

Underwritten by: Zurich Insurance Company Ltd (Canadian Branch).

Claims Administration and Assistance Services provided by: Zurich has appointed Global Excel Management Inc., operating as Zurich Assistance, as the provider of all assistance and claims services under the policy.

Managed and distributed by: The Destination: Travel Group Inc.

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Important Notice - Read *Your Policy Carefully* Before *You Travel*

You have purchased a travel insurance policy - what's next? We want *you* to understand (and it is in *your* best interest to know) what *your* policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. *accidents* and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. medical conditions that are not *stable*, pregnancy, child born on *trip*, excessive use of alcohol, high risk activities).

- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not at time of policy purchase.
- Contact Zurich Assistance before seeking *treatment* or *your* benefits may be limited.
- In the event of a claim *your* prior medical history may be reviewed.
- It is *your* responsibility to be aware of *your medical conditions*. If *you* have been asked to complete a medical questionnaire and any of *your* answers are not accurate or complete, *your* coverage may be null and void.

It is *your* responsibility to understand *your* coverage.

If *you* have questions, call *your* broker or 1 855-337-3532.

IMPORTANT INFORMATION

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. This policy also contains exclusions which apply to *injury*, *sickness* and/or *medical conditions* that existed prior to and/or during *your* trip. Check to see how this applies in *your* policy and how it relates to *your* date of purchase, *departure date* and *policy effective date*.

Assistance in an Emergency

Zurich Assistance is there to help you 24 hours per day, 7 days a week.

You, or someone acting on *your* behalf, must notify Zurich Assistance at 1-833-532-2713 toll-free from the USA and Canada or +1 (819) 742-1096 collect where available within 24 hours of any *emergency* medical *treatment* or as soon as possible. Failure to notify Zurich Assistance without reasonable cause will reduce the benefits payable to *you* under this policy by 20%.

If *you* or someone on *your* behalf does not call Zurich Assistance prior to the arrangement of an emergency assistance service (as stated on Page 3 - Benefits), no benefit is payable.

Failure to comply with the **Emergency Procedures** set out on **Page 14** will result in loss of rights to or reduction of benefits offered under this policy.

10 Day Free Look for Full Refund

Your satisfaction is *our* priority. If *you* are not completely satisfied with this policy, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your* trip and have not experienced an event that would cause *you* to submit a claim.

This insurance provides coverage to a policy maximum of \$5 million CAD per insured, per trip.

ELIGIBILITY REQUIREMENTS

APPLICATION

Your completed application and *confirmation of coverage*, including all eligibility and plan classification requirements outlined therein is material to the risk and forms part of this policy.

ELIGIBILITY

You must meet the following conditions to be eligible for this insurance:

You must be over the age of 14 days and under age 90 on the date of application, a Canadian resident and be covered by the *government health insurance plan (GHIP)* of your Canadian province/territory of residence for the entire duration of your *trip*. You must meet all the eligibility requirements as stated below in # 1, 2, 3 and 4. If you are unsure of your eligibility based on your medical history, please consult with your physician.

1. **Coverage is not available to any individual who:**
 - a) has been diagnosed with a *terminal illness*;
 - b) during the last 5 years, has been *treated* for pancreatic cancer, liver cancer, lung cancer, metastatic cancer or two (2) or more cancers (excluding basal cell and squamous cell skin cancer);
 - c) had an organ transplant (heart, lung, liver, kidney) or a bone marrow or stem cell transplant;
 - d) has been diagnosed with or received *treatment* for congestive heart failure or cardiomyopathy in the last 12 months;
 - e) in the last 12 months, has had a *lung condition* for which the use of home oxygen has been prescribed; or has been prescribed or are taking prednisone for a period of more than 10 consecutive days;
 - f) has been diagnosed with or received *treatment* for Stage 4 or Stage 5 chronic kidney disease or any kidney condition requiring dialysis; or
 - g) have been advised by your physician not to travel.

In addition to question 1 above, to be eligible for coverage:

2. You must not have had, prior to your application date, your most recent heart surgery (if any) more than 12 years ago. Heart surgery includes coronary bypass, coronary angioplasty, valve surgery (repair or replacement), valvuloplasty, implanted pacemaker, or implanted defibrillator, (excluding battery change).
3. **In the last 12 months prior to your application date, you must not have:**
 - a) been hospitalized for 24 hours or more for any of the following *medical conditions*:
 - *Artery or Vein disorder*
 - *Heart condition*
 - *Lung condition*
 - *Diabetes* (excluding diet controlled)
 - *Stroke (CVA), Transient Ischemic attack (TIA)*
 - *Liver disorder*
 - *Pancreas disorder*
 - *Bowel/stomach disorder*

- b) been diagnosed or *treated* for 3 or more of the *medical conditions* listed in Question 3 a) above;
4. You must not have had, on your application date, a diagnosed aneurysm of 4 centimeters or more in either length or diameter, that has not been surgically repaired.

If you do not meet all the above eligibility requirements, you are not eligible to purchase this insurance.

POLICY TYPES

SINGLE TRIP PLAN

The **Single Trip Plan** option covers you for your single *trip* outside of your province or territory of residence. You must be eligible for coverage, as per the **Eligibility Requirements**, when you apply for coverage, when you depart on your *trip* and on your *policy effective date*.

Coverage is provided to eligible persons and can be used to *top up* other plans. All terms, conditions, limitations and exclusions of this policy apply.

Coverage begins on the *policy effective date* as specified by you on the *confirmation of coverage*.

Waiting Period

If you purchase your policy after you have exited your province or territory of residence or after the *policy expiry date* of an existing policy, any *sickness* that manifests itself during the first 48 hours after the *policy effective date* is not covered even if related expenses are incurred after the 48-hour waiting period.

