

Notice to Policy Holders

If you require medical treatment during your trip, or for any other emergency, YOU MUST CONTACT ASSURED ASSISTANCE INC. IMMEDIATELY AT ONE OF THESE NUMBERS:

1-800-387-2487 (toll-free call from USA or Canada)
001-800-514-1890 (toll-free call from Mexico)
905-816-2561 (collect call from anywhere)
1-888-298-6340 (toll-free fax from USA or Canada)
905-813-4719 (fax)

Be sure to call us before you seek treatment or your benefits may be reduced.

Of course, if your medical condition prevents you from calling, we understand.

You must call as soon as medically possible or, as an alternative, someone else may call on your behalf.

Notice to Medical Providers

For verification of benefits, contact the above numbers without delay and quote the patient's policy number.



ASSURED
ASSISTANCE INC.

**RBC Travel Insurance Company and
Assured Assistance Inc.
P.O. Box 97, Station A,
Mississauga, Ontario, L5A 2Y9**

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Travel Insurance Policy



**RBC
Insurance**



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↑ **TEAR-AWAY** ↑
**WALLET
CARDS**

Your Name:

Your Name:

Your Policy Number:

Your Policy Number:



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[CLICK HERE TO VIEW CANCELLATION AND INTERRUPTION CHART](#)

Instructions:

- 1 Please keep this policy in a safe place, and be sure to take it with you on your trip.
- 2 This policy has complete details of the package or coverage you have chosen. Review it to familiarize yourself with your insurance benefits, conditions, and features.
- 3 Fill out the medical questionnaire if you are 60 years of age or older and if you are applying for emergency medical insurance.
- 4 You'll receive a confirmation form, attached to the inside back cover of your policy, from your Travel Agent confirming the coverages you have chosen and the effective dates of coverage. Please keep that form with your policy.
- 5 This policy contains wallet-cards with our emergency assistance phone numbers. Keep your wallet-card within easy reach during your trip.
- 6 Have a safe and pleasant trip.

Travel Agent to attach the insurance application here and, if applicable, the medical questionnaire.

PLEASE READ THIS IMPORTANT INFORMATION

This booklet contains the terms of several classes of insurance available from RBC Travel Insurance Company. **Some of these terms may exclude or limit benefits and amounts payable to you.** Please read the policy carefully, noting the information for each class of insurance for which a premium has been paid, and take this policy with *you on your trip*. **Your insurance coverage is subject to the terms set out in this policy document.**

Emergency Medical Assistance

Wherever you go, Assured Assistance Inc. and PAY-ASSIST® are just a phone call away - 24 hours a day, 7 days a week.

If *you* require medical treatment during *your trip*, or for any other emergency, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

Please remember that *your emergency medical coverage provides for a reduction of benefits if you do not call. Of course, if your medical condition prevents you from calling, we understand. You must call as soon as medically possible or, as an alternative, someone else may call on your behalf.*

Teams of specially trained, multilingual coordinators, doctors and nurses will help *you* get the care *you* need, contact *your* family, arrange *emergency* transportation home, if necessary, and even transmit messages for *you*. They will also communicate with *your* medical provider, discuss the billing arrangements and usually coordinate the payment of the *emergency* services *you* receive through PAY-ASSIST®.

At RBC Travel Insurance Company, we're committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

How we collect your information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel suppliers, law enforcement representatives, private investigators, your family and friends, and any references you provide.

How we use your information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk, manage and co-ordinate claims, reprice medical expenses, and negotiate payment of expenses to third parties. We may also share your information with others who work for RBC Travel Insurance Company, or other RBC Financial Group™ Companies, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, health organizations and the government (including government health insurance plans) and governmental agencies.

We may share information with other companies under RBC Financial Group, to prepare statistical reports that help us understand the needs of our customers and that help us understand, analyse, and manage our business.

Other ways we may use your information

When you request our products and services from your travel supplier, there are other ways we may use your information. For example, we may use or share some of your information to help your travel supplier better manage their relationship with you and to help them offer you the best solutions for your travel needs. We may also, where not prohibited by law, share your information with other companies under RBC Financial Group for the purpose of consolidating your information in order to better manage your relationships within RBC Financial Group as well as for the purpose of promoting products and services that may be of interest to you. However, we will never use or share your health information for these purposes.

If, at any time, you decide that you do not want us to use your information as described here, under “Other ways we may use your information”, please let us know by calling us at 1-800-263-8944.

Your right to access your information

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected.

To access your information or to ask us to correct information, you can contact us at:

RBC Travel Insurance Company
P.O. Box 97, Station A
Mississauga, Ontario L5A 2Y9
Phone: 1-800-263-8944
Fax: 1-888-298-6262 or 905-813-4701

If you would like more information about client privacy

RBC Financial Group publishes a brochure on client privacy. If you would like a copy of the brochure, you can contact us and we would be pleased to send one to you.

YOUR PRIVACY
MATTERS TO US

Good planning is essential to the success of any journey. That's why, as a wise traveller, *you* have consulted a professional: *your* Travel Agent. Knowledgeable, and dedicated to the success of *your* vacation or business *trip*, *your* Travel Agent recommends travel insurance from RBC Travel Insurance Company for worry-free travel, worldwide.

Your coverage includes the following insurances when marked with *

What coverage did <i>you</i> purchase?	Emergency Medical page 22	Cancellation & Interruption page 30	Flight Accident page 38	Travel Accident page 38	Baggage & Personal Effects page 41	Rental Car Physical Damage page 43	Single Trip Coverage Option	ANNUAL Coverage Option
Package Coverages								
Deluxe Package	*	*	*	*	*		Available	Available
TravelCare® - HealthSelect® Package	*	*	*	*	*		Available	Available
TravelCare® - Gold Package	*	*	*	*	*		Available	Available
TravelCare® - Silver Plus Package	*	*	*	*	*		Available	Available
TravelCare® - Silver Package	*	*	*	*	*		Available	Available
TravelCare® - Bronze Package	*	*	*	*	*		Available	Available
Travel Within Canada Package	*	*	*	*	*		Available	Not Available
Standard Package	*	*	*	*	*		Available	Not Available
Non-Medical Package		*	*	*	*		Available	Not Available
Medical Coverages								
Classic Medical	*						Available	Available
TravelCare® - HealthSelect® Medical	*						Available	Available
TravelCare® - Gold Medical	*						Available	Available
TravelCare® - Silver Plus Medical	*						Available	Available
TravelCare® - Silver Medical	*						Available	Available
TravelCare® - Bronze Medical	*						Available	Available
Other Coverages								
Cancellation & Interruption		*					Available	Not Available
Flight Accident			*				Available	Not Available
Baggage & Personal Effects					*		Available	Not Available
Rental Car Physical Damage						*	Available	Not Available

PACKAGE COVERAGES	Deluxe ¹	TravelCare [®] –HealthSelect [®] , Gold, Silver Plus, Silver & Bronze ²	Travel Within Canada	Standard	Non-Medical
Cancellation & Interruption Insurance			MAXIMUM SUMS PAYABLE		
Before Departure	Up to the sum insured ²	Up to the sum insured ²	Up to the sum insured	Up to the sum insured	Up to the sum insured
After Departure	Unlimited	Unlimited	Unlimited	Up to the sum insured	Unlimited
Subsistence Allowance	\$3,500	\$3,500	\$3,500	\$1,750	\$3,500
HolidaySure Plan [®]	\$750 Travel Coupon	\$750 Travel Coupon	\$750 Travel Coupon	Not Applicable	\$750 Travel Coupon
Connection Benefit	Available	Available	Available	Available	Available
Emergency Medical Insurance					
Medical & Other Benefits	Unlimited ³	Unlimited ³	Unlimited ³	Unlimited ³	Not Applicable
Subsistence Allowance	\$3,500	\$3,500	\$3,500	\$1,750	Not Applicable
Baggage & Personal Effects Insurance					
Loss of, or Damage to, Baggage & Personal Effects	\$1,000 ⁴	\$1,000 ⁴	\$1,000 ⁴	\$500 ⁴	\$1,000 ⁴
Delay of Baggage & Personal Effects	\$400	\$400	\$400	\$200	\$400
Flight Accident Insurance			PRINCIPAL SUMS		
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing ⁵	\$100,000	\$100,000	\$100,000	\$50,000	\$100,000
Travel Accident Insurance			PRINCIPAL SUMS		
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing ⁵	\$50,000	\$50,000	\$50,000	\$25,000	\$50,000

- Under the PACKAGE ANNUAL Coverage option, all MAXIMUM SUMS PAYABLE and PRINCIPAL SUMS are per *trip*.
- Under the PACKAGE ANNUAL Coverage option, the Before Departure sum insured is \$1,500 per *trip* to a maximum of \$10,000 per year.
- This insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage.
- The maximum for any one item or set of items is \$500.
- You are entitled to a maximum of the largest amount specified for one of these benefits.

DEFINITIONS

The following definitions apply when written in *italics* throughout this document.

Accidental bodily injury - bodily injury caused by an accident of external origin occurring during the period of insurance and being the direct and independent cause of the loss.

Bedside companion - a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your* trip.

Business meeting - a meeting scheduled before *your* effective date between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your* trip. Legal proceedings are not considered to be a *business meeting*.

Caregiver - the permanent, full-time person entrusted with the well-being of *your* dependant(s) and whose absence cannot reasonably be replaced.

Catastrophic event - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a seventy-two hour period exceed \$1,000,000.

Children - unmarried persons:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and

who are dependent on *you* for support.

Commercial rental agency - a car rental agency licensed under the law of its jurisdiction.

Contamination - the *contamination* or poisoning of people by nuclear and/or chemical and/or biological substances which causes illness and/or death.

Deductible - the dollar amount for which *you* are liable for each claim, as stated on *your* insurance application, before any remaining eligible expenses are reimbursed under this insurance.

Departure point - the place *you* depart from on the first day, and return to on the last day, of *your* intended travel period, as shown on *your* insurance application.

Dismemberment - actual severance through or above *your* wrist or ankle joint.

Effective date -

- a) for all *emergency* medical coverages, Travel Accident coverages and Baggage & Personal Effects coverages: the date on which *you* are scheduled to leave *your* departure point.

Under all coverages except any ANNUAL Coverage, *your* effective date is shown on *your* insurance application.

