



CMH  **HELI-SKIING** 
SUMMER ADVENTURES

VISITORS TO CANADA

— INSURANCE POLICY —

POLICY No. G0630394129V



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

**etfs**®

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.
- A pre-existing medical exclusion may apply to medical conditions and/or symptoms that existed prior to *your* trip. Check to see how this relates to *your* departure date, date of purchase or effective date.
- 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.

WHAT TO DO IN A MEDICAL EMERGENCY

In the event of a medical *emergency* during a *covered trip*, you must call the Globetrek Assistance provider, Global Excel Management Inc. (hereinafter 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)
- 001-800-514-0124 (Toll free from Mexico)
- 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:

- a. in the event of *hospitalization*, 70% of eligible expenses, based on *reasonable and customary costs*; and
- b. 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

1. This insurance coverage must be issued in Canada.
2. To purchase this insurance coverage, *you* must be 85 years of age or less on the date of application and be:
 - a. a visitor to Canada;
 - b. a person with a Canadian work visa or student visa;
 - c. an immigrant to Canada; or
 - d. a Canadian not covered by a government health insurance plan.
3. This insurance coverage is null and void if a *covered trip* is booked or undertaken:
 - a. contrary to medical advice;
 - b. while *you* require kidney dialysis; or
 - c. after *you* have been diagnosed with a *terminal illness*.
4. It is a condition precedent to receiving payment under this policy that, at the time of application, *you* know of no reason that may require *you* to seek medical attention.

A. The Contract

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**Duration of Coverage**

1. This insurance coverage may not exceed 365 days per period of coverage.
2. A *temporary visit* to another country (excluding *your country of origin*) as part of *your covered trip* must:
 - a. originate and terminate in Canada; and
 - b. not exceed 49% of the *covered trip's* duration.

Effective Date

Insurance shall commence on the *contracted* effective date.

Termination Date

Insurance shall terminate the earliest of:

- a. the date *you* return to *your* country of origin;
- b. the *contracted* date of termination; or
- c. the date which is 365 *days* after *your contracted* effective date.

C. Automatic Extension of Coverage

Coverage will be extended automatically without additional premium upon notifying *Global Excel*, if *your* return to the point of departure is delayed beyond *your contracted* date of return solely due to the following reasons:

1. *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:
 - a. the date *you* return to the *contracted* point of departure or an alternate point of return; or
 - b. five consecutive *days* from the date the insurance coverage would otherwise terminate were it not for the automatic extension.
2. *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, whichever is earlier, plus five consecutive *days* thereafter
3. *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:
 - a. the date *you* return to the *contracted* point of departure or an alternate point of return; or
 - b. five consecutive *days* from the date the insurance coverage would otherwise terminate were it not for the automatic extension.

D. Optional Extension

Coverage can be extended by contacting *Global Excel* provided that:

1. a claim has not been made under this policy;
2. *you* remain eligible for insurance;
3. the extension is requested by phone before *your* coverage expires;
4. the total time outside *your* province, territory of residence or country of origin (including the extension) does not exceed 365 *days*;
5. 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.

1. A full refund of the premium paid will be made if *you* must cancel the trip prior to arrival.
2. 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

This insurance provides payment for the *reasonable and customary costs* incurred in case of an *emergency* occurring while in Canada or during a *temporary visit* to another country (excluding *your country of origin*) as part of *your covered trip*. The Insurer will pay such eligible expenses, to a maximum of the *sum insured*, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan.

A \$50 deductible per *insured*, per *covered trip* applies if *you* selected the plan with a *sum insured* of \$25,000 or \$50,000 at time of application.

BENEFITS

1. Emergency Medical Treatment

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If coverage expires during *your hospitalization*, benefits continue to a maximum of 365 *days* or until *you* are stable for discharge in the opinion of the Insurer whichever is earlier.
- b. *Physicians' fees*.
- c. 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*.
- d. 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*, to a maximum of \$5,000.
- e. 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*).
- f. 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*.
- g. 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 an *immediate family member*), including x-rays, to a maximum of \$500 per profession listed, when ordered by a *physician* and approved in advance by *Global Excel*.

3. Emergency Dental Treatment

- a. *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, to a maximum of \$3,000, provided *you* consult a *physician* or a dentist immediately following the *injury*; and
- b. other *emergency* dental treatment for the relief of acute pain (excluding root canal treatment and dental conditions for which *you* previously received treatment or advice), to a maximum of \$500.

To file a claim under a. above, *you* must provide an *accident* report from the *physician* or dentist.

4. Family Transportation

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

- a. to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least five *days*; or
- b. 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 \$300, subject to a limit of \$100 per *day*. To file a claim, *you* must supply original receipts.

5. 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 if, as a result of an *emergency* *you* miss *your contracted* date of return to *your country of origin* 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. This benefit covers *you* to a maximum of:

- a. \$100 per *day* to a maximum of \$1,000 if *you* selected the plan with a *sum insured* of \$25,000 or \$50,000 at time of application.
- b. \$150 per *day* to a maximum of \$1,500 if *you* selected the plan with a *sum insured* of \$150,000 at time of application.

6. Emergency Air Transportation

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

- a. the cost of a one-way economy airfare to *your country of origin*; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your country of origin*;

when the attending *physician* or the Insurer recommends that *you* be so transported for the purpose of immediate treatment.

7. Remote Evacuation

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

8. Preparation and Repatriation of Remains

In the event of death:

- a. up to \$10,000 for the preparation and transportation of the remains of a deceased *insured* to the *country of origin*; or
- b. up to \$4,000 for the cremation or burial of a deceased *insured* 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 *medical 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 *emergency*.