Coverage terminates on the earlier of the *policy expiry date* as specified by you on the *confirmation of coverage* or the date you return to your province or territory of residence.

Extended Absence from Canada: Provincial and territorial *Government Health Insurance Plans* limit the time a person can be out of Canada and still remain eligible for provincial/territorial coverage. Check your province/territory's health insurance plan for details. If you are no longer eligible for *GHIP*, contact your broker or DTGI to inquire about our Destination: Expat Essential Plan.

ANNUAL MULTI-TRIP PLAN

The **Annual Multi-Trip Plan** option covers you for an unlimited number of *trips* outside of your province or territory of residence up to the allowable *trip* duration, as chosen by you on the application, during a 12 month period. If your health changes after the *policy effective date* indicated on your *confirmation of coverage*, your eligibility will not be affected but coverage for that *medical condition* will be subject to your *pre-existing medical condition* exclusion.

The Annual Multi-Trip Plan cannot be purchased as a *top up* to another policy. All other terms, conditions, limitations and exclusions of this policy apply.

You are allowed to renew a Destination Annual Multi-Trip plan consecutively without interruption, provided that the Annual Multi-Trip plan has the same number of days as the Annual Multi-Trip plan expiring. You must be eligible and be in your province or territory of residence to complete this renewal purchase, and the number of days per *trip* outside of Canada cannot exceed the number of days permitted by the plan you choose.

If you wish to be out of Canada for more than the number of days permitted by the plan you chose, you may purchase additional coverage

for that period by calling *your* broker or The Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900.

Coverage for each *trip* begins on the day *you* leave *your* province or territory of residence and terminates on the earliest of:

- (i) the date *you* return to *your* province or territory of residence;
- (ii) 11:59 pm on the last day of coverage permitted by the Annual Multi-Trip Plan duration *you* chose;
- (iii) 365 days after *your policy effective date* unless *you* have paid the required premium to renew *your* Annual Multi-Trip Plan and are eligible for coverage as per the eligibility and plan qualifications of the application.

All *trips* made under any Annual Multi-Trip Plan must be separated by a 24 hour return to Canada.

The Annual Multi-Trip Plan also provides coverage for an unlimited number of days within Canada, excluding *your* province or territory of residence.

The maximum number of days for each *trip* outside Canada is as shown on *your confirmation of coverage* and will be counted starting the date *you* exit Canada. *Trips* within Canada are limited to the maximum number of days allowed by *your Government Health Insurance Plan (GHIP)*.

In the event of a claim under any Annual Multi-Trip Plan, proof of date of departure from Canada must be supplied.

Automatic Extension of Coverage:

If *you* or *your travelling companion* are hospitalized on *your policy expiry date*, *your coverage* will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge.

If medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *policy expiry date*, coverage will be automatically extended for up to 5 days.

In addition, coverage will automatically be extended for 72 hours when there is a delay of a common carrier on which *you* are pre-booked as a passenger, extreme *weather* conditions or mechanical failure of *your vehicle*.

You must provide documented proof of the cause for the delay that is satisfactory to *us*.

Insuring Agreement

Subject to *you* meeting the Eligibility Requirements, as stated in Page 2, and in consideration for the full and correct premium received, the *insurer* will insure *you* against eligible expenses incurred as the result of an *emergency*, or pay benefits for other covered losses in accordance with the benefits under the heading "Benefits". All benefits and payments are subject to the terms, conditions, limitations and exclusions of this policy. The maximum *period of coverage* under this policy shall not exceed 12 consecutive months. Acceptance of the application and coverage under this policy is at the *insurer's* option. If *your* application is not accepted, *you* will receive a full refund of *your* premium paid.

Your spouse, *your* blood relations if travelling with *you* or *your* substitute decision maker are appointed to act on *your* behalf in the event that, because of an *emergency*, *you* are unable to make the necessary decisions with respect to *your* health status.

Prior to *your policy effective date* *you* must complete the paper or online application and the correct premium must be paid in full. No coverage

will be provided to anyone not named on the application. Coverage begins at 12:01 AM on *your policy effective date* and terminates at 11:59 PM on *your policy expiry date*.

Your policy coverage may be declared null and void if:

- (i) the full and correct premium is not received;
- (ii) the cheque is not honoured;
- (iii) credit card charges are declined for any reason;
- (iv) *you* are ineligible for coverage in accordance with any section of this policy;
- (v) *you* have not completed any required application; or
- (vi) *you* are not eligible for the plan which *you* selected.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, less any applicable deductible amounts, for any loss or expense. We do not assume responsibility for the availability, quality, results or outcome of any treatment or service covered under the terms of this policy.

You must, at all times while *you* are covered under this policy, act in a prudent manner so as to minimize costs to the *insurer*.

Any provision of this policy which is in conflict with any federal, provincial or territorial law of *your* province or territory of residence is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect.

Coverage will begin on the *policy effective date* specified on the *confirmation of coverage*.

Coverage will terminate on the earlier of the *policy expiry date* specified on the *confirmation of coverage* or the date *you* return to *your* province or territory of residence.

BENEFITS

We will pay up to a policy maximum of \$5,000,000 CAD of the *reasonable and customary* charges for eligible expenses as a result of *your emergency*, but only when these expenses are not covered by *your Government Health Insurance Plan (GHIP)* or any other insurance coverage *you* have.

Covered expenses and benefits are subject to the policy maximums, terms, conditions, limitations and exclusions contained herein.

If applicable, *you* are responsible for paying the *deductible* amount shown on the *confirmation of coverage* for the covered expenses of each claim.

