beyond the duration of a Multi-Trip Annual Plan or another carrier's travel insurance policy. The Top Up commences the day after the expiry of that plan or provided coverage remains in effect, the date when the total number of days since you left Canada exceeds the number of days allowable under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance. The Single Trip Daily Plan can be used as a Top Up to the Multi-Trip Annual Plan, the 40-Day Supplemental Multi-Trip Annual Plan for PSHCP members, or another insurer's travel insurance plan.

IMPORTANT – When topping up another insurer's annual plan, it is your responsibility to ensure that your initial travel insurance contract allows a top up of its insurance coverage.

- a) Your additional coverage must be purchased for the entire number of remaining days of your trip.
- b) Coverage may be purchased before or after the departure date.
- c) You must pay the required premium prior to the effective date of the Top Up.
- d) Proof of departure may be required.

- In the event of a sickness or injury, your prior medical history will be reviewed after a claim has been reported.
- You are required to contact *Global Excel* as soon as reasonably possible for approval of treatment. Failure to do so limits benefits (see Section V - Limitations and Restrictions).
- All amounts are in Canadian currency, unless indicated otherwise.
- If, while you are on a covered trip, you return to your province, territory of residence or Canada for any reason prior to your expected return date, you must contact your broker or sales agent to discuss how your coverage may be affected.
- This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

2. You must complete and submit the Application prior to the effective date of insurance. You are subject to the eligibility criteria as outlined on the Application and in this Policy.

3. If your health changes or does not remain stable between the date you complete and submit the Application and your effective date, you must review the medical questions on the Application with your broker or sales agent to re-assess your eligibility. If you are no longer eligible for the insurance plan you purchased and you fail to contact your broker or sales agent, your claim will be denied, the Insurer will void your policy, and the premium paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses relating to your sickness or injury, including repatriation costs.

However, if you are purchasing a Multi-Trip Annual Plan and your health changes or does not remain stable after the effective date, your eligibility will not be affected but coverage for your medical condition may be excluded (see Section VI - Exclusions paragraph A - Pre-Existing Medical Condition Exclusions).

Coverage can be extended or topped up providing that:

- a) A claim has not been made under the initial policy for the specific trip. If a claim has been made, an extension or top up may be granted upon review of your file by the Insurer;
- b) You have not experienced any changes in your health since the later of your effective date or departure date;
- c) You remain eligible for insurance;
- d) The request for extension or top up from destination is received by phone prior to the expiry date of your coverage; and
- e) The total trip duration outside your province or territory of residence, including the extension, does not exceed the maximum period of coverage for which you are eligible. Please refer to the Period of Coverage above.

Note: The minimum premium is \$25 per Extension or Top Up. The cost of additional days of insurance will be calculated based on the total trip duration, the age of the insured on the purchase date of the extension or top up and using the premium schedule in effect at the time the extension or top up is requested. The required premium will be charged to your credit card.

2. MULTI-TRIP ANNUAL PLAN

- a) Provides coverage between the effective date and expiry date as indicated on your confirmation of insurance, for any number of trips outside Canada up to the allowable trip duration in the Period of Coverage table below.
- b) Offers unlimited travel within Canada (excluding your province or territory of residence).
- c) Trips must be separated by a return to your province, territory of residence or Canada.
- d) You are not required to provide advance notice of the departure and return date of each trip; however, you will be required to provide evidence of your departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).
- e) Top Up coverage is available by purchasing a Single Trip Daily Plan.

Note: When a planned trip extends beyond the expiry date of a Multi-Trip Annual Plan, you must purchase a Single Trip Daily Plan Top Up for the additional number of days required for your trip, or, if your total trip duration does not exceed the number of days allowable under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance, you may purchase a new Multi-Trip Annual Plan for the same duration.

A Multi-Trip Annual Plan cannot be used to top-up another Multi-Trip Annual Plan unless your trip begins during the coverage period and extends beyond the expiry date as indicated on your confirmation of insurance and your total trip duration does not exceed the number of days allowable under the trip duration indicated on your confirmation of insurance. In order to be covered for the entire duration of your trip, you must purchase a Multi-Trip Annual Plan to be effective on the day after the expiry date of the Multi-Trip Annual Plan under which your trip commenced. The Multi-Trip Annual Plan must have the same trip duration as the expiring Multi-Trip Annual Plan. Coverage must be purchased prior to your departure from your province or territory of residence.

Period of Coverage

Plan	Age	Maximum Trip Duration	Unlimited Travel in Canada Allowed
Multi-Trip Annual Plan	0-79	4, 9, 16, 30 or 60 consecutive days	Yes
Multi-Trip Annual Plan	80+	4, 9 or 16 consecutive days	Yes

Effective Date of Coverage

- a) Coverage under the Multi-Trip Annual Plan begins on your effective date as indicated on your confirmation of insurance.
- b) Coverage for each trip under the Multi-Trip Annual Plan begins on your departure date from your province or territory of residence or Canada, as long as coverage is in effect under the Multi-Trip Annual Plan.

Note: No coverage is in effect for a trip outside of Canada that commenced prior to the effective date of the Multi-Trip Annual Plan. Exception: When a planned trip extends beyond the expiry date of a Multi-Trip Annual Plan and you have purchased a new Multi-Trip Annual Plan to take effect on the day after the expiry date of the Multi-Trip Annual Plan under which your trip commenced, coverage will be in effect under the new Multi-Trip Annual Plan on the date as indicated on your confirmation of insurance, provided your entire trip duration does not exceed the number of days allowable under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance.

Termination of Insurance

- a) Coverage under the Multi-Trip Annual Plan terminates on the day prior to the one-year anniversary of your effective date.
- b) Coverage for each trip under the Multi-Trip Annual Plan terminates on the earliest of:
 - i. The expiry date of your Multi-Trip Annual Plan as indicated on your confirmation of insurance; or
 - ii. The date you return to your province or territory of residence; or
 - iii. The date you reach the maximum number of days outside of Canada allowed under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance.

Exception: When a planned trip extends beyond the expiry date of a Multi-Trip Annual Plan and you have purchased a new Multi-Trip Annual Plan to take effect on the day after the expiry date of the Multi-Trip Annual Plan under which your trip commenced, coverage ends on the earlier of:

- i. the day you end your trip and return to your province of residence; or
- ii. the date when the total number of days since you left Canada exceeds the number of days allowable under the Multi-Trip Annual Plan option you selected, as indicated on your confirmation of insurance.

3. 40-DAY SUPPLEMENTAL MULTI-TRIP ANNUAL PLAN for Public Service Health Care Plan (PSHCP) members

This section applies to you if you are a member of the Public Service Health Care Plan and you purchased the 40-Day Supplemental Multi-Trip Annual Plan.

- a) Provides coverage between the effective date and expiry date for any number of trips of up to 40 consecutive days for travel outside of your province or territory of residence.

Section III - Insurance Agreement (continued)

- b) Benefits provided under this policy are payable in excess of the overall benefit maximum provided by *your* PSHCP Plan (either \$100,000 or \$500,000), plus non-medical benefits not available under *your* PSHCP Plan.
- c) *You* must be a member of the Public Service Health Care Plan.
- d) Trips must be separated by a return to *your* province or territory of residence.
- e) *You* may be eligible for Top Up coverage.
- f) *You* are not required to provide advance notice of the departure and return date of each trip; however, *you* will be required to provide evidence of *your* departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).

Period of Coverage

Plan	Age	Maximum Trip Duration	Unlimited Travel in Canada Allowed
40-day Supplemental Multi-Trip Annual Plan	All Ages	40 consecutive days	No

Effective Date of Coverage

- a) Coverage under the 40-Day Supplemental Multi-Trip Annual Plan **begins** on *your* effective date as indicated on *your* confirmation of insurance.
 - b) Coverage for each trip under the 40-Day Supplemental Multi-Trip Annual Plan **begins** on *your* departure date from *your* province or territory of residence, as long as coverage is in effect.
- Exception:** No coverage is in effect for a trip outside of *your* province or territory of residence that commenced prior to the effective date of the 40-Day Supplemental Multi-Trip Annual Plan.

Termination of Insurance

- a) Coverage under the 40-Day Supplemental Multi-Trip Annual Plan **terminates** on the day prior to the one-year anniversary of *your* effective date.
- b) Coverage for each trip under the 40-Day Supplemental Multi-Trip Annual Plan **terminates** on the earliest of:
 - i. The expiry date of *your* 40-Day Supplemental Multi-Trip Annual Plan as indicated on *your* confirmation of insurance;
 - ii. The date *you* return to *your* province or territory of residence;
 - iii. The date *you* reach the 41st day outside of *your* province or territory of residence; or
 - iv. The date *you* cease to be a PSHCP member.

If *you* require **medical assistance** during the first 40 days of *your* trip, call the PSHCP's assistance company directly. Please consult *your* PSHCP policy of insurance for emergency numbers. If *you* require **non-medical assistance** or assistance for benefits not covered by *your* PSHCP policy during the first 40 days of *your* trip (i.e. Trip Cancellation, Interruption, Delay or *Vehicle* Return benefit), call *Global Excel* at one of the emergency numbers found on *your* confirmation of insurance or wallet card.

C - Automatic Extension of Coverage

Your coverage will be extended automatically without additional premium for up to 5 days, upon notifying *Global Excel*, if *your* return to *your* province or territory of residence is delayed beyond the expiry date of this insurance due to the following reasons:

- a) The delayed arrival or departure of a common carrier aboard which *you* are travelling causes *you* to miss *your* scheduled return to *your* province or territory of residence.

Section IV - Benefits

In order to be considered eligible expenses, many benefits listed in this section require the prior approval of *Global Excel*.

1. **Hospital Accommodation:** Charges up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*).
2. **Physician Fees:** *Medical treatment* by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
4. **Paramedical Services:** Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of \$300 per profession listed, when approved in advance by *Global Excel*.
5. **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. Limited to a 30-day supply per prescription, unless *you* are *hospitalized*. This benefit does not cover drugs, serums and injectables needed to stabilize a chronic condition or a medical condition which *you* had before *your* trip. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest *hospital* (also covers taxi fare in lieu of ground ambulance).
7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician* and required due to a covered *emergency*.
8. **Private Duty Nursing:** The professional services of a private registered nurse (other than an *immediate family member*) as the result of a covered *emergency*, when *medically necessary* and while *hospitalized*, to a maximum of \$5,000 per *insured person*, when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel* (see Section V - Limitations and Restrictions, #3):
 - a) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for *medical treatment*;
 - b) Transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of residence for immediate medical attention;
 - c) The fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
 - d) Up to the cost of a one-way economy airfare to *your* province or territory of residence.
10. **Qualified Medical Attendant:** Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).
11. **Transportation to Bedside:** When approved in advance by *Global Excel*, a round-trip economy airfare from Canada and up to \$150 per day to a maximum of \$1,500 per policy for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice to:
 - a) Be with *you* when *you* are travelling alone and have been *hospitalized* for at least seven consecutive days outside *your* province, territory of residence or Canada. *You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit. This benefit is provided immediately if *you* are 20 years of age or less; or
 - b) Identify the deceased *insured* prior to the release of the body, where necessary.Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.
12. **Return of Insured Travel Companion:** When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return *your insured travel companion* to *your* province or territory of residence if *you* are returned under the *Emergency Air Transportation* or *Preparation and Return of Remains* benefit. For this benefit, *insured travel companion* means that *your travel companion* is insured under this insurance.
13. **Treatment of Dental Accidents:** *Emergency* dental treatment at trip destination to a maximum of \$2,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or a dentist immediately following the *injury*. An *accident* report is required from the *physician* or dentist for claims purposes. This benefit excludes crowns and root canals.
14. **Emergency Relief of Dental Pain:** Up to \$350 per *insured person* for *emergency* relief of dental pain at trip destination. This benefit excludes crowns and root canals.
15. **Out-of-Pocket Expenses:** When approved in advance by *Global Excel*, reasonable, necessary expenses incurred by *you* or an *insured travel companion* for commercial lodging and meals, commercial automobile rental, or taxi transportation and parking fees up to \$150 per day to a maximum of \$1,500 per policy, if a covered *emergency* causes *you* to miss *your* scheduled return or requires that *you* be relocated for treatment. To file a claim, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were unable to travel.
16. **Vehicle Return:** Up to \$3,000 if neither *you*, nor someone travelling with *you*, is able to operate *your* owned or rented *vehicle* during *your* trip due to *sickness* or *injury*. Arrangements and payment will be made for the

- b) The *vehicle* in which *you* are travelling is involved in an *accident* or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* expiry date of this insurance.
- c) *You* or *your travel companion's* return is delayed beyond the expiry date of this insurance as a direct result of *sickness* or *injury* for which *you* or *your travel companion* are not deemed medically *stable* to return to *your* province or territory of residence in the opinion of *Global Excel*.
- d) If driving, a delay due to inclement weather provided the return journey commences prior to the expiry date of this insurance.

