



2017-2018 Travel Emergency Medical Insurance Policy

Please read the policy carefully.
Certain conditions and limitations apply.

The following 11 pages contain
the actual policy text.

Underwritten by

Old Republic Insurance Company of Canada
In Quebec underwritten by Reliable Life Insurance Company

Please read this policy carefully for an understanding of the coverage provided. This policy is underwritten by Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company, which have appointed Medipac International Inc. (Medipac) to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform all assistance and claims services. The *Company* will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. For an understanding of the exclusions, please refer to "WHAT IS NOT COVERED" and "GENERAL LIMITATIONS". The section titled "THE DEFINITIONS" provides an explanation of the words and phrases shown in italics.

This coverage is available to Canadian residents only and must be purchased prior to the Date of Departure and from within Canada. *You* must be covered under the Government Health Insurance Plan of the Canadian province or territory in which *You* reside. Family coverage is available to *You* (if under age 56), *Your Spouse* and *Your Children* who are travelling together with *You*. A *Spouse* over age 55 is not covered by a family policy.

This policy covers *Reasonable Charges* incurred by *You* outside *Your* province or territory of principal residence; that result from a *Medical Emergency* occurring during the period of coverage (as explained below); and that *You* incur for *Medically Necessary Medical Treatment*.

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.

This insurance policy is in force only if Medipac has received *Your* completed application and premium; and a policy has been issued.

PERIOD OF COVERAGE

For the **Single Trip Plan**, *Your* insurance begins at 12:01 a.m. on *Your Effective Date of Insurance* as set out in *Your* Application for insurance and cannot begin earlier unless *You* notify Medipac in advance. *Your* insurance ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in *Your* Application for insurance; (b) the date *You* return to Canada for any medical reason. Once treatment ends *You* may apply to Medipac Assist to have *Your* policy reinstated. To be valid, a policy endorsement is required.

If, during the **Single Trip Plan**, *You* return to *Your* province

or territory of residence for any other reason and resume travel, this insurance does not provide benefits for any *Medical Emergency* concerning, relating to, caused by or arising from any medical or physical condition for which *You* received *Medical Attention* while in *Your* province or territory of residence. The number of days *You* return to *Your* province or territory of residence cannot be refunded.

If *You* have purchased the **Annual Add-on** to the **Single Trip Plan**, then for every **other trip**:

1. Outside Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave Canada during the 365-day period following *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 365 days after *Your Effective Date of Insurance*; (b) the date *You* return to Canada; (c) 12:01 a.m. 23 days after the date *You* leave Canada (if *You* purchased the 23-day Annual Add-on); or (d) 12:01 a.m. 33 days after the date *You* leave Canada (if *You* purchased the 33-day Annual Add-on).

2. Within Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 182 days after the date *You* leave *Your* Canadian province or territory of principal residence; (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 365 days after *Your Effective Date of Insurance*.

The period of coverage is subject to the automatic extension provision explained in "WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?"

The insurance coverage must be purchased for the entire duration of *Your Trip*, unless otherwise expressly stated in this policy.

If *You* have purchased an Annual Add-on to the Single Trip Plan, *You* can extend any single Trip during *Your* policy's 365-day period. When extending *Your* Annual Add-on, the same coverage type and deductible option MUST apply. *Your* Annual Add-on cannot be used in combination with *Your* Single Trip Plan.

WHAT SHOULD I DO IN A MEDICAL EMERGENCY?

You **MUST** notify Medipac Assist **PRIOR** to seeking *Medical Treatment*.

1-800-813-9374 (U.S. and Canada)

416-441-6337 (collect or direct from all other locations).

Failure to call will result in reimbursement of only 75% of all eligible Covered Expenses to a maximum of \$25,000 USD

If *You* are not able to call because *You* are medically incapacitated, *You* or someone on *Your* behalf **MUST** contact Medipac Assist as soon as reasonably possible. Do not assume that someone has called Medipac Assist on *Your* behalf; it remains *Your* responsibility to ensure that Medipac Assist has been contacted.

All medical procedures and/or tests (**including** MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or **ANY** surgery) **MUST** be authorized by Medipac Assist in advance. Reimbursement is subject to the terms and conditions of this policy.