***You* must notify Zurich Assistance at 1-833-532-2713 toll-free from the USA and Canada or +1 (819) 742-1096 collect where available before obtaining emergency treatment. Failure to do so limits benefits payable to:**

- a) in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless *your emergency* prevents *you* from calling. *You* must call as soon

as medically possible or have someone call on *your* behalf.

Following an *emergency*, when medical evidence supports *you* are medically fit to travel, Zurich Assistance, in consultation with *your* attending *physician*, reserve the right to transfer *you* to any *hospital* or to return *you* to *your* province or territory of residence prior to any further *treatment*. If *you* refuse to do so, then any continuing costs, incurred after *your* refusal, with respect to such *emergency* will not be covered and all coverage and benefits for that *medical condition* under this policy will cease.

If *you* elect to return to *your* province or territory of residence for further *treatment* and then travel again, any further expenses incurred relating to the *medical condition* for which *you* returned will not be covered.

Our policy allows *you* to make a temporary return to *your* province or territory of residence during the *period of coverage*. If *you* receive medical *treatment* during this temporary return to *your* province or territory of residence, any *treatment* relating to that *medical condition* will not be covered for the remaining *period of coverage*.

The *emergency* medical attention *you* receive must be outside of *your* province or territory of residence and be required as part of *your emergency treatment* and ordered by a *physician* (or a licensed dentist).

This coverage also pays for:

EMERGENCY MEDICAL EXPENSES

1. Emergency Hospital

If confined as a resident in-patient, the *insurer* agrees to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care.

2. Emergency Medical

If, during *your trip*, *you* require the following services, supplies or *treatment* by a medical professional who is not related to *you* by blood or marriage, the *insurer* agrees to pay for:

- a) **Medical Appliances:** When approved in advance by Zurich Assistance, the rental or purchase (whichever is less) of a wheelchair, brace, crutch or other medical appliance when prescribed by the attending *physician* and required due to a covered *emergency*.
- b) **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*.
Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by Zurich Assistance.
- c) **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of a covered *emergency*. Limited to a one-time 30-day supply per prescription, unless *you* are hospitalized. This benefit does not cover drugs, serums and injectables needed to control a *chronic* condition or a *medical condition* which *you* had before *your trip*.
- d) **Emergency Paramedical/Professional Services:** Care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$500 per category of

practitioner, when referred by a *physician* and approved in advance by Zurich Assistance.

- e) **Emergency Ambulance Transportation:** When approved in advance by Zurich Assistance the use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary. If an ambulance is medically required but not available, the *insurer* will reimburse for local taxi fare.
- f) **Emergency Dental:** *You* are covered for the following dental expenses when required as *emergency treatment*, performed prior to *your* return to *your* province or territory of residence and ordered or prescribed by a licensed dentist:
 - (i) if *you* need dental *treatment* to repair or replace *your* sound natural or permanently attached artificial teeth because of an *accidental* blow to *your* mouth, *you* are covered to a maximum of \$3,000. This *treatment* must be completed within 90 days following the *accident*;
 - (ii) if *you* need dental *treatment* for the relief of pain outside *your* province or territory of residence, the *insurer* will pay up to \$500.
- g) **Private Duty Nurse:** When approved in advance by Zurich Assistance, the services of a registered nurse, who is not related to *you* by blood or marriage, up to a maximum benefit of \$5,000.

EMERGENCY ASSISTANCE SERVICES

All Emergency Assistance Services must be pre-approved by Zurich Assistance.

- a) **Expenses to return children under your care:** When approved in advance by Zurich Assistance, we will pay:
 - (i) up to the cost of a one-way economy airfare to transport *your dependent child/children* or grandchildren to their original point of departure if *you* are admitted to the *hospital* for more than 24 hours or must be medically repatriated due to an *emergency*.
 - (ii) if necessary, the extra cost for a qualified caregiver to escort *your dependent child/children* or grandchildren to their original point of departure.The *dependent child/children* or grandchildren must have been under *your care* during *your trip* and be covered under *your* policy.
- b) **Return of Vehicle:** Up to \$5,000 for the return of *your vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency, if neither *you*, nor someone travelling with *you*, are able to drive *your vehicle* to *your* original departure point as a result of an *emergency*. *Your vehicle* must be returned within 60 days of the claim occurrence date. Benefits will only be payable for one person to return the *vehicle* when it is approved and arranged in advance by Zurich Assistance. This benefit does not cover wages lost by the person driving *your vehicle* and is available for claim only once per insured per *period of coverage*.
- c) **Emergency Evacuation and Repatriation:** If Zurich Assistance, in consultation with the attending *physician*, request *your* return to *your* province or territory of residence or *your* transfer to another *hospital* for the continuance of *your emergency* medical care, the *insurer* will pay for one or more of the following:
 - (i) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for medical *treatment*;
 - (ii) Transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of

- residence for immediate medical attention;
 - (iii) The fare for additional airline seats to accommodate a stretcher on a commercial flight;
 - (iv) When required, the return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses;
 - (v) Up to the cost of a one-way economy airfare to return *your travelling companion* to your province or territory of residence;
 - (vi) Up to \$5,000 for search and rescue should *you* be stranded in a mountainous area, the sea or other similar location.
- d) **Return to Original Trip Destination:** If *you* are returned to your province or territory of residence under the **Emergency Evacuation and Repatriation** benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, the *insurer* agrees to reimburse up to a maximum of \$2,500 for a one-way economy flight to return *you* and one insured *travelling companion* to your original *trip* destination. The return must occur during the original *period of coverage*.

A subsequent recurrence or complication of the *medical condition* that resulted in *you* being returned home is excluded under this policy.