Note: *Your* coverage will be automatically extended if *you* or *your travel companion* must remain *hospitalized* beyond the expiry date of this insurance for *medical treatment* of a *sickness* or *injury*, to a maximum of 365 days, until *you* or *your travel companion* are deemed medically *stable* to return to *your* province or territory of residence in the opinion of *Global Excel* plus 5 consecutive days thereafter.

D- Family Coverage

- a) Available for applicants up to age 54.
- b) Offers coverage for the *spouse* and *children* of the *insured person*.
- c) In case of divorce, all *insured persons* named on the confirmation of insurance remain covered until the expiry date.
- d) Under a Multi-Trip Annual Plan, all *insured persons* may travel independently of one another.

E - Payment of Premium

Coverage is valid upon payment of premium subject to the eligibility requirements. The premium must be paid before *your* effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, or if no proof of *your* payment exists.

F- Refunds

MULTI-TRIP ANNUAL PLAN

The premium paid is non-refundable after the effective date of coverage. However, *you* have the right to cancel this policy within 10 days of receipt of the contract and receive a full refund. *You* must notify *your* broker or sales agent immediately if *you* wish to cancel *your* coverage and written confirmation must be received within 10 days of receipt.

SINGLE TRIP DAILY PLAN

- a) A full refund of the premium paid will be made provided that a written request is received by *your* broker or sales agent prior to the effective date of coverage.
- b) For Top Ups, a full refund of the premium paid will be made provided that a written request is received by *your* broker or sales agent prior to the effective date.
- c) The premium paid (less an administration fee of \$25 per insurance policy) may be partially refunded in the event that *you* must return to *your* province, territory of residence or Canada prior to *your* scheduled return date, provided no claim has been incurred at any time during *your* policy and/or the return requires a termination of *your* policy.

Requests for refunds must be made in writing within 90 days of *your* policy's expiry date to *your* broker or sales agent. If *your* broker or sales agent receives satisfactory proof (e.g. airline ticket or customs/immigration stamps) of *your* actual return date to *your* province, territory of residence or Canada, *your* refund will be calculated from that date. Otherwise, calculation of such refunds will be based on the date of the postmark of *your* written request. Minimum refund is \$10 per insurance policy; refunds of under \$10 will not be made.

return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for one person to return the *vehicle* when approved and arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. Original receipts are required.

17. **Preparation and Return of Remains:** In the event of *your* death, up to a maximum of \$5,000 per policy towards the actual cost incurred for preparation of remains; homeward transportation of the deceased *insured person* to his province or territory of residence; or cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.
18. **Escort of Children (and Grandchildren):** When approved in advance by *Global Excel*:
 - a) Organization, escort and payment up to the cost of a one-way economy airfare for the return of *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency; or
 - b) Reimbursement of up to \$1,000 for the services of a *caregiver* (other than an *immediate family member*) contracted by *you* for *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency, in the event an *insured* parent or legal guardian (on the trip) is medically repatriated or *hospitalized*.
19. **Pet Return:** The return to Canada of *your* accompanying cat or dog, in the event that *you* are *hospitalized* or repatriated during an *emergency*, to a maximum of \$500.
20. **Remote Evacuation:** *Your emergency* evacuation from a mountainous area, the sea, or other such remote location to the nearest, most reasonably accessible medical facility or *hospital*, to a maximum of \$5,000.
21. **Hospital Allowance:** When *you* are *hospitalized* due to *sickness* or *injury* during a covered trip outside *your* province or territory of residence, the Insurer will reimburse *you* for *your* telephone, parking and television charges up to \$250 per policy.

The following benefit is only available under the 40-day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members:

Trip Cancellation, Interruption or Delay (Note: Does not apply to Top Ups)

When expenses are incurred as the result of a *sickness*, *injury* or death of the *insured person*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member* or a business associate with whom *you* are travelling during the policy period, the Insurer will pay up to \$4,000 per policy, per year for:

1. Trip Cancellation (when the cancellation occurs before departure.)

The non-refundable portion of *your* deposit paid in advance and irrecoverable from any other source if *you* must cancel a covered trip.
2. Trip Interruption or Delay
 - a) The non-refundable portion of *your* prepaid accommodation if *you* must interrupt a covered trip already commenced; and
 - b) The cost to upgrade *your* return ticket to a one-way economy fare by regular scheduled transportation if *you* must interrupt a covered trip already commenced, or if the return portion of a covered trip is delayed beyond the scheduled return date.

Note: This benefit is valid only when the insurance policy is in effect at time of initial deposit or prior to any cancellation penalties being chargeable to *you*.

Conditions

At the time *you* purchase *your* travel arrangements:

You must not know of nor be aware of any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member* or a business associate which may eventually prevent *you* from starting and/or completing *your* covered trip as booked.

Pre-Existing Medical Condition Exclusions

This benefit does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. **Any** *sickness*, *injury* or medical condition which was not *stable* at any time during the 90 days prior to the purchase date of *your* travel arrangements.
2. A heart condition, if **any** heart condition was not *stable* at any time during the 90 days prior to the purchase date of *your* travel arrangements.
3. A lung condition, if: a) **any** lung condition was not *stable*; or b) *you* have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition, at any time during the 90 days prior to the purchase date of *your* travel arrangements.

Note: The exclusions above also apply to the following persons who are age 60 or over: *you*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, or a business associate.

Exclusions

This benefit does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. A trip undertaken for the purpose of visiting a sick or injured person when the covered trip is cancelled, interrupted or delayed due to such person's medical condition or death.
2. A return delayed more than 10 days beyond the scheduled date of return, unless *you*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, or a business associate with whom *you* are travelling during the policy period were *hospitalized* for at least 48 consecutive hours within the 10-day period.

General Exclusions listed in Section VI, paragraph B, General Exclusions also apply to this benefit.

Section V - Limitations and Restrictions

- Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment** - *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
- Failure to Notify *Global Excel*** - In the event of an *emergency* during a covered trip, you must call *Global Excel* immediately, prior to seeking treatment. If it is not reasonably possible for you to contact *Global Excel* prior to seeking treatment due to the nature of *your emergency*, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:
 - In the event of *hospitalization*, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and
 - In the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*. You will be responsible for payment of any remaining charges.
- Transfer or Medical Repatriation** - During an *emergency* (whether prior to admission, during a *hospitalization* or after *your* release from the *hospital*), the Insurer reserves the right to:
 - Transfer you to one of its preferred health care providers; and/or

- Return you to *your* province or territory of residence, for the *medical treatment of your sickness or injury* without danger to *your* life or health.
Global Excel will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*. If you choose to decline the transfer or return when declared medically *stable* by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness or injury* after the proposed date of transfer or return.
- Limitation of Benefits** - Once you are deemed medically *stable* to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.
 - Availability and Quality of Care** - The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.
 - Benefits Limited to Incurred Expenses** - The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

Section VI - Exclusions

A - Pre-Existing Medical Condition Exclusions

	Pre-Existing Medical Condition Exclusions and Period	
	Exclusions	Pre-Existing Period
Age 54 or under	1, 2 and 3	90 days
Age 55 or over		
• Supreme	1, 2 and 3	90 days
• Elite	1, 2 and 3	90 days
• Preferred	1, 2 and 3	90 days
• Advantage	1, 2 and 3	365 days
• Standard	1, 2 and 3	365 days
• 55 to 79 Vacation Plan	1, 2 and 3	90 days
All Ages		
• Canada Plan	Not Applicable	Not Applicable
• 40-day Supplemental Multi-Trip Annual Plan for PSHCP members	1, 2 and 3	90 days

The following exclusions are applicable to any medical condition you have, including any medical condition you have disclosed on the Application (if applicable).

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Any *sickness, injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
- Your* heart condition, if **any** heart condition was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
- Your* lung condition, if:
 - Any** lung condition was not *stable*; or
 - You have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition; at any time during the applicable Pre-Existing Period prior to each departure date.

B - General Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Expenses for which no charge would normally be made in the absence of insurance.
- Committing or attempting to commit an illegal act or criminal act.
- Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
- Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
- Suicide (including any attempt thereat) or self-inflicted *injury* whether or not you are sane.
- Radiotherapy or chemotherapy.
- A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless you are *hospitalized*.
- Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician*, or a *sickness, injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your* covered trip.
- Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the 9 weeks before and/or after the expected delivery date.
- Sickness, injury* or medical condition which first appeared, was diagnosed or received treatment after the departure date and prior to the effective date of the Single Trip Daily Plan if purchased as a top up to another Insurer's travel insurance product.

- Any medical condition for which you incur a claim after *your* departure date and prior to the effective date of the Top Up or Extension, if the Top Up or Extension was purchased after *your* departure date.
- Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that you elect to have provided outside *your* province or territory of residence when medical evidence indicates that you could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
- Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
- Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
- 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.
- Noncompliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a *physician's* instructions.
- Treatment of a *sickness or injury* after the initial medical *emergency* has ended (as determined by the Insurer).
- Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
- Treatment not performed by or under the supervision of a *physician* or licensed dentist.
- Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
- Participation in:
 - Any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - Any competitive motorized sporting events, racing or motorized speed contests.
- The purchase or replacement cost (prescribed or not), loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription.
- Services provided by an optometrist or for cataract surgery.
- The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
- Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
- Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
- Sickness, injury* or medical condition you suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued an official travel warning, before *your* departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the Canadian Government issues an official travel warning after *your* departure date from Canada, *your* coverage for *sickness, injury* or medical condition is limited to a period of 10 days from the date the travel warning was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any *sickness, injury* or medical condition that is attributable to the reason for which the official travel warning was issued or complications arising from such *sickness, injury* or medical condition.
- Crowns and root canals.
- Self exposure to exceptional risk, hazardous pursuits or occupations or flight *accident* (unless you are travelling as a fare-paying passenger on a commercial airline).
- A trip outside *your* province or territory of residence on a commercial *vehicle* for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.

Section VII - International Assistance Services

Global Excel answers *your* questions 24 hours a day, 7 days a week.

Emergency Call Centre

No matter where you travel, professional assistance personnel are ready to take *your* call. Please refer to *your* confirmation of insurance or wallet card for emergency numbers. *Global Excel* can also provide you with Canada Direct instructions and codes so that you deal only with Canadian telephone operators.

Doctor-On-Call™

Doctor-On-Call™ service for travellers to the United States provides you with access to a licensed US *physician*, including the possibility of receiving a home visit in case of *emergency*.

Referrals

Whenever possible, *Global Excel* will refer you to a medical provider (*hospital, clinic* or *physician*) that is closest to where you are staying. With a referral, it is less likely that you will have to pay for services out-of-pocket.

Benefit Information

Explanation of *your* policy is available to you and to the medical providers who are treating you.

