

Effective November 2012

Administered by TIC Travel Insurance Coordinators Ltd.
Underwritten by Co-operators Life Insurance Company.

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Co-operators Life Insurance Company and are used under license.

**This policy booklet must be accompanied by a
Confirmation of Coverage to complete the policy.**

RIGHT TO EXAMINE POLICY

Please review this policy before you travel to ensure it meets
your needs.

Refunds before the Effective Date

For all plans other than Trip Cancellation & Interruption
Plans and the All-inclusive Package Plan, you have 10 days
after purchase to return this policy for a full refund. Please
refer to the sections of the policy that explain when coverage
starts.

Refunds after the Effective Date

For refunds after coverage has started, refer to the Refunds
section on page 8 of this policy.

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IMPORTANT NOTICE

Please read your policy carefully before you travel.

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*. It is important that you read and understand your policy before you travel as your coverage may be subject to certain limitations or exclusions.
- Your insurance contains *pre-existing medical condition* exclusions for travellers of any age. These exclusions apply to medical conditions and/or symptoms that existed on or before your departure date or *effective date*. Check to see how this applies in your coverage and how it relates to your departure date, purchase date and *effective date*.
- In the event of an *accident, injury* or *sickness*, your prior medical history may be reviewed when a claim is reported.
- You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to receiving any *treatment*, if you must cancel, interrupt or delay your *trip*, or you experience any *emergency*. Failure to notify TIC Emergency Assistance as required will delay the processing and payment of your claim and may limit the amount of your claim payment.
- If you are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check your Confirmation of Coverage to ensure you have the coverage options you require. Payment will be limited to the coverage options you selected and paid for at the time of application. You will be responsible for any expenses that are not payable by the *insurer*.
- If you have been medically underwritten for coverage, you must notify us if your health status or medication changes between the date you complete the application and any departure date or the *effective date* of any top-up or extension. Otherwise, any material change in your health status or medication that might lead to a change in the underwriting decision may result in an amendment of your coverage or may render the coverage null and void.

To help you better understand your policy

Key terms in this policy are printed in *italics* and are defined in the Definitions section on pages 5 to 6.

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled 'Benefits' under the name of the plan(s) you have purchased.

What is not covered?

Travel insurance does not cover everything. Your policy has exclusions, conditions and limitations. You should read your policy carefully before you travel, so that you are aware of, and understand, the limits of your coverage.

How do I make a claim?

To apply for benefits under this policy, you will need to send a completed claim form (with all original bills attached) to TIC. Please take care in filling out the form, as any missing information may cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC (during business hours) before coverage under your policy expires.

To be eligible for further coverage, you must be in good health and you must not have incurred any losses during the first *period of coverage*.

Travel Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, TIC, Co-operators Life Insurance Company, and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or medical service.

Extended Absence from Canada

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check your province's health plan for details.

If you exceed your province's limits, you will not be eligible for coverage under this policy.

EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS

USA and Non-USA Plans

ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:
 - a) has been diagnosed with a terminal illness;
 - b) has been diagnosed with or has had an episode of congestive heart failure;
 - c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
 - d) has Alzheimer's Disease or any other type of dementia;

- e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
 - f) has been prescribed or used home oxygen *treatment* in the last 12 months;
 - g) has had a major organ transplant (heart, kidney, liver, lung); or
 - h) has received kidney dialysis *treatment* in the last 12 months.
2. To be eligible for coverage a person must:
 - a) be at least 15 days old; and
 - b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
 - c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
 - d) not reside in a nursing home and receive nursing care; and
 - e) not reside in a convalescent home or rehabilitation centre; and
 - f) not require assistance with *activities of daily living*.

Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for a specific plan of insurance, the *period of coverage* begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their province or territory of residence;

End of Coverage

Coverage ends on the earliest of the date:

- a) and time the *insured* returns to their province or territory of residence, or
- b) indicated as the *expiry date* on the confirmation of coverage;

DESCRIPTION OF COVERAGE

1. Subject to the policy terms and conditions, the *insurer* agrees to pay up to \$5 million for *reasonable and customary* costs incurred unexpectedly by an *insured Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital, emergency medical*, or other covered costs incurred during the *period of coverage* up to the maximum amounts provided in the 'Benefits' section, due to *sickness or injury* occurring during the *period of coverage*. The total *aggregate limit* for all losses under the Emergency Hospital & Medical Insurance for Canadians is \$20 million.