- e) **Subsistence Allowance:** If an *emergency* prevents *you* or your *travelling companion* from returning to your province or territory of residence as originally planned or if your *emergency* medical *treatment* or that of your *travelling companion* requires your transfer to a location that is different from your original destination, the *insurer* will reimburse expenses for meals, hotel, phone calls and taxis, up to \$150 per day to a maximum of \$1,500. To file a claim, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were medically unfit to travel.

- f) **Return of Deceased (Repatriation):** If *you* die during your *trip* from an *emergency* covered under this insurance, we reimburse your estate for either:

- A. the transportation costs to return your body home to your province or territory of residence (using customary airline procedures), plus:
 - (i) up to \$10,000 for the preparation of your body including the cost of the transportation container; or
 - (ii) up to \$4,000 to cremate your body at the place of death.
- B. the costs for the preparation of your body including your burial at the place of death (excludes headstones, flowers, reception expenses), up to \$10,000.

We will also pay up to \$1,000 for the cost of a one-way economy airfare to return your *travelling companion* to your province or territory of residence.

- g) **Transportation of Family or Friend:** When approved in advance by Zurich Assistance, a round-trip economy airfare from Canada and up to \$150 per day up to a maximum of \$1,500 for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of your choice to:
- (i) be with *you* when *you* are travelling alone and have been hospitalized for at least 72 consecutive hours (for an insured child, a bedside companion is available immediately upon hospital admission) outside your province or territory of residence. *You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit; or

- (ii) identify the deceased insured prior to the release of the body, where necessary.

Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of your policy.

- h) **Pet Return:** Up to \$300 will be reimbursed for the cost of returning your accompanying dog or cat to your province or territory of residence, if *you* are returned to Canada under the **Emergency Evacuation and Repatriation** benefit.
- i) **Hospital Allowance:** Reimbursement of up to \$50 per day, to a maximum of \$250, for additional out-of-pocket expenses (i.e. telephone, television rental) when *you* are hospitalized for 48 hours or more as the result of an *emergency*. Expenses must be supported by original receipts.

EXCLUSIONS

1. Pre-existing medical conditions exclusion:

- (i) **If you qualify for the Premier Plan:** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition (other than a *minor condition*) that was not *stable* at any time during the 90 days prior to the *policy effective date*.

If *you* selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable* for more than 30 days but less than 90 days.

- (ii) **If you qualify for the Ultra Preferred Plan:** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition, other than a *minor condition* that was not *stable* at any time during the 180 days (90 days for high blood pressure) prior to the *policy effective date*.

If *you* selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable* for more than 30 days but less than 180 days.

- (iii) **If you qualify for the Super Preferred Plan or Elite Preferred Plan:** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition, other than a *minor condition* that was not *stable* at any time during the 365 days (90 days for high blood pressure) prior to the *policy effective date*.

If *you* selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable*:

- If you selected Option 1:** for more than 90 days but less than 365 days; or
- If you selected Option 2:** for more than 180 days but less than 365 days.

- 2. Benefits are not payable for costs incurred due to any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
- 3. Benefits are not payable for costs incurred for medical care or services where travel was undertaken contrary to medical advice or after notice of a *terminal illness* has been given.

4. Benefits are not payable for costs incurred that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
5. Benefits are not payable for costs incurred for ongoing or follow-up *treatment*, rehabilitative care, or the recurrence of a *medical condition* or related condition once the *emergency* is declared over by the attending *physician* or Zurich Assistance.
6. Benefits are not payable for costs incurred due to:
 - (i) any loss resulting from *your minor mental or emotional disorder*; and/or
 - (ii) *your* self-inflicted *injuries*, unless medical evidence establishes that the *injuries* are related to a mental health illness.
7. Benefits are not payable for costs incurred for transplants including but not limited to cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges.
8. Benefits are not payable for costs incurred whereby this policy was purchased specifically to obtain *treatment* outside *your* province or territory of residence whether or not recommended by *your* attending *physician*.
9. Benefits are not payable for costs incurred due to any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Zurich Assistance.
10. Benefits are not payable for costs incurred due to a recurrence or complication of the *sickness, injury* or medical condition that resulted in *you* being returned to *your* province or territory of residence if *you* elect to resume *your trip* after being returned to Canada.
11. Benefits are not payable for costs incurred due to *treatment* or services that contravene or are prohibited by legislation under a provincial or territorial hospital/ medical plan.
12. Benefits are not payable for costs incurred due to:
 - (i) *your* routine prenatal or post-natal care; or
 - (ii) *your* pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
 - (iii) *your high-risk pregnancy*.
13. Benefits are not payable for costs incurred due to *your* child born during a *trip*.
14. Benefits are not payable for costs incurred due to loss, death or *injury* if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the *medical condition* causing the loss was in any way contributed to by:
 - (i) *your* abuse of alcohol; or
 - (ii) *your* use of prohibited drugs or any other intoxicant; or
 - (iii) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *policy effective date*; or
 - (iv) *your* use of medication or drugs that have not been approved by the appropriate government authority; or
 - (v) *your* misuse of medication before or after the *policy effective date*.
15. Benefits are not payable for costs incurred due to any:
 - (i) *act of war*; or
 - (ii) kidnapping; or
 - (iii) *act of terrorism* (Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism Coverage* provision.); or
 - (iv) riot, strike or civil commotion; or
 - (v) unlawful visit in any country; or
 - (vi) participating in protests; or
 - (vii) a commercial sexual transaction; or
 - (viii) the commission or attempted commission of any criminal offence or illegal act; or
 - (ix) the disobeying of any statutory law or regulation in the area where the loss occurred.
16. Benefits are not payable for costs incurred due to rock or mountain climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment; hang-gliding, parachuting, bungee jumping, or skydiving; participation in a motor sport or motor racing; *your* professional participation in an organized sport, if that sport is *your* main paid occupation; or scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters).
17. Benefits are not payable for costs incurred resulting from a motor vehicle accident where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance except when such benefits are exhausted.
18. Benefits are not payable for costs incurred due to:
 - (i) *your* engagement in the operation of commercial *vehicles*; or
 - (ii) performing employment duties on any aircraft or ship; or
 - (iii) operating or learning to operate any aircraft, as a pilot or crew; or
 - (iv) performing duties or activities in any regular armed forces service.
19. Benefits are not payable for costs incurred in *your* province or territory of residence (unless specifically provided for in this policy).
20. Benefits are not payable for costs incurred for any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" regarding the country, region or city of *your* destination, before *your policy effective date*.
To read the travel advisories, visit the Government of Canada Official Global Travel Advisory site.
This exclusion does not apply for any claims due to *you* contracting Coronavirus (COVID-19) or if *your emergency* or *medical condition* is unrelated to the travel advisory.
21. Benefits are not payable for costs incurred for any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all travel" regarding the country, region or city of *your* destination, before *your policy effective date*.
To read the travel advisories, visit the Government of Canada Official Global Travel Advisory site.
This exclusion does not apply to claims for *your emergency* or *medical condition* unrelated to the travel advisory.

