

**Emergency** means that you require immediate medical treatment for the relief of acute pain or suffering resulting from an unexpected and unforeseen sickness or injury occurring while on a covered trip and that such medical treatment cannot be delayed until your return to your province or territory of residence.

**Family Coverage** means that an insured has chosen the family coverage option to cover his/her spouse and his/her children under the medical coverage for insured adults and has paid the required premium for such coverage.

**Global Excel** means the company appointed by the insurer to provide medical assistance and claims services.

**Hospital** means an institution which is designated as a hospital by law; which is continuously staffed by one or more physicians at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of a sickness or injury in the acute phase, or active treatment of a chronic sickness; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

**Hospitalized or Hospitalization** means you are admitted to a hospital and are receiving medical treatment on an in-patient basis.

**Immediate Family Member** means your mother, father, sibling, child, spouse, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law.

**Injury** means an unexpected and unforeseen harm to the body caused by an accident, occurring while on a covered trip and requiring immediate emergency treatment that is covered by this policy.

**Medical Treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**Medically Necessary**, in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting your condition or quality of medical care;
- d. cannot be delayed until your return to your province or territory of residence.

**Minor Ailment** means any sickness or injury which does not require the use of medication for a period greater than 15 days, more than one follow-up visit to a physician, hospitalization, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive days prior to each covered trip. However, a chronic condition or complications of a chronic condition are not considered a minor ailment.

**Physician** means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than yourself or an immediate family member.

**Reasonable and Customary Costs** means costs that are incurred for approved, eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness or injury.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

**Spouse** means the person to whom you are legally married or with whom you have resided for at least the last 12 months.

**Terminal Illness** means a medical condition that is cause for a physician to estimate that you have less than six months to live.

**Travel Companion** means a person who is sharing travel arrangements with you from your point of departure on the covered trip, including accommodation and transportation, and who has paid such accommodation or transportation in advance of departure. A maximum of three persons will be considered your travel companions.

**Treated** means that you have been hospitalized, have been prescribed (including prescribed as needed), have taken or are currently taking medication, have undergone a medical or surgical procedure.

**You, Your, Yourself, Insured and Insured Person** means any eligible person who is named on the confirmation of insurance.

**IDENTIFICATION OF INSURER**

Underwritten by:

Administered by:

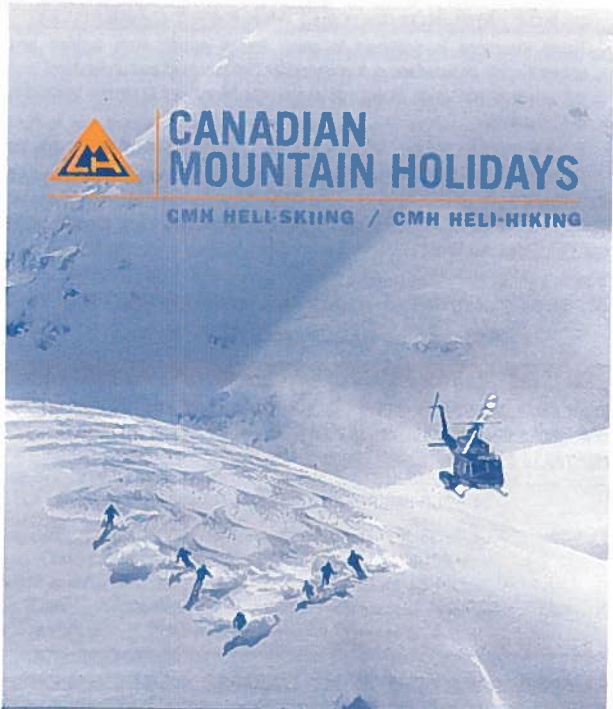


<sup>TM</sup> The Royal & SunAlliance logo is a trademark owned by Royal & Sun Alliance Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.