Reduction

2. For *Canadian residents* not insured under a government health insurance plan, the maximum sum insured is \$3,000.
3. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which the *insured* is covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to 'General Provisions' on page 6.
4. Coverage is world-wide, except under Non-USA plans, which limit trips to the USA to 5 days while in transit.

BENEFITS

Benefits are payable for the following costs.

1. Emergency Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the *emergency* care of the *insured* during confinement as a resident in-patient.

2. Emergency Medical

The *insurer* agrees to pay for:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).
- b) The services of a legally licensed physiotherapist (who is not related by blood or marriage to the *insured*) when ordered by the attending *physician* as *treatment* for a covered *injury*.
Not to exceed \$500 for out-patient *treatment*.
- c) The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the *insured*) for *treatment* of a covered *injury*.
Not to exceed \$500.
- d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
- f) Rental of crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
- g) *Emergency* out-patient services provided by a *hospital*.
- h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply.
To a maximum \$500 per *insured* unless hospitalized as an in-patient.

3. Meals and Accommodation

Up to a maximum of \$3,000 will be reimbursed for additional reasonable living costs, child care costs (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), essential telephone calls and taxi fares incurred by the *insured* or any *insured* persons remaining with the *insured* while hospitalized as an inpatient during the *period of coverage*.

4. Out-of-pocket Expenses

Reimbursement of up to \$50 per day, to a maximum of \$500, for additional out-of-pocket expenses (i.e. telephone, television rental) when an *insured* is hospitalized for 48 hours or more as the result of an *emergency*. Expenses must be supported by original receipts.

5. Transportation of Family or Friend

Reimbursement of up to \$3,000 for one round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:

- a) The *insured* is hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the necessary attendance by such persons.

- b) The local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness* or *injury*.

6. Return of Travelling Companion

Pays the extra cost of a one-way economy class airfare, to return the *insured's travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance) and one of the *insured's* accompanying *family members* to their province or territory of residence, when an *insured* is transported to Canada by air ambulance or commercial stretcher, as a result of a covered *emergency sickness* or *injury* that necessitates immediate ongoing care. Must be pre-approved by TIC.

7. Return of Vehicle or Watercraft

Up to \$3,000 will be reimbursed for a commercial agency to return the vehicle or watercraft used for the journey, to the *insured's* home or to the rental agency, if the *insured* is unable to return to Canada with that vehicle or watercraft, due to a covered *sickness* or *injury*.

8. Pet Return

Up to \$500 will be reimbursed for the cost of returning the *insured's* accompanying dog or cat to Canada, if the *insured* is returned to Canada under the 'Emergency Transportation' benefit or hospitalized due to a covered *sickness* or *injury*.

9. Return of Deceased

In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for the costs incurred to return the *insured* in a standard transportation container, to their permanent residence in Canada; or up to \$4,000 for cremation or burial at the place of death.

10. Accidental Dental

Up to \$3,000 will be reimbursed for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where the *insured* resides.

11. Dental Emergencies

Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received *treatment* or advice are not covered. *Treatment* relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to the *insured's* return to their province or territory of residence.

12. Emergency Transportation

The *insurer* agrees to transport the *insured* to the nearest appropriate medical facility or to a Canadian *hospital* following a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by TIC.

13. Attendant

Pays the cost of an attendant (not related to the *insured* by blood or marriage) plus the attendant's return economy class airfare, to travel with the *insured's* accompanying *insured travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), to their province or territory of residence if an *insured* has been returned to Canada under the 'Emergency Transportation' benefit. This benefit is payable only when approved in advance and arranged by TIC.