Section VIII - Claims Procedures

You are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents:

- Your* policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial government health insurance plan number (including the expiry date or version code, where applicable).
- All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of treatment, and the name of the medical facility and/or *physician*.
- For prescription drugs, the original prescription drug receipts (not cash receipts) from the pharmacist, *physician*, or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
- For a Multi-Trip Annual Plan, proof of the departure date and return date.
- A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to you by *Global Excel* when notice of claim has been given, which you must complete and sign for the purpose of allowing the Insurer to recover payment from any other insurance contract or health plan (group, individual or government).
- For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.
- If the *Emergency* Air Transportation benefit is used, the unused portion of *your* air ticket.

Case Management

Global Excel's experienced and professional team, available 24 hours a day, will monitor the services given in the event of an *emergency*. If necessary, *Global Excel* will help you to return to Canada for the care you need.

Urgent Message Relay

In the event of an *emergency*, *Global Excel* will contact *your travel companion* to keep him/her apprised of *your* medical situation, and *Global Excel* will help you exchange important messages with *your* family.

Interpretation Service

Global Excel can connect you to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing

Whenever possible, *Global Excel* will instruct the *hospital* or clinic to bill the services directly to *Global Excel*.

Claims Information

Global Excel will answer any questions you have about the eligibility of *your* claim, *Global Excel's* standard verification procedures and the way that *your* policy benefits are administered.

Important: Please note that incomplete documentation will be returned to you for completion. Once *Global Excel* receives *your* claim, you may be required to provide additional information. Failure to submit required information will lead to a delay in processing *your* claim.

Payment of Benefits

All payments are payable to you or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured* unless another beneficiary is designated in writing to *Global Excel* or the Insurer. Any claims paid to you will be payable in Canadian funds. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to you. No sum payable shall bear interest.

Send all pertinent documents to:

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9



If you are submitting a claim while in the U.S., please forward all required documents to:

Global Excel Management Inc.
P.O. Box 10, Beebe Plain, Vermont 05823 USA

Telephone: 1-855-640-9152 (toll free) or 819-780-0555 (collect) during business hours (ET).

Section IX - General Provisions

- Subrogation** - If *you* suffer a loss covered under this policy, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss *you* shall immediately notify the Insurer so that the Insurer may safeguard its rights. *You* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.
- Other Insurance** - This insurance is a second payor plan. For any loss or damage *insured* by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your* Canadian province or territory of residence that are in excess of the amounts for which *you* are *insured* under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$50,000** or less.
- Misrepresentation and Non-disclosure** - The completed and signed Application and Medical Questionnaire is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders *your* insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs. The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.
- Arbitration** - Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim.

Section X - Statutory Conditions

- The Contract** - The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.
- Material Facts** - No statement made by the *insured* or a person *insured* at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
- Notice and Proof of Claim**
 - The *insured* or a person *insured*, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - give written notice of claim to the insurer:
 - by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an *accident* or *sickness*;
 - within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the insurer such proof as is reasonably possible in the circumstances of:
 - the happening of the *accident* or the start of the *sickness*,
 - the loss caused by the *accident* or *sickness*,
 - the right of the claimant to receive payment,
 - the claimant's age, and
 - if relevant, the beneficiary's age; and

- The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.
- Applicable Law** - This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.
- Limitation periods** - 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 (British Columbia, Alberta and Manitoba). 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 Limitations Act (Ontario), otherwise within two years from the date of loss or such longer period that may be required under the law applicable in *your* province or territory of residence.
- 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 to the *insured* or to a claimant under the contract a copy of the application.
- Important Notice About Your Personal Information** - Royal & Sun Alliance Insurance Company of Canada ("we", "us") and its agents and representatives involved in the sale and administration of travel insurance collect, use and in some instances when appropriate, disclose, personal information for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, *insured* or claimant is 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 policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsagroup.ca.

Section XI - Definitions

Throughout this policy, defined words are written in italics.

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Caregiver means a person *you* have entrusted with the care of *your children* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means an unmarried child of the *insured* or his *spouse* who is, at the date of purchase, dependent on *you* for support and is:

- Under 21 years of age;
- A full-time student who is under 26 years of age;
- Of any age with a permanent physical impairment or a permanent mental deficiency.

Deductible means the amount in US dollars which the *insured person* must pay before any remaining covered expenses are reimbursed under this policy. The deductible applies once, per *insured person*, per trip.

Emergency means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a trip and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

Global Excel means the company appointed by the Insurer to provide medical assistance and claims services.

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

Hospitalized or Hospitalization means an *insured* who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law.

Injury means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a covered trip and requiring immediate *emergency* treatment that is covered by this policy.

Insured, Insured Person, You, Your and Yourself refers to any eligible person who is named on the confirmation of insurance.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

Medically Necessary, in reference to a given service or supply, means such service or supply:

- Is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- Is not experimental or investigative in nature;
- Cannot be omitted without adversely affecting *your* condition or quality of medical care;
- Cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Metastatic Cancer means a cancer that has spread from its original site to one or more other area(s) of the body.

Section XII - Identification of Insurer

Medi-Select Advantage® Emergency Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada.

™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.

© The Medi-Select Advantage logo is a registered trademark of RSA Travel Insurance Inc.

© The Global Excel logo is a registered trademark of Global Excel Management Inc.

™ Doctor-On-Call is a trademark of Global Excel Management Inc.

The *insured* is requested to read this Policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.

THIS POLICY CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE.

This Policy provides Non-Medical Travel Insurance coverage. The following benefits are available for trips taken outside your province or territory of residence for personal leisure purposes and are not available for any business related travel. The Multi-Trip Non-Medical Annual Plan option when combined with the Medi-Select Advantage Emergency Medical Travel Insurance Multi-Trip Annual Plan becomes a Medi-Select Advantage All-Inclusive Multi-Trip Annual Plan. This policy option is only offered in conjunction with the Medi-Select Advantage Emergency Medical Travel Insurance Multi-Trip Annual Plan, and becomes valid if the All-Inclusive Multi-Trip Annual Plan was selected at the time of application, as indicated on your confirmation of insurance, and the appropriate premium has been paid.

The Single Trip Non-Medical Plan option is available for single trips and becomes valid when the Single Trip Non-Medical Plan was selected at the time of application, as indicated on your confirmation of insurance, and the appropriate premium has been paid.

IN THE EVENT YOU HAVE TO FILE A CLAIM YOU MUST CALL GLOBAL EXCEL ON THE DAY THE INSURED RISK OCCURS OR ON THE NEXT BUSINESS DAY:

From Canada and U.S., call 1-855-640-9152 / From anywhere, call collect +1-819-780-0555

10 87 POL ECA 1213 NMD

Section I - Important Notice

- Throughout this policy, words in italics have a specific meaning and are defined in Section X - Definitions.
- Please read this policy carefully before you travel.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of a *sickness or injury*, your prior medical history will be reviewed after a claim has been reported.
- All amounts are in Canadian currency, unless indicated otherwise.
- If, while you are on a covered trip, you return to your province, territory of residence or Canada for any reason prior to your expected return date, you must contact your broker or sales agent to discuss how your coverage may be affected.
- This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Section II - Eligibility

1. This insurance must be:
 - a. Issued in Canada for travel arrangements booked through a *supplier of travel services*;
 - b. For the Single Trip Non-Medical Insurance Plan option, purchased within 7 days of the initial deposit for your covered trip or, if purchasing insurance more than 7 days after the initial deposit for your covered trip, then insurance must be purchased prior to any cancellation penalties being applicable to you for the covered trip; and
 - c. Purchased prior to the *contracted* date of departure from your province, territory of residence or Canada.
 2. You must meet the following conditions in order to be eligible for this insurance:
 - a. You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip;
 - b. You must NOT be travelling against the advice of a *physician* or have been diagnosed with a *terminal illness or metastatic cancer*;
 - c. You must NOT have a kidney disease requiring dialysis;
 - d. You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application; and
 - e. You must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus).
 3. It is a condition precedent to the Insurer's liability under this policy that at the time of purchase:
 - a. The applicant knows of no reason for him, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;
 - b. The applicant and his *travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.
 4. You must complete and submit the Application prior to the effective date of insurance. You are subject to the eligibility criteria as outlined on the Application and in this Policy.
 - a. For the Single Trip Non-Medical Insurance Plan option, you must have applied for the Non-Medical Plan under the Single Trip Plan on the Application.
 - b. For the Multi-Trip Non-Medical Annual Insurance Plan option, you must have applied for the All-Inclusive Multi-Trip Annual Plan on the Application.
 5. If this insurance is purchased in any other manner than as stated in this Section, this policy shall be null and void and the Insurer's sole liability will be limited to the refund of the insurance premium paid.
- Note:** This plan is not available if you have purchased the 40-day Supplemental Multi-Trip Annual Plan for PSHCP members.

Section III - Insurance Agreement

A. The Contract

This Non-Medical Insurance Policy, the Application and the Policy Confirmation all form part of your insurance contract and must be read as a whole. The Insurer will pay eligible benefits specified in this Policy upon payment of the required premium, submission of a correct and complete Application and occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this Policy.

B. Coverage Offered

Plan Options:

1. Multi-Trip Non-Medical Annual Plan

- a. This policy combined with the Medi-Select Advantage Emergency Medical Travel Insurance Policy, forms the All-Inclusive Multi-Trip Annual Plan and provides coverage outside your province or territory of residence.
- b. Provides coverage between the effective date and the expiry date of your policy as indicated on your Confirmation of insurance for any number of trips outside your province or territory of residence up to the allowed trip duration that you selected at time of purchase.

2. Single Trip Non-Medical Plan

- a. Provides coverage for a single trip outside your province or territory of residence or Canada.
- b. May be purchased as a Top Up to the Multi-Trip Non-Medical Annual Plan.

This Policy provides the following insurance coverage (benefits listed are per insured):

Benefits	Multi-Trip Non-Medical Annual Plan	Single Trip Non-Medical Plan
Travel Cancellation	\$2,500 per trip (maximum \$5,000 per policy period)	Up to <i>sum insured</i> per policy period
Travel Interruption	Unlimited	Unlimited
Accidental Death and Dismemberment Insurance		
<i>Flight Accident</i>	\$150,000	\$150,000
<i>Common Carrier Accident</i>	\$75,000	\$75,000
<i>24-Hour Accident</i>	\$25,000	\$25,000
Travel Baggage and Personal Effects Insurance	\$1,000 per trip	\$1,000
<i>Baggage Delay</i>	\$400 per trip	\$400

C. Period of Coverage

Plan	Age	Trip Duration	
Multi-Trip Non-Medical Annual Plan	0-79	4, 9, 16, 30 or 60 consecutive days	As selected on the Application and as indicated on your Confirmation of Insurance for the All-Inclusive Multi-Trip Annual Plan
	80+	4, 9 or 16 consecutive days	
Single Trip Non-Medical Plan	All Ages	Up to 182 days (or any number of days allowed in your province or territory of residence)*	As selected on the Application and as indicated on your Confirmation of Insurance

* **Note:** Coverage beyond the Maximum Trip Duration (to a limit of 365 days) is permitted providing you have been granted an extension on your GHIP coverage.

Section IV - Travel Cancellation and Interruption Insurance

A. Coverage Offered

Benefits specified below are provided upon the occurrence of an insured risk.

Any of the following occurrences that prevent you from departing, travelling or returning on the dates of the covered trip is an insured risk.

Conditions

At the time you purchase your travel arrangements:

You must not know or be aware of any reason, circumstance, event, activity or medical condition affecting you, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member* or a business associate which may eventually prevent you from starting and/or completing your covered trip as booked.