For TravelCare® - HealthSelect®, Gold, Silver Plus, Silver and Bronze coverages, this date cannot be more than 120 days from the date of *your* insurance application.

- b) for Cancellation & Interruption coverages:

- under all SINGLE TRIP Coverages: the date and time the required premium is paid, as shown on *your* insurance application.

- under all ANNUAL Coverages:
the date and time *you* purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect.

c) under *Rental Car Physical Damage*:
the date on which *you* are scheduled to take possession of *your rental car*, as shown on *your insurance application*.

d) under *Flight Accident*:
the date and time shown on *your* transportation ticket.

e) under *Top-up* coverage:

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through d) above, based on the coverage *you* purchase as *top-up*.

Emergency - any sudden and unforeseen event that begins during the period of insurance and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Travel Insurance Company determine that *you* are medically able to return to *your* home country.

Emergency treatment - medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* home country, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your* home country. The treatment or surgery must be:

- a) ordered by or received from a licensed *physician* during *your trip*; or
- b) received in a *hospital* during *your trip*; or
- c) received from a licensed physiotherapist, chiropractor, chiropractist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

Expiry date - the date on which *your* coverage ends under this insurance, as shown on *your insurance application*.

Family coverage - the coverage that *you* and *your children* have when a *family coverage* option is available and the required premium has been paid. The *family coverage* option is available under *our* Classic Medical and Classic ANNUAL Medical coverages.

Government health insurance plan - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital - an establishment that is licensed as a *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the *hospital*. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate family - spouse, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Infant - a person who was born before *your effective date*, is under 2 years of age, is *your immediate family* member and travels with *you* during *your trip*.

Insurance application - the printed form, computer printout, invoice or document provided by *your* Travel Agent which confirms the insurance coverage *you* have purchased. The *insurance application* forms part of the insurance contract.

Key employee - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Loss of sight - entire and permanent loss of eyesight.

Medical condition - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medical questionnaire - the form that contains questions that must be answered correctly at the time of *insurance application*, and that, once completed and signed, forms part of the insurance contract. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*. *You* must complete the *medical questionnaire* if *you* are applying for:

- a) any TravelCare® - HealthSelect®, Gold, Silver Plus, Silver or Bronze coverages, unless otherwise stated; or
- b) any coverage that includes Cancellation & Interruption, when the non-refundable portion of *your* prepaid travel arrangements exceeds \$12,000; or
- c) Classic Medical, or TravelCare® - HealthSelect® or Gold Medical if *your trip* exceeds 183 days.

Mental or emotional disorders - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

Mountain climbing - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-or top-rope anchoring equipment.

Network - the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

Passenger plane - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

Period of insurance - the period of time between *your effective date* and *your return date*.

Physician - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and

administer medical treatment (within the scope of such licence) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist or homeopath.

Prescription drug - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist.

Prescription drug does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your* trip, or a chronic condition.

Professional - engaged in a specified activity as *your* main paid occupation.

Rental car - under *Rental Car Physical Damage Insurance*, a *vehicle* rented by *you* from a *commercial rental agency* for *your* personal use under a written rental agreement. *Rental car* does not mean truck; commercial van; bus; motorcycle; moped; motorbike; recreational vehicle; all-terrain vehicle; camper or trailer; limousine; an automobile that is more than 20 years old; or Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile. A *rental car* also does not mean a sport utility vehicle or any other automobile while *you* use it off-road.

Return date -

a) for all coverages other than *Rental Car Physical Damage* and *Flight Accident*:

the date on which *you* are scheduled to return to *your* *departure point*.

This date is shown on *your insurance application*, under all coverages except any ANNUAL Coverage.

b) under *Rental Car Physical Damage*:

the date on which *you* are scheduled to return *your rental car* to the *commercial rental agency*, as shown on *your insurance application*.

c) under *Flight Accident*:

the return date and time shown on *your* transportation ticket.

If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

Schedule change - the later departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier (or connecting cruise ship, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via another airline carrier (or connecting cruise ship, bus or train). *Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

Spouse - the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

Stable - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment or new prescribed medication; and
- no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type); and
- no new symptom, more frequent symptom or more severe symptom experienced; and
- no new test results or test results showing a deterioration; and
- no investigations initiated for *your* symptoms, whether or not *your* diagnosis has been determined; and
- no hospitalization or referral to a specialist (made or recommended) or the results of further investigations recommended and not yet completed,

for that *medical condition* or related condition (including any heart condition or any lung condition).

Start-up date - under any Annual Coverage, the later of:

- the date of *your insurance application*; or
- the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your insurance application*, which date cannot be more than:
 - 180 days from the date of *your insurance application*, if *you* are purchasing Deluxe Package or Classic Medical coverage; or
 - 120 days from the date of *your insurance application*, if *you* are purchasing TravelCare® - HealthSelect®, Gold, Silver Plus, Silver or Bronze coverage.

Terrorism or act of terrorism - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Top-up - the coverage *you* purchase from *us*:

- a) to add to *your* insurance beyond the duration covered under *your* Annual Coverage; or
- b) before *your* date of departure from *your departure point*, to complement travel insurance coverage that is in effect through another insurer for a portion of *your trip* duration or value.

Travelling companion - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

Trip - the period of time from *your* departure from *your departure point* up to and including *your return date*.

Vehicle - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

We, us and **our** refer to RBC Travel Insurance Company.

You, yourself and **your** refer to:

- a) the person named as the insured on the *insurance application* when the required insurance premium has been paid before the *effective date*; and
- b) *children*, when *family coverage* is applicable and in effect.

Your insurance coverage is subject to the terms set out in this document.

Who is eligible for coverage?

To be eligible for any insurance coverage *you* must:

- purchase coverage through a Canadian travel agency appointed by RBC Travel Insurance Company;
- purchase coverage for the full duration of *your trip* (if *you* are purchasing a Package Coverage, an *Emergency Medical Coverage* or *Baggage & Personal Effects Insurance*);
- purchase coverage for the full value of the non-refundable portion of *your* prepaid travel arrangements (if *you* are purchasing a Package Coverage or *Cancellation & Interruption Insurance*);
- have correctly completed the *medical questionnaire* if that non-refundable portion exceeds \$12,000 (if *you* are purchasing a Package Coverage or *Cancellation & Interruption Insurance*); and
- be covered under *your government health insurance plan* for the full duration of *your trip* (if *you* are purchasing a Package Coverage or an *Emergency Medical Coverage*).

In addition, for:

Package Coverages:

a) **Deluxe Package**, *you must*:

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
- at the time the package is purchased, be under 75 years of age.

In addition to the SINGLE Trip Coverage option, **Deluxe ANNUAL PACKAGE** options are available as outlined under “ANNUAL PACKAGE Coverage” under the “What options are available?” section on page 16.

b) **TravelCare® Package (TravelCare® - HealthSelect® Package, TravelCare® - Gold Package, TravelCare® - Silver Plus Package, TravelCare® - Silver Package and TravelCare® - Bronze Package)**, *you must*:

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
- at the time the coverage is purchased, be travelling for a maximum of 60 days and *you* are:
 - 75 years of age or older and have correctly completed the *medical questionnaire*; or
 - 75 years of age or older and under 85 years of age, *you* have chosen not to complete the *medical questionnaire* and purchased TravelCare® - Bronze Package.

In addition to the SINGLE Trip Coverage option, **TravelCare® - HealthSelect® ANNUAL PACKAGE, TravelCare® - Gold ANNUAL PACKAGE, TravelCare® - Silver Plus ANNUAL PACKAGE, TravelCare® - Silver ANNUAL PACKAGE and TravelCare® - Bronze ANNUAL**

PACKAGE options are available as outlined under “ANNUAL PACKAGE Coverage” under the “What options are available?” section on page 16.

c) **Travel Within Canada Package**, *you must*:

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
- be travelling within Canada, but outside of *your* province or territory of residence, for the entire duration of *your trip*; and
- at the time the package is purchased, be under 85 years of age.

d) **Standard Package**, *you must*:

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
- at the time the package is purchased, be:
 - under 60 years of age and travelling for a maximum of 183 days; or
 - 60 years of age or older and under 75 years of age and travelling for a maximum of 60 days.

e) **Non-Medical Package**, *you must*:

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
- at the time the package is purchased, be under 85 years of age.

Emergency Medical Coverages:

f) **Classic Medical**, *you must*:

- be a Canadian resident;
- purchase *your* coverage before *your effective date*; and
- at the time the coverage is purchased, be under 60 years of age.

In addition to the SINGLE Trip Coverage option, **Classic ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

g) **TravelCare® – HealthSelect® Medical**, *you must*:

- be a Canadian resident;
- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; and
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE Trip Coverage option, **TravelCare® - HealthSelect® ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

h) **TravelCare® – Gold Medical**, *you must*:

- be a Canadian resident;
- purchase *your* coverage before *your effective date*;

- have correctly completed the *medical questionnaire*; and
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE Trip Coverage option, **TravelCare® - Gold ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

i) **TravelCare® – Silver Plus Medical, you must:**

- be a Canadian resident;
- purchase *your* coverage before *your effective date*; and
- at the time the coverage is purchased, be:
 - 60 years of age or older and have correctly completed the *medical questionnaire*; or
 - 60 years of age or older and under 75 years of age and travelling for a maximum of 15 days, and *you* have chosen not to complete the *medical questionnaire*.

In addition to the SINGLE Trip Coverage option, **TravelCare® - Silver Plus ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

j) **TravelCare® – Silver Medical, you must:**

- be a Canadian resident;
- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; and
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE Trip Coverage option, **TravelCare® - Silver ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

k) **TravelCare® – Bronze Medical, you must:**

- be a Canadian resident;
- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; and
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE Trip Coverage option, **TravelCare® - Bronze ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “What options are available?” section on page 16.

Other Coverages:

l) **Cancellation & Interruption Insurance, you must:**

- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect.

m) **Flight Accident Insurance, you must purchase your coverage before *your effective date*.**

n) **Baggage & Personal Effects Insurance, you must purchase your coverage before *your effective date*.**

o) **Rental Car Physical Damage Insurance, you must:**

- be a Canadian resident;
- purchase *your* coverage before *your effective date*; and
- be renting the *vehicle* for a maximum of 60 days.