14. Act of Terrorism – Benefit Reduction and Aggregate Limit

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC, including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

15. Return to Original Trip Destination

If the *insured* is returned to their province or territory of residence under the 'Emergency Transportation' benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, a maximum *aggregate limit* of \$5,000 will be paid, only when pre-approved and arranged by TIC, for a one-way economy flight to return the *insured* and one *insured travelling companion* to the original *trip* destination. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent recurrence or complication of the condition that resulted in the *insured* being returned home is excluded under this policy.

SPECIFIC CONDITIONS

1. TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*.
Reduction
Failure to do so, without reasonable cause, will result in the reduction of eligible amounts payable by 20%.

2. TIC reserves the right, as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to Canada following an *emergency*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. 'General Provisions' apply. Refer to page 6.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

EHM1 Any *sickness, injury* or medical condition, that exhibited symptoms for which a diagnosis need not have been made or required any or all of, *medical consultation*, prescription medication, medical *treatment* or hospitalization, within the 180 days immediately prior to the *effective date*.

If the *insured* is age 70 and under on the *effective date*:

- a) When coverage is purchased **prior** to departure: This exclusion applies to each *trip* of 36 days or longer including **Top-ups** starting from the day the *insured* leaves the province/territory of residence, unless the *insured* has completed a medical questionnaire, has been approved in writing by TIC and has paid any required premium.
- b) When coverage is purchased **after** departure: This exclusion applies starting from the 36th day of each *trip* including **Extensions** unless the *insured* has completed a medical questionnaire, has been approved in writing by TIC and has paid any required premium.

If the *insured* is age 71 and over on the *effective date*:

This exclusion applies to each *trip* including **Top-ups** and **Extensions** of any duration unless the *insured* has completed a medical questionnaire, has been approved in writing by TIC and has paid any required premium.

EHM2 Any *sickness, injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* of coverage, was such as to render *expected medical treatment* or hospitalization.

EHM3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted injury.

EHM4 *Act of war*, kidnapping, *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

EHM5 Any *sickness, injury* or medical condition for which a diagnosis need not have been made where a *trip* is undertaken for the purpose of securing medical *treatment* or advice.

EHM6 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with prescribed *treatment* or medical therapy; or the misuse of medication.

EHM7 Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.

EHM8 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

EHM9 Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *sickness* or *injury*, or *treatment* which can be reasonably delayed until the *insured* returns to Canada (whether or not they intend to return) by the next available means of transportation, unless approved in advance by TIC.

EHM10 A recurrence or complication of the *sickness*, *injury* or medical condition that resulted in the *insured* being returned home if the *insured* elects to resume their *trip* after being returned to Canada.

EHM11 Any rehabilitation or convalescent care.

EHM12 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

EHM13 Routine or elective *treatment* for pregnancy within the first 32 weeks of the pregnancy.

EHM14 Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.

EHM15 *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

EHM16 Dental or cosmetic surgery unless such *emergency* surgery is a result of a covered *injury*.

EHM17 *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

EHM18 Naturopathic, holistic or acupuncture *treatment*.

EHM19 Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

EHM20 Any nuclear occurrence, however caused.

EHM21 *Treatment* or surgery for a specific condition, or a related condition which the *insured* contracted in a country during a *trip*, and/or an *act of war* or an *act of terrorism*, when, before the *effective date*, a written formal warning was issued by the Department of Foreign Affairs and International Trade of the Canadian Government, advising Canadians not to travel to that country, region or city.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

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

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

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Canadian resident means a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which they will return after their *trip*.

Effective date means the date and time coverage begins as provided for in the section titled 'Start of Coverage and Period of Coverage' for the specific plan purchased.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that the *insured* is able to continue the *trip* or return to their place of ordinary residence in *Canada* or *country of origin*.

Expected medical treatment means *medical consultation*, *treatment* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'End of Coverage' for the specific plan purchased.

Extension means a new policy issued after the *effective date* and before the *expiry date* of an existing TIC policy. The *effective date* of an *extension* is the date immediately following the expiry of existing policy. Each *extension* is considered a new and separate term of coverage and is subject to all terms, exclusions and conditions of the new TIC policy.