GENERAL PROVISIONS

Assignment

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

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in your province or territory of residence respecting contracts of sickness and accident insurance.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during a *trip*. Benefits are only payable to *you* under one policy during a *trip*.

If more than one policy issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer* at the time of application, and indicated on your *confirmation of coverage*.

Any benefits payable do not include interest charges.

Benefits payable as a result of your death will be payable to your estate.

Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

Zurich Assistance, on behalf of the *insurer*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount we pay to *you* cannot exceed your actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

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

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

If *you* are retired with an extended health plan provided by a former

employer, with a lifetime limit of up to \$100,000, Zurich Assistance, on behalf of the *insurer*, will not coordinate benefits with that provider, except in the event of your death.

Currency

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

If currency conversion is necessary, we will use our exchange rate on the date *you* received the service outlined in your claim. We will not pay for any interest under this insurance.

Emergency Assistance

Zurich Assistance will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, Zurich Assistance, the *insurer*, The Destination: Travel Group Inc. and their brokers will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

Extending Your Trip

You can extend your coverage before *you* leave your province or territory of residence.

If *you* decide to apply for additional coverage before *you* have left your province or territory of residence, contact the broker where coverage was originally purchased.

If *you* decide to apply for additional coverage after *you* have left your province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) purchase additional coverage prior to the *policy expiry date*; and
- b) are in good health; and
- c) have no reason to seek medical consultation during the new term of coverage.

If *you* have incurred a claim, The Destination: Travel Group Inc. will review your file before deciding on granting an extension.

The Destination: Travel Group Inc. reserves the right to decline any request for new terms of coverage.

Each policy or term of coverage is considered a separate contract and all limitations and exclusions will apply.

The recurrence of a *medical condition(s)* or related condition(s) that were present during the original term of the policy will not be covered under this policy during any extension period.

If *you* choose to extend your *trip* beyond the *policy expiry date* shown on the *confirmation of coverage* for any reason, *you* must contact your Broker or The Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900 prior to the *policy expiry date* shown on the *confirmation of coverage* and pay the required additional premium by credit card only (subject to a minimum premium).

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice.

This policy is non-participating. *You* are not entitled to share in our divisible surplus.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which you normally reside.

Limit on Liability

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

Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for transactions or proceedings governed by the laws of Ontario), or other applicable legislation.

Every action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island). Every action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of Yukon, Northwest Territories and Nunavut).

Misrepresentation and Non-Disclosure

We will not pay a claim if you, any person insured under this policy or anyone acting on your behalf attempt to deceive us or makes a fraudulent, false or exaggerated statement or claim.

You must be accurate and complete in your dealings with us at all times.

Your failure to disclose or misrepresentation of any material fact, fraud or attempted fraud, either at the time of application or at the time of claim, shall render the entire contract null at the option of the *insurer*, and any claim submitted thereunder shall not be payable.

Where there is an error as to your age, provided that your age is within the insurable limits of this policy, the premiums will be adjusted according to your correct age.

Premiums

The premium is calculated using the most current rates for your age on the application date of this policy as indicated on your *confirmation of coverage*.

Installment Payment Plan: The Installment Payment Plan is available when you purchase a Destination: Snowbird Plan at least ninety (90) days before your *departure date*.

Three equal installments are due on:

- 1. Initial Payment Date:** This is the first payment date and is due on your application date. It marks the beginning of the payment schedule.
- 2. Mid-term Payment Date:** This payment date is halfway between the initial payment date and the final payment date.
- 3. Final Payment Date:** This is the last payment date and is due twenty-one (21) days prior to your *departure date*.

Each installment is payable by credit card. The Installment Payment Plan is subject to a one-time non-refundable administration fee of \$25 per policy due at time of application. Your full payment schedule is included with your *confirmation of coverage*. If the installment date falls on the 29th, 30th, or 31st day of a month, premiums will be charged on the 28th day of the month.

If your *departure date* is postponed or cancelled, you must contact your agent/broker, prior to your *departure date* to either:

- Change the *policy effective date* to a future date; or
- Request a refund of premium paid, see Refunds on page 13 for details.

You can pay the outstanding premium for the full period of coverage at any time.