<sup>TM</sup> The following is a trademark of Expert Travel Financial Security (E.T.F.S.) Inc.: the etfs logo

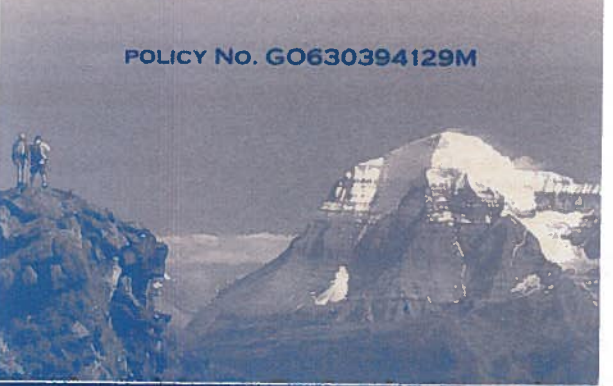
The insured is requested to read this policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to Global Excel.

**THIS POLICY CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE.**



**TRAVEL EMERGENCY HOSPITAL/MEDICAL**

**— INSURANCE POLICY —**



POLICY No. GO630394129M

**THIS POLICY IS A VALID CONTRACT ONLY AFTER THE PREMIUM HAS BEEN PAID**



### IMPORTANT NOTICE - PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.

#### Definitions

Throughout this policy words in italics have a specific meaning and are defined in the "Definitions" section.

#### Benefit Limits

All amounts indicated are in Canadian currency, unless indicated otherwise.

Please read your policy carefully before you travel.

### NOTICE

In the event of a medical emergency during a covered trip, you must call the Globetrek Assistance provider, Global Excel Management Inc. (herein after referred to as "Global Excel") immediately prior to seeking treatment:

#### 24-HOUR EMERGENCY MEDICAL ASSISTANCE

- 1-888-215-4091 (Toll free from the USA and Canada)
- 001-800-514-4289 (Toll free from Mexico)
- 1-800-002-547 (Toll free from Australia)
- 1-888-751-4338 (Toll free from the Dominican Republic)
- (819) 566-8477 (Collect from anywhere)

If it is not reasonably possible for you to contact Global Excel 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 notify and obtain prior approval from Global Excel will limit the benefits payable to you to:

- In the event of hospitalization, 70% of eligible expenses, based on reasonable and customary costs; and
- In the event of an out-patient medical consultation, a maximum of one visit per sickness or injury.

You will be responsible for payment of any remaining charges.

### ELIGIBILITY

- No age restriction applies for trips of 365 days or less for travel within Canada.
- You must be a Canadian citizen or a landed immigrant to purchase Travel Emergency Hospital/Medical Insurance under this policy.
- Medical and hospital benefits are payable to a maximum of:
  - \$5 million if you are covered by a government health insurance plan in your Canadian province or territory of residence.
  - \$20,000 CAD for all hospital/medical expenses covered under this policy, if you are not covered by GHIP.
- This insurance coverage must be:
  - issued in Canada;
  - purchased prior to departure; and
  - purchased for the entire duration of the trip.If the insurance coverage is purchased in a manner other than as stated above, the policy shall be null and void and the Insurer's sole liability will be limited to the refund of the insurance premium paid.
- This insurance coverage is null and void if a covered trip is booked or undertaken:
  - contrary to medical advice;
  - while you require kidney dialysis; or
  - if you have a terminal illness.

- It is a condition precedent to the Insurer's liability under this policy that at the time of application you know of no reason for you, an immediate family member, a travel companion, or a travel companion's immediate family member, to seek medical attention.

### INSURANCE AGREEMENT

#### A. The Contract

This policy offers coverage to a maximum of \$5 million. This policy, the application (if applicable) and the confirmation of insurance constitute your contract of insurance. The Insurer will pay benefits specified herein upon payment of the required premium and the occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this policy.