Whenever possible, Medipac Assist will:

- verify *Your* insurance coverage;
- direct *You* or transfer *You* to one of our network of *Hospitals*, *Physicians* or other medical providers near *You* and help to manage *Your* emergency medical claim;
- provide multilingual interpreters to communicate with *Physicians* and *Hospitals* in foreign countries;
- contact *Your* family and *Physician*;
- pay *Covered Expenses* directly to *Hospitals*, *Physicians* and other medical providers on *Your* behalf;
- monitor *Your* medical condition;
- arrange for return transportation to a *Hospital* in Canada, if necessary.

A *Medical Treatment* plan will be developed to provide *Medically Necessary Medical Treatment* in a managed care setting.

You **MUST** provide authorization for the release of medical records and information from *Your* attending *Physician(s)* (including any test results, hospital and pharmaceutical records). No benefits will be payable under this policy without the required information.

THE DEFINITIONS

The following words have specific meanings:

"Children" means unmarried dependent sons or daughters under the age of 19 and born at least 3 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

"Company" means Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company.

"Covered Expense" means *Reasonable Charges* in excess of the Government Health Insurance Plan of the Canadian province or territory in which *You* reside or any private or provincial or territorial Auto Insurance Plan for supplies, treatment or services listed in The Benefits section subject to policy limitations.

"Deductible Amount" means the amount of *Covered Expenses* that *You* will be responsible for paying. *Covered Expenses* are first paid by *Your* Government Health Insurance Plan; then *Your Deductible Amount* applies before any remaining *Covered Expenses* are paid under this policy. The *Deductible Amount*, if any, applicable to this policy is shown in U.S. dollars on the Policy Validation Label affixed to this policy and applies to each *Trip*.

"Effective Date of Insurance" means for the Single *Trip* Plan, the later of 1) the Date of Departure shown on *Your* application for insurance or 2) the date *You* leave *Your* province or territory of residence. If purchasing the Single *Trip* Plan to top up another medical travel insurance policy, it means the *Effective Date of Insurance* indicated on *Your* application for insurance. If purchasing the Annual Add-on, it means the date *You* choose *Your* insurance coverage to take effect as indicated on *Your* application for insurance.

"Hospital" means an institution which is licensed as a *Hospital* and which:

- (a) is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis; and
- (b) provides medical care under the supervision of a staff of *Physicians*, with 24-hour-a-day care by registered nurses; and
- (c) is not otherwise licensed as a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

"Hospitalized" and **"Hospitalization"** means confinement in a *Hospital* as defined above.

"Injury" means any accidental bodily harm that occurs and results in *Covered Expenses* while this policy is in force. Such *Injury* must be caused solely by external, violent and accidental means, and independent of *Sickness* and of any other cause.

"Insured" means a person who is named on the application for insurance and in whose name the required premium has been paid.

"Medical Attention": see Policy Page 6 for details.

"Medical Emergency" means a *Sickness* or *Injury* which:

- (a) results in symptoms which occur suddenly and unexpectedly; and
- (b) requires immediate *Physician's* care to prevent death or serious impairment of *Your* health and/or to relieve acute pain and suffering; and
- (c) occurs outside *Your* Canadian province or territory of principal residence.

"Medical Treatment" means any reasonable medical, therapeutic or diagnostic measure, service or supply that is *Medically Necessary* and that is prescribed by a *Physician* in any form, including prescribed medication, reasonable investigative testing, *Hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. *Medical Treatment* does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom or problem when the dosage, drug or medication remains unchanged; or (b) a check-up where the *Physician* observes no change in a previously noted condition, symptom or problem.

"Medically Necessary" in relation to any service, supply or other matter means one which is ordered by a *Physician* and one which the *Company* determines is:

- (a) provided for the diagnosis or direct treatment of an *Injury* or *Sickness*;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the *Insured's* *Injury* or *Sickness*;
- (c) not experimental or investigative;
- (d) provided in accordance with generally accepted medical practice;

(e) not possible to delay until *You* return to Canada; and

(f) the most appropriate supply or level of service which can be provided on a cost-effective basis (including, but not limited to, in-patient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the *Insured's* attending *Physician* prescribes the services or supplies does not automatically mean such services or supplies are *Medically Necessary* and covered by this policy.

"Physician" means a medical practitioner (other than the *Insured*, a *Spouse* or relative) who was at the time of treatment currently licensed to prescribe and administer *Medical Treatment* within the scope of a medical doctor's licence, or a surgeon who performs surgery within the scope of a surgeon's licence and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practise in any province or territory of Canada.

