

# 24 HOUR EMERGENCY ASSISTANCE

- Verification of Coverage to Physicians and Hospitals
- Referral to Medical Providers
- Multilingual Assistance Personnel
- Medical Transportation Services
- Payment Confirmation

Coverage is provided for necessary emergency medical and hospital treatment only. Routine medical treatments and elective procedures are not covered. Coverage is subject to the terms, conditions, limitations and exclusions stated in the policy.

In the event that you have a medical emergency during your trip which requires assistance, treatment or hospitalization, you must immediately contact the Assistance Provider, by calling:

In the USA and Canada (Toll Free)

**1-877-737-6368**

From anywhere else in the world (Call Collect)

**416-977-7655**

Email:

**travelassistance@pottruffsmith.com**

**The subject line of Your email must contain  
Your Maritime Travel Insurance Policy #.**

The information required by Our Emergency Assistance Provider in the event of a medical Emergency is listed on page 60 of the Policy. Please provide as much information as possible when contacting the Emergency Assistance Provider.

# LeGrow's Travel

## We Know Travel Best.

A Maritime Travel Company

# Travel Insurance Policy



**AUGUST 24, 2009**



You have purchased the following insurance coverage. Please see inside for details.

- |  |  |
|--|--|
| <input type="checkbox"/> Premier Plan                        | <input type="checkbox"/> Premier Non-Medical Plan    |
| <input type="checkbox"/> Recommended Plan                    | <input type="checkbox"/> Medical Plus Plan           |
| <input type="checkbox"/> Canada Plan                         | <input type="checkbox"/> Trip Cancellation Plus Plan |
| <input type="checkbox"/> Annual Recommended Plan             | <input type="checkbox"/> Annual Medical Plans        |
| <input type="checkbox"/> Medical Only Plans                  | <input type="checkbox"/> Trip Cancellation Only Plan |
| <input type="checkbox"/> Rental Vehicle Physical Damage Plan | <input type="checkbox"/> Air Flight Accident Plan    |
| <input type="checkbox"/> Visitors to Canada Medical Plan     |  |

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Detach the wallet assistant cards below and keep them with you (in your wallet or purse) **AT ALL TIMES** wherever you travel.



## WHAT TO DO IN AN EMERGENCY

In the event of an Emergency requiring medical Treatment, assistance or hospitalization, You must immediately contact the Emergency Assistance Provider prior to admission to Hospital or within 24 hours after a life or organ threatening emergency. As an alternative, someone else (family member, Travelling Companion or hospital staff) may call on Your behalf. Failure to contact the Emergency Assistance Provider will result in You being responsible for 50% of any eligible medical expenses incurred if You purchased the Annual Medical Plans A, B, C, D or E or the Medical Only Plans A, B, C, D or E. For all other plans purchased, You will be responsible for paying 30% of any eligible medical expenses incurred.

POLICY NUMBER

NAME OF POLICY HOLDER

## WHAT TO DO IN AN EMERGENCY

In the event of an Emergency requiring medical Treatment, assistance or hospitalization, You must immediately contact the Emergency Assistance Provider prior to admission to Hospital or within 24 hours after a life or organ threatening emergency. As an alternative, someone else (family member, Travelling Companion or hospital staff) may call on Your behalf. Failure to contact the Emergency Assistance Provider will result in You being responsible for 50% of any eligible medical expenses incurred if You purchased the Annual Medical Plans A, B, C, D or E or the Medical Only Plans A, B, C, D or E. For all other plans purchased, You will be responsible for paying 30% of any eligible medical expenses incurred.

POLICY NUMBER

NAME OF POLICY HOLDER

## IMPORTANT NOTICE PLEASE READ CAREFULLY

- Travel Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your Policy before You travel as Your coverage is subject to certain limitations, conditions and exclusions.
- Pre-Existing Condition exclusions may apply to Medical Conditions and/or symptoms that existed prior to Your trip. Check to see how this applies to Your Policy and how it relates to Your departure date, date of purchase or Effective Date.
- In the event of an Injury or Sickness, prior medical history may be reviewed when a claim is reported.
- This Policy provides travel assistance and You are required to notify the Emergency Assistance Provider prior to Treatment. This Policy limits benefits should You not contact the assistance company within the specified time period.

## IMPORTANT

1. This document is your contract of insurance, subject to your application and payment of the required premium. Be sure to take it with you on your trip.
2. Remove the wallet assistant card attached to the front cover of this brochure.
3. Enter your policy document number on the assistant card and make sure you keep the card with you AT ALL TIMES while travelling.
4. Claim forms are included with the policy for your convenience.

AUGUST 2009 MTRL102E08

## SUBMIT ALL CLAIMS TO:

MARITIME TRAVEL INSURANCE  
c/o Pottruff & Smith Travel Insurance Brokers Inc.  
8001 Weston Road  
Suite 300  
Woodbridge, Ontario  
L4L 9C8  
Tel: 1-888-595-5311  
Fax: 905-856-1539

Customer claims e-mail address:  
maritimetravelinsurance@pottruffsmith.com

MARITIME TRAVEL INSURANCE  
a/s Pottruff & Smith Courtiers Travel Insurance Brokers Inc.  
83 rue Turgeon  
Bureau 300  
Ste-Thérèse, Québec  
J7E 3H7  
Tel: 1-888-595-5311  
Fax: 450-434-0807

Customer claims e-mail address:  
maritimetravelinsurance@pottruffsmith.com

## NOTES

If You require medical Treatment or need assistance, contact the Emergency Assistance Provider at:

From the USA and Canada call Toll Free  
**1-877-737-6368**

Elsewhere (Call Collect)  
**416-977-7655**

Email: [travelassistance@pottruffsmith.com](mailto:travelassistance@pottruffsmith.com)

If You require medical Treatment or need assistance, contact the Emergency Assistance Provider at:

From the USA and Canada call Toll Free  
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Elsewhere (Call Collect)  
**416-977-7655**

Email: [travelassistance@pottruffsmith.com](mailto:travelassistance@pottruffsmith.com)

# MARITIME TRAVEL INSURANCE POLICY

## BEFORE YOU DEPART

When reading through this **Policy**, bold capitalized words are defined terms whose definition appears in the definitions section of the **Policy**.

The term **Covered Trip** means the travel arrangements **You** have insured under this **Policy**. To be sure **You** have full coverage for **Your** trip, **You** must purchase insurance for the full value of the non-refundable portion and the full duration of all of **Your** travel arrangements at the time **You** make **Your** initial deposit. **Your Covered Trip** must involve travel to, from or within Canada.

## 10 DAY RIGHT TO EXAMINE

Please take the time read **Your Policy** and review all of **Your** coverage. If **You** have any questions **You** may contact **Us** at 1-888-595-5311. **You** may cancel this **Policy** within 10 days of purchase if **You** have not departed on **Your Covered Trip** and there is no claim in process.

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## ELIGIBILITY REQUIREMENTS

### Who Is Eligible for Coverage?

Maritime Travel Insurance plans are available to people who have booked travel arrangements through Maritime Travel, an **Authorized Maritime Travel Supplier**, or through an internet site made available by Maritime Travel. All of the following restrictions apply to the various plans providing trip cancellation, trip interruption and/or emergency medical coverage:

- **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel prior to **Your Effective Date**.
- **You** must not have been diagnosed with a **Terminal Sickness** prior to **Your Effective Date**.

- For full emergency medical coverage, **You** must be insured under a valid Canadian federal, provincial or territorial government health insurance plan (GHIP) or Canadian university health insurance plan (UHIP), otherwise the limit of coverage is **\$25,000**.
- The **Policy** must be purchased prior to departure.
- When the **Covered Trip** value exceeds **\$15,000**, **You** must complete the “**Application for Trips in Excess of \$15,000**”.

If **You** do not meet the eligibility requirements previously listed and the conditions as outlined below, **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid.

### Premier Plan

- **For up to age 59** the maximum length of the **Covered Trip** is **183 days**;
- **For ages 60 and over** the maximum length of the **Covered Trip** is **60 days**;
- **You** must purchase the **Policy** for the full duration of the trip and for the full value of the prepaid non-refundable portion of **Your Covered Trip**;
- **For ages 60 and over**, the **Effective Date** of this **Policy** must be greater than **14 days** from any previous policy expiry date.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

### Recommended Plan

- **For up to age 59** the maximum length of the **Covered Trip** is **183 days**;
- **For ages 60 and over** the maximum length of the **Covered Trip** is **60 days**;
- **You** must purchase the **Policy** for the full duration of the trip and for the full value of the prepaid non-refundable portion of **Your Covered Trip**;
- **For ages 60 and over**, the **Effective Date** of this **Policy** must be greater than **14 days** from any previous policy expiry date.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

### Canada Plan (For travel within Canada)

- **For all ages** the maximum length of the **Covered Trip** is **183 days**;
- **You** must purchase the **Policy** for the full duration of the trip and for the full value of the prepaid non-refundable portion of **Your Covered Trip**.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

### Medical Plus Plan

- **For up to age 59** the maximum length of the **Covered Trip** is **183 days**;
- **For ages 60 and over** the maximum length of the **Covered Trip** is **60 days**;
- **You** must purchase the **Policy** for the full duration of of **Your Covered Trip**;
- **For ages 60 and over**, the **Effective Date** of this **Policy** must be greater than **14 days** from any previous policy expiry date.

**Premier Non-Medical Plan**

- **For all ages** the maximum length of the **Covered Trip** is **183 days**;
- **You** must purchase the **Policy** for the full duration of the trip and for the full value of the prepaid non-refundable portion of **Your Covered Trip**.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

**Trip Cancellation Plus Plan**

- **For all ages** the maximum length of the **Covered Trip** is **183 days**;
- **You** must purchase the **Policy** for the full duration of the trip and for the full value of the prepaid non-refundable portion of **Your Covered Trip**.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

**Annual Recommended Plan**

- **For up to age 59, 15 day or 30 day** durations;
- **Application** for insurance must be made prior to the purchase of **Your first Covered Trip**.
- Coverage is provided only for the first **15 days** of any **Covered Trip** taken during the year if **You** purchased a **15 day Annual Package Plan** or for the first **30 days** of any **Covered Trip** taken during the year if **You** purchased a **30 day Annual Package Plan**.
- Before departure the maximum amount of coverage available for Trip Cancellation and Interruption is **\$1,500** per **Covered Trip** to a maximum of **\$10,000** per year for the non-refundable portions of **Your** prepaid travel arrangements.
- Can be topped up with **Maritime Travel Insurance Trip Cancellation Plan**.
- The first trip must occur within **30 days** from the purchase of this insurance.

**Annual Medical Plan**

- **For up to age 59, 10 day or 30 day** durations;
- **For ages 60 to 74, 10 day** duration;
- **Application** for insurance must be made prior to **Your first Covered Trip**.
- Coverage is provided only for the first **10 days** of any **Covered Trip** taken during the year if **You** purchased a **10 day Annual Medical Plan** or for the first **30 days** of any **Covered Trip** taken during the year if **You** purchased a **30 day Annual Medical Plan**.
- Can be Topped Up with **Maritime Travel Insurance Medical Only Plan**.
- The first trip must occur within **30 days** from the purchase of this insurance.

**Annual Medical Plans A, B, C, D and E**

- **For ages 60 to 89, 30 day** duration;
- **Application** for insurance must be made prior to **Your first Covered Trip**.
- Coverage is provided only for the first **30 days** of any **Covered Trip** taken during the year;
- Medical Questionnaire to determine eligibility and plan selection must be completed.
- Can be Topped Up with the **Maritime Travel Insurance Medical Only Plans A, B, C, D or E** for which **You** qualify based upon the completed Medical Questionnaire.
- The first trip must occur within **30 days** from the purchase of this insurance.

**Medical Only Plan**

- **For ages 35 and under** the maximum length of the **Covered Trip** is **365 days**;
- **For ages 36 to 59** the maximum length of the **Covered Trip** is **183 days**;
- **For ages 60 to 74** the maximum length of the **Covered Trip** is **18 days**;
- **You** must purchase the **Policy** for the full duration of the **Covered Trip**.
- **For ages 60 and over** the **Effective Date** of this **Policy** must be greater than **14 days** from any previous **Policy** expiry date.
- This plan can only **Top Up** other coverage that allows **Top Up**.
- **Top Up** coverage must be purchased prior to **Your Departure Date**;
- **Top Up** is not available for ages 60 and over.

**Medical Only Plans A, B, C, D and E**

- **For ages 60 to 89** the maximum length of the **Covered Trip** is **183 days**;
- **You** must purchase the **Policy** for the full duration of the **Covered Trip**.
- The **Effective Date** of this **Policy** must be greater than **14 days** from any previous **Policy** expiry date.
- This plan can only **Top Up** other coverage that allows **Top Up**.
- **Top Up** coverage must be purchased prior to **Your Departure Date**;
- Medical Questionnaire to determine eligibility and plan selection must be completed.

**Trip Cancellation Only Plan**

- **For all ages** the maximum length of the **Covered Trip** is **365 days**;
- **You** must purchase the **Policy** for the full duration and for the full value of the prepaid non-refundable portion of **Your Covered Trip**.
- **You** must complete a medical questionnaire if the **Covered Trip** value exceeds **\$15,000**.

**Rental Vehicle Physical Damage Plan**

- **You** must hold a valid drivers licence and must meet the age requirements of the rental vehicle contract;
- Maximum length of coverage is **60 days**;
- Valid only for a rental vehicle booked through Maritime Travel or an **Authorized Maritime Travel Supplier** prior to **Your Departure Date**.

**Air Flight Accident Plan**

- **For all ages** the maximum length of the **Covered Trip** is **365 days**;

**Visitors to Canada Emergency Medical Plan**

- **For ages 30 days to 84 years** the maximum length of the **Covered Trip** is **365 days**;
- Not available to residents of Canada

## SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFIT SECTION		PREMIER PLAN	RECOMMENDED PLAN
1	<b>TRAVEL ASSISTANCE</b>	INCLUDED	INCLUDED
2	<b>TRIP CANCELLATION &amp; TRIP INTERRUPTION</b>		
	TRIP CANCELLATION	SUM INSURED	SUM INSURED
	TRIP INTERRUPTION	SUM INSURED	SUM INSURED
	EMERGENCY EARLY RETURN	UNLIMITED	UNLIMITED
	SUPPLIER BANKRUPTCY/DEFAULT	SEE PAGE 21	SEE PAGE 21
	ACT OF TERRORISM	SEE PAGE 23	SEE PAGE 23
	ACCOMMODATION & MEALS	\$1,500	\$600
	REPATRIATION OF REMAINS	UNLIMITED	UNLIMITED
	CREMATION/BURIAL AT DESTINATION	\$10,000	\$10,000
3	<b>TRIP DELAY</b>	SEE PAGE 28	SEE PAGE 28
	ACCOMMODATION & MEALS	\$1,500	\$600
	SPECIAL EVENTS	\$800	\$600
4	<b>EMERGENCY MEDICAL</b>		
	HOSPITAL & MEDICAL	UNLIMITED	UNLIMITED
	ACCIDENTAL DENTAL	UNLIMITED	UNLIMITED
	MEDICAL EVACUATION/RETURN HOME	UNLIMITED	UNLIMITED
	ACCOMMODATION & MEALS	\$5,000	\$3,500
	HOSPITAL CONFINEMENT	\$500	\$500
	REPATRIATION OF REMAINS	UNLIMITED	UNLIMITED
	CREMATION/BURIAL AT DESTINATION	\$10,000	\$10,000
5	<b>BAGGAGE &amp; PERSONAL EFFECTS</b>	\$1,500	\$1,000
	PASSPORT REPLACEMENT	\$200	\$200
	MISLAID LUGGAGE	\$500	\$400
	MAXIMUM PER ITEM	\$500	\$500
6	<b>PERSONAL MONEY</b>	\$300	\$100
7	<b>TRAVEL ACCIDENT</b>		
	AIRFLIGHT ACCIDENT	\$100,000	\$100,000
	WORLDWIDE ACCIDENT	\$50,000	\$50,000
8	<b>RENTAL VEHICLE PHYSICAL DAMAGE</b>	—	—
9	<b>VISITORS TO CANADA EMERGENCY MEDICAL</b>		
	HOSPITAL & MEDICAL	—	—
	ACCOMMODATION & MEALS	—	—
	REPATRIATION OF REMAINS	—	—
	CREMATION/BURIAL AT DESTINATION	—	—
8	<b>CONCIERGE SERVICES</b>	SEE PAGE 45	—

ANNUAL RECOMMENDED PLAN	CANADA PLAN	MEDICAL PLUS PLAN	PREMIER NON-MEDICAL PLAN	TRIP CANCELLATION PLUS PLAN
INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
\$1,500	SUM INSURED	—	SUM INSURED	SUM INSURED
\$1,500	SUM INSURED	—	SUM INSURED	SUM INSURED
UNLIMITED	UNLIMITED	\$10,000	UNLIMITED	UNLIMITED
SEE PAGE 21	SEE PAGE 21	SEE PAGE 21	SEE PAGE 21	SEE PAGE 21
SEE PAGE 23	SEE PAGE 23	SEE PAGE 23	SEE PAGE 23	SEE PAGE 23
\$600	\$600	\$600	\$1,500	\$600
UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
SEE PAGE 28	SEE PAGE 28	SEE PAGE 28	SEE PAGE 28	SEE PAGE 28
\$600	\$600	\$600	\$1,500	\$600
\$600	\$600	\$600	\$800	\$600
UNLIMITED	UNLIMITED	UNLIMITED	—	—
UNLIMITED	UNLIMITED	UNLIMITED	—	—
UNLIMITED	UNLIMITED	UNLIMITED	—	—
\$3,500	\$3,500	\$3,500	—	—
\$500	\$500	\$500	—	—
UNLIMITED	UNLIMITED	UNLIMITED	—	—
\$10,000	\$10,000	\$10,000	—	—
\$1,000	\$1,000	\$1,000	\$1,500	\$1,000
\$200	—	\$200	\$200	\$200
\$400	\$400	\$400	\$500	\$400
\$500	\$500	\$500	\$500	\$500
\$100	\$100	\$100	\$300	\$100
\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	SEE PAGE 45	—

**Sum Insured** means the amount of insurance coverage **You** have purchased for the benefit indicated.



## WHAT DOES THIS POLICY COVER?

This **Policy** covers only the specific situations, events and losses mentioned in this document and only under the conditions We describe.