Transfer or Medical Repatriation

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

- a. transfer *you* to one of its preferred health care providers; and/or

- b. return *you* to *your country of origin* or to Canada, 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 country of origin* (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 the *insured's* failure to obtain 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

A – Pre-existing Medical Condition Exclusions

Pre-existing medical exclusions table

Visitors to Canada	0-59 Inclusive 60-85	90 <i>days</i> before <i>your contracted</i> effective date. 36 months before <i>your contracted</i> effective date.
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This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- a. *Your* medical condition, if:
 - for that medical condition, *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, at any time during the pre-existing period.
- b. *Your* heart condition, if :
 - for **any** heart condition, *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, at any time during the pre-existing period.
- c. *Your* lung condition, if :
 - for **any** lung condition, *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, have been treated with home oxygen or have taken oral steroids (e.g., Prednisone), at any time during the pre-existing period.

B – General Exclusions

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

1. Any *sickness* occurring during the first 48 hours following *your contracted* effective date if *you* purchase this policy after *your* arrival in Canada.
2. Expenses for which no charge would normally be made in the absence of insurance.
3. Committing or attempting to commit an illegal act or a criminal act.
4. *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.
5. 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.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
 7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *you* are *hospitalized*.
 8. 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 surgeon; or a *sickness, injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your covered trip*.
 9. 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.
 10. *Sickness* or *injury* which first appeared, was diagnosed or received treatment after the *contracted* date of arrival 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 arrival.
 11. 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 in Canada (or in another country while on a *temporary visit*) when medical evidence indicates that *you* could return to *your country of origin* to receive such treatment. The delay to receive treatment in *your country of origin* has no bearing on the application of this exclusion.
 12. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated 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*.
 13. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
 14. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, *medical treatment* of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *medical treatment* in connection with drugs, alcohol or any other substance abuse.
 15. Non compliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a *physician's* instructions.
 16. Treatment of an acute *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer).
 17. *Emergency* air transportation unless approved and arranged in advance by *Global Excel*.
 18. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
 19. 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 charges.
 20. 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 event, racing or speed contest.
 21. *Injury* sustained while making a parachute jump for any purpose other than to save *your* life.
 22. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.
 23. Services provided by an optometrist or for cataract surgery.
 24. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (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 an *emergency*.
25. Elective and/or cosmetic surgery or treatment, whether or not for psychological reasons.
26. Medical care or services in *your country of origin*.
27. **This exclusion applies only to a temporary visit outside of Canada:** 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 any sickness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such “sickness, injury or medical condition”.
28. Crowns and root canals.

HOW TO FILE A CLAIM

You must complete and sign the Visitors to Canada Travel Insurance claim form (available by contacting *Global Excel*), certain portions of which authorize the Insurer to recover sums from *your* other health plans or insurers, when the Insurer has made payment in advance on *your* behalf to any *hospital* or medical provider, and 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

You must substantiate *your* claim by providing all documents listed below. (The Insurer is not responsible for charges levied in relation to any such documents.)

1. A completed Visitors to Canada Travel Insurance claim form (available by contacting *Global Excel*).
2. Proof of *your* original date of arrival in Canada (copy of airline ticket(s), stamped passport, etc.).
3. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider.
4. 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.
5. For reasonable and necessary commercial lodging and meals, *automobile* rental, essential telephone calls and taxi transportation expenses: original receipts and an explanation of expenses.
6. If *you* are covered by other insurance:
 - a) the full name and address of *your* employer;
 - b) the policy number, name and address of any other insurance/insurer.
 - Indicate *your* contract/policy number on all correspondence.
 - Attach a copy of *your* policy confirmation form, if applicable.
 - Send all of these items to:

Global Excel Management Inc.

73 Queen Street, Sherbrooke, Québec J1M 0C9
Toll-free 1-877-296-9922 or collect 819-566-3937

Note: Once *your* claim is received, additional information pertinent to *your* claim may be required. Any missing information may result in a delay in processing *your* claim.

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 are payable to *you* or on *your* behalf. Benefits for loss of life are payable to *your* estate unless a beneficiary is otherwise designated in writing to Globetrek or to 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.

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 *country of origin* 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 void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning *your* 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 where the policy was issued.

Applicable Law

This contract of insurance is governed by the laws of the Canadian province or territory where this insurance was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory where the policy was issued.

Notice of Statutory Conditions

Despite any other provision of this contract, this 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 information. This information remains confidential, as is required by Canadian law. *Your* personal health record may be released to *Global Excel's* employees for analysis to better serve *you*. In no case will this information be released to any person or organization that is not clearly entitled to it without first seeking *your* permission.

For privacy information, please see www.rsagroup.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.

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*.

Country of Origin means the country for which the *insured person* holds a passport. Where the *insured person* holds more than one passport, the country of origin will be taken to mean the country that the *insured person* has declared when applying for this insurance. Where a family is to be covered by the policy, there will be deemed to be one country of origin for the family, which will be the country of origin declared when applying for this insurance.

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.

Deductible means the dollar amount for which the *insured person* is liable before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per *insured person*, per *covered trip*.

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

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 *sickness* and *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 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 country of origin*.

Ongoing Condition means an acute *sickness* and/or *injury* that requires continuing care and/or treatment after the initial *emergency* has ended as determined by the Insurer.

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 and 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 treatment.

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

Sum Insured means the maximum sum payable that *you* selected at the time of purchase and for which *you* paid the premium, or that applies automatically to a given insurance coverage.

Temporary Visit means a short trip *you* take to another country (excluding *your country of origin*) during *your* visit to Canada, which must begin and end in Canada and not exceed 49% of *your* total covered trip.

Terminal Illness means a medical condition that is cause for a *physician* to estimate that *you* have less than 6 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 3 persons will be considered *your* travel companions.

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

IDENTIFICATION OF INSURER

Underwritten by:

Administered by:



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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.**