If DTGI is unable to charge the credit card on file, an email notification from notify@desttravel.com will be sent immediately to the email you provided on your application. Your agent/broker will be copied on the email. You will have up to five (5) days from the emailed notice to pay the outstanding premium. A \$25 processing fee may be charged in the event of each failed payment. If we are unable to collect the premium, the policy will be terminated in accordance with the Termination provisions included in the Statutory Conditions on page 12. Once your policy is terminated, you will not be able to reinstate the policy and no grace period will be permitted.

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, you agree to:

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

Your obligations under this section of the policy in no way restricts the *insurer's* right to bring a subrogated claim in your name against the third party and you agree to cooperate with the *insurer* fully should the *insurer* choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of your travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

This policy will be governed by the local time of the Canadian province or territory in which your policy was issued.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

Act(s) of terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

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

Artery or vein disorder includes aneurysm, peripheral vascular disease (PVD), deep vein thrombosis (DVT), phlebitis, blood clots, venous insufficiency, carotid artery stenosis, arteriosclerosis. It does not include varicose veins.

Bowel / stomach disorder includes ulcer, diverticulitis, irritable bowel syndrome (IBS), gastritis, ulcerative colitis, Crohn's disease, inflammatory bowel disease, gastrointestinal bleeds, bowel obstruction.

It does not include hemorrhoids, gastroesophageal reflux disease (GERD) or acid reflux.

It does not include the removal of polyps during a colonoscopy if this occurred once in the last 24 months and medical records indicate no further investigations, procedures or treatment are required or recommended.

Chronic means a *medical condition* that continues or persists over an extended period of time. A *chronic* condition is usually long lasting and does not easily or quickly go away.

Confirmation of coverage means the document outlining *your* coverage under this policy.

Deductible means the dollar amount for which *you* are responsible before any remaining eligible expenses are reimbursed under this insurance. *Your deductible* is indicated on *your confirmation of coverage* and applies to each claim.

Departure date means the date *you* leave *your* province or territory of residence.

Dependent child or children means financially dependent unmarried natural, adopted or step-children who are:

- a) under 21 years of age;
- b) a full-time student who is under 26 years of age;
- c) of any age with a permanent physical impairment or mental deficiency.

Emergency means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by Zurich Assistance indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

Government Health Insurance Plan (GHIP) means the coverage that the provincial or territorial governments provide to residents of Canada.

Heart condition includes heart attack (myocardial infarction), arrhythmia, atrial fibrillation, heart murmur, irregular heart rate or beat, chest pain (angina), congestive heart failure, cardiomyopathy, congenital heart defect or any other condition relating to the heart.

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

Hospital means an institution that is licensed as an accredited *hospital* that is 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.

Immediate family means *your spouse*, natural, step, or adopted children, persons for whom *you* are the legal guardian, parents, parents-in-law, stepparents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

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

Kidney disorder includes chronic kidney disease excluding kidney stones.

Insurer means Zurich Insurance Company Ltd (Canadian Branch).

Liver disorder includes cirrhosis, fatty liver and Hepatitis C.

Lung condition includes *chronic* obstructive pulmonary disease (COPD), asthma, *chronic* bronchitis, *chronic* pneumonia, emphysema, tuberculosis, pulmonary fibrosis. It **does not** include seasonal allergies.

Medical condition means any disease, *sickness* or *injury* (including symptoms of undiagnosed conditions).

Minor condition describes a *sickness* or *injury* during the stability period which ended prior to the *policy effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist; and
- d) which ended at least 30 days prior to the *policy effective date*.

Minor mental or emotional disorder means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

Neurological disorder means Alzheimer's disease or dementia, cerebral palsy, epilepsy, seizures, Parkinson's disease, Multiple Sclerosis or Lou Gehrig's disease (ALS).

Period of coverage means the period of time coverage is provided between the *policy effective date* and *policy expiry date*, as stated on *your confirmation of coverage*.

Physician means a person:

- who is not you or an *immediate family* member or your *travel companion*;
- licensed in the jurisdiction where the services are provided, to prescribe and administer *medical treatment*.

Policy effective date means the latest of:

- a) the date *your* application is approved and accepted by the *insurer*;
- b) the date *your* coverage begins, as stated on *your confirmation of coverage*;
- c) each time *you* depart on an insured *trip* under *your* Annual Multi-Trip coverage.

Policy expiry date means the date *your* coverage ends, being the earlier of the date:

- a) as stated on *your* application; or
- b) that *you* return to *your* province or territory of residence.

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

Return date means the date on which *you* return to *your* province or territory of residence.

Sickness means any illness, disease, or any symptom.

Signs or symptoms means any evidence of disease experienced by *you* or recognized through observation.

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

Stable describes all *medical conditions* for which:

- a) there has been no new *treatment*; and
- b) there has been no alteration in any medication for the condition or in its usage or in its dosage, nor any alteration in *treatment* prescribed or recommended by a *physician*; and
- c) there has been no *signs or symptoms* or new diagnosis; and
- d) there has been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting the results of further investigations performed by any medical professional.

The following are considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin or Coumadin provided it was not first prescribed during the automatic stability period.
- b) The change from a brand named medication to a generic brand medication provided that the medication was not first prescribed during the automatic stability period and the usage or dosage has not changed.
- c) The new medication prescribed solely as a result of a drug manufacturer's discontinuance of the original medication taken.
- d) The decrease or elimination of a medication dosage by a *physician*, provided that it has changed more than 90 days prior to *your policy effective date* and has not had any effect on the stability of *your medical condition* for the 90 days prior to *your departure/effective date*.