- a. **Effective Date for Travel Cancellation** – Coverage begins on the later of the following:
 - i. the date you pay the premium (either at the time of initial deposit or prior to any cancellation penalties being applicable to your covered trip); or
 - ii. the date a policy number is issued.
- b. **Effective Date for Travel Interruption, Accidental Death and Dismemberment and Travel Baggage and Personal Effects** – Coverage begins on your departure date from your province or territory of residence.
- c. **Expiry Date for the Multi-Trip Non-Medical Annual Plan** – Coverage terminates on the earliest of the following:
 - i. the date you reach the maximum *sum insured* per policy period; or
 - ii. the date you reach the maximum number of days allowed under the trip duration you selected at the time of purchase; or
 - iii. the date you return to your province or territory of residence; or
 - iv. the expiry date as indicated on your Confirmation of Insurance.
- d. **Expiry Date for the Single Trip Non-Medical Plan** – Coverage terminates on the earliest of the following:
 - i. the date you return to your province or territory of residence; or
 - ii. the expiry date as indicated on your Confirmation of Insurance; or
 - iii. the date the Insured Risk occurs (if the trip is cancelled prior to the *contracted* date of departure).

D. Top Up of Coverage

The Single Trip Non-Medical Plan can be used as a Top Up to the All-Inclusive Multi-Trip Annual Plan to cover the additional value of your trip if it exceeds the amount offered under that plan or to cover the number of days in excess of the maximum trip duration allowed under the option you have selected at time of initial purchase of the All-Inclusive Multi-Trip Annual Plan.

Note: If using the Single Trip Non-Medical Plan as a Top Up, only the Travel Cancellation benefit amount will increase based on your purchase. The maximum *sum insured* for the Accidental Death and Dismemberment and Travel Baggage and Personal Effects Insurance will remain as outlined in the Single Trip Non-Medical Plan benefit summary. Please refer to Section III - Insurance Agreement A. 2.

E. Payment of Premium

Coverage is valid upon payment of premium subject to the eligibility requirements. The premium must be paid on the date of purchase. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of your payment exists.

F. Refunds

Premium paid is non-refundable. However, you have the right to cancel this policy within 10 days of receipt of the contract and receive a full refund. You must notify your broker or sales agent immediately if you wish to cancel your coverage and written confirmation must be received within 10 days of receipt.

Insured Risks

1. *Sickness, injury*, death or quarantine of you, a *travel companion*, an *immediate family member*, a *travel companion's immediate family member* or a *caregiver*.
2. Death or *emergency hospitalization* of a business partner, a key employee or a close friend occurring within 10 days of the *contracted* departure date or during the *covered trip*.
3. Death or *emergency hospitalization* of your host at trip destination.
4. Complete cancellation of a cruise within 30 days of departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines (see paragraph B.5. under Benefits for Travel Cancellation). The cruise ship must weigh a minimum of 10,000 tons and your ticket must be issued and paid in full at the time of cancellation.

Section IV - Travel Cancellation and Interruption Insurance (continued)

- The relocation of *your* principal residence or that of a *travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you*, *your spouse*, a *travel companion* or a *travel companion's spouse* are employed at the time of purchase of this insurance or the booking of the trip. This insured risk does not apply to cases of self-employment or temporary contract work.
- Involuntary loss of permanent employment without just cause by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your parent* or legal guardian (if *you* are under 16 years of age) provided that, at the time *you* purchased this insurance or booked the trip, the imminent loss was not public knowledge, nor were the aforementioned persons aware that such loss of permanent employment was imminent. This insured risk does not apply if employment began after this insurance was purchased or to cases of self employment, temporary contract work, temporary layoffs or if *you* were in the trial period for a new permanent employment.
- Your* principal residence or that of a *travel companion* is rendered uninhabitable or *your* place of business or that of a *travel companion* is rendered inoperative. This insured risk does not cover losses caused by *your* intentional fault.
- A new official travel notice issued by the Canadian Government after this insurance was purchased and after *you* booked *your* trip, warning Canadian residents not to travel to, or advising to leave, a specific region or country that is part of *your covered trip*.
- A delay that causes *you* to miss or interrupt any part of *your covered trip* when, the private or rented *vehicle* which *you* are driving or in which *you* are a passenger, or a *common carrier* or a prepaid connecting flight aboard which *you* are a passenger, is delayed due to weather, a mechanical failure, an *emergency* road closure by the police or an *accident*, provided that the *vehicle* or the *common carrier* was scheduled to arrive at the *contracted* departure or return point at least two hours (or the required minimum arrival reporting time, whichever is the greater) in advance of the *contracted* time of departure or return.
- You* or a *travel companion* are the victim of a hijacking during *your covered trip*.

B. Benefits for Travel Cancellation

You must report the cancellation of your covered trip immediately. See Section IV – G. How to Report a Travel Cancellation or Interruption for instructions.

When the insured risk occurs before departure, this Policy provides for payment of one of the following amounts specified below, up to the maximum described in B. Coverage Offered:

- The non-refundable portion of unused travel arrangements that *you* have paid for prior to *your* departure. This benefit applies to insured risks 1 to 9; or
- the penalty fee charged for the reinstatement of the unused travel points. This benefit applies to insured risks 1 to 9; or
- upgrade expenses for the extra cost of the next occupancy charge when any of the insured risks 1 to 9 prevents a *travel companion* from departing on the *covered trip* and *you* elect to continue with the *covered trip*; or
- reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk 1, 2, 7 or 9; or
- a maximum of \$1,200 for prepaid accommodation and non-refundable prepaid airfare, not forming part of a fly-cruise package, booked and scheduled so that *you* may join the cruise ship that is part of *your covered trip* at its original point of embarkation, when the cruise departure is cancelled by the cruise line because the cruise ship (minimum weight 10,000 tons) has been rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines.

C. Benefits for Travel Interruption

You must report the interruption of your covered trip immediately. See Section IV – G. How to Report a Travel Cancellation or Interruption for instructions.

When the insured risk occurs after departure, this Policy provides for payment of the following benefits:

- If *you* must return earlier or later than the *contracted* date of return due to the occurrence of insured risk 1, 2, 3, 7, 8, 9 or 10:
 - up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted* date of return as shown on *your* current and usable ticket, whichever is less; and
 - the non-refundable portion of unused land arrangements (if any) paid prior to *your contracted* date of departure.**Note: This benefit does not reimburse the unused portion of any travel ticket.**
- If *you* miss part of the *covered trip* due to the occurrence of insured risk 1, 2, 3, 8, 9 or 10:
 - reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - the non-refundable portion of other unused land arrangements paid prior to *your contracted* date of departure.

When an applicable insured risk occurs, the insured is eligible for interruption benefits 1 or 2 above.

- When an insured risk occurs, *you* will also be reimbursed for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$1,500, subject to a limit of \$150 per day, provided:
 - you* miss part of a *covered trip*; or
 - your* or an *insured travel companion's* return to the *contracted* point of departure is delayed beyond the *contracted* date of return; or
 - you* must return earlier than the *contracted* date of return.To file a claim for such expenses, *you* must supply original receipts from commercial organizations.
- In the event of *your* death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured person* to their province or territory of residence; or cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.

D. Benefits for Flight Itinerary Schedule Change

1. Covered Risks

If an unexpected and unplanned change in the schedule (not a flight delay) of *your* confirmed, prepaid and ticketed flight reservations is announced, *you* will be reimbursed any additional expenses incurred for *your* re-scheduled flight(s) arising under the following conditions:

- when a change by any of the *non-aligned air carriers* providing a portion of the air transportation for *your covered trip* requires *you* to re-schedule a flight to complete *your covered trip*; or
- when *your* original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* incur additional expenses for new flight arrangements to join *your* cruise embarkation at the point of cruise departure.

This coverage applies to any flight that is part of *your covered trip*, from *your contracted* date and point of departure up to and including *your contracted* date of return to *your* original point of departure, subject to one *Flight Itinerary Schedule Change* per connecting point in the *covered trip*, to a maximum of \$1,200 per *covered trip*.

2. Benefits

The Insurer will reimburse to *you*, for re-scheduled flights forming part of the *covered trip*, the lesser of the difference in cost (including usual and customary agency service fees, if normally applicable for similar reservation services) between *your* refundable and/or unusable ticket(s) and the cost of:

- the change fee for *your* new ticket, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or the point of initial cruise embarkation as shown on *your* original ticket itinerary; or
- a one-way economy ticket by the most cost-effective route, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.

E. Limitations and Restrictions

- Coverage Limited to Non-refundable Sums** – Failure to notify *Global Excel* may limit benefits payable to *you*. Only the sums that are non-refundable on the *day* the insured risk occurs shall be considered for the purpose of the claim.
- Condition Precedent to Liability** – It is a condition precedent to the Insurer's liability under this policy that at the time of application and at the time of booking any trip:
 - you* know of no reason for *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;
 - you* and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.
- Penalties Applicable to your Trip** - Prior to paying the deposit or the full amount of *your covered trip*, *you* must have in *your* possession, printed and documented evidence that clearly outlines the details of all the penalties that are applicable to the cancellation and/or interruption of *your covered trip*.
- Flight Itinerary Schedule Change:**
 - At the time of booking, *you* and/or *your supplier of travel services* must be completely unaware of any pending announcement regarding a *Flight Itinerary Schedule Change* that is applicable to *your covered trip*.
 - You* must make new flight arrangements within five business days of the *Flight Itinerary Schedule Change* announcement made to *you* or *your supplier of travel services* by the air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.
 - This coverage is applicable only to the schedules of air carriers that, on the date of booking the *covered trip*, are duly authorized by appropriate and governing air transportation authorities.
 - Local and standard minimum airline connecting time rules and procedures, as well as printed instructions for re-confirmation for the *covered trip*, must be respected and adhered to.

F. Exclusions for Travel Cancellation and Interruption Insurance

Please refer to Section VII - Exclusions.

G. How to Report a Travel Cancellation or Interruption

- You* must substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.
- The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
- You* must call the *Global Excel* Cancellation Desk and *your supplier of travel services* on the *day* the insured risk occurs or on the next business day to advise them of *your* cancellation or interruption. Failure to do so may limit the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the *day* the insured risk occurs shall be considered for the purpose of *your* claim.
- When *you* contact the *Global Excel* Cancellation Desk by telephone, be prepared to provide the following information:
 - your* name;
 - your* policy number;
 - the insurance plan *you* purchased;
 - your contracted* dates of travel for the *covered trip*;
 - the reason why *you* are cancelling or interrupting *your covered trip*;
 - the telephone, fax number and/or email address where *you* can be contacted immediately.
- Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 3 and 4 above), *you* must submit the documents listed below to *Global Excel* at the address indicated below. Please make sure *you* complete the following steps.

You must submit the following documents:

- A claim form (available by contacting *Global Excel*) fully completed and signed by *you* as well as *your* regular attending *physician* or the *physician* actively attending to *your* care who is recommending that *you* do not travel on the dates of *your covered trip*.
- Original invoice receipts for transportation, meals and accommodation and transfer vouchers.
- Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send us a copy of the airline ticket and proof of refund.
- Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid, *supplier of travel services* fees and penalties and the method of payment for *your* insurance. This is required for all the deposits and final payments *you* made to *your supplier of travel services*.

For Travel Cancellation

- For a claim under insured risk 1, 2 or 3 due to death or *hospitalization*, a claim form (available by contacting *Global Excel*), a death certificate, *hospital* records and an explanation of *your* relationship to the person in question and why this event caused *you* to cancel *your covered trip*.
- For a claim under insured risks 4 to 9, proof of the insured risk's occurrence, as follows:
 - for insured risk 4, the applicable letters from the cruise line;
 - for insured risk 5 or 6, a letter from the employer confirming the relocation or termination of employment;
 - for insured risk 7, the applicable reports from the proper authorities;
 - for insured risk 8, a proof of the official travel warning;
 - for insured risk 9, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or a commercial invoice detailing the necessary repairs to the *vehicle*.