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

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are

performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

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

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

Insurer means Co-operators Life Insurance Company, except in respect of all property insurance, where the insurer is The Sovereign General Insurance Company.

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

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

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

Professional means an activity engaged in by the *insured* who earns the majority of their income from such activity.

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

Sickness means any illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Top-up means additional coverage purchased before the departure date of a *trip* to increase the number of days of coverage available under an existing Multi-trip Emergency Hospital & Medical Insurance for Canadians. The *effective date* is the date immediately following the expiry of the number of days allowed under the existing policy, and coverage is subject to all terms, exclusions and conditions of the new TIC policy.

Travelling companion means a person who has prepaid shared accommodation or transportation with the *insured*. (Maximum of 5 persons including the *insured*.)

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

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

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

Automatic Extension of Coverage

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

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*. Benefits are only payable under one policy for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* or the claimant, if other than the *insured*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by a provincial or territorial hospital/medical plan, or, if the *insured* is not covered or is not eligible for coverage, verification of any payment that would have been made.
3. Any payment made by any other insurance plan or contract.
4. Providing substantiating medical documentation from their province, territory or country of residence, at the request of TIC. Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will coordinate all benefits.

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

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

If the *insured* named in this policy is retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, TIC will not coordinate benefits with that provider.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which the *insured* normally resides.

Language

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

Limit on Liability

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

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable. Where there is an error as to the *insured's* age, provided that the *insured* is within the insurable age limits, the premiums will be adjusted according to the *insured's* correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for the *insured's* age on the *effective date*.

Rights of Examination

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

Right to be Reimbursed

As a condition to receiving benefits under the policy, the *insured* agrees to:

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

The *insured's* obligations under this section of the policy in

no way restricts the *insured's* right to bring a subrogated claim in the *insured's* name against the third party. Should the *insurer* choose to exercise its right of subrogation, the *insured* agrees to fully cooperate with the *insurer*.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

When submitting a refund request, please include:

1. a fully completed and signed Refund Request Form; and
2. a copy of confirmation of coverage; and
3. confirmation of early departure such as boarding pass or itinerary, or any other written proof of early return to Canada; and
4. any other documentation to support the refund request.

Refunds for Emergency Hospital & Medical Single-trip Plans are payable when:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) you return to your province or territory of residence prior to the *expiry date*.

Important Notes

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC.

A full refund will be provided for policies which are recovered within 10 days of purchase, as described in the section titled Right To Examine Policy.

There will be no refund of premium if a claim has been made.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the *insured* was out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than \$10 will not be issued.

CLAIMS PROCEDURES

Claims forms are available online at www.travelinsurance.ca or by calling TIC Claims Department.

Claims can be reported on our website at:
www.travelinsurance.ca

SEND YOUR CLAIMS TO:

TIC Claims Department

2100 - 250 Yonge Street

Toronto, Ontario, Canada M5B 2L7

Collect worldwide: 416-340-8809

Toll free Canada/U.S.A.: 1-800-869-6747

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

4. To submit your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.

When submitting your Emergency Hospital & Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Completed appropriate provincial government health insurance plan forms; see claim form for details.
5. For Multi-trip Plans, include proof of original departure from and return to your province or territory of residence.
6. Any other documentation that may be required and/or requested by TIC.

Important Note

- In the event of a medical *emergency*, TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*.

Reduction

- Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.

STATUTORY CONDITIONS

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its Executive Vice President and COO.

EMERGENCY PROCEDURES

In the event of a medical *emergency*, TIC Emergency Assistance must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*.

Reduction

Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.

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

TIC EMERGENCY ASSISTANCE

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

Toll free worldwide:

800-842-08420 or 00-800-842-08420

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

Contact us at www.travelinsurance.ca and initiate
your claim and we will contact you.

Administered by:

TIC Travel Insurance Coordinators Ltd.

2100 - 250 Yonge Street

Toronto, Ontario M5B 2L7

Underwritten by:

Co-operators Life Insurance Company

1920 College Avenue

Regina, Saskatchewan S4P 1C4