



**Out-of-Province/Canada Group
Travel Medical Emergency Insurance**

Travel +

We care about what you care about.

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Schedule of Benefits

Policyholder Name

Policy Number

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

Overall Maximum per Insured Person	\$ _____ per Coverage Period
Description of Classes	_____
Work hours required	As per the basic Extended Health Care group policy.
Eligibility Period	As per the basic Extended Health Care group policy.
Termination Age	As per the basic Extended Health Care group policy.
Common Law Spouse Cohabitation Period	Continuous cohabitation: Last _____ months
Pre-existing Condition Period	_____
Age Limits for Dependent Children	Under age _____, or under age _____ if a full-time student at a recognized educational institution
Coverage Period	_____ days per Trip

BENEFIT SUMMARY

Hospital Accommodation	Reasonable & Customary Costs
Physician Charges	Reasonable & Customary Costs
Diagnostic Services	Reasonable & Customary Costs
Paramedical Services	\$250 per Profession
Prescription Drugs	30-day supply per Prescription
Ambulance Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Private Duty Nurse	Up to \$5,000
Emergency Air Transportation	Reasonable & Customary Costs
Transportation to Bedside	Economy Round-trip Airfare plus up to \$150 per day to \$3,000
Return of Travelling Companion	One-way Airfare
Child Care	Up to \$5,000 per Trip
Treatment of Dental Accidents	Up to \$2,000
Meals and Accommodation	Up to \$150 per day, to \$3,000 per Trip
Trip Cancellation	Up to \$5,000 per Trip
Vehicle Return	Up to \$5,000
Return of Deceased	Up to \$5,000
Incidental Expenses	Up to \$250



Out-of-Province/Canada Group Travel Medical Emergency Insurance

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while You are temporarily travelling outside Your province or territory of residence. It is important that You read and understand Your plan before You travel. In the event of any discrepancy between the provisions of a booklet or other document You hold and the provisions of the Policy, the provisions of the Policy shall govern. The Insurer has contracted Global Excel Management Inc. (called "Global Excel") to provide medical assistance and claims services under the Policy.

**IN THE EVENT OF AN EMERGENCY,
YOU MUST CALL GLOBAL EXCEL IMMEDIATELY:**

The Emergency telephone numbers are listed on the back of
the Medical Assistance Card provided.

Global Excel must be contacted before You seek medical treatment. If Your condition renders You unable to do so, then someone else must contact Global Excel immediately for You. Do not assume that someone will contact Global Excel on Your behalf. It remains Your responsibility to ensure that Global Excel has been contacted prior to receiving medical treatment or as soon as reasonably possible.

If You incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the Policy expressly requires the prior approval or authorization of Global Excel, on the basis of the Reasonable and Customary Costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the Policy. Such expenses may be higher than this amount, therefore You will be responsible for paying any difference between the amount You incur and the Reasonable and Customary Costs reimbursed by the Insurer.

Participant Coverage

To be covered under the Policy as a Participant, You must meet the following eligibility requirements:

1. be covered under the Government Health Insurance Plan of Your province or territory of residence;
2. be covered under the basic group extended health care plan of the Policyholder;
3. be younger than the Termination Age specified in the Schedule of Benefits;
4. have Your place of employment in Canada;
5. have Your permanent residence in Canada;
and
6. a) if You are covered as an employee of the Policyholder, You must also:
 1. work the minimum number of hours per week specified in the Schedule of Benefits; and
 2. have satisfied the eligibility period specified in the Schedule of Benefits;or
b) if You are covered as a member of the Policyholder who is other than an employer, You must also:
 1. be a member in good standing of the Policyholder; and
 2. be on the monthly list of members entitled to coverage provided to the Insurer by the Policyholder.

Participant coverage will become effective on the later of:

1. the date the Policy becomes effective; or
2. the date the Participant's coverage becomes effective under the basic group extended health care plan of the Policyholder.

Coverage for disabled employees or employees who are not Actively at Work on the date their coverage would normally become effective will become effective on the date the employee resumes active work.

Participant coverage will terminate immediately upon the first to occur of:

1. the date You cease to meet the above eligibility requirements for Participant coverage;
2. the date the premium is due if the Policyholder does not remit Your premium to the Insurer, except where this is the result of clerical error; or
3. the date the Policy is terminated.

Dependent Coverage

To be covered under the Policy as a Dependent, You must meet the following eligibility requirements:

1. be covered under the Government Health Insurance Plan of Your province or territory of residence;
2. be covered as a Dependent under the basic group extended health care plan of the Policyholder; and
3. meet the definition of Dependent in the Policy.

Dependent coverage, if any, will become effective on the later of:

1. the date the Policy becomes effective; or
2. the date the Dependent's coverage becomes effective under the basic group extended health care plan of the Policyholder,

but in no event prior to date the Participant's insurance becomes effective.

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the Dependent ceases to meet the above eligibility requirements for Dependent coverage;
2. the date the Participant's coverage terminates, except if termination is due to the death of the Participant, in which case Your basic coverage will continue providing that Your group extended health care plan remains in effect; or
3. the date the Policy is terminated.

