



Meridian Travel Insurance Certificate

Travel Insurance Plans
Effective November 2011

Your money. Your way. Imagine that.



ATTACH CONFIRMATION OF COVERAGE TO THIS PAGE.

This certificate must be accompanied by a Confirmation of Coverage to complete the certificate.

Meridian Travel Insurance is part of the CUMIS Travel Insurance Program.

Travel Insurance is underwritten by Co-operators Life Insurance Company and is administered by TIC Travel Insurance Coordinators Ltd. (TIC). TIC also provides travel assistance and claims service in respect of all insurance coverages under the CUMIS Travel Insurance Program.

Your money. Your way.
Imagine that.



CUMIS® is a trademark of CUMIS Insurance Society Inc. and is used under licence. ™Trademark of Meridian Credit Union Limited. Rev 10/11. Travel insurance administered by TIC Travel Insurance Coordinators Ltd. and underwritten by Co-operators Life Insurance Company.

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RIGHT TO EXAMINE

Please review this certificate before you travel to ensure it meets your needs. You have 10 days after purchase to return this certificate for a full refund, provided your coverage has not begun. Please refer to the sections of the certificate that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

**Please read your certificate carefully before you travel.
This certificate is issued under Master Group Policy H007004,
held by CUMIS Insurance Society Inc.**

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. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

Travel insurance does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your certificate before you travel. *Pre-existing medical conditions* may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any surgery being performed or within 24 hours of admission to a *hospital*.

Reduction

Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will 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 certificate terms and conditions. Just call the Meridian Quality Contact Centre at 1-866-592-2226 (during business hours) prior to the expiry of your certificate. You must be in good health and not have incurred any losses during the *period of coverage*. Fees will be charged.

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. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

Extended Absence from Canada

Each provincial and territorial government health insurance plan has limitations on how long you can be out of the country and still remain eligible for coverage. Check your health plan for details.

Note: Words in italics indicate they are defined on pages 20-23.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS

U.S.A. and Non-U.S.A. Plans

Multi-trip Plan

ELIGIBILITY

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, convalescent home, or rehabilitation centre; and
- e) not require assistance with daily living activities; and
- f) be a *member* of a Credit Union.

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; or
- d) under the Multi-trip Plan each time the *insured* commences an insured *trip*.

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; or
- c) under a Multi-trip Plan, each time the *insured* concludes an insured *trip*.

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* as provided in the 'Benefits' section, due to *sickness or injury* occurring during the *period of coverage*. The total *aggregate limit* for all losses resulting from a risk insured under the 'Emergency Hospital & Medical Insurance' benefit 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 certificate, policy, or plan. Refer to 'General Provisions' on page 24.
4. Coverage is world-wide, except under Non-U.S.A. plans, which limit *trips* to the U.S.A. to 5 days while in transit.

MULTI-TRIP PLAN

Period of coverage under the Multi-trip Plan is 15 days per *trip*. Coverage for each separate *trip* commences and becomes effective immediately upon the *insured's* departure from their province or territory of residence and expires when the *insured trip* is concluded.

When a planned *trip* extends beyond the expiration of a Multi-trip Plan, a new Multi-trip Plan must be purchased prior to departure from the *insured's* province or territory of residence.

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 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. **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*.
 5. **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.
 6. **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*.
 7. **Pet Return**

Up to \$300 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*.
 8. **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.

9. **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.

10. **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.

11. **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.

12. **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.

13. **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 certificate 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 certificate.
- 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 certificate.

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*.

14. 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 certificate.

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 24.

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 certificate.

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.

CLAIMS PROCEDURES

Important Notes

1. 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%.

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

2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 60 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A fully completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
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.

All claims forms are available online at www.cumis.com/travelinsurance or by calling the TIC Claims Department. See page 28 for mailing address.

ACCIDENTAL DEATH & DISMEMBERMENT

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- c) not require assistance with daily living activities; and
- d) be a *member* of a Credit Union.

Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for each person insured under this plan, 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 *country of origin* or province or territory of residence.

End of Coverage

Coverage ends on the earliest of the date:

- a) and time the *insured* arrives in their *country of origin*, or province or territory of residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days after the *effective date* for this certificate.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss of life, limb or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, except while boarding, riding in, or alighting from an aircraft.

The total *aggregate limit for accidental injury* resulting from a risk insured under the 'Accidental Death & Dismemberment' benefit is \$10 million.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above; or
- b) the body of the *insured* has not been found within 52 weeks from the date of the *accident* it will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

EXCLUSIONS

Benefits are not payable for losses incurred due to:

ADD1 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 or attempted suicide; or intentional self-inflicted injury.

ADD2 *Act of war*, kidnapping, *act of terrorism* including those 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*.

ADD3 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 a prescribed *treatment* or medical therapy; or the misuse of medication.

ADD4 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 certificate.

ADD5 *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.

ADD6 Being the occupant of an aircraft, either as passenger or crew.