The Plan **You** purchased may not include all the coverage described in this document. The **Schedule of Maximum Benefits By Plan** is outlined in the chart on pages 6 to 10. Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

Coverage under this **Policy** is secondary to all other sources of recovery. Any benefits payable under this **Policy** are in excess of any other coverages **You** may have with any other insurance company or any other source of recovery.

BENEFIT SECTION		AIR FLIGHT ACCIDENT PLAN	VISITORS TO CANADA MEDICAL PLAN
1	<b>TRAVEL ASSISTANCE</b>	INCLUDED	INCLUDED
2	<b>TRIP CANCELLATION &amp; TRIP INTERRUPTION</b>		
	TRIP CANCELLATION	—	—
	TRIP INTERRUPTION	—	—
	EMERGENCY EARLY RETURN	—	—
	SUPPLIER BANKRUPTCY/DEFAULT	—	—
	ACT OF TERRORISM	—	—
	ACCOMMODATION & MEALS	—	—
	REPATRIATION OF REMAINS	—	—
	CREMATION/BURIAL AT DESTINATION	—	—
3	<b>TRIP DELAY</b>	—	—
	ACCOMMODATION & MEALS	—	—
	SPECIAL EVENTS	—	—
4	<b>EMERGENCY MEDICAL</b>		
	HOSPITAL & MEDICAL	—	—
	ACCIDENTAL DENTAL	—	—
	MEDICAL EVACUATION/RETURN HOME	—	—
	ACCOMMODATION & MEALS	—	—
	HOSPITAL CONFINEMENT	—	—
	REPATRIATION OF REMAINS	—	—
	CREMATION/BURIAL AT DESTINATION	—	—
5	<b>BAGGAGE &amp; PERSONAL EFFECTS</b>		
	PASSPORT REPLACEMENT	—	—
	MISLAID LUGGAGE	—	—
	MAXIMUM PER ITEM	—	—
6	<b>PERSONAL MONEY</b>		
7	<b>TRAVEL ACCIDENT</b>		
	AIRFLIGHT ACCIDENT	\$200,000	—
	WORLDWIDE ACCIDENT	—	—
8	<b>RENTAL VEHICLE PHYSICAL DAMAGE</b>		
9	<b>VISITORS TO CANADA EMERGENCY MEDICAL</b>		
	HOSPITAL & MEDICAL	—	SUM INSURED
	ACCOMMODATION & MEALS	—	\$1,500
	REPATRIATION OF REMAINS	—	SUM INSURED
	CREMATION/BURIAL AT DESTINATION	—	\$2,000
8	<b>CONCIERGE SERVICES</b>		
		—	—

**Sum Insured** means the amount of insurance coverage **You** have purchased for the benefit indicated.

### Pre-Existing Condition (Single Trip Plans) Other Than Visitors to Canada Emergency Medical, and Medical Only Plans A, B, C, D & E, A Special Note

If **You** or **Your Travelling Companion** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition within the time periods listed below:

- **Trip Cancellation/Trip Interruption Coverage:**
  1. **All Ages:** for the **90 days** prior to and including the purchase date of the **Policy**.
- **Emergency Medical Coverage:**
  1. **Ages 74 and under:** for the **90 days** prior to **Your Departure Date**.
  2. **Ages 75 and over:** for the **180 days** prior to **Your Departure Date**.

Coverage under Trip Cancellation, Trip Interruption or Emergency Medical is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

**NOTE:** For **Covered Trips** where **Your** trip cost is in excess of **\$15,000**, this Pre-Existing Condition section pertains to anyone's health irregularity that gives rise to a claim under Trip Cancellation or Trip Interruption.

**Pre-Existing Condition (Single Trip Plans)  
Medical Only Plans A, B, C, D & E,  
A Special Note**

If **You** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition within the time periods listed below:

- **Medical Plan A:** for the **5 years** prior to **Your Effective Date**.
- **Medical Plan B:** for the **5 years** prior to **Your Effective Date**.
- **Medical Plan C:** for the **12 months** prior to **Your Effective Date**.
- **Medical Plan D:** for the **12 months** prior to **Your Effective Date**.
- **Medical Plan E:** for the **3 months** prior to **Your Effective Date**. No coverage is provided for any condition that required hospitalization in the **18 months** prior to **Your Effective Date**.

**Pre-Existing Condition  
Annual Medical Plans A, B, C, D, & E  
A Special Note**

If **You** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition within the time periods listed below:

- **Annual Medical Plan A:** for the **5 years** prior to **Your Effective Date**.
- **Annual Medical Plan B:** for the **5 years** prior to **Your Effective Date**.
- **Annual Medical Plan C:** for the **12 months** prior to **Your Effective Date**.
- **Annual Medical Plan D:** for the **12 months** prior to **Your Effective Date**.
- **Annual Medical Plan E:** for the **3 months** prior to **Your Effective Date**. No coverage is provided for any condition that required hospitalization in the **18 months** prior to **Your Effective Date**.

**Pre-Existing Condition  
Annual Package Plans and Annual Medical Plan  
Other Than  
Annual Medical Plans A, B, C, D, & E  
A Special Note**

If **You** or **Your Travelling Companion** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition within the time periods listed below:

- **Trip Cancellation/Trip Interruption Coverage:**  
**All Ages:** for the **90 days** prior to and including the latter of the purchase date of the **Policy** or the purchase of **Your** travel arrangements.
- **Emergency Medical Coverage:**  
**All Ages:** for the **90 days** prior to **Your Departure Date**.

Coverage under Trip Cancellation, Trip Interruption or Emergency Medical is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

If prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) as stated on pages 11 to 13;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day as to whether or not **We**:

- a) accept **Your** claim under Trip Cancellation; or
- b) waive the change in the **Medical Condition** for that condition or related condition for any future claim under this **Policy**.

## COVERAGE PERIODS

### Effective Date – When Coverage Begins:

COVERAGE	EFFECTIVE DATE
Trip Cancellation	If this <b>Policy</b> is purchased at the time of booking the <b>Covered Trip</b> , coverage commences immediately. Otherwise, coverage begins at 12:01 a.m. following the date <b>You</b> purchased this <b>Policy</b> .
Trip Interruption	Begin on the <b>Departure Date</b> as shown on <b>Your Application</b> for this insurance.
Emergency Medical	Begins on the <b>Departure Date</b> at the point when <b>You</b> leave <b>Your</b> province or territory of residence on <b>Your Covered Trip</b> . If coverage is purchased as <b>Top Up</b> coverage, this insurance begins when the other coverage expires.
Annual Recommended Plans	If this <b>Policy</b> is purchased at the time of booking the <b>Covered Trip</b> , coverage commences immediately. Otherwise, coverage begins at 12:01 a.m. following the date <b>You</b> purchased this <b>Policy</b> .
All Annual Medical Plans	Begins the earlier of the <b>Departure Date</b> of the first <b>Covered Trip</b> or <b>30 days</b> from the purchase date of this <b>Policy</b> . Coverage for each trip begins on the <b>Departure Date</b> at the point when <b>You</b> leave <b>Your</b> province or territory of residence on <b>Your Covered Trip</b> .
Travel Accident	Begins when <b>You</b> leave <b>Your</b> home on <b>Your Covered Trip</b> .
Visitors to Canada Emergency Medical	Begins on the earliest of the following: a) the date of <b>Your</b> arrival in Canada, if <b>You</b> purchased the coverage before that date; or b) <b>48 hours</b> after the date and time of purchase if <b>You</b> purchase this insurance after arrival in Canada.
All Other Benefits Other Than Rental Vehicle Physical Damage	Begin on the <b>Departure Date</b> as shown on <b>Your Application</b> for this insurance.
Rental Vehicle Physical Damage	Begins when <b>You</b> legally take control of the rental vehicle during the coverage period, as per the rental contract.

### When Coverage Ends

**Your Coverage** ends on the earliest of the following events:

1. When **You** cancel **Your** insurance prior to departure;
2. When **You** cancel **Your Covered Trip**;
3. On **Your Return Date**;
4. On the date **You** return to **Your Departure Point**;
5. The date **Your Policy** expires as shown on **Your Policy** confirmation document or **Application** for this insurance;
6. In the case of **Rental Vehicle Physical Damage**, on the earlier of the date **You** return **Your** rental vehicle or its scheduled return date as shown on the **Application** for this insurance;
7. Regarding the **Annual Recommended Plan** only, coverage ends the **15<sup>th</sup>** day or **30<sup>th</sup>** day after **Your Departure Date** for any single **Covered Trip** depending on the duration of the plan **You** purchased. Coverage does not extend past the **365<sup>th</sup>** day after the purchase date of **Your Policy**. **You** must maintain proof of **Departure Dates** and **Return Dates**.
8. Regarding all **Annual Medical Plans**, coverage ends the **10<sup>th</sup>** day or **30<sup>th</sup>** day after **Your Departure Date** for any single **Covered Trip** depending on the duration of the plan **You** purchased. Coverage does not extend past the **365<sup>th</sup>** day after the **Effective Date** of **Your Policy**. **You** must maintain proof of **Departure Dates** and **Return Dates**.

If **You** have purchased the **Premier Plan, Recommended Plan, Canada Plan, Annual Recommended Plan, Medical Plus Plan, Medical Only Plan, Premier Non-Medical Plan, Trip Cancellation Plus** or the **Trip Cancellation Only Plan**, **Your** coverage will not end if **You** temporarily return to **Your** province or territory. In such a case, **Your Policy** will remain in effect up to **Your** original **Return Date** except **We** will apply the **Pre-existing Condition** exclusion based on **Your** new departure date upon continuing **Your Covered Trip**.

### Automatic Extension of Coverage

**Your** insurance will automatically be extended beyond **Your** scheduled **Return Date** as shown on **Your Policy** confirmation if:

1. **Your** scheduled **Common Carrier** is delayed or **You** are delayed due to circumstances beyond **Your** control, coverage will be extended for up to **72 hours**; or
2. **You, Your Travelling Companion**, or a **Family Member** travelling with **You** are hospitalized on or prior to **Your** scheduled **Return Date**. Coverage will be extended for the duration of the **Hospital** stay and for up to **5 days** after discharge from the **Hospital** while outside **Your** province or territory of residence (or country of permanent residence for Visitors to Canada); or
3. **You, Your Travelling Companion**, or a **Family Member** travelling with **You** are unable to travel due to a medical reason that does not require hospitalization. Coverage will be extended for up to **3 days** and must be documented by a **Physician** at **Your** destination.

## TRAVEL ASSISTANCE

### Extending Coverage After Departure

If **You** decide to extend **Your Covered Trip** after departure, call **Your** travel agent or the **Emergency Assistance Provider** at:

**1-877-737-6368 From the USA or Canada**

**416-977-7655 From Elsewhere (Call Collect)**

**We** will extend **Your** Coverage under this **Policy** beyond **Your** scheduled **Return Date**, as long as:

1. **You** have not experienced an **Injury** or **Sickness**, or have not had medical **Treatment** during **Your Covered Trip**;
2. Coverage under this **Policy** is in force at the time **You** request an extension;
3. **You** pay any additional required premium for such extension; and
4. The total period of coverage for any single **Covered Trip** including the extension requested, will not exceed the period for which **Your** government health insurance plan covers **You** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at the **Company's** discretion. In no event shall coverage be extended for a period exceeding **12 months** from **Your** original **Departure Date**.

Failure to make medical information known will render this coverage extension null and void.

### How Do You Become Insured

**You** become insured and this brochure becomes an insurance **Policy**:

- When **You** are named on a completed insurance **Application**; and
- When **You** pay the required premium on or before **Your** coverage **Effective Date**; and
- If applicable, upon completion and acceptance by the **Company** of any "**Application for Trips In Excess of \$15,000**".
- If applicable, upon completion of a medical questionnaire to determine eligibility and plan selection.

If **You** have an infant under the age of 2 years who is a **Family Member**, travelling with **You** and listed on the **Application** for this insurance, the infant will be covered at no charge under **Your Policy** for **Emergency Medical Benefits** if **You** have purchased either the **Premier Plan**, the **Recommended Plan**, the **15 day** or **30 day Annual Recommended Plans**, the **Medical Plus Plan** or the **Canada Plan**.

### When It Applies

If **You** require **Emergency** medical or other help while travelling on **Your Covered Trip**.

### What We Provide – 24/7

#### A. MEDICAL ASSISTANCE

1. Worldwide multi-lingual medical and dental referrals. If **You** need care from a **Physician**, dentist or medical facility while **You** are travelling, **We** can help **You** find one.
2. Advance payment to **Hospital**. **We** will provide advance payment to a **Hospital** if it is required to secure **Your** admission for a covered **Sickness** or **Injury**.
3. Monitoring of **Treatment**. If **You** are **Hospitalized**, **Our** medical staff will stay in contact with **You** and the **Physician** caring for **You**. **We** can also notify **Your** family and **Your** doctor back home of **Your Sickness** or **Injury** and update them on **Your** status.
4. Transfer of insurance information to medical providers. If **You** require medical **Treatment** for an **Injury** or **Sickness**, **We** will provide the emergency medical providers with any coverage information that they require.
5. Vaccine and blood transfers. If required, **We** will coordinate the transfer of required blood or vaccine to **You**.
6. Dispatch of doctors and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.
7. Prescription assistance. If **You** have lost, misplaced or forgotten **Your** prescription medication, **We** will assist **You** in contacting **Your** doctor and obtaining a replacement supply.
8. Replacement corrective eyeglasses and medical devices. If **You** have lost, misplaced or forgotten **Your** corrective eyeglasses or medical devices, **We** will assist **You** in obtaining a replacement.
9. Transfer of medical records. If and when required for **Emergency Treatment**, **We** will coordinate the transfer of medical records and related information to the treating **Physician**.
10. Continuous updates to family, employer and home **Physician**. If **You** are hospitalized, **We** will provide appropriate medical condition updates to **Your** family, employer and/or personal doctor.
11. Hotel arrangements for convalescence. If **You** are hospitalized, **We** will make necessary hotel and related accommodation arrangements for **You** and/or **Your** family travelling with **You** or **Your Travelling Companion** before, during and after **Your** hospitalization.

#### B. MEDICAL EVACUATION AND REPATRIATION SERVICES

**All evacuation and repatriation services must be pre-approved and arranged by Us.**

1. **Emergency** medical evacuations. If **Our** medical team and the local **Physician** caring for **You** agree that the local care facility cannot treat **Your Sickness** or **Injury**, **We** will provide transport and any necessary accompaniment to transfer **You** to the nearest appropriate facility.

2. Transportation of someone to join **You** if **You** are hospitalized. If **You** are hospitalized for an **Emergency Sickness** or **Injury**, **We** will arrange for the economy class round-trip ticket to bring a friend or **Family Member** to **You** if **You** are alone and a doctor recommends that someone travel to join **You**.
3. Return of dependent **Children**. If **You** are confined to **Hospital** for more than 24 hours, **We** will arrange for the one way **Fare** to return home **Your Children** who have accompanied **You** on **Your Covered Trip**. **We** will also provide an escort if these **Children** are under 18 years of age.
4. Return of **Travelling Companion**. If, due to a medical **Emergency** covered by this **Policy**, **You** must return to **Your Departure Point**, **We** will arrange for the one way **Fare** to return **Your Travelling Companion** to **Your Departure Point**.
5. Transportation after stabilization. Once **You** are medically stable to return home, **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).
6. Repatriation of mortal remains. **We** will pay the cost of reasonable and necessary services to transport **Your** remains to **Your** place of residence. **We** can coordinate between sending and receiving funeral homes.

#### C. LEGAL ASSISTANCE

1. Transfer of funds. If **Your** cash is lost or stolen or if **You** need extra money to pay for unexpected expenses, **We** can arrange to transfer funds from **Your** family or friends.
2. Legal and bail referrals. **We** can help **You** find local legal advice or a bail bondsman while travelling.

#### D. TRAVEL & DOCUMENT ASSISTANCE

1. Replacement of lost or stolen passport or other travel documents. If **Your** passport or other travel documents are lost or stolen, **We** can help **You** reach the appropriate authorities, contact **Your** family or friends, and assist **You** in getting **Your** documents replaced.
2. Replacement of lost or stolen travel tickets. If **Your** tickets are lost or stolen, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.