What options are available?

1. **SINGLE TRIP Coverage**

The Single Trip Coverage option is available under all of our coverages, as defined in **paragraphs a) through o)** under “Who is eligible for coverage?”

Coverage is limited to an eligible person who is travelling for a maximum of 183 days, unless otherwise stated.

Under *Emergency Medical Coverage*, if *you* are travelling for more than 183 days and to a maximum of 365 days, *you* may purchase the SINGLE TRIP Coverage, or *top-up your* ANNUAL MEDICAL Coverage, provided that *you* are covered under *your government health insurance plan* for the full duration of *your trip* and *you* are:

- under 40 years of age; or
- 40 years of age or older and under 75 years of age, *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire*, it is determined that *you* are eligible to purchase coverage for *trips* beyond 183 days.

2. **ANNUAL PACKAGE Coverage**

The Annual Package Coverage option is available under any of the following coverages, as defined in **paragraphs a) and b)** under “Who is eligible for coverage?”, if *you* are:

- under 60 years of age and purchased Deluxe ANNUAL PACKAGE Coverage; or
- 60 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare® - HealthSelect® ANNUAL PACKAGE, TravelCare® - Gold ANNUAL PACKAGE, TravelCare® - Silver Plus ANNUAL PACKAGE, TravelCare® - Silver ANNUAL PACKAGE, or TravelCare® - Bronze ANNUAL PACKAGE.

Coverage is limited to an eligible person who is travelling for any number of *trips* for a maximum of:

- 9 consecutive days if *you* have purchased the 9-Day option; or
- 16 consecutive days if *you* have purchased the 16-Day option; or
- 30 consecutive days if *you* have purchased the 30-Day option (available only to persons under 80 years of age).

The consecutive days include *your* date of departure from, and *return date* to, *your departure point*. If *you* are travelling for more than 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option or 30 consecutive days under the 30-Day option, *you* must *top-up* this coverage as outlined under “What if *you* want to *top-up your* coverage?” in this policy booklet.

If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 9-Day, 16-Day or 30-Day option, *you* will not have coverage for any claim during that *trip*.

3. **ANNUAL MEDICAL Coverage**

The Annual Medical Coverage option is available under any of the following coverages, as defined in **paragraphs f) through k)** above, under “Who is eligible for coverage?”, if *you* are:

- under 60 years of age and purchased Classic ANNUAL MEDICAL; or

- 60 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare® - HealthSelect® ANNUAL MEDICAL, TravelCare® - Gold ANNUAL MEDICAL, TravelCare® - Silver Plus ANNUAL MEDICAL, TravelCare® - Silver ANNUAL MEDICAL, or TravelCare® - Bronze ANNUAL MEDICAL.

While you travel outside Canada

Coverage is limited to an eligible person who is travelling outside of Canada for any number of *trips* for a maximum of:

- 9 consecutive days outside of Canada if *you* have purchased the 9-Day option; or
- 16 consecutive days outside of Canada if *you* have purchased the 16-Day option; or
- 30 consecutive days outside of Canada if *you* have purchased the 30-Day option (available to persons under 80 years of age only); or
- 60 consecutive days outside of Canada if *you* have purchased the 60-Day option (available to persons under 80 years of age only).

In addition, if *you* are covered under the ANNUAL Coverage, the consecutive days for travel outside of Canada include *your* date of departure from Canada and the date *you* return to Canada. If *you* are travelling for more than 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60-Day option, *you* must *top-up* this coverage as outlined under “What if *you* want to *top-up* your coverage?” in this policy booklet. **If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 9-Day, 16-Day, 30-Day or 60-Day option, *you* will not have coverage for any claim during that *trip*.**

While you travel within Canada

Coverage is limited to an eligible person and provides coverage for unlimited travel while travelling within Canada but outside *your* province or territory of residence.

How do *you* become insured?

You become insured and this booklet becomes an insurance contract:

- when *you* are named on *your* completed *insurance application*;
- upon payment of the required premium on or before *your effective date*; and
- upon completion of the *medical questionnaire*, where applicable.

In addition, if:

- a) *you* are insured under a Classic Medical coverage, *your children* become insured under *your emergency* medical insurance contract when the required *family coverage* premium has been paid.
- b) *you* are an *infant* travelling with an *immediate family* member covered under any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Standard Package coverages, *you* are insured under the terms of *our* Classic Medical, and *we* will not charge a premium for *your* coverage.

When does *your* insurance start and end?

Insurance starts on:

- a) *your effective date* under any insurance other than the Annual Coverages;
- b) *your start-up date* under the Annual Coverages. For TravelCare®, Gold, Silver Plus, Silver and Bronze Medical, *your effective date* for Single Trip Coverage or *your start-up date* for Annual Coverage cannot be more than 120 days from the date of *your insurance application*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence, except in the circumstances outlined below*.
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 183 days after *your* date of departure from *your departure point* except in the circumstances outlined in f), g) and h);
- f) 365 days after *your* date of departure from *your departure point* if *you* are covered under Classic Medical, or TravelCare® - HealthSelect® or Gold Medical, and *your government health insurance plan* covers *you* for the full duration of *your trip*;
- g) 365 days after *your* date of departure from *your departure point* under Flight Accident;
- h) the day before the one-year anniversary of *your start-up date* under any Annual Coverage; or
- i)
 - the date and time the *commercial rental agency* reassumes control of the *rental car*;
 - the date and time the rental contract expires; or
 - 60 consecutive days after the rental contract started, under *Rental Car Physical Damage*.

* If *you* are covered under Classic Medical, TravelCare®-HealthSelect®, Gold, Silver Plus, Silver or Bronze Medical, *your* insurance coverage will not end if *you* temporarily return to *your* province, territory or country of residence prior to *your return date* and then resume *your trip*, provided *you*:

- do not have a claim under this insurance;
- did not have a *medical condition* during *your* temporary return to *your* province, territory or country of residence; and
- were fit to resume travel on *your trip*.

PLEASE NOTE:

If *you* are under 60 years of age on the day of the one-year anniversary of *your start-up date*, and *you* have paid the premium for Classic ANNUAL MEDICAL using *your* credit card, to ensure continuous coverage at the end of each 365 day period, *your* Classic ANNUAL MEDICAL will be renewed automatically unless:

- *you* notify *your* Travel Agent;
- *you* are no longer eligible to apply for Classic ANNUAL MEDICAL;
- Classic ANNUAL MEDICAL is no longer available;
- *you* are given 15 days notice by registered mail that the

Insurer will not renew *your* Classic ANNUAL MEDICAL; or
• *your* credit card information on file is no longer valid.

If *you* do not pay using a credit card, *your* coverage terminates at the end of each 365 day period and *you* must re-apply for coverage from *your* Travel Agent.

When does *your* coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for Cancellation & Interruption).
- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date* (not available for Cancellation & Interruption).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1 a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances other than any Annual Coverage, *you* must request the extension by contacting *your* Travel Agent before *your return date*.
- b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances other than any Annual Coverage, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- c) If *you* are covered under any Annual Coverage, extensions are not available. Instead, *you* may *top-up* *your* coverage as outlined under "What if *you* want to *top-up* *your* Annual Coverage?" in this booklet.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
 - a) for which *you* are eligible; and
 - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

What if you want to *top-up* your Annual Coverage?

If *you* are travelling for more than 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60-Day option, *you* must *top-up* this coverage as outlined below.

If *you* are covered under one of *our* Annual Coverages and *you* want to *top-up* your coverage, *you* may purchase another policy from *us* under the insurance for which *you* are eligible, and that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date* for the additional number of days beyond the duration provided by *your* Annual Coverage:

- a) before *your effective date*, *you* may contact *your* Travel Agent to purchase *top-up* coverage.
- b) after *your effective date* and if *you* have not had a *medical condition* during *your trip*, *you* must contact *your* Travel Agent before *your* scheduled *return date* to purchase *top-up* coverage.
- c) after *your effective date* and if *you* have had a *medical condition* during *your trip*, *you* must contact Assured Assistance Inc. before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* policy is subject to the approval of Assured Assistance Inc.
- d) the terms, conditions and exclusions of *our* new policy issued as *top-up* apply to *you*.
- e) *you* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 9-Day, 16-Day, 30-Day or 60-Day option, *you* will not have coverage for any claim at any time during that *trip*. If the policy *you* are purchasing as *top-up* requires *you* to complete a *medical questionnaire*, *you* must complete the *medical questionnaire* for that *top-up* coverage.

What if you want to *top-up* another insurer's travel insurance?

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Travel Agent only before *your* date of departure from *your departure point*, and:

- a) *you* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- b) if the entire duration of *your* intended travel period is greater than 183 days (including the period of time in which *you* are covered under another insurer's travel insurance), *you* wish to purchase *top-up* coverage with one of *our* emergency medical coverages, and *you* are 60 years of age or older, *you* must complete the *medical questionnaire*.
- c) the terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.
- d) *you* cannot purchase an ANNUAL Coverage as *top-up*.

When can *your* premium be refunded?

1 All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.

- 2 Under Cancellation & Interruption and/or any Package coverages, the premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
- the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
 - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
 - *you* cancel *your trip* before any cancellation penalties are in effect.
- 3 under any Annual Coverage:
the premium *you* paid can be refunded only before *your start-up date*.
- 4 under all coverages other than those outlined above in 2 and 3:
if *you* return to *your departure point* before *your return date*, the premium *you* paid for the unused days can be refunded, if *you*:
- provide proof of *your* date of return; and
 - do not have a claim under the insurance.

TERRORISM COVERAGE

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy, this insurance will provide coverage as follows:

- a) *Terrorism Coverage* is not available under Flight and Travel Accident Insurance.
- b) *We* will, for Cancellation & Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- c) *We* will, for Cancellation & Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph f), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- d) For all other classes of insurance, *we* will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- e) The benefits payable in accordance with paragraphs b), c) and d) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise-lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- f) The benefits payable in accordance with paragraph c) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policyholders shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72 hour period. The total maximum payment out of the fund for all policyholders shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims for all policyholders under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

EMERGENCY MEDICAL INSURANCE

Emergency Medical Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages
- Travel Within Canada Package
- Standard Package
- Classic Medical coverages
- TravelCare® - HealthSelect® Medical coverages
- TravelCare® - HealthSelect® Package coverages
- TravelCare® - Gold Medical coverages
- TravelCare® - Gold Package coverages
- TravelCare® - Silver Plus Medical coverages
- TravelCare® - Silver Plus Package coverages
- TravelCare® - Silver Medical coverages
- TravelCare® - Silver Package coverages
- TravelCare® - Bronze Medical coverages
- TravelCare® - Bronze Package coverages

What must *you* do in a medical *emergency*?

