

# TIPS VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE POLICY

## IMPORTANT NOTICE

Take the time to read **your policy** and know what **you** are covered for. Pay special attention to bold words. They have a specific meaning which is explained in the Definitions section of this **policy** on page 12.

- This **policy** is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **you** read and understand **your policy** upon receipt as **your** coverage is subject to certain limitations, conditions or exclusions.
- **Pre-existing condition** exclusions apply to **medical conditions** and/or symptoms that existed prior to **your** Period of Coverage. Check to see how these apply and how they relate to **your effective date**.
- In the event of an **injury** or **sickness**, prior medical history will 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 provider within the specified time period.

## RIGHT TO EXAMINE

**You** may cancel this **policy** for a full refund provided **you** cancel prior to **your effective date**. For refunds after **your effective date** please see Refund of premium on page 11.

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## 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.

Make sure **you** check **your policy confirmation** to confirm **your** benefits, coverage and limits.

This **policy** is secondary to all other sources of coverage. 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.

## SCHEDULE OF MAXIMUM BENEFITS

Emergency Hospital and Medical	Sum Insured
Medical Evacuation/ Emergency Return Home	Sum Insured
Cremation/Burial at Destination	\$10,000
Accommodation & Meals	\$1,500
Travel Assistance	Included

## ELIGIBILITY REQUIREMENTS

If **you** do not meet these eligibility requirements, **your** insurance is void and the **company's** liability is limited to a refund of the premium paid:

- **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**.
- **You** must not be eligible for benefits under any Canadian federal, provincial or territorial government health insurance plan.
- **You** must be over 13 days and under 85 years of age during the entire Period of Coverage.
- **You** do not reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre.
- **You** do not require any assistance with **normal daily activities**.

## PERIOD OF COVERAGE

### Effective Date – When Coverage Begins

Coverage under this **policy** begins on the later of:

- a) the date of **your** arrival in Canada; or
- b) the **departure date**.

If **your policy** purchase date is after **your** arrival in Canada, coverage is subject to the following **waiting periods**:

- i) 48 hours for any **injury**;
- ii) 48 hours for a **sickness** if **you** purchased the insurance within 30 days of **your** arrival in Canada;
- iii) 48 hours for a **sickness** if **you** are continuing coverage from an existing policy with no gap in coverage; or
- iv) 7 days for a **sickness** if **you** purchased the insurance more than 30 days after **your** arrival in Canada.

### When Coverage Ends

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

1. When **you** cancel **your** insurance;
2. The date **you** become eligible for coverage under any Canadian federal, provincial or territorial government health insurance plan;
3. The **expiry date** as shown on **your policy confirmation**; or
4. On the date **you** return to **your home country**.

## TRAVEL ASSISTANCE

### When It Applies

If **you** require **emergency** medical care during **your** Period of Coverage.

### 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, employer 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. 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**.

#### 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. 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).
4. Repatriation of mortal remains. **We** will arrange for the reasonable and necessary services to transport **your** remains to **your** place of residence.

**You** must incur the **emergency** medical expenses in Canada. However, coverage under this **policy** includes the **emergency** medical expenses **you** incur during any side trip outside of Canada during **your** Period of Coverage if the side trip begins in Canada. **Your** accumulated stay in Canada during the Period of Coverage must be greater than the accumulated length of time **you** spend on **your** side trips outside Canada. The maximum duration of any side trip outside of Canada cannot exceed 30 days in duration. No coverage is allowed in **your** home country.

### Automatic Extension of Coverage

**Your** insurance will automatically be extended beyond **your** expiry date as shown on **your** policy confirmation if:

1. **your** scheduled **common carrier** is delayed, 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** expiry 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** country of residence; 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.

### Extending Coverage After Departure

If **you** decide to extend **your** Period of Coverage after departure contact **your** agent.

**We** will extend **your** coverage under this **policy** beyond **your** expiry date, as long as:

1. **you** have not experienced an **injury** or **sickness**, or have not had medical **treatment** during **your** Period of Coverage;
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.

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 document becomes an insurance policy:

- When **you** are named on a completed insurance **policy** confirmation; and,
- When **you** pay the required premium on or before **your** coverage **effective date**.

## What Happens When You Call For Assistance

- **We** will confirm that a **policy** has been issued.
- **You** will be referred to the most appropriate service provider for **your** situation.
- 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**.