ADD7 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Written proof of claim must be submitted to TIC within 90 days of occurrence.
2. If the claim form is not fully completed and submitted with all required documentation this may delay your claim.
3. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

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

All claims forms are available online at www.cumis.com/travelinsurance or by calling the TIC Claims Department. See page 28 for mailing address.

FLIGHT ACCIDENT

ELIGIBILITY

To be eligible for this coverage a person must be at least 15 days old and be a *member* of a Credit Union.

Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for this 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* commences travel as described under the 'Risks Insured' section of this coverage.

End of Coverage

Coverage ends on the earliest of:

- a) the *expiry date* on the confirmation of coverage; or
- b) the date and time the *insured* ceases travel as described under the 'Insured Risks' section of this coverage.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to a maximum sum insured of either \$200,000 or \$500,000 as indicated on the confirmation of coverage, for loss of life, limb or sight directly resulting from *accidental injury* occurring worldwide during the *period of coverage*.

Coverage is for all flights ticketed and arranged prior to the *effective date*.

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the 'Flight Accident' benefit is \$10 million.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of a flight accident, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above; or
- b) the body of the *insured* has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

INSURED RISKS

Benefits are limited to payment for losses occurring during the *period of coverage* while the *insured* is:

- a) Riding solely as a ticketed passenger in, or boarding or alighting from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports.
- b) On airport premises immediately before boarding or immediately after alighting from an aircraft; or while riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or alighting from an aircraft.

EXCLUSIONS

Benefits are not payable for loss resulting from:

FAC1 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 or attempted suicide; or intentional self-inflicted injury.

FAC2 *Act of war*, kidnapping, *act of terrorism* including those 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*.

FAC3 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 a prescribed *treatment* or medical therapy; or the misuse of medication.

FAC4 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Written proof of claim must be submitted within 90 days of occurrence.
2. To submit your claim, fill out the claim form completely and include all necessary documents. Incomplete information will cause delay.
3. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. Fully completed and signed claim form (completed by either the *insured* person, or in the case of death, by the appointed executor/executrix).
2. Copy of flight itinerary.
3. Copy of incident report from airline or airport.
4. Medical Certificate completed by the attending *physician* or *hospital* medical records.
5. Death certificate (in the event of death).

All claims forms are available online at www.cumis.com/travelinsurance or by calling the TIC Claims Department. See page 28 for mailing address.

TRIP INTERRUPTION

ELIGIBILITY

To be eligible for coverage a person must be:

- a) at least 15 days old; and
- b) scheduled to travel on a *trip* to, from or within Canada; and
- c) a *member* of a Credit Union.

Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for this 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 permanent residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days from the *effective date*; or
- d) the date a *trip* is interrupted as a result of an 'Insured Risk'.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss resulting from an Insured Risk occurring during the *period of coverage* and which necessitates the immediate return of an *insured* during the *period of coverage*.

BENEFITS

'Trip Interruption' benefits are payable for the actual extra cost of one-way economy transportation by the most direct route to the point of departure from Canada.

INSURED RISKS

The benefits indicated above are payable if the *insured's trip* is interrupted prior to the scheduled return date as the result of:

1. *Sickness, injury or death of the insured or the insured's family member, or an insured travelling companion, or the insured travelling companion's family member, or a key employee of the insured.*
2. A disaster which renders the *insured's* principal residence, in their country of permanent residence, uninhabitable.
3. *Sickness, injury or death of a person or persons with whom arrangements were made for the care of the insured's dependents.*

SPECIFIC CONDITIONS

1. No benefits are payable when the *insured's* return to the point of origin is beyond 10 days from the *expiry date* specified in the confirmation of coverage, unless the *insured* or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
2. Reimbursement of any eligible additional extra costs are limited to the lesser of:
 - a) the change-fee; or
 - b) a one-way economy class airfare; or
 - c) a return economy class airfare;all by the most direct route.
3. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where the *sickness* or *injury* occurred.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

TRIP1 Any *sickness, injury* or medical condition, of an *insured, family member, travelling companion* or *travelling companion's family member* or *key employee* of the *insured*, that exhibited symptoms for which a diagnosis need not have been made or required any or all of *medical consultation, medical treatment, or hospitalization*, within the 90 days immediately preceding the *effective date*. A *sickness, injury* or medical condition controlled by the consistent use of prescribed medication is covered unless it had deteriorated, or required investigation or had a change in medication type or dosage during that 90 day period.

TRIP2 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*, was such as to render *expected medical treatment* or hospitalization.

TRIP3 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.

TRIP4 *Act of war, kidnapping, act of terrorism* including those 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*.

TRIP5 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 a prescribed *treatment* or medical therapy; or the misuse of medication.

TRIP6 Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical *treatment* or advice.

TRIP7 Any *medical consultation* or *treatment* that is non-emergency, elective or the consequence of a prior elective procedure.

TRIP8 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 certificate.