For Travel Interruption

- For a claim under insured risks 1, 2, 3, 7, 8, 9 or 10:
 - The original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for *your covered trip*.
 - An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk.
 - Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved.
 - For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.
 - For *hospitalization*, death or repatriation: a copy of the *hospital* records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.
- Global Excel* may ask *you* or *your* attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, *Global Excel* will cover any associated costs.
- For a claim under *Flight Itinerary Schedule Change* - *You* must provide proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

Please send all documents for your claim to:

Global Excel Management Inc., 73 Queen Street Sherbrooke, Quebec J1M 0C9
TELEPHONE: 1-855-640-9152 (toll free) OR 819-780-0555 (collect) during business hours (ET).

Section V - Accidental Death and Dismemberment Insurance

A. Coverage Offered

1. Flight Accident Insurance

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:

- travelling as a passenger, not as pilot or crew member, aboard an *aircraft*, up to a *sum insured* of \$150,000; or
- travelling as a passenger, not as pilot or crew member, aboard an *aircraft* operated by the Canadian Armed Forces or its British or American counterparts, up to a *sum insured* of \$150,000.

2. Common Carrier Accident Insurance

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:

- on airport premises immediately prior to boarding or after alighting from an *aircraft*, up to a *sum insured* of \$75,000;

- travelling as a passenger in an airport limousine, bus or other ground *vehicle* provided or arranged for by the airline or airport authority for the purpose of boarding or alighting from an *aircraft*, up to a *sum insured* of \$75,000; or
 - travelling to or from the airport in connection with a flight that is part of *your covered trip* as a fare-paying passenger (not as pilot, driver or crew member) aboard a *common carrier* which is involved in an *accident*, up to a *sum insured* of \$75,000.
- 24-Hour Accident Insurance**
Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are in any situation other than those listed in Flight Accident Insurance and Common Carrier Accident Insurance above (and not otherwise excluded from coverage under this policy), up to a *sum insured* of \$25,000.

Section V - Accidental Death and Dismemberment Insurance (continued)

4. Exposure and Disappearance due to Accident

- If you are unavoidably exposed to the elements due to an *accident* resulting in the disappearance, sinking or damage of a *common carrier* aboard which you are a passenger and if, as a result of such exposure, you sustain a loss for which benefits would otherwise be payable, such loss will be covered by this policy.
- If you disappear due to an *accident* resulting in the disappearance, sinking or damaging of a *common carrier* aboard which you are a passenger and if your body is not found within **52 weeks** of such *accident*, the Insurer shall presume that you sustained loss of life as a result of *injury* covered by this Policy, subject to there being no evidence to the contrary.

B. Benefits

The greatest of the following benefits is payable for all losses resulting within **100 days** from the date of a single *accident* described in A. Coverage Offered above and as a direct result thereof:

- 100% of the *sum insured* if one single *accident* results in the loss of life, dismemberment of two limbs or loss of sight in both eyes.
Note: The benefit for dismemberment of two limbs or loss of sight in two eyes is payable only if such dismemberment results directly from a single accident.
- 50% of the *sum insured* for dismemberment of one limb or loss of sight in one eye.

Section VI - Travel Baggage and Personal Effects Insurance

A. Coverage Offered

Loss of, or damage to, the baggage and personal effects you own and use by reason of theft, burglary, fire or transportation hazards during the *covered trip*, to a maximum *sum insured* of **\$1,000 (\$400 for Baggage Delay)** per trip. The Insurer will reimburse eligible expenses only in excess of those reimbursable under any other source.

B. Benefits

The Insurer reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim will be assessed and paid.

- Personal Effects** - The *actual cash value* or **\$500**, whichever is less, in respect of any one item or set of items. Jewellery, cameras (including camera equipment), or sports equipment are respectively considered a single item.
- Document Replacement** - Reimbursement of the cost of replacing one or more of the following documents, to a maximum of **\$200**, in the event of loss or theft: passport, driver's licence, birth certificate or *travel visa*.
- Baggage Delay** - Up to **\$400** to purchase necessary toiletries in the event that your checked baggage is delayed by the *common carrier* for more than 12 hours while en route and before returning to your *contracted* point of departure. To file a claim, you must supply proof of delay of checked baggage from the *common carrier* and original purchase receipts.

C. Limitations and Restrictions

Total Benefits Limited to the Actual Expenses

The total benefits paid to you from all sources cannot exceed the actual expense which you have incurred.

D. Exclusions for Travel Baggage and Personal Effects Insurance

Please refer to Section VII - Exclusions.

E. How to File a Claim

- Important** - In the event of loss due to theft, burglary, robbery or malicious mischief, you must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under this insurance for such loss.
- You must substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to you for completion.

Note: "Loss" in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple treatment or corrective lenses.

C. Limitations and Restrictions

- Coverage Limited to Greatest Loss** - Should more than one covered loss be sustained as the direct result of a single *accident*, only the largest of the benefits is payable.
- Coverage Limited to Sum Insured** - The total benefits payable for one or more *accidents* occurring during the same *covered trip* shall not exceed the *sum insured*.
- Excess Coverage** - If the total amount of all *accident* insurance coverage that you purchase from the Insurer with respect to the same *covered trip* exceeds \$150,000 in the aggregate, then any such excess is void and the Insurer's only liability with respect to such excess will be to refund the premiums relating to such excess insurance coverage.

D. Exclusions for Accidental Death and Dismemberment Insurance

Please refer to Section VII - Exclusions.

E. How to File a Claim

For a claim under Accidental Death and Dismemberment Insurance, you must contact *Global Excel* for forms and instructions.

- To file a claim, you must:

- take all reasonable steps to protect, save and/or recover the property;
- notify *Global Excel* of the loss within 24 hours;
- promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
- provide adequate proof of loss, ownership and *actual cash value* within 90 days from the date of loss.

Failure to comply with these conditions shall invalidate any claim under this insurance for such loss.

You must submit:

- You must submit the completed claim form (available by contacting *Global Excel*).
- A copy of the insurance policy with the policy/confirmation number (if applicable) identified prominently.
- For loss:**
 - a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss (failure to supply such information shall invalidate your claim);
 - a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*;
 - adequate proof of home insurance coverage and/or amount of deductible (if applicable).
- For Baggage Delay:**
 - original itemized receipts for expenses actually incurred;
 - a copy of the baggage claim ticket;
 - a copy of your airline ticket;
 - a copy of the airline report confirming the delay of your checked baggage including the reason and the duration of the delay;
 - a copy of the delivery receipt for your checked baggage.

Please send all documents for you claim to:

Global Excel Management Inc.

73 Queen Street
Sherbrooke, Quebec
J1M 0C9



GlobalExcel

TELEPHONE: 1-855-640-9152 (toll free) OR 819-780-0555 (collect) during business hours (ET).

Section VII - Exclusions

Benefits	Applicable Exclusions
Travel Cancellation and Interruption Benefits	1 to 18
Accidental Death and Dismemberment Benefits	3 to 6, 8, 9, 16, 18, 19, 20
Travel Baggage and Personal Effects Benefits	3 to 6, 21 to 28

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Any *sickness, injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 90 days prior to the date of purchase of your travel arrangements.
- A heart condition, if any heart condition was not *stable* at any time during the 90 days prior to the date of purchase of your travel arrangements.
- A lung condition if, at any time during the 90 days prior to the date of purchase of your travel arrangements:
 - any lung condition, was not *stable*; or
 - you have been treated with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition,
This exclusion applies to you and the following persons who are age 60 or over: an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, or a business associate.
- Any *injury, sickness* or medical condition which, prior to the date of purchase of your travel arrangements:
 - was such as to render medical consultation or *hospitalization* expected;
 - which has been shown, by prior medical history, as probable or certain to occur.
- Expenses for which no charge would normally be made in the absence of insurance.
- Committing or attempting to commit an illegal act or a criminal act.
- Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
- Labour disruptions or strikes (legal or illegal).
- Sickness, injury* or medical condition if you, a *travel companion* or an *immediate family member* of you or your *travel companion* are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation prior to the date of purchase of your travel arrangements:
 - for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.);
 - for a new or changed medical condition which may eventually cause you, a *travel companion* or an *immediate family member* of you or your *travel companion* to seek medical attention.
- Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
- Suicide (including any attempt thereat) or self-inflicted *injury* whether or not you are sane.
- A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless you are *hospitalized* on the date of occurrence for the event that caused a trip cancellation.

Section VIII - General Provisions

- Subrogation** - If you suffer a loss covered under this policy, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or action for a covered loss you shall immediately notify the Insurer so that the Insurer may safeguard its rights. You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.
- Other Insurance** - This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside your Canadian province or territory of residence that are in excess of the amounts for which you are *insured* under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case

will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$50,000** or less.

- Misrepresentation and Non-disclosure** - The completed and signed Application and Medical Questionnaire is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of your contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders your insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and you shall be solely responsible for all expenses relating to your claim, including repatriation costs. The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, you have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.
- Arbitration** - Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.

Section VIII - General Provisions (continued)

- Applicable Law** - This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.
- Limitation periods** - 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 (British Columbia, Alberta and Manitoba). 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 Limitations Act (Ontario), otherwise within two years from the date of loss or such longer period that may be required under the law applicable in *your* province or territory of residence.
- 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 to the *insured* or to a claimant under the contract a copy of the application.
- Important Notice About Your Personal Information** - Royal & Sun Alliance Insurance Company of Canada ("we", "us") and its agents and representatives involved in the sale and administration of travel

Section IX - Statutory Conditions

- The Contract** - The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.
- Material Facts** - No statement made by the *insured* or a person *insured* at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
- Notice and Proof of Claim**
 - The *insured* or a person *insured*, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - give written notice of claim to the insurer:
 - by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 *days* after the date a claim arises under the contract on account of an *accident* or *sickness*;
 - within 90 *days* after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the insurer such proof as is reasonably possible in the circumstances of:
 - the happening of the *accident* or the start of the *sickness*,
 - the loss caused by the *accident* or *sickness*,
 - the right of the claimant to receive payment,
 - the claimant's age, and
 - if relevant, the beneficiary's age; and
 - if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim is made under the contract and, in the case of *sickness*, its duration.

Section X - Definitions

Throughout this policy, defined words are written in italics.

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Actual Cash Value means the estimated value at the time of loss.

Aircraft means a fixed wing multi-engine transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled Regular Specific Point or Charter Air Carrier License.

Caregiver means a person *you* have entrusted with the care of *your child(ren)* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means an unmarried child of the *insured* or his *spouse* who is, at the time of purchase, dependent on *you* for support and is:

- under 21 years of age;
- a full time student who is under 26 years of age;
- of any age with a permanent physical impairment or a permanent mental deficiency.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

Contracted, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the *covered trip*.

Covered Trip means the travel arrangements which *you* have *contracted* and paid for prior to *your* departure from *your* province or territory of residence and for which an insurance premium has been paid in full to cover the total non-refundable amount of *your* travel arrangements, when *you* have selected and paid for the Medi-Select Advantage All-Inclusive Multi-trip Annual Plan or the Single Trip Non-Medical Plan at the time of application.

Day means 24 consecutive hours.

Emergency means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a *covered trip* and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

Flight Itinerary Schedule Change means:

- the re-scheduled departure of an air carrier causing *you* to miss *your* next connecting flight with another air carrier when both air carriers are part of *your covered trip*;
- the earlier departure of an air carrier causing the ticket *you* purchased to be unusable for the prior connecting flight with another air carrier when both air carriers are part of *your covered trip*; or
- when *your* flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* must incur additional expenses for new flight arrangements to meet *your* original cruise embarkation.

A Flight Itinerary Schedule Change does not mean a change resulting from a labour dispute, strike or flight delay.

Global Excel means the company appointed by the Insurer to provide medical assistance and claims services.

Hospital means an institution which is designated as a *hospital by law*; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

Hospitalized or **Hospitalization** means an *insured* occupies a *hospital bed* for more than 24 hours for *medical treatment* and admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law.

Injury means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a *covered trip* and requires immediate *emergency* treatment.

Insured, Insured Person, You, Your and Yourself means any eligible person who is named on the Confirmation of Insurance.

insurance collect, use and in some instances when appropriate, disclose, personal information for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, *insured* or claimant is 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 policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsagroup.ca.

- Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the *accident* or the date a claim arises under the contract on account of *sickness*, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or
 - in the case of the death of the person *insured*, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.
- Insurer to Furnish Forms for Proof of Claim** - The insurer must furnish forms for proof of claim within 15 *days* after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.
- Rights of Examination** - As a condition precedent to recovery of insurance money under the contract,
 - the claimant must give the insurer an opportunity to examine the person of the person *insured* when and as often as it reasonably requires while a claim is pending, and
 - in the case of death of the person *insured*, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- When Money Payable** - All money payable under the contract must be paid by the insurer within 60 *days* after it has received proof of claim.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

Medically Necessary, in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- cannot be omitted without adversely affecting *your* condition or quality of medical care;
- cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Metastatic Cancer means a cancer that has spread from its original site to one or more other area(s) of the body.

Minor Ailment means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Non-Aligned Air Carriers means two different connecting air carriers that are part of the *covered trip* when no fare agreement exists between these air carriers for this portion of the air transportation.

Physician means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

Spouse means the person to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.

Stable means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- there has been no new diagnosis, treatment or prescribed medication;
- there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
Exceptions: the routine adjustment of Coumadin, Warafin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration;
- there has been no *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting the results and/or further investigations for that medical condition.

Sum Insured means the maximum sum payable that applies to a given insurance coverage.

Supplier of Travel Services means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell travel services to the general public.

Terminal Illness means that the applicant has a medical condition that is cause for a *physician* to estimate that he has less than six months to live or for which palliative care has been received.

Travel Companion means a person who is sharing travel arrangements with *you* from *your* point of departure on the *covered trip*, including accommodation and transportation, and who has paid such accommodation or transportation in advance of departure. A maximum of three persons will be considered *your* travel companions.

Travel Visa means the visa required for *your* entrance to a foreign country (not an immigration, employment or student visa).

Treated means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication, have undergone a medical or surgical procedure.

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your covered trip*.

Section XI - Identification of Insurer

Medi-Select Advantage® Non-Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada.

™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.

© The Medi-Select Advantage logo is a registered trademark of RSA Travel Insurance Inc.

© The Global Excel logo is a registered trademark of Global Excel Management Inc.

The *insured* is requested to read this Policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.

THIS POLICY CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE.



Effective December 2013

Call 1-855-444-1488 or 819-780-0471; one of our representatives will be happy to assist you.
Once completed, please send your application and your cheque payable to RSA:

1910 King Ouest Street, suite 200, Sherbrooke QC J1J 2E2

Our office hours are 8 a.m. to 9 p.m. from Monday to Friday and 9 a.m. to 5 p.m. on Saturday (ET).

For Broker / Sales Agent Use Only			10 90 APM ECA 1213 OMA
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

This Application must be completed prior to the effective date. ONLY YOU can complete and sign the Medical Questionnaire, not your spouse, broker or sales agent. Should you need to make a correction to your answers pertaining to the medical questions in this Application, please call your broker or sales agent for instructions.

A - Personal Information

Applicant 1	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Street	City	Province
	Postal Code	Telephone	E-mail
Destination Address	Street	City	Province / State / Country
	Postal / Zip Code	Telephone	E-mail (if different from home e-mail)
Emergency Contact	First Name	Last Name	Telephone

B - Definitions

Throughout the Medical Questionnaire, defined words are written in *italics*. Please refer to them as they are important definitions.

1. **Terminal illness:** means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
2. **Metastatic cancer:** means a cancer that has spread from its original site to one or more other area(s) of the body.
3. **Treated:** means that you have been hospitalized, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure. Note that Aspirin/Entrophen is not considered treatment.
4. **Stable:** means any medical condition (other than a *minor ailment*) for which all the following statements are true:
 - a. There has been no new diagnosis, treatment or prescribed medication.
 - b. There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
 - c. There have been no new symptoms, more frequent symptoms or more severe symptoms.
 - d. There have been no test results showing deterioration.
 - e. There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.
5. **Minor ailment:** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow up visit to a physician, hospitalization, surgical intervention or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition or complications of a chronic condition are not considered a minor ailment.
6. **Regular check-up:** means any standard or customary medical examination unrelated to any specific medical condition and which is carried out for the purpose of screening, health monitoring or preventive care and may include routine medical tests and investigations.

I understand that in the event of a claim, the answers I provide herein will be reviewed for accuracy by the Insurer. If they are inaccurate in any way, my claim will be denied.

C - Are you eligible?

This insurance is only available if you are a Canadian resident covered by the Government Health Insurance Plan in your province or territory of residence for the entire duration of your trip.

1. Coverage is NOT AVAILABLE to any individual who:

- is travelling against the advice of a physician;
- has been diagnosed with a **Terminal illness** or **Metastatic cancer**;
- has a **Kidney disease** requiring dialysis;
- has been prescribed or used **home oxygen** in the 12 months prior to their application date;
- has been diagnosed with **AIDS** (Acquired Immune Deficiency Syndrome); or
- has been diagnosed with **HIV** (Human Immunodeficiency Virus).

Applicant 1	Applicant 2
<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible

Please confirm your eligibility to apply for this insurance.

If you are Eligible, please continue to the next section. If you are Eligible and are applying for the Canada Plan, 55-79 Vacation Plan, Single Trip Non-Medical Plan or 40-Day PSHCP Plan, please proceed directly to Section H.

D - Do you require customized Medical Underwriting?

2. Have you had **Heart bypass surgery** more than 10 years prior to your application date (use the date of the most recent bypass)?

Applicant 1	Applicant 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Have you had **Heart angioplasty** (including stent placement) more than 10 years prior to your application date (use the date of the most recent angioplasty)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

4. Have you ever had a **Bone marrow transplant** or an **Organ transplant** (excluding corneal transplant)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

5. Do you have an **Aneurysm** of 3.5 cm or more which remains surgically unrepaired?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

6. During the 5 years prior to your application, have you been diagnosed with or *treated* for **Congestive heart failure** or are you currently taking **Lasix**, **Furosemide** or a **water pill** (excluding a water pill taken for high blood pressure only)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

7. During the 12 months prior to your application, have you had:

a. Any **Heart condition** for which you were hospitalized or required a change in medication? (Refer to part b. of the *stable* definition.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

b. A **Lung condition** (including pneumonia) which required hospitalization or treatment with **Prednisone** (**Deltasone** or other generics)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8. During the 12 months prior to your application, have you been diagnosed with or *treated* for 3 or more of the following conditions?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

- | | |
|---|---|
| <ul style="list-style-type: none"> • Diabetes (<i>treated</i> with oral medication or insulin) • Peripheral vascular disease (PVD: narrowing or blockage of any blood vessel) • Lung condition (including any prescription for puffers/inhalers) excluding lung cancer or a <i>minor ailment</i> | <ul style="list-style-type: none"> • Heart condition (including stent placement, pacemaker and/or defibrillator) • Stroke or Mini-stroke (CVA/TIA) • High blood pressure |
|---|---|

If you have answered YES to ANY question in Section D above, please contact your broker or sales agent. Otherwise, please continue.

E - Which plan do you qualify for?

9. During the 2 years prior to your application, have you been diagnosed with or *treated* for any of the following:

- **Chronic bowel disease** (such as but not limited to Crohn's disease or Ulcerative colitis)?
- **Gallbladder disease** (including stones)? Not applicable if your gallbladder has been removed.
- **Gastrointestinal bleeding**, **Bowel obstruction** or have had **Bowel surgery**?
- **Kidney disease** (including stones), **Liver disease** or **Pancreatitis**?

Applicant 1	Applicant 2
<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No

10. During the 10 years prior to your application, have you been diagnosed with or *treated* for a **Heart condition** (including stent placement, pacemaker and/or defibrillator)?

<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
--	--

	Applicant 1	Applicant 2
11. During the 5 years prior to your application, have you been diagnosed with or <i>treated</i> for:		
a. Diabetes (<i>treated</i> with oral medication or insulin or controlled by diet) or Glucose intolerance (pre-diabetes)?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
b. Stroke or Mini-stroke (CVA/TIA)?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
c. Peripheral vascular disease (PVD: narrowing or blockage of any blood vessel)?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
d. Lung condition (such as any prescription for puffers/inhalers) excluding lung cancer or a <i>minor ailment</i> ?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
e. Dementia or Alzheimer's disease ?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
f. Cancer (excluding basal or squamous cell skin cancer or breast cancer <i>treated</i> only with Tamoxifen , Femara or Arimidex)?	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 pts <input type="checkbox"/> No
12. Have you ever been diagnosed with or <i>treated</i> for any of the following conditions:	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No
• Heart condition (including stent, pacemaker and/or defibrillator)?		
• Stroke or Mini-stroke (CVA/TIA)?		
13. Has it been more than 24 months since your last regular check-up with a physician?	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No
14. During the 12 months prior to your application, have you been diagnosed with or <i>treated</i> for:		
a. High blood pressure ?	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No
b. High cholesterol ?	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No	<input type="checkbox"/> Yes 1 pt <input type="checkbox"/> No
15. During the 5 years prior to your application, have you smoked cigarettes?	<input type="checkbox"/> Yes 0 pts <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 pts <input type="checkbox"/> No
Total Points (Yes answers for Questions 9 to 14)	<input type="text"/>	<input type="text"/>

F - Qualification Table

PLEASE INDICATE THE COVERAGE YOU QUALIFY FOR and read the Pre-Existing Medical Condition Exclusions.

Total Points	You Qualify for	Pre-Existing Period	Applicant 1	Applicant 2
0	Supreme	90 days	<input type="checkbox"/>	<input type="checkbox"/>
1	Elite	90 days	<input type="checkbox"/>	<input type="checkbox"/>
2 to 4	Preferred	90 days	<input type="checkbox"/>	<input type="checkbox"/>
5 to 9	Advantage	365 days	<input type="checkbox"/>	<input type="checkbox"/>
10 or more	Standard	365 days	<input type="checkbox"/>	<input type="checkbox"/>

Pre-Existing Medical Condition Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Any sickness, injury or medical condition (other than a *minor ailment*) that was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
- Your heart condition, if **any** heart condition was not *stable* at any time during the applicable Pre-Existing Period prior to each departure date.
- Your lung condition, if:
 - any** lung condition was not *stable*; or
 - you have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for **any** lung condition; at any time during the applicable Pre-Existing Period prior to each departure date.

G - Agreement, Understanding and Authorization

You must read and understand the importance of each of the following statements and **sign below**.

- A **PRE-EXISTING MEDICAL CONDITION EXCLUSION** may apply to medical conditions and/or symptoms that existed prior to my trip. I understand that any medical condition I have, including those disclosed in **SECTION E**, will be subject to the Pre-Existing Medical Condition Exclusions as stated above. I will refer to my policy and to the above for the full Pre-Existing Medical Condition Exclusion clause.
- Where I was unsure of my medical history as it relates to the medical questions, I have verified it with my physician. I personally provided the answers on this Medical Questionnaire and I warrant that all information disclosed herein is correct and complete. In the event of a claim, I fully understand that the Insurer will review my prior medical history and these answers and, if any of my answers are incorrect or incomplete, the Insurer will void my policy and my claim will be refused, regardless of whether the incorrect or incomplete answer to any question is related to the cause of my claim or would have rendered me ineligible or resulted solely in a higher applicable premium. I understand that the answers on my Medical Questionnaire are relevant to the risk and constitute the basis of my insurance.
- I understand the necessity of calling to obtain approval before seeking medical attention in case of a claim or medical emergency. The toll free telephone number can be found on my wallet card and in my insurance policy.
- Medical Authorization in Case of a Claim – I understand that the insurer may investigate my claim. By signing this Medical Questionnaire, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to its authorized administrator, Global Excel Management Inc., any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.
- I understand that some exclusions may apply and affect my coverage. I will read my insurance policy for additional details.