Automatic Stability period means:

- (i) **If you qualify for the Premier Plan:** the 90 days prior to the *policy effective date*.
- (ii) **If you qualify for the Ultra Preferred Plan:** the 180 days prior to the *policy effective date* (90 days for high blood pressure).

- (iii) **If you qualify for the Super Preferred Plan or Elite Preferred Plan:** the 365 days prior to the *policy effective date* (90 days for high blood pressure).

Terminal illness means a *medical condition* for which, prior to *your policy effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

Top up means a policy purchased to extend *your* coverage period and would become effective directly following the expiry of another policy.

Travelling companion means a person with whom *you* have coordinated travel arrangements and with whom *you* intend to travel during *your trip*, up to a maximum of three companions.

Treatment means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to:

- (i) prescribed medication,
- (ii) surgery,
- (iii) investigative testing that results in a diagnosis of a specific *medical condition*. Does not include *minor conditions*.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip(s) means a period during which *you* are travelling outside of *your* province or territory of residence and for which coverage is in effect.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers; and is either owned or rented by *you*.

For the Return of Vehicle benefit, vehicle also means a motorhome or a camper unit that is either owned or rented by *you* where:

- (i) motorhome means a self-propelled *vehicle* containing living quarters that are an integral part of the *vehicle* and are not removable; and
- (ii) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

We, us, our means the *insurer*.

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

CLAIMS PROCEDURES

Claim Notification: In the event of an *emergency* during a covered *trip*, *you* must call Zurich Assistance immediately prior to seeking *treatment*. If it is not reasonably possible for *you* to contact Zurich Assistance prior to seeking *treatment*, due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so limits benefits payable to:

- a) in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

If you choose to pay eligible expenses directly to a health service provider without prior approval by Zurich Assistance, eligible expenses will be reimbursed to you based on the *reasonable and customary* charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount. Therefore, you will be responsible for any difference between the amount you paid and the *reasonable and customary* charges reimbursed by us.

Claim Documentation: You are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents:

- a) Your policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial *Government Health Insurance Plan (GHIP)* number (including the expiry date or version code, where applicable).
- b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of *treatment*, and the name of the medical facility and/or *physician*.
- c) For prescription drugs, the original prescription drug receipts from the pharmacist, *physician*, or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
- d) For a Multi-Trip Annual Plan, proof of the *departure date* and *return date*.
- e) A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to you by Zurich Assistance when notice of claim has been given, which you must complete and sign for the purpose of allowing the *insurer* to recover payment from any other insurance contract or health plan (group, individual or government).
- f) For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.

Along with the above Claim Documentation, we will also require:

- proof of payment by you and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of the *accident* if you are submitting a claim for dental expenses resulting from an *accident*; and
- your historical medical records (if we determine applicable).

Important: Please note that incomplete documentation will be returned to you for completion. Once Zurich Assistance receives your claim, you may be required to provide additional information. Failure to submit required information will lead to a delay in processing your claim.

If you disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this policy.

Payment of Benefits: All payments are payable to you or on your behalf. Except in the case of your death, we will pay the covered expenses under this insurance to you or the provider of the service. Any sum payable for loss of life will be payable to your estate. You must repay us any amount paid or authorized by us on your behalf if we determine that the amount is not payable under your policy. Any claims paid to you will be payable in Canadian funds. If you have paid a covered expense, you will be reimbursed in Canadian currency at the

prevailing rate of exchange on the date that the claim payment is made to you. No sum payable shall bear interest. Once Zurich Assistance receives your claim, you may be required to provide additional information. Any information not provided may lead to a delay in processing your claim.

Send all required documents to:

Zurich Canada Travel Insurance
c/o Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec, J1M 0C9

Immediate access to Zurich Assistance is also available through the Global Excel Management Inc. Portal at:

www.globalexcel.com/zurichcanada.

LIMITATIONS AND RESTRICTIONS

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment - Zurich Assistance must approve in advance any surgery, invasive procedure, diagnostic testing or *treatment* (including, but not limited to, cardiac catheterization), prior to you undergoing such surgery, procedure, testing or *treatment*. It remains your responsibility to inform your attending *physician* to call Zurich Assistance for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

Failure to Notify Zurich Assistance - In the event of an *emergency* during a covered *trip*, you must call Zurich Assistance immediately, prior to seeking *treatment*. If it is not reasonably possible for you to contact Zurich Assistance prior to seeking *treatment*, due to the nature of your *emergency*, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:

- a) in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

Transfer or Medical Repatriation - During an *emergency* (whether prior to admission, during a hospitalization or after your release from the *hospital*), Zurich Assistance reserves the right to:

- a) transfer you to one of their preferred health care providers; and/or
- b) return you to your province or territory of residence, for the medical *treatment* of your *sickness* or *injury* without danger to your life or health. If you choose to decline the transfer or return when declared medically *stable* by Zurich Assistance along with your treating *physician*, the *insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. Zurich Assistance will make every provision for your *medical condition* when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the *hospital*.

Limitation of Benefits - Once you are deemed medically *stable* to return to your province or territory of residence (with or without a medical escort) either in Zurich Assistance's opinion or the treating *physician's* opinion your *emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.

Availability and Quality of Care – The *insurer*, along with Zurich Assistance are not responsible for the availability, quality or results of any medical *treatment* or transportation, or *your* failure to obtain medical *treatment* or hospitalization.