#### E. OTHER ASSISTANCE SERVICES

1. **Emergency** travel arrangements to return home. If **You** must interrupt **Your Covered Trip** and return home for an **Emergency** reason, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
2. Translation services. **We** will assist **You** in arranging for translation services or referral of the same.
3. Urgent message transmittals. **We** can help **You** get an urgent message to someone back home to **Your** family, employer or personal doctor and confirm that **We** were able to reach the person **You** asked us to contact.
4. Vehicle return. If **You** are not physically able to do so due to an **Injury** or **Sickness**, **We** will arrange for the return of **Your** vehicle to the rental agency or to **Your** permanent residence.

#### What To Do When You Need Assistance

Have **Your** policy number or Confirmation of Coverage with **You** at all times. When on the cruise ship, seek the cruise ship's doctor and provide the assistance information. When on land, contact **Our** assistance provider at the telephone numbers listed below. Access is available **24 hours per day, 365 days per year** at the following numbers:

From USA or Canada **1-877-737-6368**

From elsewhere (collect) **416-977-7655**

Email: [travelassistance@pottruffsmith.com](mailto:travelassistance@pottruffsmith.com)

When contacting **Our** assistance provider, please provide **Your** name, **Your** policy number, **Your** location and the nature of the **Emergency**.

#### What Happens When You Call For Assistance

- **You** will be referred to the most appropriate service provider for **Your** situation.
- **We** will confirm that a **Policy** has been issued.
- Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- Where a claim is payable **We** will arrange, to the extent possible, to have any medical expenses billed directly to the **Company**.

#### Limitation on Emergency Assistance Provider Services

The **Company** and/or the **Emergency Assistance Provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war; or
- labour disturbances, strikes; or
- nuclear **Accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The **Emergency Assistance Provider** will use its best efforts to provide the required services during any such occurrence.

It is **Your** responsibility to inquire if a country is "open" for assistance prior to **Your** departure. The **Emergency Assistance Provider's** obligation to provide services described in this **Policy** is subject to the terms, conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the **Emergency Assistance Provider** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or the **Emergency Assistance Provider**. Therefore, neither the **Company** nor the **Emergency Assistance Provider** shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **Treatment** or service **You** may receive or **Your** failure to obtain or receive any medical **Treatment** or service.

# TRIP CANCELLATION AND TRIP INTERRUPTION

## When It Applies

If **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling.

## Covered Events

For insurance coverage to apply, the cancellation or interruption of **Your Covered Trip** must result from any one of the following unforeseen events occurring during **Your** coverage period that prevents **You** from travelling:

### Health

1. Any **Injury** or **Sickness** occurring to:
  - a) **You**, **Your Travelling Companion**, or a **Family Member** of either, travelling with **You** on **Your Covered Trip**;
  - b) **You** or **Your Travelling Companion's Family Member**, **Business Partner**, **Key Employee**, or **Caregiver**, not travelling with **You** on **Your Covered Trip**;
2. An **Injury** or **Sickness** which, in the written opinion of the attending **Physician**, is expected to prevent **You** or **Your Travelling Companion** from participating in a sporting event, when participation in that sporting event is the purpose of **Your Covered Trip**.
3. **You** or **Your Travelling Companion** are medically unable to receive a vaccination that is required for entry into a country, region or city originally determined to be **Your** destination, provided that such vaccination was not mandatory on **Your Effective Date**.
4. Quarantine of **You** or **Your Travelling Companion**.
5. If **You** have purchased the **Canada Plan**, the cancellation or rescheduling of medical **Treatment** if the purpose of **Your Covered Trip** was to undergo **Treatment** arranged by **Your** government or other health insurance carrier outside of **Your** province or territory of residence, provided that the cancellation or rescheduling is due to reasons beyond **Your** control or the control of the medical facility (such as inclement Weather, **Sickness** or **Injury** of persons performing the **Treatment**).

**You** must provide detailed medical documentation from a **Physician** including a statement advising not to travel if the trip cancellation or trip interruption was caused by or resulted from an **Injury**, **Sickness** or quarantine. Failure to do so will result in non-payment of the claim.

**We** reserve the right to examine medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the pre-existing time period pertaining to the claim presented. (See the **Pre-existing Condition** exclusion in this section.)

### Death

6. **You** or **Your Travelling Companion's** death, the death of **You** or **Your Travelling Companion's Family Member**, friend, **Business Partner**, **Key Employee** or **Caregiver** which occurs during the coverage period.
  - This does not include travel for the purpose of visiting a person suffering from a **Medical Condition** who dies due to that **Medical Condition** and whose death is the cause of cancellation or interruption of **Your Covered Trip**.

### Pregnancy and Adoption

7. **You**, **Your Travelling Companion**, or the **Spouse** of either :
  - a) experience complications in the first 31 weeks of pregnancy if the attending **Physician** advises against travel; or
  - b) has a pregnancy that is diagnosed after the **Effective Date** of this insurance if **Your Covered Trip** is scheduled to take place within the 9 weeks prior to or after the expected delivery date; or
  - c) has the attending **Physician** advise against travel during the first trimester of pregnancy.
8. The legal adoption of a child by **You** or **Your Travelling Companion** when the notice of adoption was received after the **Effective Date** of this insurance.

### Transportation and Accommodation

9. For **Covered Trips** booked through Maritime Travel, **Bankruptcy** or **Default** of a **Travel Supplier**, other than the travel agency or organization from whom **You** purchased the travel arrangements. Benefits are provided only for the expenses charged by the **Travel Supplier** whose **Bankruptcy** or **Default** results in loss covered by this **Policy** and which stops service after **Your Effective Date**.
  - **You** must purchase **Your Policy** within **7 days** of **Your** initial trip booking date to have coverage for this benefit.
  - Payment is limited to the conditions described in "**Limitations of Payment for Trip Cancellation and Interruption**" on page 26.
  - No coverage is provided for the total cessation or complete suspension of operations by a **Travel Supplier** caused by fraud or negligent misrepresentation by such **Travel Supplier**.
  - No coverage is provided if the **Travel Supplier** is a United States of America airline, except when the airline tickets are issued by a tour operator and are one component of an inclusive package booked through Maritime Travel.
10. **You** or **Your Travelling Companion's** place of business is made unsuitable for the transaction of business by fire, vandalism or **Natural Disaster**.
11. **You** or **Your Travelling Companion's** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism or **Natural Disaster**.
12. Burglary of **You** or **Your Travelling Companion's** principal residence or place of business within **7 days** of **Your Departure Date** or during **Your Covered Trip**.
13. Death, hospitalization or quarantine of **Your Host at Destination**.

14. Cancellation of a pre-paid coach tour included in **Your Covered Trip** prior to **Your** departure from **Your** original **Departure Point**. We will reimburse **You** up to **\$1,000** for the non-refundable prepaid airfare of the **Common Carrier** that **You** booked to connect with the cancelled coach tour.
15. Cancellation of a cruise included in **Your Covered Trip** due to mechanical failure, grounding, quarantine of the cruise ship, or repositioning of the cruise ship due to weather conditions. Prior to departure, **We** will reimburse **You** up to **\$1,000** for **Your** non-refundable prepaid airfare that is not part of **Your** cruise package. After departure from **Your Departure Point** but prior to departing on **Your** cruise, **We** will reimburse **You** up to **\$1,000** for the added expense resulting from a change fee or one way **Fare** to return to **Your Departure Point**.

Under the **Premier Plan** or the **Premier Non-Medical Plan**, cancellation of a cruise or a tour included in **Your Covered Trip** for any reason other than **Bankruptcy** or **Default**.

16. Cancellation of a flight by an airline carrier that is providing a portion of **Your Covered Trip**. We will reimburse **You** up to **\$1,000** for the non-refundable prepaid airfare of a domestic carrier that is no longer useful for **Your Covered Trip** (for the purpose of this benefit, domestic carrier means flights booked exclusively for travel within Canada).
  - No other benefits under **Trip Delay** are applicable.
17. A schedule change resulting in the late departure or earlier departure of **Your** aircraft, announced before or on the **Departure Date of Your Covered Trip**, by the airline carrier on which **You** are booked to travel that renders the **Covered Trip** no longer usable or causes **You** to misconnect with a portion of **Your Covered Trip**.
  - Schedule changes caused by strike, labour disruption, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
  - Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.
  - No other benefits under **Trip Delay** are applicable.
18. **Your** or **Your Travelling Companion's** destination accommodations made uninhabitable for the period of **Your Covered Trip** due to fire, vandalism, burglary or **Natural Disaster**.

### Weather

19. Weather conditions causing the scheduled carrier, on which **You** or **Your Travelling Companion** are booked to travel, to be delayed for a period of at least **30%** of **Your Covered Trip** duration. If **You** experience a delay which results in **You** losing less than **30%** of **Your Covered Trip**, there may be coverage under **Trip Delay**. See page 28.

### Employment or Educational Obligations

20. Relocation of a principal residence due to a job transfer by **You**, **Your Travelling Companion** or the **Spouse** of either. The person who must relocate must be a full time active employee with that same employer for this benefit to apply.
21. **You** or **Your Travelling Companion** or the **Spouse** of either, is called to emergency service as a member of a police force, armed forces, reserves, fire fighting unit or emergency medical personnel as a result of a disaster.

22. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **You**, **Your Travelling Companion** or the **Spouse** of either when actively employed with the same employer for at least **6 months** prior to the **Effective Date** for this insurance.
23. Cancellation of **Your** or **Your Travelling Companion's** business meeting for reasons beyond the control of either person or their employer.
  - Legal proceedings, seminars, conferences, symposiums, workshops, trade shows, fairs, exhibitions, assemblies, or conventions are not considered to be business meetings.
24. The requirement that **You** or **Your Travelling Companion** attend a university or college course examination on a date that occurs during **Your Covered Trip**, provided that the examination date which was published prior to **Your Effective Date** was subsequently changed after the **Effective Date**.
25. The rescheduling of university or college classes of **You** or **Your Travelling Companion** to a date that occurs during **Your Covered Trip** due to unusual circumstances beyond **Your** or **Your Travelling Companion's** control and the control of the university or college provided that both the unusual circumstances and the resulting rescheduling occurred after **Your Effective Date**.

### Legal & Government

26. The non-issuance of a travel visa, excluding an immigration or employment visa, required for **Your Covered Trip**, provided **You** or **Your Travelling Companion** were eligible to make such an application, for reasons beyond **Your** or **Your Travelling Companion's** control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.
27. The non-issuance of **Your** or **Your Travelling Companion's** Canadian passport if required for **Your Covered Trip** provided:
  - i **You** and **Your Travelling Companion** are eligible for a Canadian passport; and
  - ii Proper application and all required documents have been received by Passport Canada at least **60 days** prior to **Your Departure Date**.
28. **You** or **Your Travelling Companion** or the **Spouse** of either is called for jury duty, or are subpoenaed as a witness or required to appear as a defendant in a civil suit in a case being heard during the period of coverage.

### Terrorism, Hijacking, & Travel Warnings

29. Hijacking of **You** or **Your Travelling Companion**.
30. An event including, **Act of Terrorism**, war, impending war, or health issue which causes Foreign Affairs Canada to issue a travel warning advising Canadians not to travel to a country, region or city originally ticketed for a period that includes **Your Covered Trip**. The travel warning must be issued after the **Effective Date** of this insurance. This benefit is limited to the amount described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 26.
  - This benefit is not payable if the **Act of Terrorism** is caused by the use of nuclear, chemical, or bio-chemical material.
  - This benefit is not payable if the cruise company changes its itinerary due to a travel warning.

## What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims:

1. A. **For Single Trip Plans: If Your Covered Trip has a maximum Sum Insured of up to \$15,000:** claims caused by **Your** or **Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** for the **90 days** prior to and including the purchase date of this **Policy**.

Coverage is not provided for any claims arising from **Your** or **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

- B. **For Single Trip Plans: If Your Covered Trip has a Sum Insured in excess of \$15,000:** claims caused by **Your Pre-Existing Condition** or the **Pre-existing Condition** of any person who is the cause of a claim for trip cancellation or trip interruption that was not **Stable and Controlled** for the **90 days** prior to and including the purchase date of this **Policy**.

Coverage is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

- C. **For Annual Recommended Plans:** claims caused by **Your** or **Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** for the **90 days** prior to and including the latter of the purchase date of the **Policy** or the purchase of **Your** travel arrangements.

Coverage is not provided for any claims arising from **Your** or **Your Travelling Companion's**:

- i) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
  - ii) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).
2. Where coverage for the non-refundable travel arrangements is increased, resulting in an increase in the **Sum Insured** and the required **Policy** premium paid, the **Effective Date** for this increased amount with respect to trip cancellation benefits is the date the coverage is increased.
  3. Caused by **Your** failure to disclose a **Material Fact** regarding either **Your** or **Your Spouse's Medical Condition** on the "**Application for Trips in Excess of \$15,000**". This exclusion applies to the total **Sum Insured**.

## What We Pay – Trip Cancellation

**You** are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a covered event causes **You** to cancel **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. For trip cost payments and deposits **You** made before **Your Covered Trip** was cancelled, published Maritime Travel service fees and administrative handling fees directly related to the cancellation, less any refunds or credits **You** are entitled to receive;
2. The expenses incurred by **You** for the next occupancy level, if **Your Travelling Companion** with whom **You** had booked prepaid shared accommodation cancels their travel arrangements for a covered event outlined on pages 20 to 23 and **You** elect to travel as originally planned. If this occurs **You** are advised to upgrade the amount of insurance on **Your Covered Trip**;
3. The change fee charged by **Your** originally booked travel supplier of **Your** prepaid **Covered Trip** when such an option is made available by Maritime Travel or an **Authorized Maritime Travel Supplier**;
4. The cost to catch up to **Your** trip if **You** qualify to cancel but choose instead to continue on **Your Covered Trip**, providing the cost to catch up is less than the cost to cancel **Your Covered Trip**;
5. Published cancellation penalties imposed by hotels for unused accommodation.

## What We Pay – Trip Interruption

**You** are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a covered event causes **You** to interrupt **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. The unused part of **Your** prepaid covered cruise and land arrangements, less any refunds **You** receive;
2. The lesser of a one way **Fare** or change fees on existing tickets, less any refunds, to return to **Your Departure Point** or to continue on **Your Covered Trip**;
3. The extra expenses incurred beyond **Your Return Date** associated with Covered Event #1a) on page 20, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares: up to **\$350 per day** to a maximum of **\$3,500** under the **Premier Plan** and the **Premier Non-Medical Plan**; up to **\$150 per day** to a maximum of **\$3,500** under the **Recommended Plan**, the **Annual Recommended Plan**, the **Canada Plan**, the **Medical Plus Plan** and the **Trip Cancellation Plus Plan**; or, up to **\$150 per day** to a maximum of **\$1,750** under the **Trip Cancellation Only Plan**.
4. The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares: up to **\$150 per day**: to a maximum of **\$1,500** under the **Premier Plan** and the **Premier Non-Medical Plan**; to a maximum of **\$600** under the **Recommended Plan**, the **Annual Recommended Plan**, the **Canada Plan**, the **Medical Plus Plan** and the **Trip Cancellation Plus Plan**; or **\$450** under the **Trip Cancellation Only Plan**.
5. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return;

6. Under the **Premier Plan**, the **Premier Non-Medical Plan**, the **Recommended Plan**, the **Annual Recommended Plan** and the **Canada Plan**, up to **\$250** to cover unused non-refundable prepaid costs for excursions booked onboard **Your** cruise ship that are not included as part of **Your** original **Covered Trip** cost if **You** must cancel the balance of **Your Covered Trip**;
7. In the event of **Your** death from a covered **Injury** or **Sickness** while on **Your Covered Trip**, reimbursement will be made, up to the maximum amount specified in the **Schedule Of Maximum Benefits By Plan**, for the reasonable expenses:
  - a. incurred for preparing and transporting **Your** remains or ashes back to **Your Departure Point** in Canada; or
  - b. incurred for the cremation or burial of **Your** remains at the location where death occurs.

No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
8. If **You** are required to interrupt **Your Covered Trip** to attend a funeral or go to the bedside of a hospitalized **Family Member**, **You** have the option to purchase a round-trip ticket and **We** will reimburse **You** for the cost of the round-trip ticket, up to the amount of a one way **Fare** back to **Your Departure Point**.

### Limitation of Payment for Trip Cancellation and Interruption

Benefits payable are in excess of all other sources of recovery including other insurance and replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers.

### Bankruptcy of a Travel Supplier

- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** as a result of the financial **Default** of any one contracted travel supplier is **\$1,000,000** regardless of the number of claims. Where the aggregate limit of **\$1,000,000** is exceeded, claims will be paid on a pro-rata basis.
- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** for financial **Default** of a travel supplier is limited to **\$5,000,000** per calendar year regardless of the number of incidents of **Default** of contracted travel suppliers. Where the aggregate eligible claims in a calendar year exceed **\$5,000,000** claims will be paid on a pro-rata basis and will be paid after the end of the calendar year.
- If a contracted travel supplier or carrier ceases operations, the amount payable under this **Policy** for actual financial loss to **You** is limited to the amount in excess of the amount recoverable from a provincial compensation fund up to the **Sum Insured** to a maximum of **\$10,000**. This **Policy** will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

### Act of Terrorism

- In the event of an **Act of Terrorism**, benefits will be paid out of a fund limited to **\$1,000,000** per **Act of Terrorism** or a series of **Acts of Terrorism** occurring within a **72 hour** period and applying to all policies issued by the **Company**.
- Regardless of the number of **Acts of Terrorism** the maximum liability of the fund under this **Policy** and all other policies issued by the **Company** is limited to **\$2,000,000** per calendar year.
- If in **Our** opinion the total number of claims payable due to one or more **Acts of Terrorism** may exceed the available fund limit, **Your** pro-rated claim will be paid after the end of the calendar year.
- This coverage is in excess of all other potential sources of recovery, even if other potential sources of recovery are described as excess coverage. **We** will not apply this coverage until after **You** have exhausted all other potential sources.