## What To Do When You Need Assistance

Have **your policy** number or **policy confirmation** of coverage with **you** at all times. 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. If **you** cannot successfully place a collect call to the **emergency assistance provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **your** claim documents.

USA & Canada 1-800-334-7787  
Direct Dial Collect 1-905-667-0587  
Email: assistance@oldrepublicgroup.com

When contacting **our** assistance provider, please provide **your** name, **your** policy number, **your** location and the nature of the **emergency**.

## 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.

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.

## EMERGENCY MEDICAL

### Plans Available

Age Availability	Length of Period of Coverage	Limits of Coverage By Plan
Ages 14 days to 69 years	Over 7 days up to 365 days	Plan I = \$50,000 Plan II = \$100,000 Plan III = \$150,000
Ages 70 years to 84 years	Over 7 days up to 365 days	Plan I = \$50,000 Plan II = \$100,000

### When It Applies

If **you** experience a medical **emergency** during **your** Period of Coverage.

### 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 up to the semi-private room rate for recovery of an **injury** or **sickness**;
  - c) transportation furnished by a professional ambulance company to and from a **hospital**;
  - d) diagnostic laboratory procedures, 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 5 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.
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 home country** 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 home country**; or
  - b) the cost to accommodate a stretcher to transport **you** on a commercial airline by the most direct route back to **your home country**, 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 policy confirmation**.
  - Emergency return home services must be approved and arranged in advance by the **company**. If no such approval is obtained **we** will not cover 30% of the eligible expenses.

With respect to items #1 and #2 on page 6 and above, the **company** reserves the right to return **you** to **your home country** 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 home country** without endangering **your** life or health. If **you** elect not to return to **your home country** 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 **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 **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 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 **expiry date** shown on the **policy confirmation** due to a **sickness** or **injury** to **you**, **your travelling companion** or a **family member** who is travelling with **you**.

- 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 home country**, subject to prior approval by the **company**, expenses will be reimbursed up to \$1,000 for:
    - a) the cost of a round-trip **fare** by the most direct route for the relative or close friend; plus
    - b) for commercial accommodation and meals.
  7. **Repatriation:** in the event of **your** death during **your** Period of Coverage, the **company** will reimburse the reasonable costs actually incurred for the preparation and repatriation of **your** body or ashes to **your home country** up to the **sum insured** as indicated on **your policy confirmation**, or up to \$10,000 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** Period of Coverage, 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**.

## What We Exclude

There is 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 to **your effective date**, **you** had sought or received **treatment** or taken medication for that condition;
2. Expenses related to a **sickness, injury, or medical condition** that in the opinion of **our** Medical Director 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 Period of Coverage 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 physician**, 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 home country**;
  - 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** Period of Coverage.
7. Transplants of any kind;
8. Expenses incurred whereby this **policy** was purchased specifically to obtain **hospital** or medical **treatment** outside **your home country** 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 home country** or for the maintenance of any course of **treatment** that commenced prior to **your** date of arrival in Canada;
10. Unless prior approval is obtained from the **company**, **emergency** air transportation; surgery; diagnostic testing; cardiac procedures including but not limited to cardiac catheterization, angioplasty or surgery;
11. **Your** mental, emotional or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
12. Any elective medical **treatment**;
13. Cataracts or any **medical conditions** resulting from their medical care;
14. All medical and emergency evacuation costs associated with pregnancy or child birth or voluntarily induced abortion;
15. All neonatal, medical care and evacuation costs related to a baby born during **your** Period of Coverage;
16. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
17. **Your** suicide, attempted suicide or any intentionally self-inflicted **injury**;
18. **Your** participation in **adventurous activities**;
19. **Your** participation in organized professional sporting activities;
20. 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);
21. **Your** riding, driving or participating in races of speed or endurance;
22. 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**;
23. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
24. **Your** participation in a crime or malicious act;

25. Participation in a riot or insurrection;
26. 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;
27. **Act of terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
28. Participation in the armed forces;
29. Orbital or sub-orbital flights;
30. Events related to "Avoid Non-Essential Travel" and "Avoid All Travel" warnings issued by Global Affairs Canada prior to **your effective date** that were or continue to be in effect for any country, region or city of destination during **your** Period of Coverage as reflected in **your** travel itinerary;
31. **Contamination** resulting from radioactive material or nuclear fuel or waste; or
32. Any trip outside **your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

### 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 policy confirmation**.

## GENERAL POLICY PROVISIONS

**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 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.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

**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.

**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.

**Coordination of Benefits:** The benefits in this **policy** are secondary to those available under any other coverage **you** may have including but not limited to government health insurance, group or personal accident and sickness insurance, extended health or medical care coverage, any automobile insurance or benefits plan, homeowner tenant or multi-peril insurance, credit card benefit insurance and other travel insurance.