"Pre-Existing Condition": see Policy Page 5 for details.

"Reasonable Charges" means charges which are made for care, services or supplies at a level usually furnished for cases that are of the nature and severity of the case being treated.

"Routine Check-up" means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

"Sickness" means an illness or disease which results in a *Covered Expense* while this coverage is in force. The *Sickness* must be serious enough for a reasonable person to seek personal *Medical Treatment* from a *Physician*.

"Spouse" means a person with whom the *Insured* is cohabiting and who either:

- (a) is legally married to the *Insured*; or
- (b) has lived with the *Insured*, in a conjugal relationship, for a period of twelve (12) consecutive months immediately prior to the commencement of insurance coverage under this policy and who has been publicly represented as the *Insured's* *Spouse* in the community in which they reside.

"Stable and Controlled": see Policy Page 6 for details.

"Trip" means the defined period of travel between the time *You* leave home and the date *You* are scheduled to return home.

"Trip Start Date" means the Date of Departure each time *You* leave *Your* province or territory of principal residence during the period of coverage if *You* have purchased the Annual Add-on.

"You" and **"Your"** mean the same as *Insured* defined above.

THE BENEFITS

The following are *Covered Expenses* provided they are incurred by an *Insured* as a result of a *Medical Emergency*.

1. Hospital/Medical/Ambulance Expenses:

- (a) *Hospital* room and board, up to the semi-private charge, services, supplies, intensive care unit and coronary care unit expenses;
- (b) *Physician's* charges for medical and surgical care;
- (c) X-rays and other diagnostic tests when prescribed by the attending *Physician* and approved in advance by Medipac Assist;
- (d) The cost of local licensed ambulance service to the nearest medical facility able to provide appropriate care;
- (e) Drugs and medication which by law require a written prescription and are dispensed by a pharmacist up to a maximum limit of a 30-day supply;
- (f) The cost or rental of casts, splints, trusses, braces, crutches, rental of a wheelchair or other medical appliances when prescribed by a *Physician* and approved in advance by Medipac Assist.

2. Private Duty Nursing Expenses: covers the cost of the professional services of a registered private duty nurse for out-of-*Hospital* nursing care only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a registered private duty nurse who is a *Spouse* or is related to *You* are not covered. The maximum benefit amount is \$7,500. This benefit must be approved in advance by Medipac Assist.

3. Chiropractic Services: covers the cost of the professional services of a licensed chiropractor for a *Medical Emergency*. Charges for the services of a licensed chiropractor who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

4. Other Professional Services: covers the cost of the professional services of a licensed chiropodist, osteopath, podiatrist or physiotherapist only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a licensed practitioner who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

5. Emergency Dental Expenses: If *You* suffered an *Injury* to *Your* teeth as a result of an external accidental blow to the mouth or face (chewing accidents are not covered), *You* will be reimbursed up to \$5,000 per *Insured* person for dental treatment to repair or replace natural teeth or permanently attached artificial teeth. Dental treatment must take place within 90 days of the accidental blow to the mouth or face. If *You* need treatment for relief of dental pain, a maximum of \$500 will be allowed for such treatment. Dental treatment must take place before *You* return to *Your* Canadian province or territory of principal residence.

6. Return of Vehicle: If neither *You* nor anyone travelling with *You* is able to operate *Your* owned or rented vehicle due to *Sickness, Injury* or death while travelling outside *Your* province or territory of residence, this plan will reimburse a maximum of \$5,000 for the return of the vehicle.

Eligible for reimbursement is the lesser of the cost of the return performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on *Your* behalf: fuel, meals, overnight accommodation and one-way economy airfare. To receive reimbursement, original receipts must be submitted. Any other expenses are not covered. Benefits will only be payable when pre-approved and/or arranged by Medipac Assist and the vehicle is returned to *Your* normal place of residence or the nearest appropriate rental agency within 30 days of *Your* return to Canada. Car rental costs while awaiting the return of *Your* vehicle are not eligible expenses. A copy of vehicle ownership is required.