### What To Do If You Have A Claim

All cancellations must be reported to **Your** authorized Maritime Travel agent within **72 hours** following the unforeseen event that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our** 24 hour assistance line as directed on page 19 of this **Policy**.

In order to qualify for reimbursement under this provision, **You** must submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

# TRIP DELAY

## When It Applies

If **You** travel is delayed on or after **Your** scheduled **Departure Date**.

**Special Note:** Trip Delay coverage is intended to help **You** with the extra expense **You** incur to catch up to **Your Covered Trip**. If **You** experience a delay **You** need to make reasonable efforts to continue on **Your Covered Trip**.

## What We Cover

The delay of **Your Covered Trip** must directly result from any one of the following unforeseen events occurring on or after **Your Departure Date**:

- You** or **Your Travelling Companion** are delayed for at least **6 hours** in arriving at **Your Covered Trip** destination or returning to **Your Departure Point** due to the delay, schedule change or cancellation of **You** or **Your Travelling Companion's Common Carrier**.
  - Delays, schedule changes and cancellations caused by strike, labour disruption, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
- A delay of the private automobile in which **You** or **Your Travelling Companion** are travelling as a result of:
  - traffic **Accident** documented by a police report;
  - mechanical failure;
  - weather conditions; or
  - emergency road closure by police documented by a police report providing that **You** and **Your Travelling Companion** left enough travel time to comply with the **Travel Supplier's** required check-in procedure.
- A delay in clearing customs and security controls due to **You** or **Your Travelling Companion's** mistaken identity.
- If **You** are travelling for the primary purpose of attending a wedding, funeral, sporting event, ticketed performances, or conference and are delayed for reasons beyond **Your** control, **We** will reimburse **You** up to **\$600 (\$800** under the **Premier Plan** and the **Premier Non-Medical Plan**) for alternate scheduled transportation to get **You** to **Your** destination in time for the occasion.
- If **You** are involuntarily bumped from **Your** outgoing flight due to an oversold flight (without **Your** permission and through no fault of **Your** own) and this causes **You** to miss a portion of **Your Covered Trip**, under the **Premier Plan** and the **Premier Non-Medical Plan**, **You** will be reimbursed for the non-refundable portion of **Your** missed **Covered Trip** arrangements up to a maximum of **\$1,000**, provided **Your Covered Trip** duration was a minimum of **7 days**.
- If, prior to **Your** originally scheduled **Departure Date**, **Your Covered Trip Common Carrier** that is providing a portion of **Your** connection transportation changes the departure date to a date earlier for reasons beyond **Your** control other than strike, labour disruption, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts necessitating an overnight stay before continuing on **Your Covered Trip**, **We** will reimburse **You** for the cost of meals, commercial accommodation, essential telephone calls and taxi fares up to **\$350 per day** to a maximum of **\$700**.

- For items 1 to 6 above, if **You** travel arrangements were not made through Maritime Travel, travel delay benefits will apply provided **Your** travel arrangements meet the following connection times:
  - 2 hours** between domestic airline connectors;
  - 3 hours** between international or Canada/USA connections;
  - 6 hours** between mixed connections such as an airline connecting to a land tour or cruise.

## What We Exclude

The exclusions that apply to this coverage are listed in the **General Exclusions** section of this **Policy** starting on page 51.

## What We Pay

**For Trip Delay** covered events 1, 2 and 3 above, **You** are covered up to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the following applicable expenses incurred by **You**:

- Additional **Fare** incurred by **You** while **You** are travelling to:
  - continue on **Your Covered Trip**; or
  - return to **Your Departure Point**;
- Unused, non refundable portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source, less the value of the unused travel ticket.
- Up to **\$100** for additional pet care expenses **You** incur as long as the delay is **24 hours** or more.

In addition **You** are covered up to **\$150 per day**, to a maximum of:

- \$1,500** under the **Premier Plan** and the **Premier Non-Medical Plan**;
- \$600** under the **Recommended Plan**, the **Annual Recommended Plan**, the **Canada Plan**, the **Medical Plus Plan** and the **Trip Cancellation Plus Plan**;
- \$450** under the **Trip Cancellation Plan**

for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay.

The **Maximum Benefit Amount** for **Trip Delay** will be reduced by any amounts paid or payable by any **Common Carrier** responsible for **Your Covered Trip**.

## What To Do If You Have A Claim

To qualify for reimbursement under this provision, **You** must submit to **Us** with **Your** claim:

- A statement documenting the circumstances surrounding the trip delay from the **Common Carrier** upon which **You** were travelling or any other party responsible for the trip delay;
- Original receipts for any expenses, charges or costs incurred by **You** as a result of the trip delay; and
- Any other information **We** deem necessary to properly adjudicate **Your** claim.

If **You** require assistance to make alternative travel arrangements **You** may call **Our** 24 hour assistance line at the number shown on page 19 of this **Policy**.

# EMERGENCY MEDICAL

## When It Applies

If **You** experience a medical **Emergency** while on **Your Covered Trip**.

## What We Cover

- Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment** of **Your Emergency Sickness** or **Injury**:
  - the services of a **Physician**, surgeon or in-**Hospital** duty nurse;
  - Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
  - transportation furnished by a professional ambulance company to and from a **Hospital**. For the **Annual Medical Plans A, B, C, D or E** or the **Medical Only Plans A, B, C, D or E**, **We** will reimburse **You** up to **\$1,000** for ground ambulance services;
  - up to **\$50** if a local taxi service is required to get **You** to and from the nearest medical service provider for a minor **Emergency**;
  - diagnostic procedures, laboratory procedures and **Treatment**, subject to prior approval by **Us**;
  - medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
  - prescription medications required to treat any **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
  - With respect to all **Emergency** medical expenses, **You** or someone acting on **Your** behalf are required to immediately contact **Our 24 hour** assistance line at the telephone numbers provided in the Travel Assistance section of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**. Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred (**You** will be responsible for **50%** of any eligible expenses incurred under the **Annual Medical Plans A, B, C, D or E** or the **Medical Only Plans A, B, C, D or E**).
  - The **Company** reserves the right to return **You** to Canada or to **Your Departure Point** before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to Canada without endangering **Your** life or health.
  - If **You** elect not to return to Canada following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all benefits will end.
- Prescription Drugs:** up to **\$50** for prescription drugs lost, stolen or damaged during **Your Covered Trip**. **You** must contact our **Emergency Assistance Provider**. Up to **\$75** will be allowed if the services of a local **Physician** are required to secure the replacement prescription.

- Emergency Dental:** treatment ordered by a licensed dentist or dental surgeon as follows:
  - Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Accidental Injury** to the head or mouth. Up to **\$1,500** will be paid for continuing dental **Treatment** completed within **90 days** after **You** return to Canada, provided the **Treatment** is related to the **Accidental Injury**. Denture repairs as a result of an **Accidental Injury** to the head or mouth are limited to **\$200**;
  - up to **\$300** to relieve acute pain and suffering not related to an **Accidental Injury**.
- Emergency Paramedical Services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **Emergency Treatment** up to **\$300** per category of practitioner. Services performed by a **Family Member** are not covered. This benefit is not available on the **Annual Medical Plans A, B, C, D or E** or the **Medical Only Plans A, B, C, D or E**.
- Accommodation and Meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** if one of you is relocated to receive **Emergency medical Treatment** or one of you is delayed beyond **Your Return Date** due to **Sickness** or **Injury**.
  - This benefit is limited to:
    - \$500 per day** to a maximum of **\$5,000** under the **Premier Plan**;
    - \$350 per day** to a maximum of **\$3,500** under the **Recommended Plan**, the **Annual Recommended Plans**, the **Canada Plan** or the **Medical Plus Plan**; or
    - \$350 per day** to a maximum of **\$1,750** under the **Annual Medical Plans**, the **Annual Medical Plans A, B, C, D, or E**, the **Medical Only Plan**, or the **Medical Only Plans A, B, C, D, or E**.
- Medical Evacuation or Return Home:** in response to an **Emergency Sickness** or **Injury** as follows:
  - the extra cost of a one way **Fare** on a commercial airline via the most direct route to return **You** to **Your** place of residence in Canada; or
  - the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **Your** place of residence in Canada or to the most appropriate medical facility closest to **Your** home in Canada, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **You** if it is deemed **Medically Necessary**; or
  - air ambulance transportation when it is **Medically Necessary**.
  - Benefits must be pre-approved and arranged by **Us** in consultation with **Our** medical advisors, the local treating **Physician** and **Our Emergency Assistance Provider** for coverage to apply. If **Your** unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.

7. **Bedside Visit:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** and the local attending **Physician** recommends that a relative or close friend should visit at **Your** bedside, remain with **You**, or accompany **You** home, **We** will reimburse the cost of a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure the accompanying **Family Member** or friend for **Emergency Medical** coverage under this **Policy** until **You** are medically stable to return to Canada, subject to the eligibility, limitations, conditions, & exclusions of this **Policy**.
- These benefits are subject to prior approval by **Us**.
8. **Return and Escort of Children:** This benefit is payable if **You** are confined to a **Hospital** for more than **24 hours** or **You** must return to **Your** home because **You** have a medical **Emergency** which is covered by this **Policy** or in case of **Your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any dependent **Children** who are accompanying **You**. If **Your** child is too young to travel alone, **We** will also pay the extra cost of a round trip air **Fare** via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **Your** child home. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
9. **Child Care Cost:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** during **Your Covered Trip** and need to be relocated to receive **Emergency** medical **Treatment** or are delayed beyond **Your** scheduled **Return Date**, **We** will reimburse **You** up to **\$50 per day** to a maximum of **\$500**, for the professional child care cost incurred during **Your Covered Trip** to care for **Children** travelling with **You**.
- Original receipts from the professional child care provider are required.
10. **Return of Travelling Companion:** If **You** must return to **Your Departure Point** because of a medical **Emergency** covered by this **Policy**, **We** will reimburse **You** for the extra cost of a one way **Fare** on a commercial flight via the most direct route to return **Your Travelling Companion** back to **Your Departure Point**. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged.
11. **Repatriation of Remains:** If **You** die during **Your Covered Trip**, **We** will reimburse the reasonable expenses incurred for:
- a) preparing and transporting **Your** remains or ashes back to **Your Departure Point** in Canada; or
  - b) the cremation or burial of **Your** remains at the location where death occurs, up to the maximum amount specified in the **Schedule of Maximum Benefits By Plan**.
- No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
12. **Identification of Remains:** If someone is legally required to identify **Your** remains before **Your** body is released, **We** will reimburse the cost of one person to travel to the place where **Your** remains are located via a round-trip **Fare** by the most direct route and up to **\$450** for commercial accommodation and meals. **We** will automatically insure this person for **Emergency Medical** coverage under this **Policy** for not more than **3 days** until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**.
- This benefit must be pre-arranged and approved by **Us**.
13. **Vehicle Return:** **We** will pay the expenses associated with returning **Your** vehicle to **Your** home or **Your** rental vehicle to the appropriate rental agency if **You** are unable to do so because of a medical **Emergency**. Return of commercial vehicles is not covered. For the **Annual Medical Plans A, B, C, D or E** or the **Medical Only Plans A, B, C, D or E**, **We** will reimburse **You** up to **\$1,000** for this benefit.
14. **Return of Baggage and Personal Effects:** In the event of a medical evacuation arranged by the **Company**, if there is insufficient space to accommodate **Your Baggage and Personal Effects** aboard the transport provided, **We** will reimburse **You** up to **\$200** to cover the cost of shipping these items to **Your Departure Point**.
15. **Hospital Confinement Allowance:** Under the **Premier Plan**, the **Recommended Plan**, the **Annual Recommended Plans**, the **Canada Plan** and the **Medical Plus Plan**, if **You** are confined to **Hospital** for **Treatment** of an **Emergency Sickness** or **Injury** as an in-patient while on **Your Covered Trip**, **We** will pay **\$50** for each **24 hours** of confinement up to a limit of **\$500**. This benefit begins after the initial **48 hours** of confinement has concluded.
16. **Return to Destination:** If, following **Your Emergency** medical evacuation arranged by the **Company** to **Your** province/territory of residence, **You** wish to return to **Your** destination, **We** will reimburse **You** for the cost of a one way **Fare** to the city from where the medical evacuation occurred.
- This benefit is available only if:
    - a) **Your** attending **Physician** in Canada determines that **You** require no further **Treatment**,
    - b) **You** receive prior approval by **Us**,
    - c) **You** choose this benefit instead of benefit #13, vehicle return, and
    - d) **Your** return must be prior to **Your** original scheduled **Return Date**.
  - Once **You** return to **Your** destination, a **Recurrence** of the **Medical Condition** which necessitated **Your Emergency** medical evacuation or related **Medical Condition** will not be covered under this **Policy**.
  - This benefit can only be used once during **Your Covered Trip**. Upon return to **Your** destination, the **Effective Date** of coverage is the day **You** leave **Your Departure Point** to return to **Your** destination.

## What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

### 1. Pre-Existing Conditions or related Medical Conditions as follows:

#### A. For All Plans Other Than Annual Medical Plans A, B, C, D or E or Medical Only Plans A, B, C, D or E:

- i) For ages 74 and under on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **90 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
- ii) For ages 75 and over on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.

**NOTE:** If prior to **Your Departure Date** **You** are prescribed any **Treatment** or have any change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being considered **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing **Us** with:

- a) certified medical information from **Your Physician** for the required period(s) as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals; and,
- c) any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day as to whether or not **We** waive the change in the **Medical Condition** for that condition or related condition for any future claim under this **Policy**.

**NOTE:** Coverage under **Emergency Medical** is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

#### B. For Annual Medical Plans A, B, C, D or E or Medical Only Plans A, B, C, D or E:

- i) For **Annual Medical Plans A and B** or **Medical Only Plans A and B**: For all ages, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **5 year** period immediately prior to **Your Effective Date**.
- ii) For **Annual Medical Plans C and D** or **Medical Only Plans C and D**: For all ages, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **12 month** period immediately prior to **Your Effective Date**.
- iii) For **Annual Medical Plan E** or **Medical Only Plan E**: For all ages, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **3 month** period immediately prior to **Your Effective Date** or a condition that required hospitalization in the **18 month** period immediately prior to **Your Effective Date**.

**NOTE:** If prior to **Your Effective Date** **You** are prescribed any **Treatment** or have any change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being considered **Stable and Controlled**, **You** must contact **Us** immediately and purchase a plan for which **You** are eligible.

### 2. Expenses incurred for medical care or services where **Your Covered Trip** was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**.

### 3. Any **Treatment**:

- a) not required for the immediate relief of acute pain and suffering;
- b) which can reasonably be delayed until **You** return to **Your** province or territory of residence;
- c) for follow-up **Treatment**, **Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or **Hospital** stay for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**.

### 4. Transplants of any kind.

### 5. Unless prior approval is obtained from **Us**, any **Emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.

### 6. Expenses incurred for all medical care or services including those related to an **Accident** when this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your** province or territory of residence in Canada, whether or not recommended by a **Physician**.

### 7. Any expenses related to an **Injury** or **Sickness** that occurred when another insurance was in force during the period of **Your Covered Trip** for which **Top Up** coverage was purchased.

### 8. Expenses incurred for ongoing or recurring **Medical Conditions**. Once **Emergency Treatment** and care is completed, no further benefits for the same or related **Medical Conditions** will be covered.

### 9. For **Annual Medical Plans A, B, C, D or E** or **Medical Only Plans A, B, C, D or E**, this **Policy** does not cover and no benefits will be payable for:

- a) artificial joints, prosthetic devices, implants, including associated charges;
- b) tumours, gallstones or kidney stones (except for first time diagnosis of these conditions); cancer (except for first time diagnosis of any kind of cancer regardless of location in the body);
- c) **Treatment** related to a condition for which **You** have been under long term care of a **Physician** for any **Sickness** or **Injury** which may cause **You** to seek **Emergency** medical **Treatment** resulting from stress and fatigue which can reasonably be expected to occur during **Your Covered Trip**;

If **You** are not eligible for coverage for the plan **You** have purchased in accordance with the eligibility requirements of the medical questionnaire for this insurance, **We** will declare **Your** coverage null and void from inception and no benefit will be payable under this **Policy**.

## BAGGAGE & PERSONAL EFFECTS

### What We Pay

**You** will be reimbursed for the **Reasonable and Customary** charges in excess of **Your** Canadian government health insurance plan (GHIP) allowance or **Your** Canadian university health insurance plan (UHIP) allowance for the eligible **Emergency** medical expenses listed above up to the maximum benefit amount described on the **Schedule of Maximum Benefits By Plan**.