#### B. Period of Coverage

##### 1. Effective date

Insurance shall commence on the latest of the following:

- the contracted date of departure when you leave the contracted point of departure; or
- the contracted effective date.

##### 2. Termination date

Insurance shall terminate on the earliest of the following:

- the contracted date of termination; or
- the date you return to your contracted point of departure, except in the circumstances noted below.

If you return to your contracted point of departure for a temporary visit prior to your expiry date and provided you have not incurred a claim, your coverage may resume with no additional premium once you leave your contracted point of departure to resume your insured trip. The number of days of your temporary return will not be refunded or reissued. If during your temporary visit you are treated or you receive medical treatment for a medical condition (other than a minor ailment), your policy will terminate and you may be eligible for a refund.

#### C. Automatic Extension of Coverage

Coverage will be extended automatically, without additional premium, upon notifying Global Excel, beyond the contracted date of return when:

- Your return from the covered trip is delayed beyond the contracted date of return due to the delayed arrival or departure of a common carrier aboard which you are scheduled to travel, until the earliest of:
  - the date you return to the contracted point of departure or an alternate point of return; or
  - five consecutive days from the date the insurance coverage would otherwise terminate were it not for the automatic extension.
- The automobile in which you are travelling is involved in an accident or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date provided the return journey commences prior to the expiry date of your policy.
- You or your travel companion must remain hospitalized for medical treatment of a sickness or injury beyond the date the insurance coverage would otherwise terminate, to a maximum of 365 days or until you or your travel companion are stable for discharge in the opinion of the Insurer plus five consecutive days thereafter, whichever is earlier.
- You or your travel companion's return is delayed beyond the contracted date of return as a direct result of sickness or injury for which you or your travel companion are not hospitalized, until the earliest of:
  - the date you return to the contracted point of departure or an alternate point of return; or
  - five consecutive days from the date the insurance coverage would otherwise terminate were it not for the automatic extension.

#### D. Optional Extension Procedures

Coverage under Travel Emergency Hospital/Medical can be extended by contacting Global Excel provided that:

- a claim has not been made under this policy;

- you remain eligible for insurance;
- the extension is requested by phone before your coverage expires;
- the total time outside your province or territory of residence (including the extension) does not exceed the maximum trip duration applicable to your insurance coverage for your age group;
- the required premium is charged to your credit card.

NOTE: The cost of the additional days of Insurance will be calculated based on the total trip duration less the initial premium paid.

#### E. Refunds

Contact Canadian Mountain Holidays to request premium refunds for Travel Emergency Hospital/Medical Insurance:

- A full refund of the premium paid will be made if you must cancel the trip prior to departure.
- A partial refund (minimum four days) of the premium paid will be made if you return early, provided that you contact the agent upon early return and that no claim is pending.

Satisfactory proof of the return date must be received.

#### F. Coverage Offered

Treatment of an emergency during a covered trip outside or within your province or territory of residence.

This insurance provides payment for the reasonable and customary costs incurred in case of an emergency occurring outside or within your province or territory of residence during the covered trip. The Insurer will pay such eligible expenses, to a maximum of \$5 million, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and your Canadian provincial or territorial government health insurance plan.

### BENEFITS

#### 1. Emergency Medical Treatment

- Hospital accommodation up to the semi-private room rate (or an intensive or coronary care unit where medically necessary).
- Physicians' fees.
- Laboratory tests and x-rays prescribed by the attending physician and approved in advance by Global Excel. Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by Global Excel.
- Private duty nursing (other than by an immediate family member) during hospitalization when ordered by the attending physician and approved in advance by Global Excel.
- Local, licensed ambulance service to the nearest hospital (also covers local taxi fare in lieu of local ambulance service where an ambulance is medically necessary).
- Drugs requiring a prescription by a physician, limited to a 30-day supply per prescription unless you are hospitalized. This benefit does not cover drugs necessary for the continued stabilization of a chronic condition. To file a claim, you must provide original receipts issued by the pharmacist, physician or hospital, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing physician.
- Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a physician and approved in advance by Global Excel.