7. Bringing a Relative to Your Bedside: covers the cost of a round-trip economy class airfare, accommodations and out-of-pocket expenses to have one family member or a close friend visit *You* in *Hospital*. The benefit amount is up to \$350 per day to a maximum of \$2,000. This benefit is payable in the event *You* are in *Hospital* for at least three (3) consecutive nights due to a *Medical Emergency*. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

8. Out-of-Pocket Expenses for Accompanying Family Member: covers the cost of *Reasonable Charges* for commercial accommodation, meals, essential telephone calls and taxi expenses incurred by an accompanying family member in the event that *You* are *Hospitalized* on the scheduled return date to Canada, as indicated on the Application. The benefit amount is up to \$350 per day to a maximum of \$2,000. The *Company* requires all original receipts for the expenses incurred.

9. Return of Spouse and Children: covers the cost of an economy class airfare to the departure point for the return of *Your Spouse* and *Children*, if the *Company* requires that *You* return to Canada for immediate *Medical Treatment* or in the event of *Your* death. This benefit is payable up to a maximum of \$2,500. This benefit must be approved in advance by Medipac Assist.

10. Emergency Air Transportation: covers, as a result of a *Sickness* or *Injury*: (a) the cost of a one-way, economy class airfare to *Your* departure point in Canada; or (b) the cost of additional airline seats to accommodate a stretcher when recommended by the attending *Physician*. Any air transportation must be arranged and approved in advance by Medipac Assist.

11. Qualified Medical Attendant: covers the *Reasonable Charges* for the services of a medical attendant. These services must be on the recommendation of a *Physician* and must be approved in advance by Medipac Assist. Charges for the services of a medical attendant who is a *Spouse* or is related to *You* are not covered.

12. Air Ambulance: covers the cost of air ambulance transportation, when medically required, between *Hospitals*. This benefit must be arranged and approved in advance by Medipac Assist.

13. Return of Deceased: covers the cost of preparation and transportation of a deceased *Insured* to the original departure point in Canada. This benefit includes the cost of a standard transportation container (excludes cost of a casket). The maximum benefit amount is \$10,000. For cremation or burial of the deceased *Insured* at the place of death, the maximum benefit amount is \$5,000. If it is necessary to identify the deceased *Insured* before release of the body, the benefit also covers the cost of a round-trip, economy class airfare for one family member or close friend and their out-of-pocket expenses up to \$350 per day to a maximum of \$2,000. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

14. Return to Destination: covers the cost of an economy class airfare to return *You* and/or *Your Insured Spouse* back to *Your* original *Trip* destination so *You* can continue *Your Trip* after *Your* medically approved emergency evacuation back to Canada. This benefit is available only if no further treatment is required and Medipac Assist has approved *Your* return under *Your* existing policy. To be valid, a policy endorsement is required.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY *MEDICAL TREATMENT*, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THE SECTION "THE BENEFITS" IS NOT COVERED BY THIS POLICY.

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS

This insurance does not provide benefits for **any** *Medical Emergency* concerning, relating to, caused by or arising from any of the following:

1. *Any Pre-Existing Condition* that has not been *Stable and Controlled* in the 90 days immediately prior to the *Effective Date of Insurance* or *Your Trip Start Date*. This includes any reaction that results from a change in medication prescribed for such a condition.

"Pre-Existing Condition" means any medical or physical condition, symptom, illness or disease for which *Medical Attention* was received or for which an ordinarily prudent person would have sought *Medical Attention* prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

“Stable and Controlled” means, during the 90 days immediately prior to the *Effective Date of Insurance* or *Your Trip Start Date*:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a *Physician*; and/or
- (e) no *Medical Attention* was received, prescribed or recommended by a *Physician*.

“Medical Attention” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a *Physician*, including but not limited to prescribed medication, investigative testing and surgery. *Medical Attention* does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is *Stable and Controlled*; or a *Routine Check-up*.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If *You* are taking Coumadin (warfarin) or insulin and are required to have *Your* blood levels tested on a regular basis and *You* are required to adjust the dosage of *Your* medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided *Your* medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that, in the 12 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, required: a) a total of three (3) or more Emergency Room visits, *Hospitalizations*, Day Surgeries or any combination of all three; and/or b) a single *Hospitalization* for more than 48 consecutive hours.