If **You** have other insurance that may provide the same benefits **You** must notify **Us** of that insurance, co-operate with **Our** efforts to co-ordinate benefits payable by another insurer, and reimburse **Us** for any payment that **We** have made that **You** receive from another insurer.

A **Deductible** of **\$200** is applicable on all claims associated with **Annual Medical Plans A, B, C, D or E** or **Medical Only Plans A, B, C, D or E**.

### What To Do If You Have A Claim

#### If You are Hospitalized:

Contact the **Emergency Assistance Provider** at the telephone numbers provided on page 19 of this **Policy**. **You** must do this before admission to **Hospital** or within 24 hours after a life or organ-threatening **Emergency**.

**You** or someone acting on **Your** behalf, must authorize **Us** to access all medical documentation from the treating facility at **Your** location and **Your** attending **Physician(s)** at home for the applicable pre-existing time period. (See the pre-existing exclusion in this section.)

Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.

In order to qualify for coverage under this provision, **You** must submit to **Us** with **Your** claim:

1. The completed Medical Claim Form;
2. Original receipts or other proofs of payment;
3. Detailed medical documentation; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

### When It Applies

If **Your Baggage and/or Personal Effects** are lost, stolen, damaged, or delayed during **Your Covered Trip**.

### What We Cover & What We Pay – Baggage & Personal Effects – Lost, Stolen or Damaged

When **Baggage and/or Personal Effects** are lost, stolen, or damaged during **Your Covered Trip**, **We** will reimburse **You**, up to the Maximum Benefit Amount as shown in the **Schedule of Maximum Benefits By Plan**.

**We** will pay the lesser of:

1. The replacement or repair cost, after an allowance is made for wear and tear or depreciation; or
2. The original purchase price.

A maximum of **\$500** is payable for any single item.

A combined maximum limit of **\$500** will be paid for: jewellery; watches; cameras, including related equipment; binoculars; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones, computers and other digital or electronic items provided that original receipts accompany the claim.

The liability of the **Company** with respect to any one claim under this benefit shall not exceed the lesser of the sum insured at the time of **Application** or **\$2,000 (\$3,000** under the **Premier Plan** or the **Premier Non-Medical Plan**) in the aggregate under all Maritime Travel Insurance policies purchased for any one **Covered Trip** with respect to a single insured person or family.

For this benefit to apply **You** must:

- provide a police report if applicable;
- take all reasonable steps to protect, save or recover **Your Baggage and/or Personal Effects**;
- promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any **Common Carrier** or third party who had custody of **Your Baggage and/or Personal Effects** at the time of loss and supply **Us** with a copy of the written report.

### What We Cover & What We Pay – Baggage Delay

If **Your** checked baggage is misdirected or delayed more than **12 hours** by the **Common Carrier** while on **Your Covered Trip**, **We** will pay up to an aggregate total of **\$400 (\$500** for the **Premier Plan** and the **Premier Non-Medical Plan**) for:

1. The purchase of essential items of personal clothing, and necessary toiletries while on **Your Covered Trip**; and
2. The rental of sporting equipment if the purpose of **Your Covered Trip** was to participate in a sporting event and **Your** sporting equipment was included in the delayed checked baggage.
3. The rental of a wheelchair for use during **Your Covered Trip**.

This benefit does not apply to baggage delayed after **You** have returned to **Your Departure Point**.

## What We Cover & What We Pay – Passport / Travel Visa Replacement

If **Your** passport and/or travel visa is lost or stolen while travelling outside Canada on **Your Covered Trip We** will pay:

1. The **Reasonable and Customary** cost to reimburse **You** for the replacement of **Your** passport and/or travel visa; and
2. Up to a maximum of **\$200** if **You** incur travel and accommodation expenses while waiting to receive the replacement passport and/or travel visa.

## What We Cover & What We Pay – Driver's License or Birth Certificate

If **Your** driver's license or birth certificate is lost or stolen while on **Your Covered Trip, We** will reimburse **You** up to an aggregate total of **\$50** for the cost of replacing one or both of these items.

## What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section when reimbursed:

- By the **Common Carrier**, hotel or **Travel Supplier**, including any services rendered by such **Common Carrier**, hotel or **Travel Supplier**; or
- As specified under any other insurance coverage **You** may have for the loss of or damage to property.

No coverage is provided under this section for any loss or damage to:

1. Any animals;
2. Automobile and automobile equipment; aircraft; bicycles, except when checked as baggage with a **Common Carrier**; boats or other vehicles or conveyances; trailers; motors;
3. The following personal items:
  - a) sunglasses (prescription or non prescription), contact lenses;
  - b) artificial teeth, dental bridges, dental retainers, hearing aids, prosthetic limbs, or prescribed medications;
  - c) keys, money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), stamps, securities;
  - d) sporting equipment if the loss results from the use thereof;
  - e) travel tickets for **Your Covered Trip**, except for administrative fees required to reissue such tickets;
4. Household effects and furnishings, antiques and collector's items;
5. Perishable or consumable items, including any tobacco products;
6. Property used in trade, business or for the production of income;
7. Computer software, including any expenses incurred for the restoration of any lost or corrupted data;
8. Property shipped as freight or property shipped prior to **Your Departure Date**;
9. Property stolen from an unattended vehicle that was not locked in the trunk or property left in view where a secure trunk is not available;
10. Property caused by defective materials or craftsmanship; normal wear and tear, gradual deterioration; or mechanical breakdown;
11. Property caused by electrical current, including electric arcing, that damages or destroys electrical devices or appliances;

12. Property caused by the confiscation, detention, requisition or destruction of **Your Baggage and Personal Effects** by customs or other authorities;
13. Articles purchased during **Your Covered Trip** without original receipts attached to the claim;
14. Jewellery, precious stones, watches; cameras, including related equipment; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed item; cell phones, computers and other digital or electronic items that are placed in the possession of a **Common Carrier**;
15. Property caused by breaking or scratching of fragile articles other than cameras or binoculars, unless caused by fire or **Accident** to the vehicle in which they are being carried;
16. Property insured under any homeowner's or tenant's package policy;
17. Any baggage/property left unattended.

## What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, for loss, theft, damage or delay to **Your Baggage and Personal Effects**, **You** must submit to **Us**:

1. proof of ownership and original receipts for each item being claimed;
2. reports or other documentation from the **Common Carrier** or any other parties responsible for such loss, damage or delay;
3. a detailed signed and sworn statement as to proof of such loss;
4. the original receipts for the necessary purchases, or reimbursements;
5. any police or any other reports documenting any loss covered under this provision; and
6. any other information **We** deem necessary to properly adjudicate **Your Claim**.

## PERSONAL MONEY

### When It Applies

If **You** personal money is lost or stolen during **Your Covered Trip**. This coverage only applies if **You** have purchased the **Premier Plan, Recommended Plan, Medical Plus Plan, Canada Plan, Premier Non-Medical Plan, Trip Cancellation Plus Plan, or Annual Recommended Plans**.

### What We Cover and What We Pay

**We** will reimburse **You** up to **\$100 (\$300** under the **Premier Plan** and the **Premier Non-Medical Plan)** for either of the following situations:

1. **Your** personal money is lost or stolen;
2. **You** suffer a financial loss or legal liability for payment following theft or fraudulent use of **Your** traveller cheques, letters of credit, travel tickets, prepaid accommodation vouchers, or entertainment tickets.

The first **\$25** of each and every claim is not payable.

For this benefit to be payable **You**:

- Must not have violated any conditions set out by the issuing authority of the traveller's cheques or negotiable documents; and
- Must report the missing documents to the issuing authority within the prescribed timeframe; and
- Must promptly report the loss to the police and obtain their written report within **24 hours** after the theft or loss.

### What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section for:

1. Delay, detention or confiscation by customs officers or officials;
2. Shortages due to error, omission, depreciation, or fluctuations in value;
3. Money not in **Your** possession at the time of the loss.

### What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, **You** must submit to **Us**:

1. a detailed signed and sworn statement as to proof of such loss;
2. any police or any other reports documenting any loss covered under this provision; and
3. any other information **We** deem necessary to properly adjudicate **Your** Claim.

## TRAVEL ACCIDENT

### When It Applies

If **You** sustain an **Injury** while **You** are travelling on **Your Covered Trip**.

### What We Cover

#### 1. WORLDWIDE ACCIDENT COVERAGE

**You** are covered for a sudden bodily **Injury** caused by a happening due to external, violent, sudden or fortuitous causes beyond **Your** control which occurs during **Your Covered Trip**.

#### 2. AIRFLIGHT ACCIDENT COVERAGE

**You** are covered for bodily **Injury** sustained during **Your Covered Trip** while riding as a passenger (not as a pilot, operator or crew member) in, boarding or alighting from any:

- a) aircraft maintained by a **Scheduled Airline**;
- b) transport type aircraft operated by the: i) Air Mobility Command (AMC) of the United States; ii) Royal Canadian Air Force Transport Command; or iii) Royal Air Force Air Transport Command of Great Britain;
- c) land conveyance licensed for the transportation of passengers for hire which takes **You** directly to or immediately from airports used by a **Scheduled Airline**; or
- d) land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **Policy**.

#### 3. EXPOSURE AND DISAPPEARANCE

Loss from exposure to the elements by reason of a covered **Accident** will be covered if such loss is otherwise payable under this **Policy**.

If **You** are not found within one year after:

- a) the disappearance, sinking or wrecking of a conveyance in which **You** are riding during **Your Covered Trip**; or
- b) the destruction of a building which **You** are in during **Your Covered Trip**;

**You** will be presumed to have suffered loss of life resulting from **Injury** caused by an **Accident**.

### What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. Disease or any physical defect, infirmity or **Sickness** which existed prior to the commencement of **Your Covered Trip**; or
2. Any **Act of Terrorism**.

## RENTAL VEHICLE PHYSICAL DAMAGE

### What We Pay

**You** are covered up to the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or as otherwise specified in the benefit when a covered loss occurs. A percentage of the maximum benefit will be payable as listed below for the following injuries:

Loss of	Percentage of Maximum Benefit Payable
Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand & One Foot	100%
One Hand & Entire Sight of One Eye	100%
One Foot & Entire Sight of One Eye	100%
Complete & Irrecoverable Loss of Speech or Hearing	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%

For a benefit to be payable under this coverage, the **Accident** must happen on **Your Covered Trip** and the resulting **Injury** or death must occur within **365 days** of the **Accident**.

Loss as used above with reference to:

1. Hand or foot: means that the hand or foot is completely and permanently severed at or above the wrist or ankle joint;
2. Sight: means the total and irrecoverable loss of entire sight.

If more than one loss results from any one **Accident**, **We** will only pay the one largest benefit as listed above. No benefit is payable for a loss which is not shown above.

Regardless of how many valid policies **You** have purchased with **Our Company**, the maximum amount for which **You** can be covered under all policies issued for **Travel Accident/Air Flight Accident** by **Our Company** as a result of any one incident is limited to an aggregate amount of **\$500,000**. Any amount purchased in excess of **\$500,000** shall be refunded upon request.

The **Company's** maximum liability under this **Policy** and all other **Travel Accident/Air Flight Accident Insurance** policies issued by the **Company** with respect to any one incident is limited to **\$12,000,000** in the aggregate, which will be shared proportionately among all claimants entitled to claim. In addition, the **Company's** maximum liability under this **Policy** and all other **Travel Accident/Air Flight Accident Insurance** policies issued by the **Company** under this benefit with respect to more than one incident occurring during a calendar year is limited to **\$24,000,000** in the aggregate.

### What To Do If You Have A Claim

In order to qualify for coverage under this provision, **You** or someone on **Your** behalf must submit to **Us**:

1. The completed Medical Claim Form;
2. Detailed medical documentation;
3. A detailed signed and sworn statement as to proof for such loss; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

### When It Applies

If **You** sustain damage to **Your** rental vehicle while on **Your Covered Trip** anywhere in the world. This coverage only applies if **You** booked **Your** rental vehicle through Maritime Travel or through an **Authorized Maritime Travel Supplier**.

### What We Cover

Loss or damage for any vehicle with a maximum capacity of 8 people or less that had a manufacturer's suggested retail value less than **\$50,000** (Canadian) excluding all taxes in its model year while it is in **Your** possession or the possession of a person permitted to operate the vehicle under the terms of the rental agreement caused by:

1. Collision or physical damage;
2. Theft;
3. Fire;
4. Vandalism.

The maximum period of coverage allowed is **60 days**.

Coverage is only valid if **You** declined the collision damage waiver (CDW) from the rental agency.

Only one rental vehicle at a time may be covered under this **Policy**.

It is **Your** responsibility to examine the rental vehicle before accepting it and to retain a copy of the written record of any existing damage for submission to **Us** if **You** have a claim.

### What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section caused by:

1. Driving the rental vehicle while **You** are:
  - a) under the influence of alcohol or any illegal substance;
  - b) participating in a speed competition or race of any kind;
  - c) receiving compensation for hire;
  - d) participating in an illegal activity, or transporting contraband;
  - e) in violation of the terms and conditions of the rental agreement; or
  - f) using any medication which recommends abstinence from driving.
2. Mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing;
3. Any neglect or abuse of the rental vehicle either by the commercial rental vehicle agency or **You**;
4. Any conversion or modification to the rental vehicle by or at **Your** direction;
5. **Contamination** of the rental vehicle by radioactive material;
6. Contents of the rental vehicle;

7. The following types of vehicles are excluded from coverage under this **Policy**:
- Any vehicle that had a manufacturer's suggested retail value of over **\$50,000** excluding taxes in its model year at the place where the rental agreement is signed or the vehicle is picked up;
  - Vans, cargo vans, or mini cargo vans (not including mini passenger vans);
  - Passenger vans with a capacity for more than **8** passengers;
  - Trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck;
  - Limousines;
  - Off-road vehicles meaning any vehicle while it is being operated on a road not maintained by a federal, provincial, state, or local agency, not including entrance or departure ways or private property, or any vehicle which cannot be licensed to drive on a public road and is designed and manufactured primarily for off-road usage;
  - Motorcycles, mopeds or motor bikes;
  - Trailers, campers, recreational vehicles or vehicles not licensed for road use;
  - Vehicles towing or propelling trailers or any other object;
  - Mini-buses or buses;
  - Exotic vehicles, meaning vehicles such as but not limited to **Aston Martin, Bentley, Excalibur, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, Hummer, Lincoln Navigator, Ford SportTrac**;
  - Any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under **2,500** vehicles per year;
  - Antique vehicles, meaning a vehicle over **20 years old** or which has not been manufactured for **10 years** or more;
8. Non-physical damage to the rental vehicle; or
9. Any damage repairs not pre-authorized by the **Company**.

### What We Pay

**You** are covered up to the maximum benefit amount of **\$50,000** for physical loss or damage, towing costs, fire department charges, salvage and civil action defense costs relating to the physical damage of **Your** rental vehicle for which **You** are liable under **Your** rental agreement.

### We will not pay if:

- a) the commercial rental vehicle agency waives or assumes responsibility for expenses incurred as a result of any physical loss or damage to the rental vehicle for which **You** may be liable;
- b) **You** have any other coverage.

### What To Do If You Have a Claim

When physical loss of or damage to **Your** rental vehicle occurs during the rental period, **You** must immediately:

1. Report such loss or damage to the commercial rental vehicle agency and provide to the agency full details of the circumstances surrounding the loss of or damage to the rental vehicle;
2. File a report with the police documenting:
  - a) the **Accident** involving the rental vehicle; or
  - b) the physical loss of or any damage to the rental vehicle; and
3. Notify **Our** authorized travel assistance company.

In order to qualify for benefits under this provision, **You** must submit to **Us**, within **30 days** of the date of the loss or damage, copies of:

1. The written verification of the rental vehicle booking as made by or through the approved commercial rental vehicle agency;
2. The rental agreement;
3. Any police or other reports documenting:
  - a) any physical loss of or damage to the rental vehicle;
  - b) the circumstances surrounding any **Accident** in which the rental vehicle may have been involved;
  - c) the theft of or any malicious mischief or vandalism to the rental vehicle; and
4. Any other information **We** deem to be necessary to properly adjudicate **Your** rental vehicle claim.

Upon receipt of the necessary forms and documentation, **We** will investigate and negotiate the rental vehicle claim on **Your** behalf, subject to all the terms, conditions and limitations of this **Policy**. **We** reserve the right to have the rental vehicle examined, at **Our** own expense, by an insurance adjuster of **Our** own choosing as often as **We** determine such examination to be reasonably necessary.

## CONCIERGE SERVICES

### When It Applies

If **You** have purchased the **Premier Plan** or the **Premier Non-Medical Plan**, **You** are entitled to the concierge services as described below.

### Concierge Services

For **Your** convenience, the following services are available to **You** before or after departure by calling the **Emergency Assistance Provider**:

1. Location information about news, weather, shopping, museums, seasonal activities and event planning;
2. Sightseeing tours and tour guide information and reservation;
3. Hotel, airline, car rental and rail information and reservations;
4. Dining information and reservations;
5. Flower and gift delivery;
6. Golf course information and reservations;
7. Personal trainers and spa and fitness centre information and reservations;
8. Yacht and fishing charters information and reservations;
9. Ordering theatre, concert, movie and sporting event tickets;
10. Nightlife recommendations;
11. World news and share prices.