#### 2. Paramedical Practitioners

Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist (other than by an immediate family member), including x-rays, to a maximum of \$300 per profession listed, when ordered by a physician and approved in advance by Global Excel.

### 3. Prescription Glasses

The replacement or repair of prescription glasses when they are damaged during a covered medical *emergency*, to a maximum of \$350.

### 4. Emergency Dental Treatment

- emergency* dental treatment at trip destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided you consult a *physician* or dentist immediately following the *injury*;
  - necessary *emergency* treatment (described in a.) that must be continued upon return to your province or territory of residence, provided treatment is completed within 90 days from the date of the *accident*, to a maximum of \$1,500; and
  - other *emergency* dental treatment at trip destination, to a maximum of \$350.
- To file a claim under a. or b. above, you must provide an *accident* report from the *physician* or dentist.

### 5. Return of Automobile

Reasonable costs for a commercial agency to return an *automobile* owned by you or leased by you from a commercial vehicle rental agency when you are unable to operate such vehicle due to *sickness* or *injury* and when approved in advance by *Global Excel*. To file a claim, you must supply receipts for costs actually incurred.

### 6. Family Transportation

When approved in advance by *Global Excel*, a return economy airfare for an *immediate family member* or a close friend:

- to attend your bedside (upon the recommendation of the attending *physician*) when you are travelling alone, provided the *hospitalization* lasts at least three days. This benefit is provided immediately if:
  - you are 20 years of age or over and you have a permanent physical impairment or a permanent mental deficiency; or
  - under 21 years of age and dependent for support on the visiting *immediate family member*;
- or to identify the *insured's* remains (where necessary).

The person attending bedside will be covered under the same terms and conditions of your policy (but for no longer than three days in the case of b. above). Reasonable out-of-pocket expenses incurred by the attending *immediate family member* or close friend will be reimbursed to a maximum of \$500, subject to a limit of \$150 per day. To file a claim, you must supply original receipts.

### 7. Out-of-Pocket Expenses

When approved in advance by *Global Excel*, reasonable, necessary expenses incurred by you or an *insured travel companion* for commercial lodging and meals, commercial *automobile* rental, essential telephone calls and taxi transportation, to a maximum of \$3,500, subject to a limit of \$350 per day, if as a result of an *emergency*, you miss your *contracted* date of return or you are relocated for *medical treatment*. 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 unable to travel.

### 8. Emergency Air Transportation

When approved in advance and arranged by *Global Excel*:

- up to the cost of a one-way economy airfare to your province or territory of residence; or
  - the fare for additional airline seats to accommodate a stretcher to return you to your province or territory of residence; or
  - where *medically necessary*, medical air evacuation (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in your province or territory of residence;
- when the attending *physician* or the Insurer recommends that you be so transported for the purpose of obtaining *immediate medical treatment*.

### 9. Qualified Medical Attendant

Fees for a qualified medical attendant (other than an *immediate family member*) to accompany you to your province or territory of residence when recommended

by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).

### 10. Return of Children

When approved in advance by *Global Excel*:

- up to the cost of a one-way economy airfare to return each *insured child* to your province or territory of residence. A qualified escort will be provided; or
  - up to \$1,000 for the services of a *caregiver* (other than an *immediate family member*) contracted by you for your *insured children*;
- in the event of an *emergency* return to your province or territory of residence or the *hospitalization* of an *insured* parent or legal guardian during the *covered trip*.

### 11. Return of Insured Travel Companion

When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return your *insured travel companion* to your province or territory of residence if you are returned under the Emergency Air Transportation or Repatriation of Remains benefit. Reasonable out-of-pocket expenses incurred by the *travel companion* will be reimbursed to a maximum of \$450, subject to a limit of \$150 per day. To file a claim, the *travel companion* must supply original receipts.