You must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*.

Failure to call may result in reduced benefits.

What coverage limitations apply?

1 If *you* are covered under:

- a) TravelCare® - HealthSelect®, Gold, Silver Plus or Silver Medical, *you* will be responsible for a *deductible* of \$0 US, \$200 US or \$500 US for each claim, depending on the *deductible* option *you* have selected.
- b) TravelCare® - Bronze Medical, *you* will be responsible for a deductible of \$200 US for each claim.

We will apply this deductible to any claim covered under this insurance in excess of your government health insurance plan coverage. You will be responsible to pay your deductible directly to the medical service provider.

2 If *you* do not contact Assured Assistance Inc. at the time of *your medical emergency* or *you* choose to receive treatment from a medical service provider outside the *network*, *you* will be responsible for 30% of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your government health insurance plan*. If *your medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.

3 This insurance is subject to a maximum of \$20,000 if you do not have valid government health insurance plan coverage at the time of claim.

What risks are insured?

This insurance covers the reasonable and customary medical expenses *you* actually incur once *you* have left *your departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

What are the benefits?

1 Unlimited emergency medical expenses

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while *you* are hospitalized;
- c) the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
- e) *prescription drugs*.

2 Hospital allowance

- a) This insurance covers *your* reimbursement for *your* incidental hospital expenses (telephone calls, television rental), while *you* are hospitalized for at least 48 hours.
- b) The benefit is up to \$50 per day to a maximum of \$500.

3 Other emergency services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$300 per profession.

4 Ground ambulance

This insurance covers *you* for local ground ambulance service to a *hospital, physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

5 Repatriation

If, during *your trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers:

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

6 Return to *your* departure point

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* country of residence because of *your* *medical condition* in order to receive *emergency* medical attention, or if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* country of residence following *your* *emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc., when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* *departure point* to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your* *departure point*, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

7 Return to *your* trip destination

- a) This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* *departure point* to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your* *medical condition*.
- b) This benefit is subject to the pre-authorization of Assured Assistance Inc.
- c) This benefit can only be used once during *your* *trip*.
- d) Once *you* return to *your* *trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- e) When this benefit is provided to *you*, *your* *effective date* under this policy becomes the day *you* leave *your* *departure point* to return to *your* *trip* destination.

8 Subsistence allowance

- a) This insurance covers *your* reimbursement for *your* commercial accommodations and meals, essential telephone calls and taxi fares, if, upon *physician's* advice:
 - *you*, or *your* *travelling companion*, are relocated to receive medical attention; or
 - *you* are delayed beyond *your* *return date* in order to receive *emergency treatment* or because *your* *travelling companion* requires *emergency treatment*,

for an *emergency medical condition* covered under this insurance.

b) The benefit is as follows:

- up to \$350 per day to a maximum of \$3,500, if *you* are covered under any Deluxe Package, TravelCare® Package or Travel Within Canada Package coverages; or
- up to \$175 per day to a maximum of \$1,750, if *you* are covered under any one of *our* other coverages that includes *emergency* medical insurance.

c) This benefit is subject to the pre-authorization of Assured Assistance Inc.

9 **Bedside companion's travel to your bedside**

a) If *you* are travelling alone and are expected to be hospitalized for more than 3 days during *your trip* and a *bedside companion* is required, this insurance covers:

- the cost of a return economy air fare on a commercial flight via the most cost effective route;
- up to \$500 for commercial accommodations and meals for the *bedside companion*; and
- *your bedside companion* under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

b) If *you* are over age 20 and physically handicapped, or under age 21 and dependant on *your bedside companion* for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

c) This benefit is subject to the pre-authorization of Assured Assistance Inc.

10 **Emergency dental treatment**

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip* and *you* are also covered up to a maximum of \$1,500 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
- if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, up to a maximum of \$300, and the complete cost of *prescription drugs*.

11 **Return of vehicle**

If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency*, when pre-authorized by Assured Assistance Inc.

12 **Return of children and escort for children to their departure point**

If *children* insured under one of our *emergency* medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency*

medical condition covered under this insurance, this insurance covers:

- a) the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- b) the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

13 Return of *travelling companion*

If *you* are travelling with a *travelling companion*, this insurance covers him or her for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

14 Return of *your dog or cat*

- a) If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers the cost of one-way transportation of *your* domestic dog(s) or cat(s) to *your departure point*.
- b) The benefit is up to a maximum of \$500.
- c) This benefit is subject to the pre-authorization of Assured Assistance Inc.

What is not covered?

I – Exclusion Related To *Your Pre-Existing Medical Condition*

In addition to the exclusions outlined below under "II – General Exclusions," the following exclusion applies to *you*.

If <i>you</i> are covered under:	If <i>you</i> are under age 60	If <i>you</i> are age 60 or older and under age 75	If <i>you</i> are age 75 or older and under age 85	If <i>you</i> are age 85 or older
Deluxe Package coverages	Exclusion 1	Exclusion 1	Coverage Unavailable	
Standard Package			Exclusion 1	Coverage Unavailable
Travel Within Canada	Coverage Unavailable	Exclusion 1		
Classic Medical coverages		Coverage Unavailable		
TravelCare® - HealthSelect® coverages*		No pre-existing Medical Exclusion applies		
TravelCare® - Gold coverages*		Exclusion 1		
TravelCare® - Silver Plus coverages*		Exclusion 2		
TravelCare® - Silver coverages*	Exclusion 3			
TravelCare® - Bronze coverages*	Exclusion 3			
Deluxe Annual Package	Exclusion 1	Coverage Unavailable		

*Please note that under all TravelCare® Package coverages, the SINGLE Trip option is available for ages 75 and older.

EXCLUSION 1

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 90 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.

- 2 *Your heart condition, if at any time in the 90 days before you depart on your trip:*
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition, if at any time in the 90 days before you depart on your trip:*
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

EXCLUSION 2

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition, if at any time in the 180 days before you depart on your trip:*
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition, if at any time in the 180 days before you depart on your trip:*
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

EXCLUSION 3

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition, if at any time in the 180 days before you depart on your trip:*
 - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition, if at any time in the 180 days before you depart on your trip:*
 - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

II – General Exclusions

In addition to the exclusions outlined above under "I - Exclusion Related To *Your Pre-Existing Medical Condition*," this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 any *medical condition* if any answer provided in *your medical questionnaire* is incorrect, in which case the policy is voidable and the premium paid is refundable at *our* option.
- 2 the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Travel Insurance Company determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 3 the treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Travel Insurance Company determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 4 *your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 5 *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 6 *your* chronic use or abuse (prior to or during *your trip*) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment.
- 7 *your mental or emotional disorders*.
- 8 any treatment that is not *emergency treatment*.
- 9 *your* participation as a *professional* athlete in a sporting event.
- 10 *your* participation in rock climbing or *mountain climbing*.
- 11 *your* participation in a motorized race or motorized speed contest.
- 12 a *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek treatment or surgery for that *medical condition* or a related condition.
- 13 a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
- 14 a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
- 15 a) routine pre-natal care, b) a child born during *your trip*, c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.

- 16 symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
- 17 treatment or surgery for a specific condition, or a related condition, which:
 - a) had caused *your physician* to advise *you* not to travel; or
 - b) *you* contracted in a country during *your trip* when, before *your effective date*, a written formal notice 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.
- 18 any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 19 any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return.
- 20 war (declared or not), act of foreign enemies or rebellion.
- 21 ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 22 any portion of benefits up to the amount of *your deductible* per covered claim, if *you* have chosen a *deductible* option. *You* will be responsible for the *deductible* for each claim, and *we* will apply this *deductible* to any claim covered under this insurance in excess of *your government health insurance plan* coverage.

What conditions apply?

- 1 By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:
 - a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
 - b) *your* authorization to *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
 - c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- 2 This insurance is subject to the "Terrorism Coverage", "General Conditions" and "How Do You Submit a Claim?" sections outlined in this policy booklet on pages 21, 46 & 49.

CANCELLATION & INTERRUPTION INSURANCE

Cancellation & Interruption Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages
- Travel Within Canada Package
- Standard Package
- TravelCare®-HealthSelect® Package coverages
- TravelCare®-Gold Package coverages
- TravelCare®-Silver Plus Package coverages
- TravelCare®-Silver Package coverages
- TravelCare®-Bronze Package coverages
- Non-Medical Package
- Cancellation & Interruption

What coverage limitations apply?

When a cause of cancellation (the event or series of events that triggers one of the 42 risks insured) occurs before the date of departure from *your departure point*, *you* must:

- a) cancel *your trip* with the Travel Agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b) advise *us* at the same time.

Our maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

When does the risk occur?

- Trip Cancellation - when the risk occurs **BEFORE** *your trip*.
- Trip Interruption - when the risk occurs **DURING** *your trip*.
- Trip Delay - when the risk occurs during *your trip*, and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- a) identify the risk *you* have incurred under "What are *you* covered for?" in the following chart;
- b) determine when the risk occurs under "What are *you* eligible for?" in the following chart;
- c) find the letter corresponding to the benefit in the right-hand column of the following chart; and
- d) match *your* benefit under "What are the benefits?" on page 33.