Through their extensive online resources and expertise, the **Emergency Assistance Provider** can make exceptional recommendations to fulfill **Your** needs. Access is available **24 hours a day, 365 days per year** at the following numbers:

**From USA or Canada**                      **1-877-737-6368**

**From elsewhere (collect)**                **416-977-7655**

Concierge service is free of charge, however **You** are responsible for all purchases, services, and related charges arranged on **Your** behalf.

# VISITORS TO CANADA EMERGENCY MEDICAL

## Plans Available

AGE AVAILABILITY	LENGTH OF COVERED TRIP	LIMITS OF COVERAGE BY PLAN
Ages 30 days to 69 years	Over 7 days up to 365 days	Plan I = \$10,000 Plan II = \$25,000 Plan III = \$50,000 Plan IV = \$150,000
Ages 70 years to 84 years	Over 7 days up to 365 days	Plan I = \$10,000 Plan II = \$25,000 Plan III = \$50,000

## When It Applies

If **You** are a non-resident of Canada and experience a medical **Emergency** while **You** are visiting Canada.

## What We Cover

The eligible **Emergency** medical expenses that **We** cover are listed as follows:

1. **Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment of Your Emergency Sickness or Injury:**
  - a) the services of a **Physician**, surgeon or in-**Hospital** duty nurse;
  - b) **Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
  - c) transportation furnished by a professional ambulance **Company** to and from a **Hospital**;
  - d) diagnostic laboratory procedures and x-rays, subject to prior approval by **Us**;
  - e) medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
  - f) prescription medications required to treat an **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
  - With respect to **Emergency** medical expenses described above, **You** or someone acting on **Your** behalf are required to immediately contact the **Emergency Assistance Provider** at the telephone numbers provided on page 19 of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**. Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred.
  - All diagnostic laboratory procedures, x-rays, surgeries, and rental or purchase of therapeutic supplies must be pre-approved by **Us**.

2. **Emergency Return Home:** if **You** have a medical **Emergency**, the **Company**, in consultation with its medical advisors, the **Emergency Assistance Provider** and the local attending **Physician**, may determine that **You** should be transported back to **Your** country of permanent residence for continued **Treatment**. The **Company** will then arrange transportation along with proper medical supervision, and the **Company** will pay, up to the maximum amount stated below for the plan **You** purchased, the following expenses:

- a) the extra cost of a one way **Fare** on a commercial airline by the most direct route back to **Your** country of permanent residence; or
  - b) the cost to accommodate a stretcher to transport **You** on a commercial airline by the most direct route back to **Your** country of permanent residence, if a stretcher is **Medically Necessary** plus the cost of a round-trip **Fare**, reasonable meal and overnight accommodation expenses and professional fees for the services of a qualified medical attendant (other than a **Family Member**) to accompany **You**, when an attendant is **Medically Necessary** or required by the airline; or
  - c) the cost for air ambulance transportation when **Medically Necessary**.
- The amount payable under this benefit for **Emergency Return Home** expenses is limited to an aggregate maximum of **\$5,000** when the sum insured selected and paid for by **You** is **\$50,000** or less; otherwise the maximum amount payable under this section shall be up to the sum insured indicated on **Your Application**.
  - **Emergency Return Home** services must be approved and arranged in advance by the **Company**.

With respect to items #1 and #2 above, the **Company** reserves the right to return **You** to **Your** country of permanent residence before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to **Your** country of permanent residence without endangering **Your** life or health. If **You** elect not to return to **Your** country of permanent residence following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all coverage will end.

3. **Emergency Dental:** treatment ordered by a licensed dentist or dental surgeon as follows:
  - a) **Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Accidental Injury** to the head or mouth. **We** will reimburse **You** for **Reasonable and Customary** expenses up to a maximum of **\$1,500** for any one **Injury**;
  - b) up to **\$300** to relieve acute pain and suffering not related to an **Accidental Injury**.
4. **Emergency Paramedical Services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **Medically Necessary Emergency Treatment** up to **\$300** per category of practitioner. Expenses for general health examinations for check-up purposes, cosmetic treatments, or services performed by a **Family Member** are not covered.

5. **Accommodation and Meals:** up to **\$150 per day (24 hours)** to a maximum of **\$1,500** for commercial accommodation and meals, essential telephone calls and taxi fares in the event **You** are relocated to receive **Emergency Treatment** or delayed beyond the **Return Date** shown on the **Application** for insurance due to a **Sickness** or **Injury to You, Your Travelling Companion** or a **Family Member** who is travelling with **You** on **Your Covered Trip**.

- The claim must be supported by original receipts for eligible expenses and the local attending **Physician's** written diagnosis of the **Sickness** or **Injury**

6. **Visit to Bedside:** if **You** are hospitalized due to a **Sickness** or **Injury** and the local attending **Physician** recommends in writing that a relative or close friend should visit at **Your** bedside, remain with **You** or accompany **You** back to **Your** country of permanent residence, subject to prior approval by the **Company**, expenses will be reimbursed for:

- a) the cost of a round-trip **Fare** by the most direct route for the relative or close friend; plus
- b) up to **\$500** for commercial accommodation and meals.

7. **Repatriation:** in the event of **Your** death during **Your Covered Trip**, the **Company** will reimburse the reasonable costs actually incurred for the preparation and repatriation of **Your** body or ashes to **Your** country of permanent residence up to the maximum amount specified in the **Schedule of Maximum Benefits By Plan** for this service, or up to **\$2,000** for cremation or burial in the place where death occurs.

- No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

8. **Identification of Remains:** in the event of **Your** death during **Your Covered Trip**, if someone is legally required to identify **Your** remains before **Your** body is released, expenses will be reimbursed for:

- a) a round-trip economy airfare for someone to travel via the most direct route to the place where **Your** remains are located; plus
  - b) up to **\$450** for commercial accommodation and meals.
- This benefit must be approved and arranged in advance by the **Company**.

The following conditions and limitations of coverage apply to **What We Cover items 1 through 8** inclusive above:

1. **You** must incur the **Emergency** medical expenses in Canada. However, coverage under this **Policy** also includes the **Emergency** medical expenses **You** incur during a side trip outside of Canada if the side trip begins in Canada. The time **You** spend in Canada must be greater than the length of time **You** spend on **Your** side trip outside Canada. This side trip cannot be to **Your** country of permanent residence.
2. The **Company** reserves the right to return **You** to **Your** country of permanent residence before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local treating **Physician** confirms **You** are able to do so without endangering **Your** life or health.
3. If **You** elect not to return to **Your** country of permanent residence following **Our** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all coverage will end.
4. Prior to receiving any medical services, **You** or someone on **Your** behalf, must contact the **Emergency Assistance Provider**. If **You** do not obtain prior approval **We** will not cover **30%** of the eligible expenses.

## What We Exclude

In addition to the **General Exclusions** (page 51) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for any claim for:

1. Expenses related to a **Sickness, Injury, or Medical Condition** if, in the **6 months** prior **Your Effective Date, You** had sought or received **Treatment** or taken medication;
2. Expenses related to a **Sickness, Injury, or Medical Condition** that in **Our** opinion would have caused a person to seek medical advice, diagnosis, care or **Treatment**, during the **6 months** prior to the **Effective Date**;
3. Expenses related to a **Sickness, Injury, or Medical Condition** associated with any **Treatment You** were receiving prior to **Your Effective Date** of coverage or that medical advisors were aware would arise during the **Covered Trip** as a result of **Your** current state of health;
4. **Recurrence** of a **Sickness, Injury or Medical Condition** for which **You** were hospitalized for more than **72 hours**, or for which hospitalization was recommended by **Your** medical practitioner, within the **365 day** period prior to **Your Effective Date**;
5. Expenses incurred for medical care or services where travel was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**;
6. **Treatment:**
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until expiration of **Your Policy** or **Your** return to **Your** country of permanent residence;
  - c) for follow-up **Treatment, Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or hospitalization for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**.
7. Transplants of any kind;
8. Expenses incurred whereby this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your** country of permanent residence whether or not recommended by **Your** attending **Physician**;
9. The cost of replenishing any medication that was in use on **Your Departure Date** from **Your** country of permanent residence or for the maintenance of any course of **Treatment** that commenced prior to **Your** date of arrival in Canada;
10. **Emergency** air transportation; surgery; diagnostic testing; cardiac procedures including but not limited to cardiac catheterization, angioplasty or surgery unless prior approval is obtained from the **Company**.

## What We Pay

**You** will be reimbursed for the **Reasonable and Customary** charges for the services incurred to treat an **Emergency Sickness or Injury**. The **Company** is responsible for up to the amount shown on **Your Application** for this insurance. **You** pay for the first **\$50** of each and every claim.

## What To Do If You Have A Claim

For **You** to receive **Treatment**:

Contact the **Emergency Assistance Provider** at the telephone numbers provided in the Travel Assistance section of this **Policy**. **You** or someone on **Your** behalf must do this prior to receiving **Treatment** for **Your** medical **Emergency**.

**You** or someone acting on **Your** behalf, must authorize **Us** to access all medical documentation from the **Treatment** provider at **Your** location and **Your** attending **Physician(s)** at home for the applicable pre-existing time period.

In order to qualify for coverage under this provision, **You** must submit to **Us** with **Your** claim:

1. The completed medical claim form;
2. Original receipts or other proofs of payment;
3. Detailed medical documentation; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

## GENERAL EXCLUSIONS

These exclusions apply to all sections of this **Policy**. This insurance does not cover and no benefit will be payable for any claim arising from:

1. Any event that might cause **Your Covered Trip** to be cancelled or abandoned, which **You** or **Your Travelling Companion** had knowledge of at the time of purchasing this insurance;
2. Consequential loss of any kind including loss of enjoyment of **Your Covered Trip** from any cause;
3. **Your** mental or emotional disorders including, but not limited to, stress, anxiety and depression unless hospitalized. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Any elective medical **Treatment**;
5. Except as described in Trip Cancellation/Trip Interruption, pregnancy or childbirth in the normal course, complications of pregnancy or childbirth within 9 weeks of the expected delivery date, or voluntarily induced abortion;
6. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
7. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
8. Self exposure to exceptional risk including, but not limited to, **Your** participation in organized professional sporting activities, motorized racing or other speed contests, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead or top-rope anchoring equipment; rock-climbing; hunting or piloting an aircraft; underwater activities involving the use of self contained underwater breathing apparatus (unless **You** hold an open water diving certificate); sky-diving; parachuting; hang-gliding; spelunking; or bungee jumping;
9. **Your** participating in organized professional sporting activities;
10. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid Canadian driver's license);
11. **Your** riding, driving or participating in races of speed or endurance;
12. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
13. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
14. **Your** participation in a crime or malicious act;
15. Participation in a riot or insurrection;
16. Except as provided under Trip Cancellation (#30 **Act of Terrorism** page 23), war or act of war (whether declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military uprising or usurped power;
17. **Act of Terrorism** by nuclear means and terrorism by dissemination of chemical and or bio-chemical agents and substances;
18. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Covered Events page 22 #21;

19. Events related to travel warnings issued by Foreign Affairs Canada prior to **Your Effective Date** that were or continue to be in effect for any country, region or city of destination on **Your Covered Trip**, as reflected in **Your** travel itinerary; or
20. **Contamination** resulting from radioactive material or nuclear fuel or waste.

## GENERAL PROVISIONS OF THIS POLICY

**Applicable Law:** This **Policy** is governed by the laws and regulations of the province or territory in Canada in which **You** reside. For Visitors to Canada Emergency Medical, this **Policy** will be governed by the laws and regulations of the province or territory where the **Policy** was issued.

**Assignment of Benefits:** Where the **Company** has paid expenses or benefits to **You** or on **Your** behalf under this **Policy**, the **Company** has the right to recover, at its own expense, those payments from any applicable source or any insurance policy or plan that provides the same benefits or recoveries. This **Policy** also allows the **Company** to receive, endorse and negotiate eligible payments from those parties on **Your** behalf. When the **Company** receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer, or any other source of recovery to the **Company**, the respective payor is released from any further liability with respect to the claim.

**Autopsy:** In the event of **Your** death, the **Company** may request an examination or autopsy subject to any applicable laws relating to autopsies.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any **Material Fact** or circumstance relating to this **Policy** has been concealed or misrepresented

**Conformity With Existing Laws:** Any provision of this **Policy** which is in conflict with any federal, provincial or territorial law where this **Policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **Policy** shall apply.

**Contract Changes:** This **Policy** is a legal contract between **You** and **Us**. It, including any endorsements and attached papers are the entire contract. No change in this **Policy** is valid unless approved in writing by one of **Our** officers. No agent has the right to change this **Policy** or to waive any of its provisions.

**Coordination of Benefits:** The **Company** will coordinate benefits payable under this **Policy** with benefits available to **You** under any other policy or plan, so that payments made under this **Policy** and from all other sources will not exceed **100%** of the eligible expenses incurred. Coordination of Benefits of **Emergency Medical Expenses** will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses. However, if **You** are covered as an active or retired employee under **Your** current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

1. **\$50,000** or less, Coordination of Benefits will not apply to such amount; or
2. More than **\$50,000**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$50,000**.

**Currency:** All premiums and benefits under this **Policy** are payable in Canadian currency based on a) the rate of exchange set by any chartered bank in Canada on the last date of service, or b) on the date the payment is issued to the provider of service.

**Limitation of Liability:** The **Company's** liability under this **Policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

**Medical Examination:** The **Company** reserves the right to have **You** medically examined in the event of a claim.

**Medical Records:** In the event of a claim, **You** agree to provide access to and **We** reserve the right to review any and all medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **Your** claim.

**Refund of Premium:** For other than the "10 Day Right to Examine" on page 1, if **You** return to **Your Departure Point** before **Your Return Date**, **You** may request a refund of the premium **You** paid for the unused days provided that:

- a) **You** submit proof of **Your** date of return; and
- b) **You** have not incurred a claim for benefits under the **Policy**.

Premium refunds are available for the **Medical Only Plan**, the **Medical Only Plans A, B, C, D or E** and the **Visitors to Canada Emergency Medical Plan** only.

A request for a premium refund must be submitted to a Maritime travel agent.

**Refunds for Medical Only Plans A, B, C, D or E will be subject to these additional conditions:** If **You** choose to cancel coverage prior to the departure date, and after the initial ten (10) day free review period, **We** will refund **100%** of the **Policy** premium less a **\$75** administration fee. If, prior to **Your Departure Date**, **You** request cancellation of the **Policy** for medical reasons, due to a change in **Your** eligibility for a particular plan, or due to becoming ineligible for any plan under this **Policy**, the administration fee will be waived. For premium refund after **Your Departure Date**, **We** will prorate the premium paid (which excludes any **Top-Up** premium paid) and refund **You** the unused portion of the premium less a **\$75** administration fee.

If a claim is received after a request for premium refund has been processed, **You** will be financially responsible for paying the claim and the **Company** will forward the claim to **You** for settlement.

**Right of Recovery:** In the event that **You** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **Policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **Policy** provision, the **Company** has the right to collect from **You** any amount which it has paid on **Your** behalf to medical providers or other parties or seek reimbursement from **You**, **Your** estate, any institution, insurer, or person to whom the payment was made.

**Subrogation:** If **You** suffer a loss caused by a third party, the **Company** has the right to subrogate **Your** rights of recovery against the third party for any benefits payable to or on **Your** behalf, and will, at its own expense and in **Your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice the **Company's** rights to such recovery.

**Sworn Statements:** **We** have the right to request that claims documents be sworn under oath and have **You** examined under oath in respect to any claim documents submitted.

## DEFINITIONS

**Accident** means a happening due to external, violent, sudden or fortuitous causes beyond **You** control which occurs during the period of coverage.

**Act of Terrorism** or **Terrorism** means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and act of war (declared or undeclared) or the intentional release of a biological material), which caused destruction of property, **Injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

**Application** means the printed form, computer printout, invoice or document that is used to apply for this insurance as provided by the travel agent or the multi-stepped process that must be completed by the applicant when purchasing this insurance electronically through Maritime Travel. The **Application** confirms the insurance coverage **You** have purchased sets forth the **Departure Date**, the **Departure Point** and the **Return Date of Your Covered Trip** and forms an integral part of the **Policy** contract.

**Authorized Maritime Travel Supplier** means a licensed tour operator, licensed travel wholesaler, licensed ground transporter, cruise line, airline or accommodation facility provider which has contracted to supply travel services to **You** and is identified by Maritime Travel as an **Authorized Maritime Travel Supplier** of travel services.

**Baggage and/or Personal Effects** means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling.

**Bankruptcy** or **Default** means the travel supplier is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, c. B-3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C-36. For non-Canadian travel suppliers, bankruptcy or default means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without the filing of a Bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other travel supplier.

**Business Partner** means an individual who has at least a **20%** ownership interest in a commercial enterprise in which **You** also have at least a **20%** ownership interest; and **You** are both actively engaged in the daily management of the business.

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

**Children** means any insured unmarried person who is dependent upon **You** for support, is travelling with **You** or who joins **You** during **Your Covered Trip** and is either: i) under 21 years of age; ii) under 26 years of age if a full-time student; or iii) of any age who is mentally or physically handicapped.

**Common Carrier** means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

**Company, We, Our, Us** means Reliable Life Insurance Company and/or Old Republic Insurance Company of Canada, Hamilton, Ontario.