Benefits Limited to Incurred Expenses - The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Act of Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows:

- We will provide benefits for eligible expenses, up to a maximum aggregate of \$35,000,000 (CDN) for each *act of terrorism* (up to two (2) *acts of terrorism* within a calendar year); and
- The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to our **Emergency Medical Insurance** shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

If, in our judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

PRIVACY INFORMATION NOTICE

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, medical information, and financial information, you are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Zurich for the disclosure of your personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). If your policy is being arranged by a broker or an agent, you authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the

policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under your Policy.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at privacy.zurich.canada@zurich.com. You can also review our Privacy Policy at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

STATUTORY CONDITIONS

Contract

The application, *confirmation of coverage*, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

Copy of Application

The *insurer* shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

Material Facts

No statement made by *you* or a person insured at the time of application for the contract shall be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination

You may at any time request that this contract be terminated and the *insurer* shall, as soon as practical after *you* make the request, refund the amount of premium actually paid by *you* that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the *insurer* at the time of the termination.

Refer to Refunds on page 13.

We may terminate this contract in whole or in part at any time by giving written notice of termination to *you* and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five (5) days' notice of termination will be given; where it is sent by registered mail to *you*, fifteen (15) days' notice will be given and the fifteen (15) days will begin on the day the registered letter is delivered to *your* postal address.

Notice and Proof of Claim

Please refer to the Claims Procedures on page 13.

If *you* do not provide the required supporting documentation, *your* claim will not be paid.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting Zurich Assistance's Claims Department and shall be furnished to *you* upon request.

Rights of Examination

For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of *your* attending *physician(s)*, including the records of *your* regular *physician(s)* at home. These records may be used to determine the validity of a claim, whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, we have the right, and *you* shall afford us the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, we have the right to request an autopsy, if not prohibited by law.

REFUNDS

When Money Payable

All money payable under this contract shall be paid by the insurer within 60 days after the insurer has received proof of claim.

The *insurer* will only consider requests for a refund if *you* did not leave on *your trip* and cancel before *your policy effective date* or if *you* returned early from *your trip* and:

- a) no claim has been incurred or paid, or is pending; and
- b) *you* send a written request with proof of *your* non-departure or early return, to The Destination: Travel Group Inc., 155 Gordon Baker Rd, Suite 304, Toronto, ON M2H 3N5 or admin@desttravel.com before *your* coverage period ends.

No claim will be paid if *you* have received a refund of premium for unused days.

Refunds will be calculated on a pro-rated basis from the date postmarked on *your* written request if mailed or emailed, or on the date such faxed request is received by The Destination: Travel Group Inc. and are subject to a \$25.00 cancellation fee and a minimum refund of \$10.00.

Under no condition will a refund be made after the *policy effective date* of an Annual Multi-Trip Plan.

For the Installment Payment Plan, the \$25 installment administration fee is non-refundable.

Important Notes

Premium refunds, regardless of method of payment, must be obtained from the broker where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

Claim forms are available by calling Zurich Assistance Claims Department.

CLAIMS PROCEDURES

SEND YOUR CLAIMS TO:

Zurich Canada Travel Insurance
c/o Global Excel Management Inc.
73 Queen Street,
Sherbrooke, Quebec J1M 0C9

Collect worldwide: + 1 (819) 742-1096

Toll free Canada/USA: 1-833-532-2713

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely. Incomplete information will cause delay.

We need the following information when *you* submit *your* claim:

- a) original, itemized bills and invoices;
- b) proof of payment by *you* (receipts);
- c) proof of payment from any other insurance plan or any *Government Health Insurance Plan (GHIP)*;
- d) applicable medical records, including:
 - complete diagnosis by the attending *physician*;
 - documentation from the *hospital* that the *treatment* was appropriate and consistent with *your* diagnosis;
 - documentation that states the *treatment* could not be delayed until *you* returned home without adversely affecting *your* condition and quality of medical care.
- e) a letter from the referring *physician* recommending *treatment* of any professional under the Emergency Paramedical/Professional service benefit;
- f) proof of the *accident* if *you* submit a claim for dental expenses that result from an *accident*;
- g) proof of travel, including *your departure date* and return date;
- h) *your* historical medical records, if we ask for them.

Online Claims Submission

For quick and easy claim submission, please have all of *your* documents available in electronic format, such as a PDF or a JPEG. Visit www.globalexcel.com/zurichcanada to submit *your* claim online.

Emergency Medical Assistance and Claims Administration provided by:

Zurich Canada Travel Insurance
c/o Global Excel Management Inc.
73 Queen Street
Sherbrooke (Quebec), J1M 0C9
Email: assistance@globalexcel.com

Managed and Distributed by:

The Destination: Travel Group Inc.
304-155 Gordon Baker Rd
Toronto, ON M2H 3N5 Tel: 1-855-337-3532

Underwritten by:

Zurich Insurance Company Ltd (Canadian Branch)
100 King Street West, Suite 5500
Toronto, ON M5X 1C9

Zurich Assistance
Toll free Canada/USA:
1-833-532-2713

**If unable to contact us through the
toll-free number, call collect
+ 1 (819) 742-1096**



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THIA) want you to know your rights. THIA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:
Know your health • Know your trip
Know your policy • Know your [rights](#)
For more information, go to www.thiaonline.com

EMERGENCY PROCEDURES

In the event of a medical *emergency*, *you* or someone on *your* behalf must notify Zurich Assistance (toll free **1-833-532-2713** or worldwide collect **+ 1 (819) 742-1096** prior to any surgery being performed or within **24** hours of admission to a *hospital*.

Limits on Coverage

Failure to notify Zurich Assistance, without reasonable cause, will result in the reduction of eligible benefit amounts payable by **20%**. *You* will be responsible for any expenses that are not payable by *us*.

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

Accessible formats and communication supports are available upon request.



® - Trademark of Zurich Insurance Company Ltd
© - Marque déposée de Zurich Compagnie d'Assurances SA