**CLICK HERE
TO VIEW CHART**

What are <i>you</i> covered for?	What are <i>you</i> eligible for?		
	Trip Cancellation†	Trip Interruption	Trip Delay
MEDICAL CONDITION	BENEFIT(S)		
1 <i>Your emergency medical condition.</i>	A	C, D and J*, or C, E and J*, or C, F and J*	E and M*
2 The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E, J* and HolidaySure Plan®	not applicable
3 The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E and J*	not applicable
4 The admission to a <i>hospital</i> of <i>your host</i> at <i>destination</i> , following an <i>emergency medical condition</i> .	A	C, E and J*	not applicable
5 The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D & J*, or C, E & J*, or C, F and J*	E and M*
6 The <i>emergency medical condition</i> of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E and J*	not applicable
7 The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	C, E and J*	E and M*
PREGNANCY AND ADOPTION			
8 Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> .	A	C, E and J*	E and M*
9 Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family</i> of <i>your travelling companion</i> or <i>travelling companion's spouse</i> .	A or B	C, E and J*	E and M*
10 <i>Your</i> or <i>your spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11 <i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12 The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A	C, E and J*	not applicable
13 The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A or B	C, E and J*	not applicable
DEATH			
14 <i>Your</i> death.	A	C & N, or C & O, or C & P	N, or O, or P
15 The death of <i>your immediate family member</i> or friend (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E, J* and HolidaySure Plan®	not applicable
16 The death of <i>your travelling companion</i> .	A or B	C, E and J*	E and M*
17 The death of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E and J*	not applicable
18 The death of <i>your host</i> at <i>destination</i> , following an <i>emergency medical condition</i> .	A	C, E and J*	not applicable
19 The death of <i>your immediate family member</i> or friend, who is at <i>your destination</i> .	A	C, E and J*	E and M*
GOVERNMENT ADVISORIES AND VISAS			
20 A written formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	C, E and J*, or C, F and J*	not applicable
21 The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
22 The non-issuance of <i>your travelling companion's</i> travel visa (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable

What are <i>you</i> covered for?	What are <i>you</i> eligible for?		
	Trip Cancellation†	Trip Interruption	Trip Delay
EMPLOYMENT AND OCCUPATION	BENEFIT(S)		
23 A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	C, E and J*	not applicable
24 A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E and J*	not applicable
25 The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E and J*	not applicable
26 The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E and J*	not applicable
27 Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's</i> employer's control.	A	C, E and J*	not applicable
28 <i>Your</i> being summoned to service in the case of reservists, active military, police and fire personnel.	A	C, E and J*	not applicable
29 <i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police and fire personnel.	A or B	C, E and J*	not applicable
DELAYS AND SCHEDULE CHANGE			
30 Delay of <i>your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E and J*	not applicable
31 Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E and J*	not applicable
32 Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose to continue with <i>your</i> travel arrangements.	B	B	not applicable
33 Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F and J*	E and J*
34 Delay of <i>your</i> connecting carrier (<i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F and J*	E and J*
35 The cancellation of <i>your</i> cruise: <ul style="list-style-type: none"> • prior to <i>your</i> departure from <i>your departure point</i>, or • after <i>your</i> departure from <i>your departure point</i>, but prior to the departure of the cruise ship due to the mechanical failure, grounding or quarantine of the cruise ship, or the repositioning of the cruise ship due to weather conditions, earthquakes or volcanic eruptions, when <i>you</i> are covered under any of <i>our</i> Package coverages.	H	I	not applicable
36 <i>Your</i> missed connection caused by the <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels, when <i>you</i> are covered under any of <i>our</i> Package coverages.	G and K	G and L	G and L
OTHER RISKS			
37 An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	C, E and J*	not applicable
38 An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A or B	C, E and J*	not applicable
39 The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your child</i> .	A	C, E and J*	E and J*
40 The quarantine or hijacking of <i>your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> .	A or B	C, E and J*	E and J*
41 <i>Your</i> , <i>your spouse</i> or <i>your child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	C, E and J*	not applicable
42 <i>Your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A or B	C, E and J*	not applicable

† The shaded section does not apply to *you* if the sum insured prior to departure under *your* Package is \$0.

* a) When Benefits J and M are payable to *you*, the maximum payable in total may not exceed the amount specified for Benefit M.

b) Benefit J is available only in conjunction with Benefits D, E or F when no cost-effective and/or direct alternate transportation is available.

What are the benefits?

Prepaid travel arrangements - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

- A the non-refundable portion of *your* prepaid travel arrangements.
- B the extra cost of the next occupancy charge, if *you* choose to travel as originally planned.
- C the non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation that is being replaced with benefit D, E or F.

Transportation - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

- D *your* economy class transportation via the most cost effective route to rejoin a tour or group.
- E *your* economy class transportation via the most cost effective route to *your departure point*.
- F *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound).

Connection benefit - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #36 (schedule change):

- G • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
 - up to \$1,000 for the extra cost of *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound).

Cruise cancellation benefit - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #35 (cruise cancellation):

- H • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
 - up to \$1,000 for *your* non-refundable prepaid air fare, which joins to or departs from *your* cancelled sea/land arrangements and that is not part of *your* cruise package.
- I • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
 - up to \$1,000 for the extra cost of *your* one-way economy air fare on a commercial flight via the most cost effective route to return *you* to *your departure point*.

Subsistence allowance - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- J *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:
 - \$350, to a maximum total of \$700, under any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverages; or
 - \$175, to a maximum total of \$350, under Standard Package or Cancellation & Interruption coverage.

K *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a maximum of \$100, under any of *our* Package coverages.

L *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:

- \$350, to a maximum total of \$700, under any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverages; or
- \$175, to a maximum total of \$350, under Standard Package.

M *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:

- \$350, to a maximum total of \$3,500, under any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverages; or
- \$175, to a maximum total of \$1,750, under Standard Package or Cancellation & Interruption coverage.

Repatriation of *your* remains - Reimbursement of *your* expenses actually incurred as a result of one of the insured risks:

N the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.

O the transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred.

P up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

HolidaySure Plan® - Upon *your* request, compensation to *you* in the form of a coupon of up to \$750 in value when *you* incur risk 2 or 15, and

- *you* have purchased any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverages;
- *you* miss at least 75% of *your trip*, as a result of the interruption of *your* travel plans;
- *you* use the coupon towards travel in the 180 days immediately following the date of *your* early return from *your* interrupted insured *trip*; and
- *you* use the coupon to purchase replacement travel through the travel agency that originally booked *your* interrupted insured travel plans, provided that it is not insolvent.

Failure to meet these conditions, will make the HolidaySure Plan® benefit coverage null and void. *Your* original Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverage does not cover the replacement travel.

What is not covered?

Please note that under Cancellation & Interruption coverages, *effective date* refers to the date and time:

- the required premium is paid, as shown on *your*

insurance application, under all SINGLE TRIP Coverages; and

- you purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect, under all ANNUAL Coverages.

If the non-refundable portion of *your* pre-paid travel arrangements does not exceed \$12,000, the following Exclusions 1 and 2 apply.

If the non-refundable portion of *your* pre-paid travel arrangements exceeds \$12,000, you must complete the *medical questionnaire*, and the following Exclusions 1, 2, 3 & 4 apply.

- 1 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
 - i) *Your* or *your spouse's* medical condition or related condition, if at any time in the 90 days before *your effective date*, *your* or *your spouse's* medical condition or related condition has not been *stable*.
 - ii) *Your* or *your spouse's* heart condition, if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* or *your spouse* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
 - iii) *Your* or *your spouse's* lung condition, if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* or *your spouse* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
- 2 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:
 - a) cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
 - b) a *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
 - c) pre-paid travel arrangements for which a Cancellation & Interruption insurance premium was not paid:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect, for those travel arrangements.
 - d) *your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
 - e) *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
 - f) *your mental or emotional disorders*.
 - g) *your* chronic use or abuse (prior to or during *your period of insurance*) of medication, drug or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment.

- h) routine pre-natal care, a child born during *your period of insurance*, pregnancy or childbirth.
- i) complications of pregnancy or childbirth, occurring in the 9 weeks before or after the expected date of delivery.
- j) a *medical condition* that arises during *your period of insurance* undertaken with the prior knowledge that treatment or surgery will be sought or required for that *medical condition* or a related condition.
- k) war (declared or not), act of foreign enemies or rebellion.
- l) the non-issuance of a travel visa due to late visa application.
- m) the schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
- n) *your medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect, in which case the policy is voidable and the premium paid is refundable at *our* option.
- o) *your* participation in rock climbing or *mountain climbing*.
- p) ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

3 If *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire* it is determined that this additional exclusion applies to *you*:

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not cover expenses or benefits arising from or related to:

- a) a *medical condition*, if at any time in the 180 days before the *effective date*:
 - *you* have taken or been prescribed medication, or received treatment for that *medical condition*; or
 - *you* have experienced a deterioration of that *medical condition*, or sought treatment for that *medical condition*.
 - b) a heart condition, if at any time in the 180 days before the *effective date*:
 - *you* have taken or been prescribed medication, or received treatment for, any heart condition; or
 - *you* have experienced a deterioration of, or sought treatment for, any heart condition.
 - c) a lung condition, if at any time in the 180 days before the *effective date*:
 - *you* have taken or been prescribed medication, or received treatment for any lung condition; or
 - *you* have experienced a deterioration of, or sought treatment for, any lung condition.
- 4 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
- i) *Your immediate family member* or *your travelling companion's medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your immediate family member* or *your travelling*

companion's medical condition or related condition has not been *stable*.

- ii) *Your immediate family member* or *your travelling companion's* heart condition, if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *your immediate family member* or *your travelling companion* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- iii) *Your immediate family member* or *your travelling companion's* lung condition, if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *your immediate family member* or *your travelling companion* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

What conditions apply?

1 If *you* are covered under both Cancellation & Interruption and one of *our emergency* medical coverages, and before *your* date of departure *you* are prescribed any change in medication or treatment that would make *your medical condition* not *stable* and therefore ineligible for coverage under *our emergency* medical coverages, *you* may apply for *our* special consideration of *your* particular medical circumstance through *your* Travel Agent.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting when *you* booked *your trip* to the date of *your* request for consideration;
- authorization to *physicians* and *hospitals* signed by *you* (this document is part of the Claim & Authorization form contained in this document);
- complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, *we* will, at *our* discretion, within one business day:

- accept *your* claim under our Cancellation & Interruption insurance; or
 - waive the exclusion that would make *you* ineligible for benefits under *our emergency* medical insurance, for the *medical condition* or related condition for which the change in medication or treatment that would make *your medical condition* not *stable* was prescribed to *you*.
- 2 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
- a) the date when *your* travel is medically possible; and
 - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
 - c) within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.
- 3 This insurance is subject to the "*Terrorism Coverage*", "*General Conditions*" and "*How Do You Submit a Claim?*" sections outlined in this policy booklet on pages 21, 46 & 49.