3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay claims resulting directly or indirectly from:

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted *Injury*.
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.
7. Any child born during a *Trip*.
8. A *Trip* that is undertaken to secure treatment, general health examinations or check-ups, or surgery as a purpose of the *Trip*.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.
11. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to *Your Trip Start Date*, *Medical Attention* or a change in medication has been recommended or scheduled for a date after *Your Trip* begins.
12. Expenses for which no charge would normally be made in the absence of insurance.
13. Expenses for rehabilitation, the continued treatment, or complication of the medical condition which caused the *Medical Emergency*, once *You* are discharged from *Hospital* or once a *Medical Emergency* ends, as determined by the *Company*.

14. Any expenses incurred after the date on which the *Insured* has declined an offer of repatriation and/or medical evacuation.
15. The commission or attempted commission of any criminal act by *You*.
16. Any treatment, services or supplies not *Medically Necessary* (as defined), or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a *Hospital*.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
19. Any *Hospital*/medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. Any expenses that result from abuse of medication, including refusal to take prescribed medication, the abuse of drugs or alcohol, or refusal to accept recommended medical treatment.
22. Any expenses for regular treatment or regular care of a condition that existed prior to the *Effective Date of Insurance* or any expense in connection with general health examinations or regular check-ups.
23. Any expenses directly or indirectly incurred due to HIV, AIDS or AIDS-related complex.
24. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
25. Any expenses incurred during a *Trip* under the Annual Add-on for which proof of departure has not been provided.
26. Any expenses which result directly or indirectly from scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.
27. Any expenses which result directly or indirectly from participation in speed or endurance contests and/or participation in athletic or sport activities for remuneration or prize money.
28. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the *Effective Date of Insurance* or *Your Trip Start Date*.
29. Travel in a country or specific area for which, prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, Foreign Affairs, Trade and Development Canada has issued a travel warning advising Canadian residents not to travel to that country or specific area.

GENERAL LIMITATIONS

If *Your* health changes at any time between *Your* Date of Application and *Your Effective Date of Insurance*, *You* must contact Medipac at 1-888-633-4722 right away. A reassessment for *Your* eligibility and rate qualification is required. Failure to contact Medipac may result in claim denial, or payment of only a portion of the *Covered Expenses*.

Individuals Excluded from Coverage

You cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the *Company* will be limited to return of premium if:

1. Coverage is not purchased for the entire duration of *Your Trip* (unless otherwise expressly stated in this policy).
2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
3. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.

and/or if between Your Date of Application and Your Effective Date of Insurance:

4. *You* had been diagnosed as having a terminal illness, been advised by a *Physician* not to travel or had HIV, AIDS or AIDS-related complex.
5. *You* had been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease.
6. *You* had stem cell treatment or an organ or bone marrow transplant (excluding cornea or skin graft).
7. *You* had been treated for, taken or been prescribed medication for, or been diagnosed with Lung Cancer, Metastatic Cancer or two (2) or more cancers (excluding Basal Cell and Squamous Cell Skin Cancer).
8. *You* had a Cardiac condition with an ejection fraction of less than 40% or a ventricular function grade of 3 or 4.
9. *You* had Moderately Severe or Severe Cardiac Valve Stenosis.
10. *You* had an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
11. *You* underwent Chemotherapy for Cancer or Malignant Tumour(s).
12. *You* had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on any artery.
13. *You* had any other Heart surgery (including Ablation, Cardiac Defibrillator Implant, Angioplasty and/or Stent), had a Heart Attack or an episode of Congestive Heart Failure.
14. *You* had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke.
15. *You* had any Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD], Chronic Bronchitis, Reactive Airway Disease or Asthma) which caused *You* to be *Hospitalized* for more than 24 consecutive hours, or for which *You* had taken or been prescribed Prednisone or Solu-Medrol.
16. *You* had taken or been prescribed Home Oxygen for any reason.

17. *You* had taken or been prescribed Insulin or two (2) or more medications for Diabetes and medication for a Heart Condition. The term “medication” includes Nitroglycerin in any form.

If You are under the age of 56 and travelling for less than 41 days, items 4. to 17. above do not apply.

Misstatement

If *You* misstate *Your* response to any question in section A of the application, then this policy is null and void and *Your* premium will be refunded.

If *You* misstate *Your* response in any other section of the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium. *You* will be responsible for the remaining portion of *Covered Expenses*.