### 12. Remote Evacuation

Your *emergency* evacuation from a mountainous area, the sea, or other such remote location, such as a Canadian Mountain Holiday lodge to which there is no ground access, to the nearest, most reasonably accessible medical facility or *hospital*, to a maximum of \$5,000.

### 13. Return to Trip Destination

A one-way economy airfare for you to be returned to your *contracted* trip destination after you are returned to your province or territory of residence for *immediate medical treatment* provided your attending *physician* determines that you require no further treatment for your *medical emergency*, when approved in advance by the Insurer.

Once you return to your trip destination, a recurrence of the *sickness* or *injury* which caused the initial *medical emergency*, or any problems or complications related thereto, will not be covered under this policy.

Note: This benefit is valid only if your insurance policy under which you were returned to Canada with the Emergency Air Transportation benefit is still effective.

### 14. Preparation and Repatriation of Remains

In the event of death:

- the actual cost incurred for return of the deceased *insured* in the *common carrier's* standard transportation container to the *contracted* point of departure, including the preparation of the remains and the cost of the *common carrier's* standard transportation container up to a maximum of \$5,000; or
- the actual cost incurred for return of the deceased *insured's* remains to the *contracted* point of departure, including the cremation of remains at the place of death up to a maximum of \$2,500; or
- up to \$3,000 for the preparation of the deceased *insured's* remains and the cost of a standard burial container, plus a maximum of \$2,500 for burial of remains at the place of death.

The cost of the casket or urn is not covered by this benefit.

## RESTRICTIONS AND LIMITATIONS

### Pre Approval of Medical Procedures

*Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

### Transfer or Medical Repatriation

During an *emergency* (whether prior to admission, during a *hospitalization* or after your release from the *hospital*), the Insurer reserves the right to:

- transfer you to one of its preferred health care providers; and/or
- 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 the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. *Global Excel* 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 the opinion of the Insurer or by virtue of discharge from *hospital*, your *medical 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 is 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.

## EXCLUSIONS

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part by:

- Expenses for which no charge would normally be made in the absence of insurance.
- Committing or attempting to commit an illegal act or a criminal act.
- Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
- Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
- Suicide (including any attempt thereof) or self-inflicted *injury* whether or not you are sane.
- A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless you are *hospitalized*.
- Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving *medical* or *hospital* services, whether or not such trip is taken on the advice of a *physician*, or a *sickness*, *injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during your *covered trip*.
- Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
- Sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *contracted* date of departure and prior to the effective date of the insurance extension or the top up if the extension or top up was purchased after the *contracted* date of departure.
- Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that you elect to have provided outside your province of residence when medical evidence indicates that you could return to your province or territory of residence to receive such treatment. The delay to receive treatment in your province or territory of residence has no bearing on the application of this exclusion.
- Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any additional diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.

12. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
13. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
14. Noncompliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a physician's instructions.
15. Treatment of a sickness or injury after the initial medical emergency has ended (as determined by the Insurer).
16. Emergency air transportation unless approved and arranged in advance by *Global Excel*.
17. Treatment not performed by or under the supervision of a physician or licensed dentist.
18. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or changes (for insureds 60 and over).
19. Participation in:
  - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
  - b) any competitive motorized sporting events, racing or speed contest.
20. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses (except as specifically provided under the Prescription Glasses benefit), sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.
21. Services provided by an optometrist or for cataract surgery.
22. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical emergency.
23. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
24. Elective and/or cosmetic surgery, whether or not for psychological reasons.
25. Any treatment if you are not covered by the government health insurance plan (GHIP) in your province or territory of residence.
26. Sickness, injury or medical condition you suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before your departure date, advising Canadians not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after your departure date, your coverage for sickness, injury or medical condition is limited to a period of 10 days from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means those sickness, injuries or medical conditions that are attributable to the reason for which the travel advisory or formal notice was issued.
27. Crowns and root canals.
28. Flight accident (unless you are travelling as a fare-paying passenger on a commercial airline).
29. Radiotherapy or chemotherapy.