FLIGHT AND TRAVEL ACCIDENT INSURANCE

Flight and Travel Accident Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- TravelCare®-HealthSelect® Package coverages
- TravelCare®-Gold Package coverages
- TravelCare®-Silver Plus Package coverages
- TravelCare®-Silver Package coverages
- TravelCare®-Bronze Package coverages
- Non-Medical Package

Flight Accident Insurance applies to *you*, if *you* purchased *our* stand-alone Flight Accident Insurance.

What risks are insured?

Your accidental bodily injuries, resulting in *your dismemberment, loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your trip*.

What are the benefits?

We will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single *dismemberment* or *loss of sight* of one eye.

What is not covered?

If *you* are covered under Flight Accident, the following Exclusions 1 to 9 apply to *you*.

If *you* are covered under Travel Accident, the following Exclusions 1 to 13 apply to *you*.

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 war (declared or not), act of foreign enemies or rebellion.
- 2 *your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 3 the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
- 4 participation in any military manoeuvre or training exercise.
- 5 disease, even if the cause of its activation or reactivation is an accident.
- 6 piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *contamination* due to any *act of terrorism*.

- 8 ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *terrorism*.
- 10 *your* chronic use or abuse (prior to or during *your period of insurance*) of medication, drug or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment.
- 11 participation as a *professional* athlete in a sporting event.
- 12 participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
- 13 participation in any kind of motorized race or motorized speed contest.

What conditions apply?

If *you* are covered under Travel Accident, the following Conditions 1 to 4 apply to *you*.

If *you* are covered under Flight Accident, the following Conditions 2 to 8 apply to *you*.

- 1 If after 1 year following the accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the "*Terrorism Coverage*", "*General Conditions*" and "*How Do You Submit a Claim?*" sections outlined in this policy booklet on pages 21, 46 & 49.
- 3 For *our* Package coverages, the principal sums are shown in the corresponding insurance charts contained in this booklet on page 7.
- 4 The total benefits payable for one or more accidents will not exceed the applicable principal sum as outlined on page 7.
- 5 If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- 6 The *accidental bodily injury* must be sustained while *you* are:
 - a passenger on the *trip* shown in the *insurance application* or during a substitute *trip* if the ticket is exchanged;

- riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this insurance;
- riding as a passenger in a limousine or bus service provided by the airline or airport authority;
- at an airport for the purpose of departure or arrival of the flight covered by this insurance;
- riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this insurance; or
- exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.

7 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.

8 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

(Underwritten in Quebec by RBC General Insurance Company)

Baggage & Personal Effects Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- TravelCare®-HealthSelect® Package coverages
- TravelCare®-Gold Package coverages
- TravelCare®-Silver Plus Package coverages
- TravelCare®-Silver Package coverages
- TravelCare®-Bronze Package coverages
- Non-Medical Package
- Baggage & Personal Effects

What risks are insured?

This policy covers direct physical loss of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

What are the benefits?

1 Loss of or Damage to Baggage & Personal Effects

Reimbursement of *your* losses up to the sum insured shown in the *insurance application*, subject to a maximum of \$500 for any one item or set of items (items which are purchased for use together, and commonly used together).

2 Replacement of Travel Documents

Reimbursement of up to \$200 in total, towards the replacement of one or more of the following documents: passport, driver's licence, birth certificate or travel visa, in the event any one of these is lost or stolen.

3 Delay of Baggage & Personal Effects

Reimbursement as outlined under a) and b) below for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point* and *you* are covered under a Package:

- a) up to \$400 for any Deluxe Package, TravelCare® Package, Travel Within Canada Package or Non-Medical Package coverages; and
- b) up to \$200 for Standard Package.

What is not covered?

This insurance does not cover:

- 1 animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage of or damage to brittle or fragile articles, property illegally acquired, kept, stored or transported.
- 2 any claim arising from loss:
 - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
 - b) caused by *your* imprudent act or omission;
 - c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect;

- d) directly in consequence of war (declared or not), act of foreign enemies or rebellion;
 - e) caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- 3 any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1 For Package coverages, the principal sums are shown in the corresponding insurance chart contained in this booklet on page 7.
- 2 In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must:
- a) immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
 - b) promptly take all reasonable precautions to protect, save and/or recover the property; and
 - c) notify *us* immediately upon *your* return to *your departure point*.
- Failure to comply with this condition will invalidate any claim under this insurance.
- 3 If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
- 4 a) *We* are not liable beyond the actual cash value of the property at the time of loss.
b) *We* have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
- 5 The maximum sum insured per person or per family does not exceed \$2,000 in total for all coverages in this and other Baggage & Personal Effects insurance issued by *us*.
- 6 If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
- 7 This insurance is subject to the "*Terrorism Coverage*", "*General Conditions*" and "*How Do You Submit a Claim?*" sections outlined in this policy booklet on pages 21, 46 & 49.

RENTAL CAR PHYSICAL DAMAGE INSURANCE

(Underwritten by RBC General Insurance Company)

Rental Car Physical Damage Insurance applies to *you*, if *you* purchased *our* stand-alone *Rental Car Physical Damage Insurance*.

What must *you* do when there is loss or damage to the *rental car*?

- a) *You* must immediately contact Assured Assistance Inc. and the *commercial rental agency* to report full details of any loss or damage which occurs during the rental period.
- b) In the event of an accident, malicious act, burglary, robbery or theft *you* must immediately report to the police or other authorities having jurisdiction, full details as required by law.

Failure to report the loss as outlined will invalidate any claim under this insurance.

What risks are insured?

Loss for which *you* may be liable, resulting from physical loss or damage anywhere in the world to a *rental car* solely while the *rental car* is under:

- a) *your* care, custody and control; or
- b) the care, custody or control of a person permitted to operate the *rental car* under the rental agreement, for 60 consecutive days or less.

What is the coverage amount?

Up to \$50,000 for the total of all benefits.

What are the benefits?

- 1 The liability imposed upon *you* by law or assumed by *you* under the car rental agreement, if there is physical damage to the *rental car*.
- 2 When benefit 1 applies, *we* will, on behalf of the insurer:
 - a) investigate, negotiate or settle any claim, on *your* behalf and as *we* deem appropriate;
 - b) defend in *your* name and on *your* behalf and at *our* cost, on behalf of the insurer, any civil action that may be brought against *you* on account of such loss or damage;
 - c) pay all costs assessed against *you* in any civil action *we* defend, on behalf of the insurer, and any interest accruing after judgment upon that part of the judgment which is within the limit of the insurer's liability; and
 - d) pay towing costs, general average, salvage, fire department charges, customs duties and reasonable costs for loss of use of the *rental car* for which *you* are responsible.

What is not covered?

This insurance does not cover:

- 1 liability other than for loss of or damage to the *rental car*.
- 2 expenses assumed, waived or paid by the *commercial rental agency* or its insurers or payable under any other insurance.
- 3 contents of the *rental car*.
- 4 loss or damage arising from, caused by or contributed to by driving or operation of the *rental car* by *you* or any other person:

- a) while under the influence of intoxicating substances; or
 - b) in a speed test or contest; or
 - c) while carrying passengers for compensation or hire, while being used for commercial delivery or transporting contraband or illegal trade; or
 - d) in violation of the terms of the car rental agreement.
- 5 loss or damage arising from, caused by, or contributed to by:
- a) mechanical fracture or breakdown of any part of the *rental car*; or
 - b) rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing, but the insurer will be liable for resulting loss or damage which is insured hereunder; or
 - c) conversion or any dishonest act of *yourself* or any other party of interest, *your* employees or agents, or any person to whom the property may be entrusted (bailees for hire excepted); or
 - d) *your* failure to preserve or protect the property, or *your* neglect or abuse of the property; or
 - e) consequence of war (declared or not), act of foreign enemies or rebellion.
- 6 any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1 This insurance is valid only if *you* book *your* car rental with the Travel Agent with whom *you* have booked *your* trip.
- 2 If required by the *commercial rental agency*, *you* must:
 - a) examine the *rental car* and record, in writing, all existing damages before acceptance of the *rental car*; and
 - b) keep a copy of this written record of pre-existing damages for submission to *us* in the event of a claim.
- 3 *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental car* from further loss or damage, nor remove any physical evidence of the loss or damage without our consent.
- 4 This insurance is subject to the "*Terrorism Coverage*", "*General Conditions*" and "*How Do You Submit a Claim?*" sections outlined in this policy booklet on pages 21, 46 & 49.

ADDITIONAL BENEFITS RIDER #1

This RIDER is available to *you* if *you*:

- qualify for and have purchased our Deluxe Package or TravelCare® Package SINGLE Trip option; and
- pay the required “Additional Benefits RIDER #1” premium, before *your* date of departure from *your departure point*.

For the purposes of *your* Deluxe Package or TravelCare® Package in which *you* paid the required “Additional Benefits RIDER #1” premium, it is hereby understood and agreed that the terms of *your* policy is amended as follows:

1 Transportation on Same Class Ticket Benefit

If *you* are travelling on a *passenger plane* with a ticket or pass in which this insurance was purchased against, and *you* are eligible for benefit D, E or F under Cancellation & Interruption Insurance on page 33, this insurance will cover the extra cost of *your* same class transportation via the most cost effective route.

2 Subsistence Allowance Benefit Increase

Under *Emergency Medical Insurance* on page 24, the maximum sum payable under Subsistence Allowance, Benefit 8, is hereby increased to up to \$500 per day to a maximum of \$5,000.

Under Cancellation & Interruption Insurance on page 33, the maximum sum payable under Subsistence Allowance:

- Benefits J and L, is hereby increased to up to a daily maximum of \$500, to a maximum of \$1,000; and
- Benefit M, is hereby increased to up to a daily maximum of \$500, to a maximum of \$5,000

3 Entertainment Benefit

If *you* are delayed, beyond *your* scheduled *return date*, from returning to *your departure point* due to one of the 42 risks insured, *we* will reimburse *you* for the expenses *you* actually incur, up to \$100 for entertainment expenses for *you* to attend a ticketed event such as, but not limited to, a movie theatre, theatre, concert hall, opera or sporting event.