CHANGE IN DEPARTURE DATE

For the Single *Trip* Plan, if there is a change in *Your* Date of Departure, notice **MUST** be provided to Medipac from within Canada prior to the Date of Departure shown in *Your* application. If *You* have purchased the Annual Add-on, *You* are not required to provide advance notice of *Your Trip Start Date* for every other *Trip*. **However, evidence of these dates will be required at the time of claim.**

IS THERE ANYTHING ELSE I NEED TO KNOW?

Yes, the following are the general conditions that apply to *Your* insurance under this policy:

- A. This policy will reimburse *You* for *Covered Expenses* up to a maximum of \$2,000,000 USD per *Insured*.
- B. The *Company* and its agents are not responsible for the availability, quality or results of any *Medical Treatment* or transportation, or the failure of the *Insured* to obtain *Medical Treatment* or proper *Hospitalization*.
- C. The *Company* reserves the right to return *You* to Canada or to transfer *You* to one of our preferred health care providers. **Refusal to comply with the transfer or the return to Canada renders this policy void;** i.e., *Your* insurance coverage under this policy ends. The *Company* has the right and *You* shall afford the *Company* the opportunity to have *You* medically examined by an independent medical professional.

- D. There is no insurance coverage if the premium is not received by Medipac due to an N.S.F. cheque or invalid credit card charge.

E. 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, or other applicable legislation.

F. In no event will a claim be accepted after one year from the date of occurrence.

G. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void. If *You* have misstated *Your* age, and such misstatement results in *Your* paying premium which is less than the required premium, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium.

H. If *You* incur *Covered Expenses* under this insurance due to the fault of a third party, the *Company* has a legal claim against such “at fault” third party for all benefits that the *Company* pays to *You* or for *You* under this policy. *You* must take all reasonable steps to protect and to advance the *Company's* claim against such party at fault. This includes keeping the *Company* informed about all legal proceedings against, and settlement negotiations with, such party at fault, making a claim on behalf of the *Company* in any such legal proceedings and negotiations, and not settling *Your* claim without first allowing the *Company* to start or continue a lawsuit in *Your* name against such party at fault for benefits that the *Company* has paid or will pay. Any settlement must first be applied to any expenses that the *Company* has paid on *Your* behalf.

I. When the *Company* has made *Hospital* or other medical payments on *Your* behalf, *You* must sign an Authorization Form included with this policy which authorizes and allows the *Company* to recover such payments from *Your* other insurers and other health plans (including *Your* Government Health Insurance Plan). *You* must assist the *Company* in obtaining such reimbursement. If an advance has been made for any expense that is not covered by this insurance policy, *You* will be required to reimburse the *Company*.

J. All benefit amounts under this policy are in United States currency unless stated otherwise. If *You* have paid a *Covered Expense* in a currency other than that of United States or Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.

K. This insurance is supplementary health coverage; i.e., this policy covers expenses in excess of those covered under *Your* Government Health Insurance Plan, any Private or Provincial or Territorial Auto Insurance Plan or any other insurance. If *You* are retired and *You* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) \$100,000 CAD or less, the *Company* will not co-ordinate payment with such coverage; or (b) over \$100,000 CAD, the *Company* will co-ordinate payment with such coverage in excess of \$100,000 CAD.

L. For purposes of determining eligibility under the section “Individuals Excluded From Coverage” in the General Limitations of this policy or for determining the validity of a claim, **hospital records, pharmaceutical records and the medical records of Your attending Physician(s) (including Your regular Canadian Physician(s)), will be obtained and reviewed by the Company.** *Your* claim cannot be processed and no benefits will be payable under this policy without the required information.

The *Company* has the right, and *You* shall afford the *Company* the opportunity, to have *You* medically examined, when and as often as may reasonably be required while benefits are being claimed or paid under this policy. In the event of death, the *Company* has the right to request an autopsy if not prohibited by law.

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

N. The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?

This policy provides automatic extension of coverage at no additional cost to *You* in each of the following situations:

1. If *You* are in *Hospital* due to *Injury* or *Sickness* on *Your* scheduled return date, insurance coverage will remain in force for the period of time *You* remain in *Hospital*, plus a further period of 72 hours following *Your* discharge from *Hospital*.
2. If *Your* return is delayed beyond *Your* scheduled return date due to the delay of a common carrier in which *You* are scheduled to travel; or, while travelling by automobile, *You* are involved in an accident or a mechanical breakdown, insurance coverage will be extended until *You* return to *Your* point of departure or for 72 hours after the date when the insurance coverage would otherwise have terminated, whichever occurs first.