TRIP9 *Injury* resulting from training or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or
- *high-risk activities*.

TRIP10 Routine or elective treatment for pregnancy, including high-risk pregnancy, within the first 32 weeks of the pregnancy.

TRIP11 Pregnancy, childbirth, or complications thereof occurring after the 32nd week of pregnancy.

TRIP12 A *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of curtailment of the insured *trip*.

TRIP13 Any event that occurred prior to departure, for which it is reasonable to expect that the *insured* would have to return early from their *trip*.

TRIP14 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

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 fees for the completion of medical certificates or claim forms are not covered under this certificate.

When submitting your claim please include:

1. Fully completed and signed claim form. Incomplete forms will be returned and will delay processing of your claim.
2. Both the claimant and *insured* (if different from claimant) must sign the Authorization and Certification Form.
3. The original unused ticket (if applicable) and the passenger coupon of the new ticket purchased to return home, along with a receipt or credit card slip showing the amount paid.

In addition to the above:

If the loss is due to *sickness, injury* or death, include the following:

1. A medical certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.
2. If cancellation is due to death, a copy of the death certificate.

If the loss is due to disaster rendering your principle residence uninhabitable, please include the following:

- Copy of police report, fire department incident report or insurance investigative report.

All claims forms are available online at

www.cumis.com/travelinsurance or by calling the TIC Claims Department. See page 28 for mailing address.

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.

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*.

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

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.

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

High-risk pregnancy means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk for complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

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.

Key employee means a business partner or an employee whose continued presence is critical to the ongoing affairs of the business during the *insured's* absence.

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.

Member means a person having rights through a membership interest in a credit union in accordance with the provisions of the Credit Union Act and the articles or charter by-laws of the credit union.

Mountaineering means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or toprope anchoring equipment.

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 certificate 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.

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

- a) for which the *insured* exhibited signs or symptoms; or
- b) for which the *insured* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of the *insured's* coverage.

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*.

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

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

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 certificate 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 certificate apply to each *insured* during one *period of coverage*. Benefits are only payable under one policy or certificate, for each *insured* during the *period of coverage*. If more than one TIC policy or certificate is in effect at the same time benefits will only be paid under one insurance policy or certificate, 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 certificate, any document attached to this certificate when issued, and any amendment to the certificate agreed upon in writing after it is issued, constitute the entire contract. Each certificate 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 certificate 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 certificate 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 certificate 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 certificate 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 certificate 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 certificate 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, *you* agree to:

- a) reimburse *us* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your* injury or sickness, whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include the *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve *our* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep *us* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of *our* right to reimbursement under the policy. *Your* obligations under this section of the policy in no way restricts *our* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with *us* fully should *we* choose to exercise *our* right of subrogation.

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. Emergency Hospital & Medical Multi-trip Plans are not refundable after the *effective date*.

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

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) the insured returns to their province or territory of residence prior to the *expiry date*.

Refunds for Trip Cancellation & Interruption and All-inclusive Package Plans are refundable prior to the date of departure only when:

- a) the *insured* is unable to travel following cancellation of the insured *trip* by the *travel supplier*, provided all penalties are waived; or
- b) the *insured* is unable to travel following rescheduling of an insured *trip* by the *travel supplier*, provided all penalties are waived; or
- c) the *insured* cancels the *trip* before any penalties come into effect.

Refunds for the following Plans:

- Baggage;
- Accidental Death & Dismemberment;
- Flight Accident;
- Trip Interruption;
- Rental Car Collision Damage Protection;

are payable when the entire *trip* is cancelled prior to the *effective date*.

Important Notes

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

A full refund will be provided for policies which are returned 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.

For package plans, no refund will be payable for any portion of the premium if a claim has been made against any benefit included in the package.

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.

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, 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 certificate to be signed by its COO.



Underwritten by:
Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan S4P 1C4

Administered by:
TIC Travel Insurance Coordinators Ltd.
2100 – 250 Yonge Street
Toronto, Ontario M5B 2L7

CLAIMS PROCEDURES

You will find the claims procedures at the end of each plan description. Claims can be reported on our website at www.cumis.com/travelinsurance

SEND YOUR CLAIMS TO:

TIC Claims Department
2100 – 250 Yonge Street
Toronto, Ontario M5B 2L7
Collect worldwide 416-340-8809
Toll Free Canada/U.S.A. 1-800-869-6747

TIC EMERGENCY ASSISTANCE
Toll free Canada / U.S.A.

1-800-995-1662

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

Contact us at www.cumis.com/travelinsurance and initiate your claim and we will contact you.

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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. 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 / U.S.A.
1-800-995-1662**

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

Contact us at

www.cumis.com/travelinsurance and initiate your claim and we will contact you.

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MER1371(10/11)

Travel insurance wallet card

Insured name(s)

Certificate No.

Effective date mm/dd/yyyy Expiry date mm/dd/yyyy

Purchased from

Please carry this card with you.