4 Special Event Benefit

The Special Event Benefit is available to *you* when the primary reason for *your trip* is to attend a wedding, sporting event, or conference, which cannot be delayed regardless of *you* being in attendance.

- a) If *your* departure from or return to *your departure point* is interrupted and *your* scheduled time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the expenses *you* actually incur, up to \$600 for the additional transportation cost of an alternate route on a scheduled carrier, to *your* planned destination to allow *you* to arrive in time for the Special Event.
- b) The Special Event Benefit does not cover any expenses incurred directly or indirectly as a result of:
 - *your* failure to comply with normal check-in procedure of the travel supplier;
 - strike, hijack, riot or civil commotion; or
 - any extra costs that are not described in paragraph a) above, which *you* have incurred due to a missed connection, as a result of *your* delay.

5 Increase Delay of Baggage & Personal Effects Benefit

Under Baggage & Personal Effects Insurance on page 41, the maximum sum payable under Benefit 3, Delay of Baggage & Personal Effects, is hereby increased to up to \$750.

Your insurance coverage is subject to all other terms set out in this policy document.

ADDITIONAL BENEFITS RIDER #2

This RIDER is available to *you* if *you*:

- qualify for and have purchased any of our Package coverage SINGLE Trip options; and
- pay the required "Additional Benefits RIDER #2" premium, before *your* date of departure from *your departure point*.

For the purposes of *your* Package coverage in which *you* paid the required 'Additional Benefits RIDER #2' premium, it is hereby understood and agreed that the terms of *your* policy is amended as follows:

- 1 Risk #35, as outlined on page 32 of the policy under "What are *you* covered for?" is hereby deleted and replaced with the following.
35 The cancellation or *schedule change* of *your* cruise or tour (excluding supplier default) by the cruise company or tour operator:
 - prior to *your* departure from *your departure point*, or
 - after *your* departure from *your departure point*, but prior to the departure of the cruise ship or tour when *you* are covered under any of *our* Package coverages.
- 2 Benefit H, as outlined on page 33 of the policy under "What are the benefits?" is hereby deleted and replaced with the following:
Cruise and tour cancellation and *schedule change* benefit - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #35 (cruise or tour cancellation):
H • *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a maximum of \$100; and
 - the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
 - up to \$1,000 for *your* non-refundable prepaid air fare, which joins to or departs from *your* original sea/land arrangements and that is not part of *your* cruise or tour package.

Your insurance coverage is subject to all other terms set out in this policy document.

GENERAL CONDITIONS

- 1 If *you* fail to meet the eligibility conditions as outlined under "Who is eligible for coverage?" *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.

- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 4 In the case of out-of-country/province health care coverage:
- a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
 - b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
- 5 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 6 Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 7 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 8 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.
- 9 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your* insurance application.

- 10 If the aggregate of all accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 11 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 12 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 13 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1998, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You*, *your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 14 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 15 Throughout this document, any reference to age refers to *your* age on the date of *insurance application*.
- 16 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 17 This document, including the *insurance application* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of accident and sickness insurance.

HOW DO YOU SUBMIT A CLAIM?

- 1 When *you* call Assured Assistance Inc. at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 We do not cover fees charged for completing a medical certificate.
- 3 *You* must file *your* claim with *us* within:
 - 30 days of the loss or damage in the case of a claim under *Rental Car* Physical Damage; or
 - 90 days of *your* return to *your departure point* in the case of a claim under any of *our* other coverages.
- 4 If *you* are insured under *our* Annual Coverage, in the event of a claim, *you* must provide documentary evidence of *your effective date*.
- 5 Please tear out the Claim & Authorization form from the back of this booklet.
If you need a Claim & Authorization form, please contact *our* Claims Department at:
 - a) If *you* do not reside in Quebec:
P.O. Box 97, Station A,
Mississauga, Ontario, L5A 2Y9
905-816-2572 or 1-800-263-8944
 - b) If *you* reside in Quebec:
P.O. Box 11472, Station Centre Ville,
Montreal, Quebec, H3C 5N2
514-748-2244 or 1-800-263-8944

HOW DO YOU
SUBMIT A CLAIM

Emergency Medical Insurance

1. Please complete the following sections:
 - For all British Columbia residents**
 - A, C, D and E **and** *you* must also call *our* Claims Department at 1-800-263-8944 to obtain a specific Government Health Form provided by the British Columbia Medical Service Plan.
 - For all Quebec residents**
 - A, C, D, F and the Application for Reimbursement.
 - For non-Quebec residents**
 - A, C, D and E.
2. We require the fully completed Claim & Authorization form, and where applicable:
 - *our medical questionnaire* (if *you* are covered under TravelCare® -HealthSelect®, Gold, Silver Plus, Silver or Bronze coverages).
 - original of all bills, invoices and receipts.
 - proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
 - the completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms, if *you* reside in the province of Quebec.
 - a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.
In addition, for accidental dental expenses, *we* require proof of the accident.

Cancellation & Interruption Insurance

Please complete Sections A, B, C, D and the Medical Certificate of the Claim & Authorization form.

We require the fully completed Claim & Authorization form, and where applicable:

- *our medical questionnaire* (if the full value of the non-refundable portion of *your* prepaid travel arrangements exceeds \$12,000).
- the attached Medical Certificate, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible.
- written evidence of the risk insured which was the cause of cancellation.
- tour operator terms and conditions.
- complete original unused transportation tickets and vouchers.
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- original passenger receipts for new tickets.
- reports from the police or local authorities documenting the cause of the missed connection.
- detailed invoices and/or receipts from the service provider(s).

Flight and Travel Accident Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and where applicable:

- police reports, medical records, death certificate, autopsy or coroner's report.

Baggage & Personal Effects Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and where applicable:

- proofs of loss (copy of reports made to the authorities) or damage, proof of ownership and receipts for the items claimed, in the event of loss or damage.
- proof of delay and receipts for purchases of necessary toiletries and clothing, in the event of a delay.

Rental Car Physical Damage Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and:

- the invoice and/or receipt showing payment of the car rental,
- a copy of the car rental agreement,
- brief description of the loss, and where applicable:
 - police report if the loss is over \$500, or the *commercial rental agency* loss report.
 - copy of the repair bill or estimate of repair cost.
 - copy of *your* written record of pre-existing damages, as completed before *your* acceptance of the *rental car*.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.



TRAVEL INSURANCE CLAIM AND AUTHORIZATION FORM

IMPORTANT
WHAT IS YOUR POLICY NUMBER?

Québec P.O. Box 11472, Centre Ville Station, Montréal, QC H3C 5N2 Tel: (514) 748-2244* Fax: (514) 748-2588
 Ontario/Atlantic Canada P.O. Box 97, Station A, Mississauga, ON L5A 2Y9 Tel: (905) 816-2572* Fax: (905) 813-4701
 Alta/Sask/Manitoba/N.W.T./Nunavut P.O. Box 5550, Station A, Calgary, AB T2H 1X9 Tel: (403) 225-4650* Fax: (403) 271-8168
 B.C./Yukon P.O. Box 65539, Station F, Vancouver, BC V5N 5K5 Tel: (604) 718-6748* Fax: (604) 299-0510

**If you are outside the local calling area of our regional office and have any questions about your claim, please call 1-800-263-8944 or fax 1-888-298-6262*

Submit this form and the other documents required (refer to the "HOW DO YOU SUBMIT A CLAIM?" section of your booklet) to our nearest branch. PLEASE COMPLETE ALL SECTIONS OF THIS FORM.

Please note that the section in your policy "Your Privacy Matters To Us" applies to the information you provide to process your claim.

SECTION A INFORMATION ABOUT THE PERSON THIS CLAIM IS FOR

Your Name		<input type="checkbox"/> You	<input type="checkbox"/> Your Spouse	<input type="checkbox"/> Your Child
Last Name <small>(of the person for whom this claim is for)</small>		First Name	Date of Birth M D Y	
Apt.	Address		City	
Province	Postal Code	Home Phone ()	Business Phone ()	
Government Health Insurance Plan #	Version Code <small>(Ontario Only)</small>	Province		
Departure Date <small>(Includes Multi-Trip Annual Plans)</small>	M D Y	Return Date	M D Y	
Diagnosis				
Canadian Family Physician	Name		Phone ()	
	Address			
Claimant's Signature			Date	
Amount claimed and currency <small>(Reimbursement to you will be paid in Canadian Funds)</small>		Location of Loss		

SECTION B CANCELLATION AND INTERRUPTION

Describe the circumstances which resulted in cancellation/interruption of your trip

If cancellation or interruption of your trip is due to illness or injury of your travelling companion, on what date were you aware of his/her medical condition? M | D | Y

On what date were you aware that his/her medical condition prevented you from travelling as booked? M | D | Y

If you cancelled your trip due to the illness or death of a family member, please state your relationship to that person

Date of the cause of the cancellation (month/day/year) | Date travel agent notified (month/day/year)

MUST BE COMPLETED IN FULL BY ALL CLAIMANTS

SECTION C OTHER INSURANCE COVERAGE (If the insured is a minor, the parent/legal guardian must complete this section)

Parent/Guardian name if insured is a minor _____

Do you have group benefits through (check all that apply and provide details) Your Employer Your Spouse's Employer A Retiree Plan

Name of Employee/Retiree _____ Policy/Plan # _____

Name of Employer/Group _____ ID # (Employee #, Certificate #, etc.) _____

Name & Address of Insurance Company _____

Name of Spouse _____ Date of Birth

M	D	Y
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 Policy/Plan # _____

Spouse's Employer/Group _____ ID # (Employee #, Certificate #, etc.) _____

Name & Address of Insurance Company _____

Do you have benefits available through (check all that apply) Home Insurance Auto Insurance Other Policy # _____

Name & Address of Insurance Company _____

Do you have a Bank Credit Card? Yes No If yes, please provide the card # _____ Expiry Date _____

I hereby warrant that I do not have any other travel or out-of-country medical insurance coverage.

Claimant's/Patient's Signature _____ Date _____

SECTION D AUTHORIZATION TO PHYSICIANS, HOSPITALS AND OTHER MEDICAL PROVIDERS AND SPECIAL AUTHORIZATION AND DIRECTION

1 I authorize you to give Assured Assistance Inc. and/or RBC Travel Insurance Company any and all information you have regarding me, while under observation or treatment by you, including my medical history, diagnoses and test results, and I hereby consent to the disclosure of such information by Assured Assistance Inc. and/or RBC Travel Insurance Company to other sources as may be required for the processing of my claim for benefits obtainable from other sources.