**Contamination** means poisoning of people by nuclear, chemical and/or biological substances that cause **Sickness** or death.

**Covered Trip** means travel arrangements insured by Maritime Travel Insurance. For Annual Package Plans, means trips purchased during the period of coverage of this **Policy**. For **Annual Medical Plans** and **Annual Medical Plans A, B, C, D & E**, means trips undertaken outside **Your** province/territory of residence during the period of coverage of this **Policy**.

**Deductible** means the amount of covered expenses per **Emergency** that **You** are responsible for paying before any remaining covered expenses are paid by **Us** under this **Policy**.

**Departure Date** means the later of the date shown as such on the **Application** or the date **You** actually depart on **Your Covered Trip**.

**Departure Point** means the province/territory or country **You** depart from on the first day of **Your Covered Trip**.

**Effective Date** means the date **Your** insurance coverage under this **Policy** or a specific benefit of this **Policy** begins. (See page 14). For all **Medical Only Plans** it means **Departure Date**, unless **Topping Up** other coverage, in which case it means the day after expiration of the other coverage. For all **Annual Medical Plans**, it means the start date of every trip during the **Period of Coverage**. For **Annual Recommended Plans**, it means the trip booking date for each trip during the **Period of Coverage**.

**Emergency** means an unforeseen **Sickness** or **Injury** that requires immediate **Treatment** to prevent or alleviate existing danger to life or health. An **Emergency** no longer exists when medical evidence indicates that the person is able to return to his or her province or territory of residence or country of permanent residence (Visitors to Canada Emergency Medical), or continue with **Your Covered Trip**.

**Emergency Assistance Provider** means the service that is provided to **You 24 hours** a day, **365 days** a year, by calling the **Emergency** numbers provided in this **Policy**.

**Family Member** means **Spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried dependent children under 16 years of age.

**Fare** means the lowest single seat fare from any International Air Transportation Association carrier except under the **Premier Plan** and the **Premier Non-Medical Plan**, in which case **Fare** means the same ticket class that **You** originally purchased (subject to availability) for **Your Covered Trip**.

**Hospital** means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, drug and alcohol treatment centres, health spas or clinics or any facility not operated **24 hours** per day under the supervision of a **Physician**.

**Host at Destination** means the person with whom **You** have arranged overnight accommodation for the majority of **Your Covered Trip** at their usual place of residence, not including commercial facilities.

**Injury** means sudden bodily damage caused by an **Accident** during the period of coverage.

**Key Employee** means an employee whose continued presence is critical to the ongoing affairs of **Your** business during **Your** absence.

**Material Fact** means any fact that would cause **Us** to decline **Your Application** for insurance or charge more premium than **You** have paid for the insurance **Policy**.

**Medical Condition** means an irregularity in a person's health which required or requires medical advice, consultation, investigation, **Treatment**, care, service or diagnosis by a **Physician**.

**Medically Necessary** means **Treatment** or services that are appropriate for the relief of **Sickness** or **Injury** in an **Emergency**, based on generally accepted professional medical standards.

**Minor Infection** means an infection that ends **30 days** prior to the **Effective Date** of coverage and does not require: use of medication for a period greater than **15 days**; more than one follow-up visit to a **Physician**; **Hospitalization**; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a minor infection.

**Natural Disaster** means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

**Physician** means a person, other than **You**, a **Travelling Companion** or a **Family Member**, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery within the scope of their licence in the place where the medical services are rendered.

**Policy** means this document and **Your Application** for insurance hereunder, which is issued in consideration of payment of the required premium.

**Pre-Existing Condition** means a **Medical Condition** other than a **Minor Infection**, for which **Treatment** has been received or taken or which exhibited symptoms, prior to **Your Effective Date** and within the period specified for the plan **You** have chosen, and includes a medically recognized complication or **Recurrence** of a **Medical Condition**.

**Reasonable and Customary** means charges that are usually made by other providers of similar standing for residents in the locality where the charges are incurred, for comparable **Treatment**, services or supplies for a similar medical **Emergency**.

**Recurrence** means the appearance of symptoms caused by or related to a **Medical Condition** which was previously diagnosed by a **Physician** or for which **Treatment** was previously received.

**Return Date** means:

1. For all plans except the **Annual Recommended Plans**, the **Annual Medical Plan**, or the **Annual Medical Plans A, B, C, D or E** – the date on which **You** are scheduled to return to **Your Departure Point**, as shown on **Your Application**;
2. For the **Annual Recommended Plans**, the **Annual Medical Plan**, or the **Annual Medical Plans A, B, C, D or E** – the date on which **You** are scheduled to return to **Your Departure Point** from **Your Covered Trip**.

**Scheduled Airline** means any aircraft operated by an airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by airlines or licensed tour companies).

**Sickness** means an acute illness, acute pain and suffering or disease that requires **Emergency** medical **Treatment** or hospitalization due to the sudden onset of symptoms during the period of coverage.

**Spouse** means the person who is legally married to **You**, or if not married to **You**, has been living in a conjugal relationship with **You** for a continuous period of at least one year.

**Stable and Controlled** means the **Medical Condition** is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any **Treatment**, prescribed or recommended by a **Physician** or received within the time period specified in this **Policy**, prior to **Your Effective Date**.

**Sum Insured** means the amount of insurance coverage **You** have purchased for the benefit indicated.

**Terminal Sickness** means a **Medical Condition** from which no recovery is expected and which carries a prognosis of death within **12 months** of **Your Effective Date**.

**Top Up** means medical only coverage commencing on the expiration of another plan of insurance.

**Travel Supplier** means any entity or organization that coordinates or supplies travel services for **You**.

**Travelling Companion** means the person who is travelling with **You** on **Your Covered Trip** up to a maximum of five persons, including **You**.

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

**You** or **Your** means a person who is eligible and named on the **Application** for insurance under this **Policy** and for whom the required premium has been paid.

In this **Policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## CLAIMS INFORMATION

### Contact Us

Maritime Travel Insurance  
c/o Pottruff & Smith Travel Insurance Brokers Inc.  
8001 Weston Road, Suite 300  
Woodbridge, Ontario L4L 9C8

Maritime Travel Insurance  
c/o Pottruff & Smith Travel Insurance Brokers Inc.  
83 rue Turgeon, Bureau 300  
Ste-Thérèse, Québec J7E 3H7

**Telephone 1-888-595-5311**

**Fax 905-856-1539 or 450-434-0807**

**e-mail: [maritimetravelinsurance@pottruffsmith.com](mailto:maritimetravelinsurance@pottruffsmith.com)**

### How To Submit A Claim

A claim form is attached inside the back of **Your Policy** brochure. If **You** need additional forms, contact **Us**. To make a claim for benefits under this **Policy**:

- Submit **Your** claims forms within **30 days** after the expense or loss is incurred or as soon as is reasonably possible;
- Written proof of the claim must be submitted within **90 days**, but not later than **12 months** after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of any claim forms furnished by the **Company**;
2. original receipts;
3. a written report, complete with the diagnosis by the attending **Physician**, if applicable, and any other form of documentation deemed necessary by the **Company** to validate **Your** claim;
4. documentation required by the **Company** to substantiate cancellation, interruption, trip delay or schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

For example:

- Copy of the subpoena if cancelling due to jury duty or being called as witness;
- Letter from **Your** employer if cancelling due to a business meeting or job transfer;
- Letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided, however, the **Company** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **Policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the **Company**.

## Claim Payments

**We** will pay covered claims within **30 days** of receiving all of the necessary information required to accurately assess **Your** claim.

Benefit payments will be made to **You** or to any person or entity having a valid assignment to such benefits. In the event of **Your** death, any balance remaining or benefits payable for loss of life will be paid to **Your** estate, unless otherwise indicated.

## Limitation of Action

If **You** have a claim in dispute under this **Policy**, **You** must begin any legal action or proceeding against the **Company** within **12 months** following the date of the event which caused 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 any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **You** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **Company** is located.

The **Company** is committed to protecting **Your** privacy. Collecting personal information about **You** is essential to **Our** ability to offer **You** high-quality insurance products and service. The information provided by **You** will only be used for determining **Your** eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share **Your** information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep **Your** personal information accurate, confidential and secure.

**Our** privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** Privacy Officer at 905-523-5587 or by email at: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com).

## Underwritten by:

Reliable Life Insurance Company  
Old Republic Insurance Company of Canada  
Hamilton, Ontario

Paul M. Field, C. A.  
Chief Executive Officer  
August 2009

# EMERGENCY MEDICAL INFORMATION REQUIRED

**When contacting the Emergency Assistance Provider concerning a medical Emergency, the following information will be required:**

**1. Information concerning the Insured:**

Name: \_\_\_\_\_

Maritime Policy Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Telephone number in Canada: \_\_\_\_\_

Other Travel Insurance info: \_\_\_\_\_

**2. Where can the Insured be reached?**

Location of Insured: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If in Hospital, room number: \_\_\_\_\_

Hospital telephone number: \_\_\_\_\_

Hospital fax number: \_\_\_\_\_

**3. Summarize the circumstances (What happened? When?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Attending Physician at destination:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

**5. Insured's medical history and current medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Name of family physician in Canada:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

**7. Information about the caller:**

Name: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_

# Medical Claim Form

UNDERWRITTEN BY:  
**Reliable Life Insurance Company & Old Republic Insurance Company of Canada (Hamilton, Ontario)**

SUBMIT CLAIM TO: **MARITIME TRAVEL INSURANCE**  
 c/o **Potruff & Smith Travel Insurance Brokers Inc.**  
 8001 Weston Road, Suite 300, Woodbridge, Ontario, L4L 9C8  
 Telephone: 1-888-595-5311 Fax: 905-856-1539

IN QUÉBEC: **ASSURANCE VOYAGES MARITIME**  
 a/s **Potruff & Smith Courtiers d'Assurance Voyage Inc.**  
 83 rue Turgeon, Bureau 300, Ste-Thérèse, Québec, J7E 3H7  
 Téléphone : 1-888-595-5311 Téléc. : 450-434-0807

**CLAIMS WILL NOT BE PROCESSED UNTIL THE REQUIRED SECTIONS HAVE BEEN FULLY COMPLETED AND SUBMITTED WITH ALL OF THE REQUIRED DOCUMENTATION**

Please remember to complete both sides and all applicable sections of this form and submit with the original receipts for any out-of-pocket expenses incurred as well as documentation to support the diagnosis and treatment of the sickness or injury. **Incorrect or incomplete claim forms will delay settlement of the claim.**

For claims related to Travel Accident, Baggage, Personal Money and Rental Vehicle Physical Damage please download the forms from [www.maritimetravel.ca](http://www.maritimetravel.ca) or contact Maritime Travel Insurance at 1-888-595-5311.

## Claimant Information and Explanation of Loss THIS SECTION TO BE COMPLETED IN FULL BY ALL CLAIMANTS

<b>CLAIMANT 1</b> Mr/Mrs/ Miss/Ms	Insured Last Name	First Name	Birth Date D   M   Y	Amount Claimed/Currency
Policy/Confirmation Number		Government Health Insurance Plan Number		Version Code (Ontario residents)
<b>CLAIMANT 2</b> Mr/Mrs/ Miss/Ms	Insured Last Name	First Name	Birth Date D   M   Y	Amount Claimed/Currency
Policy/Confirmation Number		Government Health Insurance Plan Number		Version Code (Ontario residents)
Address for Correspondence or Claim Payments No./Street/Apt.			City	
Province	Postal Code	Home Telephone No.	Business Telephone No.	Email address
Date of Departure D   M   Y	Departure Point	Destination	Date of Return D   M   Y	Date of Sickness/Injury D   M   Y
Name of person who completed this form		Relationship to claimant		Date Claim Submitted D   M   Y
Describe in detail the cause and circumstances of the sickness or injury				
Location of sickness or injury:	City	State/Province	Country	Were you hospitalized? Yes <input type="radio"/> No <input type="radio"/>
Did you contact the assistance provider (24 hour service) at the time of the sickness or injury? Yes <input type="radio"/> No <input type="radio"/>		Assistance File No.	Admission Date D   M   Y	Discharge Date D   M   Y
Have you submitted this claim to your government health insurance provider? Yes <input type="radio"/> No <input type="radio"/>		Amount Claimed/Refunded	Have you submitted this claim to any other plan? Yes <input type="radio"/> No <input type="radio"/>	
Name of Parent or Guardian if Claimant under age 16		Amount Claimed/Refunded		
Name of your spouse (if applicable)		Full name of your usual physician in your province of residence		
No./Street/Suite No. of your usual physician				
City		Province	Postal Code	Telephone No.
Were you hospitalized for this sickness/injury (or related condition(s)) in the last 12 months prior to the departure date shown in the policy application? No <input type="radio"/> Yes <input type="radio"/> If Yes, please provide name and address of hospital <input type="text"/>				

## Authorization and Release THIS SECTION MUST BE COMPLETED IN FULL BY ALL CLAIMANTS

By signing below, I hereby consent to, authorize and direct that Reliable Life Insurance Company or its representative, Potruff & Smith Travel Insurance Brokers Inc., may recover from my Government Health Insurance Plan (GHIP) and/or any other Health Insurance carriers or entities, payments which were made to others on my behalf for out-of-province health services.

Furthermore, I agree that, pursuant to any applicable federal, provincial or territorial health insurance legislation or, in Ontario, the Personal Health Information Protection Act, 2004, as it pertains to freedom of information and protection of privacy, I hereby:

1. Direct and authorize the Government Health Insurance Plan (GHIP) to make payment in respect of my claim for out-of-province health services to Reliable Life Insurance Company or its representative, and upon such payment, I hereby release GHIP from any further claim or cause of action in connection with such claim; and
2. Consent to and authorize GHIP to directly or indirectly collect information contained in the claim and source documents pursuant to applicable provincial legislation; and
3. Consent to the disclosure by GHIP to Reliable Life Insurance Company or its representative of such personal health information as may be necessarily required to process my claim for out-of-province health services, including the details of any payment previously made directly to me or on my behalf.

**Authorization to Physicians, Hospitals, other Health Care Practitioners, Medical Care Facilities, Insurance Carriers, any other Person who has attended or examined me and Other Sources:**

I hereby authorize and direct that you release to Reliable Life Insurance Company or its representative, Potruff & Smith Travel Insurance Brokers Inc., any and all of my personal health information (and any other personal information as may be required to adjudicate my claim under this policy) you have regarding me, while under your professional care, including my medical history, any illness, injury, consultation, medicines or treatment and copies of all hospital and medical records. This authorization will permit Reliable Life Insurance Company to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy, assessing insurance risks,

managing my claim and negotiating or settling payments to third parties. This authorization will permit Reliable Life Insurance Company's representative, Potruff & Smith Travel Insurance Brokers Inc., to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and processing my claim. I hereby assign to Reliable Life Insurance Company any benefits obtained from other sources for losses covered under this policy. I also direct these sources to forward payment to Reliable Life Insurance Company for my claims submitted by Reliable Life Insurance Company with regard to these losses. A photocopy, facsimile or electronic copy of this authorization is acceptable. This authorization will also permit Reliable Life Insurance Company to release and share information with any or all parties noted above.

I certify that the statements and particulars given herein together with those on any accompanying documents are complete, true and correct to the best of my knowledge.

I understand that I can refuse to sign this consent form. I am aware that if my personal information is necessarily required for processing and adjudication of my claim, my refusal to sign this consent form may jeopardize my entitlement to benefits under this insurance policy. I understand that I may revoke this consent at any time by written notification to Reliable Life and/or its representative Potruff & Smith Travel Insurance Brokers Inc. I also understand that the making of false or fraudulent statements in connection with a claim for benefits may render the certificate of insurance or the policy void.

Date of Consent D   M   Y	End Date of Consent: 12 Months from Date of Signature
<b>CLAIMANT 1</b> Signature of Insured / Insured's Guardian	Date of Signature D   M   Y
<b>CLAIMANT 2</b> Signature of Insured / Insured's Guardian	Date of Signature D   M   Y

## Government Health Insurance Plan Section (GHIP) AUTHORIZATION & RELEASE

**IMPORTANT: ENSURE THAT ALL SECTIONS ARE FULLY COMPLETED EVEN IF THE ANSWER IS N/A (Non Applicable)**

**RESIDENTS OF B.C. AND ONTARIO:**  
 You must complete and sign the Government Health Insurance Plan (GHIP) Authorization and Release section provided ON THE OPPOSITE SIDE OF THIS FORM.

**SASKATCHEWAN AND QUÉBEC RESIDENTS:**  
 Please ensure to also include with this claim form the appropriate GHIP forms. You can contact the Maritime Travel Insurance Customer Service Centre at 1-888-595-5311 to obtain the required GHIP Authorization and Release form.

**ALL CLAIMANTS:**  
 Must complete and sign the Authorization and Release section IMMEDIATELY ABOVE.

**GHIP SECTION CONTINUES ON BACK**

**FOR OFFICE  
 USE ONLY**

## Coverage With Other Insurers and Other Sources THIS SECTION TO BE COMPLETED IN FULL BY ALL CLAIMANTS

You may have travel protection through other sources such as a credit card or your employer. We require the following information in order to coordinate benefits with these sources.