#### HOW TO FILE A CLAIM

You must complete and sign the Globetrek claim form (available by contacting *Global Excel*), certain portions of which authorize the Insurer to recover such sums from your government health insurance plan, other health plans or insurers, when the insurer has made payment in advance on your behalf to any hospital or medical provider, and you must assist in obtaining such reimbursement. You will be required

to reimburse the Insurer if an advance is made for any expense not covered by this insurance policy. If payment has not been advanced by the Insurer for covered expenses, you must obtain and forward the following documents:

- a. a statement from the attending physician or hospital stating the diagnosis, medical treatment provided and any amount paid or owing; and
- b. a copy of the invoice from Canadian Mountain Holidays showing the insurance premium paid to the Insurer

#### Notice and Proof of Claim

You, or a beneficiary entitled to make a claim shall:

- a) give written notice of claim to *Global Excel* not later than 30 days from the date the claim arises under the policy;
- b) within 90 days from the date a claim arises under the policy, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the emergency giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and
- c) if required by *Global Excel*, provide a satisfactory certificate stating the cause for which the claim is made.

#### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of emergency if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

#### Payment of Benefits

All benefits, other than for loss of life, are payable to you or on your behalf. Benefits for loss of life are payable to your estate unless a beneficiary is otherwise designated by you in writing directly to Globetrek or the Insurer. Any claims paid to you will be payable in Canadian funds. Where claims are payable in foreign currency, the rate of exchange is based on the rate effective on the date when the service was rendered. No sum payable shall bear interest.

Call or write us at:

**Global Excel Management Inc.**

73 Queen Street, Sherbrooke, Québec J1M 1J3

Toll-free 1-877-296-9922 or collect 819-566-3937

Be prepared to provide your policy number or indicate it on all correspondence.

#### GENERAL TERMS OF AGREEMENT

##### Rights of Subrogation

If you suffer a loss covered under this policy, the Insurer is granted the right from you to take action to enforce all of your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or action for a covered loss you shall immediately notify the Insurer so that it may safeguard its rights. You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph.

##### Other Insurance

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other

insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an insured person is insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over \$50,000, the Insurer will coordinate benefits only above this amount.

##### Misrepresentation and Non-Disclosure

The entire coverage under this policy shall be voidable if the Insurer determines, whether before or after loss, you have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the insured persons under this contract of insurance.

##### Arbitration

Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the insured. The parties agree that any action will be referred to arbitration.

##### Applicable Law

This contract of insurance is governed by the laws of your Canadian province or territory of residence. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the insured.

##### Notice of Statutory Conditions

Despite any other provision of this contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.

##### Safeguarding your Privacy

The Insurer places great importance on the protection of your privacy. In an effort to assure you of full coverage in the event of a claim, you may be required to provide personal medical information. This information remains confidential, as is required by Canadian law. Your personal health record may be released to the Insurer's employees for analysis to better serve you. In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking your permission.

For privacy information, please see [www.royalsunalliance.ca](http://www.royalsunalliance.ca), or call us at 1-800-716-4339.

#### DEFINITIONS

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

**Automobile** means any vehicle, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which you are a passenger or driver during your trip.

**Caregiver** means a person you have entrusted with the care of your children on a permanent, full-time basis and whose services cannot reasonably be replaced.

**Child(ren)** means a dependent and unmarried child of the insured or his/her spouse, who is under 21 years of age at the date of purchase or under 26 years of age if a full-time student or over 20 years of age and has a permanent physical impairment or a permanent mental deficiency at the date of purchase and who is dependent on you for support.

**Common Carrier** means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

**Contracted**, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the covered trip.

**Covered Trip** means the travel arrangements which you have contracted and paid in advance of departure and for which an insurance premium has been paid in full.

**Day** means 24 consecutive hours.