Applicant 1 Signature

Date of Signature (D/M/Y)



Applicant 2 Signature

Date of Signature (D/M/Y)

IMPORTANT NOTICE

Important Notice About Your Health Changes: If your health changes or does not remain *stable* between the date you complete and submit this Medical Questionnaire and your effective date, **you must review the medical questions with your broker or sales agent** to re-assess your eligibility. If you are no longer eligible for the insurance plan you purchased and you fail to contact your broker or sales agent, your claim will be denied, the Insurer will void your policy, and the premium you paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses relating to your sickness or injury, including repatriation costs. If you are purchasing a Multi-Trip Annual Plan and your health changes or does not remain *stable* after the effective date, your medical condition may not be covered (see Pre-Existing Medical Condition Exclusions).

Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us, and professional associations of which you may be a member) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

H - Trip Information

Check the applicable Plan and Qualification you are applying for.

Applicant 1

PLANS

Multi-Trip Annual 4-Day 9-Day 16-Day 30-Day 60-Day
 All-Inclusive Multi-Trip Annual 4-Day 9-Day 16-Day 30-Day 60-Day
 40-Day PSHCP Supplemental
 Effective Date (D/M/Y): ___/___/___

Single Trip Daily or Top-Up Plan 55-79 Vacation Plan
 Canada Plan Single Trip Non-Medical Plan*
 Departure Date (D/M/Y): ___/___/___ * Trip Value: \$ _____
 Expiry Date (D/M/Y): ___/___/___ Effective Date** (D/M/Y): ___/___/___

** If you are purchasing a Top-Up to an existing coverage, the Effective Date will be the day after your existing coverage terminates.

TOP-UPS

Name of the other Insurer: _____
 Number of Pre-insured days: _____

QUALIFICATION (For Medical Questionnaire Applicants only)

Supreme Elite Preferred Advantage Standard

DEDUCTIBLE OPTIONS (For Medical Questionnaire Applicants only)

\$0 (+10%) \$250 US (0%) \$500 US (-5%)
 \$1,000 US (-10%) \$5,000 US (-30%) \$10,000 US (-45%)

SMOKER (For Medical Questionnaire Applicants only)

During the 5 years prior to your application, have you smoked cigarettes? Yes No

Applicant 2

PLANS

Multi-Trip Annual 4-Day 9-Day 16-Day 30-Day 60-Day
 All-Inclusive Multi-Trip Annual 4-Day 9-Day 16-Day 30-Day 60-Day
 40-Day PSHCP Supplemental
 Effective Date (D/M/Y): ___/___/___

Single Trip Daily or Top-Up Plan 55-79 Vacation Plan
 Canada Plan Single Trip Non-Medical Plan*
 Departure Date (D/M/Y): ___/___/___ * Trip Value: \$ _____
 Expiry Date (D/M/Y): ___/___/___ Effective Date** (D/M/Y): ___/___/___

** If you are purchasing a Top-Up to an existing coverage, the Effective Date will be the day after your existing coverage terminates.

TOP-UPS

Name of the other Insurer: _____
 Number of Pre-insured days: _____

QUALIFICATION (For Medical Questionnaire Applicants only)

Supreme Elite Preferred Advantage Standard

DEDUCTIBLE OPTIONS (For Medical Questionnaire Applicants only)

\$0 (+10%) \$250 US (0%) \$500 US (-5%)
 \$1,000 US (-10%) \$5,000 US (-30%) \$10,000 US (-45%)

SMOKER (For Medical Questionnaire Applicants only)

During the 5 years prior to your application, have you smoked cigarettes? Yes No

I - Premium and Payment

For manual applications, please complete the Premium Calculation page to determine each Applicant's total premium, or visit www.rsatravelinsurance.com/premiumcalculation

If you are applying for the Canada Plan, 55-79 Vacation Plan, Single Trip Non-Medical Plan or 40-Day PSHCP Plan, complete the Premium Calculation – Plans **without** Medical Questionnaire page.

If you are applying for all other plans, complete the Premium Calculation – Plans **with** Medical Questionnaire page.

Total Premium	\$ Applicant 1	+	\$ Applicant 2	=	\$ TOTAL
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Method of Payment Visa MasterCard AMEX Cheque made payable to RSA

Card Number	Expiry Date (M/Y)	Signature of Cardholder	Date Signed (D/M/Y)
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The rates described are subject to change without notice.

10 87 RTS ECA 1213 SUN

A - Instructions

- Your Single Trip Daily rate is based on your age as of the **purchase date** and the **total trip duration** (including the departure and return dates).
- If you are topping up an existing plan (or a Multi-Trip Annual Plan), your Single Trip Daily rate is based on your **total trip duration** and multiplied by the number of top up days.
- Applicants age 55 or over: please complete the Application Age 55 or over to determine which Plan type you qualify for.
- The minimum premium is \$25 per person, per plan.
- Coverage beyond 182 days (or any number of days allowed in your province or territory of residence) is available provided sufficient documentation is received. Call your broker or sales agent for more information.

B - Plans without Medical Questionnaire

40-Day Supplemental Multi-Trip Annual Plan for PSHCP

40-Day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members							
Increase your protection to \$5 million CAD and be covered for Trip Cancellation, Interruption and Delay benefits up to \$4,000 CAD. Also be covered for benefits not offered by PSHCP, such as Vehicle Return or Emergency Relief of Dental Pain.							
\$0 DEDUCTIBLE							
This Supplemental Plan is only available if you are a PSHCP member travelling outside of your province or territory of residence, or Canada for any number of trips of up to 40 consecutive days.							
Age of the applicant	0-54	55-59	60-64	65-69	70-75	76-80	81+
Single	\$64	\$80	\$87	\$116	\$174	\$284	\$499
Family	\$128	\$160	\$174	\$232	\$348	\$568	\$998

Canada Plan

\$0 DEDUCTIBLE

This Single Trip Daily Plan is only available to you if you are travelling outside your province or territory of residence but within Canada for the entire duration of your trip.

Age of the applicant	0-54	55-59	60-64	65-69	70-75	76-79	80-84	85+
Single	\$0.37	\$0.56	\$1.26	\$1.34	\$2.53	\$3.32	\$4.43	\$5.53
Family	\$0.74							

55 to 79 Vacation Plan

\$0 DEDUCTIBLE

This Single Trip Daily Plan is only available if you are between ages 55 and 79 and are travelling outside of your province or territory of residence, or Canada for a maximum of 21 consecutive days.

Age of the applicant	55-59	60-65	66-70	71-74	75-79
1-21 days	\$3.00	\$5.25	\$5.57	\$10.51	\$16.23

Single Trip Non-Medical Plan

\$0 DEDUCTIBLE

This Single Trip Non-Medical Plan must be purchased within 7 days of the initial deposit for your covered trip or prior to any applicable cancellation penalties

Rates per \$100 of sum insured for your trip's value (Rounded to the next \$100)

Age of the applicant	0-59	60-79	80+
Rates per \$100 of sum insured	\$4.85	\$5.82	\$7.76

Age 54 or Under

\$0 DEDUCTIBLE

Plan and Number of days	Age of the applicant				
	0 - 29		30 - 54		
	Single	Family	Single	Family	
Multi-Trip Annual	4	\$21	\$42	\$24	\$48
	9	\$41	\$82	\$47	\$94
	16	\$53	\$106	\$62	\$124
	30	\$82	\$164	\$110	\$220
	60	\$157	\$314	\$210	\$420
All-Inclusive Multi-Trip Annual		0 - 29		30 - 54	
		Single	Family	Single	Family
	4	\$83	\$166	\$86	\$172
	9	\$164	\$328	\$170	\$340
	16	\$192	\$384	\$201	\$402
Single Trip Daily or Top Up		0 - 29		30 - 54	
		Single	Family	Single	Family
	1-35	\$1.65	\$3.30	\$2.20	\$4.40
	36-63	\$1.67	\$3.34	\$2.21	\$4.42
	64-84	\$1.67	\$3.34	\$2.22	\$4.44
	85-105	\$1.70	\$3.40	\$2.24	\$4.48
	106-126	\$1.71	\$3.42	\$2.25	\$4.50
	127-154	\$1.72	\$3.44	\$2.26	\$4.52
	155-182	\$1.75	\$3.50	\$2.28	\$4.56
	183+	\$1.76	\$3.52	\$2.32	\$4.64

Travel Companion Savings

Two is better than one!

5% Saving

You and a travel companion will each save 5% on your travel insurance as long as you are travelling together from your point of departure and share the same accommodation and transportation for the duration of your trip.

Simply subtract 5% from the Travel Companion Savings line in the Premium Calculation.

Important: To determine which plan type you qualify for, please complete the Application Age 55 or over.

Deductible Options*						
Deductible	\$0	\$250 US	\$500 US	\$1,000 US	\$5,000 US	\$10,000 US
Change in rates	+ 10%	automatic	- 5%	- 10%	- 30%	- 45%

* Deductible options are available for the plans listed below.
Deductible options apply to medical claims only.

Note: If you have smoked cigarettes during the **5 years** prior to the application date of your insurance, add 20% to your premium.

Elite								
Plan and Number of days		Age of the applicant						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
Multi-Trip Annual	4	\$33	\$37	\$46	\$61	\$112	\$260	\$294
	9	\$65	\$73	\$89	\$120	\$219	\$509	\$574
	16	\$74	\$84	\$104	\$140	\$253	\$599	\$675
	30	\$130	\$146	\$180	\$252	\$425		
	60	\$393	\$437	\$542	\$759	\$1,275		
All-Inclusive Multi-Trip Annual	4	\$96	\$106	\$119	\$144	\$220	\$431	\$483
	9	\$188	\$207	\$234	\$281	\$431	\$843	\$945
	16	\$212	\$232	\$265	\$316	\$480	\$951	\$1,066
	30	\$287	\$310	\$357	\$444	\$663		
	60	\$562	\$613	\$731	\$964	\$1,528		
Single Trip Daily or Top Up	1-35	\$3.01	\$3.20	\$3.95	\$5.53	\$9.28	\$16.41	\$19.75
	36-63	\$3.05	\$3.23	\$4.00	\$6.30	\$10.01	\$16.44	\$20.10
	64-84	\$3.10	\$3.42	\$4.53	\$6.33	\$10.54	\$17.32	\$20.74
	85-105	\$3.14	\$3.50	\$4.67	\$6.43	\$11.37	\$17.45	\$20.86
	106-126	\$3.20	\$3.70	\$4.94	\$6.66	\$11.80	\$17.73	\$21.03
	127-154	\$3.21	\$4.01	\$5.32	\$7.21	\$12.24	\$18.71	\$21.77
	155-182	\$3.27	\$4.39	\$5.42	\$7.47	\$12.36	\$20.18	\$24.09
183+	\$3.34	\$4.44	\$5.57	\$7.53	\$12.48	\$22.08	\$25.82	

Advantage								
Plan and Number of days		Age of the applicant						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
Multi-Trip Annual	4	\$39	\$69	\$91	\$120	\$216	\$383	\$475
	9	\$76	\$134	\$178	\$235	\$423	\$749	\$929
	16	\$79	\$153	\$208	\$273	\$488	\$882	\$1,092
	30	\$139	\$250	\$341	\$453	\$811		
	60	\$439	\$857	\$1,161	\$1,545	\$2,765		
All-Inclusive Multi-Trip Annual	4	\$102	\$137	\$165	\$203	\$324	\$553	\$664
	9	\$199	\$268	\$323	\$396	\$634	\$1,083	\$1,300
	16	\$217	\$301	\$369	\$449	\$715	\$1,233	\$1,483
	30	\$296	\$415	\$518	\$645	\$1,050		
	60	\$608	\$1,033	\$1,350	\$1,751	\$3,019		
Single Trip Daily or Top Up	1-35	\$3.09	\$5.44	\$7.31	\$9.49	\$16.23	\$25.52	\$32.47
	36-63	\$3.11	\$5.45	\$7.91	\$9.99	\$17.44	\$26.26	\$35.19
	64-84	\$3.29	\$6.55	\$8.82	\$12.92	\$18.87	\$29.03	\$36.67
	85-105	\$3.45	\$6.60	\$8.91	\$12.97	\$18.90	\$30.13	\$38.36
	106-126	\$3.57	\$6.63	\$9.16	\$13.23	\$18.95	\$31.00	\$39.70
	127-154	\$3.73	\$6.64	\$9.75	\$14.01	\$19.09	\$32.50	\$41.98
	155-182	\$4.34	\$6.67	\$10.60	\$14.88	\$19.51	\$33.73	\$43.87
183+	\$4.49	\$7.29	\$11.39	\$16.35	\$20.12	\$36.64	\$47.32	