Do you have any travel protection with any of your credit cards? Yes <input type="radio"/> No <input type="radio"/>	Credit Card No. (First 6 Digits)	Specific Card Type (i.e., CIBC Platinum, VISA)	Name of Cardholder	
Employee Group Benefits Plan Or Retired Employee Group Benefits Plan Yes <input type="radio"/> No <input type="radio"/>	Group Policy No.	Name of Covered Person	Identification No.	Name of Insurance Company
Any other coverage (i.e., Union, Pensioner, Private or Other Policy or Other Sources of Recovery) under which you are entitled to benefits? Yes <input type="radio"/> No <input type="radio"/>				Policy No.
Name and Address of Insurance Company/Broker				
Other Sources: Name and Address of Company				
Claimant's (or Parent's) Occupation Full Time Employment <input type="radio"/> Self Employed <input type="radio"/> Part Time Employment <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Other:				
Name of your Employer		Address: No./Street/Suite No.		
City	Province	Postal Code	Telephone No.	
Name of Spouse's Employer		Address: No./Street/Suite No.		
City	Province	Postal Code	Telephone No.	
Was the medical emergency caused by an accident? No <input type="radio"/> Yes <input type="radio"/>	Please provide the contact information for the responsible third party	Name	Address	Telephone No.

## RESIDENTS OF BRITISH COLUMBIA: THIS SECTION MUST BE COMPLETED PRIOR TO ANY MEDICAL CLAIM PAYMENTS Government Health Insurance Plan (GHIP) Authorization and Release section

### AUTHORIZATION TO PROVIDE MEDICAL INFORMATION AND ASSIGNMENT OF PAYMENT TO INSURED PERSON OR BENEFICIARY UNDER THE MEDICARE PROTECTION ACT OR HOSPITAL INSURANCE

BETWEEN \_\_\_\_\_ of the first part hereinafter referred to as the Assignor  
AND RELIABLE LIFE INSURANCE COMPANY C/O POTTRUFF & SMITH TRAVEL INSURANCE BROKERS INC. 8001 WESTON RD, STE. 300, WOODBRIDGE, ONTARIO L4L 9C8 of the second part, hereinafter referred to as the Assignee  
AND HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF BRITISH COLUMBIA AS REPRESENTED BY THE MINISTER OF HEALTH hereinafter referred to as the Minister

WHEREAS the Assignor is a person eligible for insured services or benefits or both under the Province of British Columbia's Medicare Protection Act or Hospital Insurance Act or both, and as such may receive payment for the above services from the Minister.

And WHEREAS the Assignor is under a covenant or obligation under a contract with the Assignee to remit to the Assignee all such payments received for medical services from the Minister.

NOW WITNESSETH THAT in consideration of the said obligation to the Assignee the Assignor hereby assigns unto the Assignee all sums of money that shall be owing to the Assignor by the Minister for the above noted contract. The Minister is hereby authorized to pay all such sums directly to the Assignee at the address aforesaid, or at any address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Minister of and from any indebtedness in that amount to the Assignor, his heirs, executors, or administrators.

I HEREBY CONSENT TO AND AUTHORIZE THE MINISTRY OF HEALTH TO FURNISH ANY REPRESENTATIVE OF RELIABLE LIFE INSURANCE COMPANY ANY AND ALL RECORDS AND INFORMATION IN THE MINISTRY OF HEALTH'S POSSESSION REGARDING CLAIMS FOR MEDICAL SERVICES INCURRED WHILE I HAD INSURANCE COVERAGE FOR THE ASSIGNMENT PERIOD INCLUDING MEDICAL HISTORY AND PHYSICAL CONDITION BOTH PRIOR AND SUBSEQUENT TO RECEIPT OF MEDICAL SERVICES, REGARDLESS OF LAPSED TIME AND BEARING IN ANY WAY ON THE SERVICES RECEIVED DURING THE ABOVE TIME PERIOD.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signature of Assignor

Assignment	Effective From:	To:	Personal Healthcard No.
	D   M   Y	D   M   Y	

Witness Signature \_\_\_\_\_ Occupation \_\_\_\_\_

No./Street/Suite No.

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

## RESIDENTS OF ONTARIO: THIS SECTION MUST BE COMPLETED PRIOR TO ANY MEDICAL CLAIM PAYMENTS Government Health Insurance Plan (GHIP) Authorization and Release section

### AUTHORIZATION TO PROVIDE MEDICAL INFORMATION AND ASSIGNMENT OF PAYMENT TO INSURED PERSON OR BENEFICIARY UNDER THE MEDICARE PROTECTION ACT OR HOSPITAL INSURANCE

#### 1. DIRECTION AND RELEASE

I, \_\_\_\_\_ irrevocably direct and authorize the Ontario Ministry of Health and Long-Term Care ("the Ministry") to make payment in respect of my claim for out-of-country health services to Reliable Life Insurance Company directly and I hereby release OHIP, upon payment to Reliable Life Insurance Company from any further claim or cause of action in connection therewith.

#### 2. CONSENT

**If providing consent for self:**

I authorize the Ministry to collect my personal health information, consisting of:

- information relating to my receipt of health care services outside of Canada, and
- information relevant to the reimbursement of those services under the Health Insurance Act, R.S.O. 1990, c. H.6

from Reliable Life Insurance Company, and authorize the Ministry to disclose such personal health information as may be required for the purpose of verifying my request for payment under the Health Insurance Act, including the details of any duplicate payment previously made to me, to Reliable Life Insurance Company.

I understand the purpose for the Ministry's collection and disclosure of this personal health information.

I understand that I can refuse to sign this consent form.

**If providing consent on behalf of a person who is not capable of consenting to the collection, use and disclosure of personal health information:**

I, \_\_\_\_\_ am the substitute decision-maker for \_\_\_\_\_. I authorize the Ministry to collect personal health information about the Insured Person, consisting of:

- information relating to the Insured Person's receipt of health care services outside of Canada, and
- the reimbursement of those services under the Health Insurance Act, R.S.O. 1990, c. H.6.

from Reliable Life Insurance Company, and authorize the Ministry to disclose such personal health information as may be required for the purpose of verifying my request for payment under the Health Insurance Act, including the details of any duplicate payment previously made to me, to Reliable Life Insurance Company.

I understand the purpose for the Ministry's collection and disclosure of this personal health information.

I understand that I can refuse to sign this consent form.

**Note:** A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

#### 3. AUTHORIZATION

My Name	Witness Name		
Address	Address		
Home Telephone No.:	Work Telephone No.:	Home Telephone No.:	Work Telephone No.:
Signature	Date D   M   Y	Signature	Date D   M   Y

# Trip Cancellation / Trip Interruption / Trip Delay Claim Form

SUBMIT CLAIM TO: MARITIME TRAVEL INSURANCE  
c/o Pottruff & Smith Travel Insurance Brokers Inc.  
8001 Weston Road, Suite 300, Woodbridge, Ontario, L4L 9C8  
Telephone: 1-888-595-5311 Fax: 905-856-1539

IN QUÉBEC: ASSURANCE VOYAGES MARITIME  
a/s Pottruff & Smith Courtiers d'Assurance Voyage Inc.  
83 rue Turgeon, Bureau 300, Ste-Thérèse, Québec, J7E 3H7  
Téléphone : 1-888-595-5311 Téléc. : 450-434-0807

UNDERWRITTEN BY: Reliable Life Insurance Company & Old Republic Insurance Company of Canada (Hamilton, Ontario)

**CLAIMS WILL NOT BE PROCESSED UNTIL THE REQUIRED SECTIONS HAVE BEEN FULLY COMPLETED AND SUBMITTED WITH ALL OF THE REQUIRED DOCUMENTATION**

Please remember to complete both sides and all applicable sections of this form and submit with the original receipts for any out-of-pocket expenses incurred. **Incorrect or incomplete claim forms will delay settlement of the claim.**

For claims related to Travel Accident, Baggage, Personal Money and Rental Vehicle Physical Damage please download the forms from [www.maritimetravel.ca](http://www.maritimetravel.ca) or contact Maritime Travel Insurance at 1-888-595-5311.

## Claimant Information and Explanation of Loss THIS SECTION TO BE COMPLETED IN FULL BY ALL CLAIMANTS

<b>CLAIMANT 1</b> Mr/Mrs/ Miss/Ms	Insured Last Name	First Name	Birth Date D   M   Y	Amount Claimed/Currency	Policy/Confirmation Number
<b>CLAIMANT 2</b> Mr/Mrs/ Miss/Ms	Insured Last Name	First Name	Birth Date D   M   Y	Amount Claimed/Currency	Policy/Confirmation Number
<b>Address for Correspondence or Claim Payments</b> No./Street/Apt.			City		
Province	Postal Code	Home Telephone No.	Business Telephone No.	Email address	
Scheduled Date of Departure D   M   Y	Departure Point	Destination	Scheduled Date of Return D   M   Y	Date of Cause of Claim D   M   Y	
Name of person who completed this form			Relationship to claimant		Date Claim Submitted D   M   Y
Describe in detail the cause and circumstances of the trip cancellation or trip interruption or trip delay					
				Did you receive any refunds from any other source? Yes <input type="radio"/> No <input type="radio"/>	Amount Received/Currency
On what date was the trip booked through the Travel Agent? D   M   Y	Date of Departure D   M   Y	Name of the Maritime Travel Agent who cancelled your trip			
On what date was the trip cancelled with the Travel Agent? D   M   Y	Date of Return D   M   Y	Telephone No.			
Is this claim due to the sickness, injury or death of a person other than the claimant? No <input type="radio"/> Yes <input type="radio"/> <b>If yes, please answer the following:</b>					
Name of Sick/Injured/Deceased Person* <small>* The Physician's statement must be completed by the attending Physician of the Sick/Injured/Deceased Person</small>				Relationship to the Claimant	
Address of Sick/Injured/Deceased Person (if other than the claimant) No./Street/Suite No.					
City		Province	Postal Code	Telephone No.	

## Physician's Statement for trip cancellation or trip interruption claims. If your claim is due to sickness, injury or death you must have this section completed by the attending physician of the person whose medical condition or medical problem was the cause of the cancellation or interruption

Patient's Name			Date of Birth D   M   Y		
1. Primary Diagnosis (Condition which is the cause of the claim)					
2. Is this a new condition? No <input type="radio"/> Yes <input type="radio"/>		If no, when was this condition first diagnosed? D   M   Y		9a. Has the patient been hospitalized for this condition (or related condition) in the past 12 months? Yes <input type="radio"/> No <input type="radio"/>	
3. Date of consultation for the current onset of this condition? D   M   Y		4. Has the patient received treatment or advice for this condition (or related condition) in the past year? Yes <input type="radio"/> No <input type="radio"/>		If yes, please provide all dates D   M   Y   D   M   Y	
5. Is the patient prescribed medication(s) for this condition (or related condition)? Yes <input type="radio"/> No <input type="radio"/>		6. Date medication first prescribed? D   M   Y		9b. Were follow up treatments required? Yes <input type="radio"/> No <input type="radio"/>	
If yes, please provide all names		7. Was the medication altered in the past 12 months? Yes <input type="radio"/> No <input type="radio"/>		If yes, please provide all dates D   M   Y   D   M   Y	
8. If the patient was referred to you, provide name and phone number of referring physician Name of Referring Physician   Date of Referral   Telephone No.		10. Was the cancellation or interruption of the trip due to pregnancy? Yes <input type="radio"/> No <input type="radio"/>		If yes, what was the expected date of delivery? D   M   Y	
11a. If the patient was the intended traveller: Did you advise the patient not to travel? Yes <input type="radio"/> No <input type="radio"/>		11b. On what date was this condition stable enough to permit the patient to travel? D   M   Y		11c. How does the above condition affect the patient's ability to travel? Explain:	
11. If yes, on what date? D   M   Y		Name of Physician   Telephone No.			
11. If yes, on what date? D   M   Y		Physician's Signature   Date D   M   Y			
<b>PHYSICIAN'S STAMP</b>					

**NOTE: THE CLAIMANT IS RESPONSIBLE FOR THE COST OF COMPLETION OF THIS PHYSICIAN'S STATEMENT**

## Authorization and Release THIS SECTION MUST BE COMPLETED IN FULL BY ALL CLAIMANTS

### Authorization to Insurance Carriers and Other Sources:

This authorization will permit Reliable Life Insurance Company or its representative, Pottruff & Smith Travel Insurance Brokers Inc., to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and processing my claim. I hereby assign to Reliable Life Insurance Company any benefits obtained from other sources for losses covered under this policy. I also direct these sources to forward payment to Reliable Life Insurance Company for my claims submitted by Reliable Life Insurance Company with regard to these losses. A photocopy, facsimile or electronic copy of this authorization is acceptable. This authorization will also permit Reliable Life Insurance Company to release and share information with any or all parties noted above.

I certify that the statements and particulars given herein together with those on any accompanying documents are complete, true and correct to the best of my knowledge.

I understand the reasons for which I have been asked to consent to the disclosure of my personal information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure. I understand that I may revoke this consent at any time by written notification to Reliable Life and/or its representative Pottruff & Smith Travel Insurance Brokers Inc.

I also understand that the making of false or fraudulent statements in connection with a claim for benefits may render the certificate of insurance or the policy void.

**CLAIMANT 1** Signature of Insured / Insured's Guardian | Date of Signature  
D | M | Y

**CLAIMANT 2** Signature of Insured / Insured's Guardian | Date of Signature  
D | M | Y

## Coverage With Other Insurers and Other Sources THIS SECTION TO BE COMPLETED IN FULL BY ALL CLAIMANTS

You may have travel protection through other sources such as a credit card or your employer. We require the following information in order to coordinate benefits with these sources.

Did you pay in part or in full for your travel arrangements with a credit card? Yes <input type="radio"/> No <input type="radio"/>		Credit Card No. (First 6 Digits)	Specific Card Type (i.e., CIBC Platinum, VISA)		Name of Cardholder
Employee Group Benefits Plan Or Retired Employee Group Benefits Plan Yes <input type="radio"/> No <input type="radio"/>		Group Policy No.	Name of Covered Person	Identification No.	Name of Insurance Company
Any other coverage (i.e., Union, Pensioner, Private or Other Policy or Other Sources of Recovery) under which you are entitled to benefits? Yes <input type="radio"/> No <input type="radio"/>					Policy No.
Name and Address of Insurance Company/Broker					
Other Sources: Name and Address of Company					
Claimant's (or Parent's) Occupation Full Time Employment <input type="radio"/> Self Employed <input type="radio"/> Part Time Employment <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Other: _____					
Name of Your Employer		Address: No./Street/Suite No.			
City	Province	Postal Code	Telephone No.		
Name of Spouse's Employer		Address: No./Street/Suite No.			
City	Province	Postal Code	Telephone No.		
Is this claim due to an injury or accident? No <input type="radio"/> Yes <input type="radio"/>		Please provide the contact information for the responsible third party Name		Address	Telephone No.

## Authorization and Release of Claimant's Medical Information

THIS SECTION MUST BE COMPLETED IN FULL IF YOUR CLAIM IS BASED UPON YOUR MEDICAL REASONS

### Authorization to Physicians, Hospitals, other Health Care Practitioners, Medical Care Facilities, Insurance Carriers, any other Person who has attended or examined me and Other Sources:

I hereby authorize and direct that you release to Reliable Life Insurance Company or its representative, Pottruff & Smith Travel Insurance Brokers Inc., any and all information you have regarding me, while under your professional care, including my medical history, any illness, injury, consultation, medicines or treatment and copies of all hospital and medical records. This authorization will permit Reliable Life Insurance Company to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy, assessing insurance risks, managing my claim and negotiating or settling payments to third parties. This authorization will permit Reliable Life Insurance Company's representative, Pottruff & Smith Travel Insurance Brokers Inc., to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and processing my claim. I hereby assign to Reliable Life Insurance Company any benefits obtained from other sources for losses covered under this policy. I also direct these sources to forward payment to Reliable Life Insurance

Company for my claims submitted by Reliable Life Insurance Company with regard to these losses. A photocopy, facsimile or electronic copy of this authorization is acceptable. This authorization will also permit Reliable Life Insurance Company to release and share information with any or all parties noted above.

I certify that the statements and particulars given herein together with those on any accompanying documents are complete, true and correct to the best of my knowledge.

I understand the reasons for which I have been asked to consent to the disclosure of my personal information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure. I understand that I may revoke this consent at any time by written notification to Reliable Life and/or its representative Pottruff & Smith Travel Insurance Brokers Inc. I also understand that the making of false or fraudulent statements in connection with a claim for benefits may render the certificate of insurance or the policy void.

Date of Consent D   M   Y	End Date of Consent: 12 Months from Date of Signature	Signature of Insured / Insured's Guardian	Date of Signature D   M   Y
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## Authorization to Attending Physician (APPLICABLE TO THE PERSON WHOSE MEDICAL CONDITION WAS THE CAUSE OF CANCELLATION OR INTERRUPTION)

### Authorization to Attending Physician:

I authorize you to give Reliable Life Insurance Company or its representative, Pottruff & Smith Travel Insurance Brokers Inc., any and all information you have regarding me, while under observation or

treatment by you, including my medical history, diagnoses and test results, as may be required for the adjudication of the claim of

Name of Insured/Claimant		Policy Number
Patient's Name	Patient's Signature	Date D   M   Y

FOR OFFICE  
USE ONLY