**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:** Other than the "Right to Examine" on page 1, if **you** return to **your home country** before **your expiry date**, **you** may request a refund of the premium **you** paid for the unused days provided that:

1. **You** submit proof of **your** date of return; and
  2. **You** have not incurred a claim for benefits under the **policy**.
- A request for a premium refund must be submitted to **your** agent.
  - 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 **your** 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.

**Adventurous activities** means participating in any of the following: all terrain vehicles (ATVs), bungee jumping, hang-gliding, heli-skiing, hot air ballooning, **mountain climbing** parachuting, paragliding, rock climbing (not mountaineering) scuba diving (unless qualified and not diving deeper than 130 feet), skydiving.

**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 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.

**Departure date** means the later of the date shown as such on the **policy confirmation** or the date **you** actually leave **your home country**.

**Effective Date** means the date **your** insurance coverage under this **policy** begins. (See page 2)

**Emergency** means a sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when medical evidence indicates that **you** are able to return to **your home country** or continue with **your** visit to Canada.

**Emergency assistance provider** provides the **emergency** service 24 hours a day, 7 days a week, during **your** Period of Coverage. (see page 5)

**Expiry date** means the date coverage under this **policy** ends as shown on **your policy confirmation**;

**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 or nephew.

**Fare** means the lowest single seat fare from any International Air Transportation Association carrier.

**Home country** means **your** country of permanent residence.

**Hospital** means an institution that is licensed, staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A **hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Injury** means sudden bodily damage caused by an **accident** during the Period of Coverage causing **you** to seek medical **treatment**.

**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 any disease, illness or **injury** including symptoms of undiagnosed conditions.

**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.

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

**Normal daily activities** means eating, bathing, use of a toilet, getting in and out of a bed or chair, and dressing.

**Physician** means a person who is not **you** or **your family member** or **your traveling companion** who is legally licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

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

**Policy confirmation** confirms the insurance coverage **you** have purchased sets forth **your policy** purchase date, **your departure date** from **your home country** and the **expiry date** of **your** Period of Coverage, and forms an integral part of the **policy** contract.

**Pre-existing condition** means any **medical condition** that exists prior to **your effective date**.

**Reasonable and customary** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**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.

**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.

**Sum insured** means the amount of insurance coverage **you** have purchased.

**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**.

**Travelling companion** means the person who is travelling with **you** during **your** Period of Coverage up to a maximum of five persons, including **you**.

**Treat, treated** or **treatment** means a procedure prescribed, performed or recommended by a physician for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

**Waiting period** means the period of time (as shown on page 2) after the **effective date** of **your policy** during which **you** are ineligible for benefits. If **you** become sick or injured during this period of time, **your policy** will not cover any expenses resulting from or related to this condition even if the **waiting period** is over.

**You or your** means a person who is eligible and named on the **policy confirmation** 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

Travel Claims Department

P.O. Box 557, Hamilton, Ontario L8N 3K9

Fax: 905-528-8338

Toll Free Fax: 1-866-551-1704

Telephone: 905-523-4731

Toll Free in Canada & USA: 1-888-831-2222

If **you** experience an emergency or require assistance while **you** are travelling at any time call the numbers listed below. If **you** cannot successfully place a collect call to the **emergency assistance provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **your** claim documents.

USA & Canada 1-800-334-7787

Direct Dial Collect 1-905-667-0587

Email: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

## How To Submit A Claim

**You** can download a claim form directly from **our** website:

[www.oldrepublicgroup.com/TIPS](http://www.oldrepublicgroup.com/TIPS)

or **you** can contact **us** toll free at: 1-888-831-2222

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.

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 24 months following the date of the event which caused the claim. All legal actions or proceedings must be brought in the province of Ontario where the head office of the **company** is located.


## PRIVACY

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 1-800-530-5446 or by email at: [privacy@oldrepubliccanada.com](mailto:privacy@oldrepubliccanada.com).

### Underwritten by:

Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA

President and Chief Executive Officer

November 2018

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