However, in any event, insurance coverage will not be extended more than twelve (12) consecutive months immediately after the date of *Your Medical Emergency* which was the cause of *Your* delay beyond *Your* scheduled return date.

HOW DO I PRESENT MY CLAIM?

When *You* contact Medipac Assist at the time of *Your Medical Emergency*, we will send *You* a Claim Kit within 10 days, containing everything necessary to submit *Your* claim, including instructions and forms. **These forms must be returned to our office within 30 days** of the date of *Your* claim. Failure to provide the required documents in a timely manner will reduce any amount payable under this policy.

To adjudicate *Your* claim, the *Company* will require:

- a completed Claim and Authorization and Release Form
- original invoices and/or receipts
- payment of *Your Deductible Amount*, if any
- payment of outstanding premium, if any
- complete Medical Records including final diagnosis by the attending *Physician*
- Historical Medical Records
- any other relevant documentation
- if claiming under the Annual Add-on, proof of *Your* departure date.

For payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-04 (with itemized statement) OR an original itemized doctor's bill with:

- formal letterhead with full name and address
- tax I.D.
- procedure and diagnostic codes with dollar amounts
- original doctor's signature (stamped photocopied signatures are not acceptable)

Original bills must be provided for any eligible out-of-pocket expenses. Cash register receipts are not considered original bills.

For Claim inquiries please phone the Medipac Assist Claims Department:

Toll-free from the U.S.A. and Canada: **1-888-311-4761**
or from other locations: (416) 441-7073

POLICY EXTENSIONS

Extension of Coverage must be applied for and approved by Medipac at least 3 days prior to *Your* scheduled return date. In order to apply for an Extension of Coverage, *You* must be in good health and cannot have any medical condition for which surgery or *Hospitalization* is anticipated. **No extensions are available if a claim has been incurred.** To apply for an extension of coverage, call Medipac at 1-888-633-4722 toll-free from the U.S. or Canada or at (416) 441-7070 from other locations. A declaration of good health must be made before an extension can be issued. Extensions are available in trip length units as published. An Administration Fee per person, per extension, applies.

Exclusion:

This Policy Extension does not cover, provide services or pay claims for expenses resulting directly or indirectly from any *Sickness* or *Injury* that was first manifest, first diagnosed, or first treated after the *Effective Date of Insurance* or *Trip Start Date* and prior to the date when *Your* application to extend *Your* period of coverage under this insurance was approved.

REFUND POLICY

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. All refund requests must be made in writing from within Canada.
4. Premiums \$50 or less will not be refunded.

A refund will be provided to an Insured in the following situations:

FULL REFUND only if, prior to the *Effective Date of Insurance*:

- the *Insured* or his/her *Spouse* is unable to travel due to *Sickness* or *Injury* (a *Physician's* statement is required); or
- the *Insured* is unable to travel due to a death in the immediate family.

FULL REFUND less a \$50 Administration Fee per person if prior to the *Effective Date of Insurance*:

- the policy is cancelled for any other reason.
- Cancellation of the **Single Trip Plan** will also terminate the Annual Add-on.

PARTIAL REFUND less a \$20 Administration fee per person if:

- the *Insured* returns to Canada at least 10 days prior to the scheduled return date.
- A pro-rata refund will be calculated using the later of the postmarked date of the written request and the requested termination date.
- If *You* have purchased the 23-day (or 33-day) Annual Add-on, only the premium in excess of a minimum 22-24 day (or 31-33 day) Single *Trip Plan* will be eligible for a refund.
- *Your* request **MUST** include a statement that no claims have been incurred.

All requests for refunds can be mailed to:
Medipac Travel Insurance
180 Lesmill Road,
Toronto ON M3B 2T5

Signed for the *Company* by:



Paul M. Field, CPA, CA
President and Chief Executive Officer

Underwritten by

Old Republic Insurance Company of Canada.
In Quebec underwritten by Reliable Life Insurance Company.
Box 557, 100 King Street West, Hamilton, Ontario L8N 3K9

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 exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it 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.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Please read your policy carefully before you travel.