Supreme								
Plan and Number of days		Age of the applicant						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
Multi-Trip Annual	4	\$29	\$32	\$39	\$52	\$96	\$241	\$274
	9	\$56	\$62	\$77	\$103	\$187	\$471	\$534
	16	\$66	\$73	\$88	\$119	\$217	\$555	\$629
	30	\$119	\$124	\$154	\$216	\$363		
	60	\$360	\$373	\$464	\$649	\$1,088		
All-Inclusive Multi-Trip Annual	4	\$92	\$100	\$113	\$135	\$204	\$411	\$463
	9	\$179	\$196	\$221	\$264	\$399	\$805	\$905
	16	\$205	\$220	\$249	\$296	\$444	\$906	\$1,019
	30	\$276	\$289	\$331	\$408	\$601		
Single Trip Daily or Top Up	1-35	\$2.66	\$2.78	\$3.43	\$4.81	\$8.07	\$13.56	\$16.18
	36-63	\$2.67	\$2.81	\$3.47	\$5.47	\$8.71	\$13.59	\$16.33
	64-84	\$2.70	\$2.98	\$3.94	\$5.51	\$9.17	\$14.32	\$16.86
	85-105	\$2.74	\$3.05	\$4.05	\$5.59	\$9.88	\$14.42	\$16.97
	106-126	\$2.78	\$3.22	\$4.30	\$5.79	\$10.25	\$14.66	\$17.10
	127-154	\$2.79	\$3.48	\$4.63	\$6.28	\$10.64	\$15.46	\$17.69
	155-182	\$2.84	\$3.82	\$4.71	\$6.49	\$10.75	\$16.67	\$19.58
183+	\$2.90	\$3.86	\$4.85	\$6.55	\$10.85	\$18.26	\$20.99	

Preferred								
Plan and Number of days		Age of the applicant						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
Multi-Trip Annual	4	\$38	\$45	\$54	\$74	\$132	\$263	\$297
	9	\$74	\$87	\$107	\$145	\$259	\$514	\$581
	16	\$78	\$102	\$124	\$167	\$305	\$605	\$683
	30	\$135	\$175	\$216	\$304	\$501		
	60	\$422	\$525	\$651	\$911	\$1,529		
All-Inclusive Multi-Trip Annual	4	\$101	\$113	\$128	\$156	\$241	\$434	\$486
	9	\$197	\$221	\$251	\$306	\$470	\$848	\$952
	16	\$216	\$249	\$285	\$343	\$532	\$956	\$1,074
	30	\$292	\$340	\$393	\$496	\$739		
	60	\$591	\$701	\$840	\$1,116	\$1,782		
Single Trip Daily or Top Up	1-35	\$3.05	\$3.84	\$4.73	\$6.63	\$10.39	\$19.53	\$21.33
	36-63	\$3.07	\$3.88	\$4.80	\$7.39	\$12.02	\$20.55	\$23.91
	64-84	\$3.20	\$4.10	\$5.44	\$7.60	\$12.48	\$21.50	\$24.88
	85-105	\$3.30	\$4.21	\$5.59	\$7.72	\$13.64	\$21.82	\$26.08
	106-126	\$3.39	\$4.44	\$5.93	\$7.99	\$14.16	\$22.16	\$26.29
	127-154	\$3.47	\$4.81	\$6.38	\$8.66	\$14.69	\$22.64	\$27.21
	155-182	\$3.92	\$5.28	\$6.51	\$8.95	\$14.83	\$24.01	\$30.12
183+	\$4.01	\$5.33	\$6.69	\$9.03	\$14.99	\$25.84	\$32.27	

Standard								
Plan and Number of days		Age of the applicant						
		55-59	60-65	66-70	71-75	76-79	80-84	85+
Multi-Trip Annual	4	\$44	\$86	\$113	\$149	\$273	\$481	\$597
	9	\$86	\$169	\$222	\$292	\$533	\$941	\$1,167
	16	\$99	\$189	\$260	\$343	\$615	\$1,106	\$1,372
	30	\$166	\$316	\$429	\$568	\$1,018		
	60	\$510	\$997	\$1,355	\$1,800	\$3,225		
All-Inclusive Multi-Trip Annual	4	\$107	\$154	\$187	\$232	\$380	\$652	\$786
	9	\$210	\$303	\$367	\$453	\$744	\$1,275	\$1,537
	16	\$238	\$337	\$421	\$520	\$842	\$1,457	\$1,762
	30	\$323	\$481	\$605	\$760	\$1,256		
	60	\$679	\$1,174	\$1,544	\$2,006	\$3,478		
Single Trip Daily or Top Up	1-35	\$3.70	\$6.66	\$8.85	\$11.60	\$20.40	\$31.42	\$40.79
	36-63	\$3.84	\$6.85	\$9.93	\$12.56	\$21.88	\$32.98	\$44.20
	64-84	\$4.04	\$8.24	\$11.07	\$16.24	\$23.68	\$36.47	\$46.06
	85-105	\$4.25	\$8.27	\$11.21	\$16.29	\$23.75	\$37.85	\$48.21
	106-126	\$4.37	\$8.30	\$11.49	\$16.64	\$23.82	\$38.96	\$49.88
	127-154	\$4.61	\$8.35	\$12.24	\$17.61	\$23.97	\$40.82	\$52.75
	155-182	\$5.34	\$8.39	\$13.32	\$18.71	\$24.51	\$42.36	\$55.12
183+	\$5.54	\$9.16	\$14.31	\$20.55	\$25.28	\$46.02	\$59.43	

Premium Calculation

Plans with Medical Questionnaire



Effective October 2013

For Broker / Sales Agent Use Only

10 01 CAL ECA 1013 000

Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):
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Applicant 1	First Name _____	Last Name _____	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2	First Name _____	Last Name _____	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rate Sheet for premiums. If necessary, download this document at www.rsatravelinsurance.com/premiumcalculation

If you require a Medical or an All-Inclusive Plan	Applicant 1	Applicant 2
A. Enter your MULTI-TRIP ANNUAL RATE If you are purchasing an <u>ALL-INCLUSIVE</u> Multi-Trip Annual Plan, <u>add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).</u>	\$ A	\$ A
B. Enter your SINGLE TRIP DAILY RATE Applicable if you are purchasing Single Trip Daily coverage or Topping-up an Annual Plan. Use the total trip duration to determine your daily rate.	\$ B	\$ B
C. SINGLE TRIP DAILY Premium Multiply the number of days required by the SINGLE TRIP DAILY RATE. DAYS REQUIRED x BOX B	\$ C	\$ C
D. PLAN SUBTOTAL BOX A + BOX C	\$ SUBTOTAL D	\$ SUBTOTAL D
E. Smoker Surcharge If you answered Yes to Question 15, add 20% to BOX D. If you answered No to Question 15, carry BOX D forward.	\$ E	\$ E
F. Deductible Options Applicant 1 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%) Applicant 2 <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%) Calculate and add or subtract the appropriate % to BOX E based on the selected deductible.	\$ MEDICAL SUBTOTAL F	\$ MEDICAL SUBTOTAL F

G. SINGLE TRIP NON-MEDICAL coverage required Indicate the amount of coverage required, rounded up to the nearest \$100.	\$ G	\$ G
H. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE Refer to the Rate Sheet for the appropriate rate.	\$ H	\$ H
I. SINGLE TRIP NON-MEDICAL PLAN Premium Due BOX G + 100 x BOX H. <u>Add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).</u>	\$ NON-MEDICAL SUBTOTAL I	\$ NON-MEDICAL SUBTOTAL I

J. SUBTOTAL of MEDICAL and NON-MEDICAL Premium BOX F + BOX I	\$ SUBTOTAL J	\$ SUBTOTAL J
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Savings		
K. Travel Companion Savings If you are purchasing this Policy as a companion, a 5% savings applies (BOX J x 0.05). If not, enter 0.	\$ K	\$ K

L. TOTAL Premium Due BOX J - BOX K. There is a minimum premium of \$25 per applicant.	\$ TOTAL L	\$ TOTAL L
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Premium Calculation



Plans **without** Medical Questionnaire

Age 54 or under, Canada, 55-79 Vacation,
40-Day PSHCP or Single Trip Non-Medical Plans

Effective October 2013

For Broker / Sales Agent Use Only			10 01 CAL ECA 1013 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

Applicant 1	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rate Sheet for premiums. If necessary, download this document at www.rsatravelinsurance.com/premiumcalculation

If you require a Medical or an All-Inclusive Plan	Applicant 1	Applicant 2
A. Enter your MULTI-TRIP ANNUAL RATE If you are purchasing an <u>ALL-INCLUSIVE</u> Multi-Trip Annual Plan, add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).	\$ <input type="text" value="A"/>	\$ <input type="text" value="A"/>
B. Enter your SINGLE TRIP DAILY RATE Applicable if you are purchasing Single Trip Daily coverage or Topping-up an Annual Plan. Use the total trip duration to determine your daily rate.	\$ <input type="text" value="B"/>	\$ <input type="text" value="B"/>
C. SINGLE TRIP DAILY Premium Multiply the number of days required by the SINGLE TRIP DAILY RATE. <input style="border: 1px solid black; padding: 2px 10px;" type="text" value="DAYS REQUIRED"/> x BOX B	\$ <input type="text" value="C"/>	\$ <input type="text" value="C"/>
D. MEDICAL PLAN Premium Due BOX A + BOX C	\$ MEDICAL SUBTOTAL <input type="text" value="D"/>	\$ MEDICAL SUBTOTAL <input type="text" value="D"/>

If you require a Non-Medical Plan	Applicant 1	Applicant 2
E. SINGLE TRIP NON-MEDICAL coverage required Indicate the amount of coverage required, rounded up to the nearest \$100.	\$ <input type="text" value="E"/>	\$ <input type="text" value="E"/>
F. Enter your SINGLE TRIP NON-MEDICAL PLAN RATE Refer to the Rate Sheet for the appropriate rate.	\$ <input type="text" value="F"/>	\$ <input type="text" value="F"/>
G. SINGLE TRIP NON-MEDICAL PLAN Premium Due BOX E + 100 x BOX F. Add the appropriate tax (8% Manitoba, 8% Ontario, 9% Quebec).	\$ NON-MEDICAL SUBTOTAL <input type="text" value="G"/>	\$ NON-MEDICAL SUBTOTAL <input type="text" value="G"/>

H. SUBTOTAL of MEDICAL and NON-MEDICAL Premium BOX D + BOX G	\$ SUBTOTAL <input type="text" value="H"/>	\$ SUBTOTAL <input type="text" value="H"/>
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Savings		
I. Travel Companion Savings If you are purchasing this Policy as a companion, a 5% savings applies (BOX H x 0.05). If not, enter 0.	\$ <input type="text" value="I"/>	\$ <input type="text" value="I"/>

J. TOTAL Premium Due BOX H - BOX I. There is a minimum premium of \$25 per applicant.	\$ TOTAL <input type="text" value="J"/>	\$ TOTAL <input type="text" value="J"/>
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Please attach this page to your Application Form and complete the "Total Premium for all Applicants" and "Method of Payment" sections at the bottom of Page 2.