2 I hereby assign to RBC Travel Insurance Company any benefits obtainable from other sources for losses covered under this policy. I also direct these sources to forward payment to RBC Travel Insurance Company for my claims submitted by RBC Travel Insurance Company with regard to these losses. A photocopy or a faxed copy of this authorization is acceptable.

Claimant's/Patient's Name _____ Claimant's/Patient's Signature _____
(please print)

I authorize RBC Travel Insurance Company to direct payment to _____ who has pre-paid my expense(s).

Claimant's/Patient's Signature _____ Date _____
(if Patient is not a minor, Patient must sign this section)

SECTION E PROVINCIAL GOVERNMENT HEALTH INSURANCE PLAN (GHIP): AUTHORIZATION AND RELEASE
(To be completed if you do not reside in the Province of Quebec)

I agree that, pursuant to the terms of this policy and in respect of my applicable provincial health insurance legislation pertaining to freedom of information and protection of privacy; and in consideration for any monies RBC Travel Insurance Company may advance to me as a result of the issuance of this policy, I hereby irrevocably:

1 Direct and authorize GHIP to make payment in respect of my claim for out-of-country health services to RBC Travel Insurance Company directly and I hereby release GHIP upon payment to RBC Travel Insurance Company from any further claim or cause of action in connection therewith; and

2 Consent and authorize GHIP to directly or indirectly collect information contained in the claim and source documents (pursuant to section 39(1) of the Freedom of Information and Protection of Privacy Act, and 4(2) of the Health Insurance Act, in Ontario only); and

3 Consent to the disclosure by GHIP to RBC Travel Insurance Company of such personal information as may be necessarily required for the processing of my claim for out-of-country health services, including the details of any duplicate payment previously made directly to me or on my behalf.

Claimant's/Patient's Signature _____ Date _____
(if Patient is not a minor, Patient must sign this section)

Witness' Signature _____ Date _____

SECTION F POWER OF ATTORNEY
(To be completed if you do reside in the province of Quebec)

I, the undersigned _____, empower RBC Travel Insurance Company to:

(Print in block letters)

1) submit to the Régie de l'assurance-maladie du Québec (the Régie) in accordance with the laws and regulations applied by the Régie, my claims for insured medical and hospital services which I, my spouse or my children received (family insurance) in _____ during our stay there from _____ to _____ (country/state/city)

(date) (date)

FAMILY INSURANCE: For the purposes of family insurance, this Power of Attorney covers, in addition to myself, only my spouse and my children identified below:

1. Spouse _____ H. I. No. _____

2. Children _____ H. I. No. _____

_____ H. I. No. _____

2) transmit to, and receive from, the Régie all information and documents required for the assessment and payment of said claims;

3) receive from the Régie all amounts reimbursed and due to me, my spouse or my children (family insurance).

I AUTHORIZE the Régie to accept the claims so submitted, to act in accordance with the Power of Attorney as specified and to transmit to the company any and all information it may request concerning the beneficiary status of myself, my spouse or my children.

Beneficiary's Signature _____ Beneficiary's Health Insurance No. _____

MEDICAL CERTIFICATE

COMPULSORY – MUST BE COMPLETED FULLY

Patient's Name: _____

Relationship to Insured: _____

Patient's Address: _____

Insured's Name: _____

Scheduled Departure Date:

M	D	Y
---	---	---

 | Amount of Claim \$ _____

Diagnosis related to claim:
 (List this in order of severity)

	M	D	Y
1. _____			
2. _____			
3. _____			

1. Is this a new condition? Yes No If "No", on what date was this condition first diagnosed? _____
2. Date of first consultation for present onset: _____
3. Has the patient received treatment or advice for this condition in the last year? Yes No
 If "Yes", please provide all dates: _____
4. Does the patient take ongoing medication for this condition? Yes No
 If "Yes", please provide names: _____
5. When was medication last altered? _____
 Why? _____
6. Date medication first prescribed: _____
7. If patient was referred to you, provide name and phone number of referring physician: _____
8. a) Did patient make you aware of travel plans? Yes No Please specify when: _____
 b) Did patient receive medical approval from you for the trip? Yes No _____
9. a) If condition was due to pregnancy, what was the expected date of delivery? _____
 b) If condition was due to an accident, what was the date of occurrence? _____
10. Were follow up treatments required? Yes No Please specify dates: _____
11. Was the patient hospitalized? Yes No from _____ to _____
 Name of Hospital _____
12. a) In your professional opinion, from what date did this condition preclude travel for the patient or a family member? _____
 b) On what date was the patient or family member advised to cancel the trip? _____
 c) On what date was this condition stable enough to permit travel? _____

Comments: _____

Name of Attending Physician (print): _____

Signature of Attending Physician _____ Date:

M	D	Y
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Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Telephone: _____

ATTENDING PHYSICIAN'S CERTIFICATE TO RBC TRAVEL INSURANCE COMPANY'S MEDICAL CONSULTANTS

(To be completed in full by attending physician for all clinic, office, out-patient and short duration emergency room visits.)

Claim # (if known): _____

Policy #: _____

DOCTOR: Your certificate will establish the validity of this claim. Please complete fully. Applicable to the person whose condition was the cause of the cancellation.

ATTENDING PHYSICIAN'S STAMP
 OR ATTACH LETTERHEAD
 OR PRESCRIPTION PAD

The insured is responsible for any fees charged for the completion of this medical certificate.

Completion of this form does not guarantee payment. Claims are subject to the terms of the policy. An incomplete form may result in delay of claim processing.

DO NOT WRITE IN THIS SPACE

BENEFICIARY'S IDENTITY		LAST NAME		LAST NAME AT BIRTH (IF DIFFERENT)	
HEALTH INSURANCE NUMBER		FIRST NAME		DATE OF BIRTH	
LETTERS	FIGURES			YEAR	MONTH
				DAY	SEX
				<input type="checkbox"/> M	<input type="checkbox"/> F
PERMANENT ADDRESS IN QUEBEC					
NO. STREET		APT.		TOWN OR VILLAGE	
PROVINCE		POSTAL CODE		TELEPHONE NUMBER AT HOME	
				TELEPHONE NUMBER AT WORK	
				AREA CODE	
ADDRESS OUTSIDE QUEBEC					
NO. STREET		APT.		TOWN OR VILLAGE	
PROVINCE OR STATE OR COUNTRY		POSTAL CODE		TELEPHONE NUMBER AT HOME	
				TELEPHONE NUMBER AT WORK	
				AREA CODE	
CHEQUE TO BE MAILED TO:			INQUIRIES TO BE SENT TO:		
<input type="checkbox"/> ADDRESS 1			<input type="checkbox"/> ADDRESS 1		
<input type="checkbox"/> ADDRESS 2			<input type="checkbox"/> ADDRESS 2		

STAY OUTSIDE QUEBEC		DATE OF DEPARTURE		YEAR	MONTH	DAY	DATE OF RETURN		<input type="checkbox"/> ACTUAL	<input type="checkbox"/> PLANNED	YEAR	MONTH	DAY	
REASON FOR STAY OUTSIDE QUEBEC														
<input type="checkbox"/>	VACATION OR PLEASURE TRIP		Do you keep a residence outside Quebec?				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
<input type="checkbox"/>	WORK		Employer's name		Do you keep a residence in Quebec?				<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			Do you intend to return to Quebec within twelve months of your departure?				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
<input type="checkbox"/>	STUDIES		Attach written attestation from educational institution with dates of your courses, unless you have already done so											
<input type="checkbox"/>	MEDICAL CARE		If you have applied to the Régie for authorization, enter reference number											
<input type="checkbox"/>	OTHER		Specify											

OTHER STAYS OUTSIDE QUEBEC DURING THE YEAR																	
1st STAY				2nd STAY				3rd STAY									
DEPARTURE DATE			RETURN DATE			DEPARTURE DATE			RETURN DATE			DEPARTURE DATE			RETURN DATE		
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY

PERMANENT MOVE		TO ANOTHER CANADIAN PROVINCE:		YEAR	MONTH	DAY	ABROAD:		YEAR	MONTH	DAY
		Date of arrival in other province					Date of departure from Quebec				

SERVICES RECEIVED		Give reason for receiving medical or hospital services									
Describe services received (e.g. examination, X-Rays, surgery). If you need more space, use separate sheet											
										List town and province (or country) where services were rendered	
IF SERVICES WERE REQUIRED DUE TO AN ACCIDENT, SPECIFY DATE OF ACCIDENT			TYPE OF ACCIDENT			(SPECIFY)					
YEAR	MONTH	DAY	<input type="checkbox"/> ROAD	<input type="checkbox"/> WORK	<input type="checkbox"/> OTHER						
AMOUNT CLAIMED		CANADIAN CURRENCY	OTHER CURRENCY (SPECIFY)	HAS THE BILL BEEN PAID?		IF YES		AMOUNT			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> YES			<input type="checkbox"/> IN FULL		<input type="checkbox"/> IN PART	
Have you ever worked outside Canada?			<input type="checkbox"/> NO	<input type="checkbox"/> YES	COUNTRY		FROM	TO	YEAR	MONTH	DAY

SIGNATURE AND AUTHORIZATION		IF THE BENEFICIARY IS NOT SIGNING THIS FORM, ENTER THE NAME OF THE PERSON WHO IS SIGNING ON HIS/HER BEHALF		RELATIONSHIP TO BENEFICIARY (FATHER, MOTHER, SPOUSE, GUARDIAN, ETC.)	
I hereby affirm, knowing that this affirmation shall have the same force and effect as if it had been made under oath in accordance with the Canada Evidence Act, that the above information is accurate, and I authorize the R.A.M.Q. to obtain any further information it may require from the health professional or the hospital concerned. If the services referred to in this Application for Reimbursement were rendered following a road accident, I authorize the R.A.M.Q. to forward copies of the enclosed documents to the S.A.A.Q. in order to facilitate the processing of my claim.		SIGNATURE		YEAR MONTH DAY	

LANGUAGE OF CORRESPONDENCE

ENGLISH FRENCH