SECTION II — BENEFITS

The Policy covers expenses that are:

- incurred outside the province or territory of residence of the Insured Person;
- Medically Necessary;
- Reasonable and Customary Costs;
- incurred as a result of an Emergency due to sudden and unforeseen Sickness and/or Injury occurring during the Coverage Period;
- in excess of those covered by the Government Health Insurance Plan or other insurance under which You may have coverage; and
- legally insurable;

subject to the Overall Maximum per Insured Person specified in the Schedule of Benefits.

In the event of an Emergency, the following benefits are payable under the Policy. However, certain expenses, as specified below, are covered only if You obtain the prior approval of Global Excel.

1. **Hospital Accommodation:** Room and board costs up to the semi-private room rate charged by the Hospital. If Medically Necessary, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during Your Hospital stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for In-patient stays be covered for a period greater than 365 days per Insured Person.
2. **Physician Charges:** Charges for treatment by a Physician.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending Physician and that are part of the Emergency treatment. The Policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.
4. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per Insured Person, per profession listed above, when approved in advance by Global Excel.

5. **Prescriptions:** Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a Physician and that are supplied by a licensed pharmacist when Medically Necessary for Emergency treatment, except when needed to stabilize a chronic condition or a medical condition which You had before Your Trip. This benefit is limited to a 30-day supply per prescription, unless You are hospitalized.
6. **Ambulance Services:** When reasonable and Medically Necessary, licensed ground ambulance service to the nearest medical facility.
7. **Medical Appliances:** When approved in advance by Global Excel, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending Physician, obtained outside Your province or territory of residence and Medically Necessary.
8. **Private Duty Nurse:** The professional services of a registered private nurse, when Medically Necessary and while hospitalized, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per Insured Person, when approved in advance by Global Excel.
9. **Emergency Air Transportation:** When approved and arranged in advance by Global Excel:
 - a) air ambulance to the nearest appropriate medical facility or to a Canadian Hospital for immediate Emergency treatment;
 - b) transport on a licensed airline with an attendant (where required) to return You to Your province or territory of residence for immediate Emergency treatment.
10. **Transportation to Bedside:** When approved in advance by Global Excel, a single round-trip economy airfare from Canada plus up to the amounts specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: Spouse, parent, child, brother, sister or business partner, to:
 - a) be with You if You are travelling alone and have been hospitalized as the result of an Emergency. To be payable, this benefit requires that You eventually be hospitalized as an In-patient for at least three (3) consecutive days outside Your province or territory of residence and that the attending Physician provide written certification that the situation was serious enough to warrant the visit; or
 - b) identify the deceased Insured Person prior to the release of the body, where necessary.

The Insurer will only reimburse covered expenses evidenced by original receipts.
11. **Return of Travel Companion:** If You are returned to Your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a Travel Companion to return to Canada, when approved in advance by Global Excel.
12. **Child Care:** When approved in advance by Global Excel, to the maximum specified in the Benefit Summary section of the Schedule of Benefits per Trip for one of the following child care assistance benefits:
 - a) Economy class airfare for the return of Dependent children who are under sixteen (16) years of age in the event You or Your Spouse is hospitalized as a result of an Emergency. Where necessary, arrangements will include provision for an escort for the children; or
 - b) The cost of Caregiver services (other than a relative) for Dependent children who are under sixteen (16) years of age in the same location where You or Your Spouse is hospitalized as a result of an Emergency; or
 - c) The cost of Caregiver services (other than a relative) for Dependent children who are under sixteen (16) years of age in their home province or territory of residence when left unattended due to an Emergency involving You or Your Spouse while travelling.

13. **Treatment of Dental Accidents:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits per Insured Person for Emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the Injury was caused by an external, accidental blow to the mouth or face. You must consult a Physician or dentist immediately following the Injury. Treatment must begin during the Coverage Period and be completed prior to returning to Your province or territory of residence. An accident report is required from a Physician or dentist for claims purposes.
14. **Meals and Accommodation:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits per Participant, for the cost of commercial accommodation and meals for the Participant and/or any of his/her Dependents when their Trip is extended beyond the last day of the scheduled Trip due to the Sickness and/or Injury suffered by an Insured Person. This benefit must be authorized in advance by Global Excel. The fact that You are unable to travel must be certified by the attending Physician and supported with original receipts from commercial organizations.
15. **Trip Cancellation:** The cost of Trip cancellation to the maximum specified in the Benefit Summary section of the Schedule of Benefits per Insured Person per Trip for any of the following occurrences that prevent an Insured Person from departing on a scheduled Trip. To be payable, the prepaid travel arrangements must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of the event forcing cancellation shall be considered for the purpose of the claim. The Insured Person must contact Global Excel and the supplier of his travel services on the day the event occurs or the next business day to advise of the cancellation. A Trip may be cancelled due to one of the following:
- a) Death, Emergency hospitalization due to Sickness or Injury, or quarantine of an Insured Person, a Travel Companion, an Immediate Family Member, a Travel Companion's Immediate Family Member, a business partner, a key employee, a Caregiver or the host at Trip destination. To file a claim, the Insured Person must supply supporting medical records, or a death certificate.
 - b) A new formal notice issued by the Canadian Government prior to the date of departure, warning Canadian residents not to travel to a specific region of any country that is part of the Trip.
 - c) The Insured Person is summoned to perform jury duty or subpoenaed as a witness in a case. This applies only when the trial is scheduled to be heard during the scheduled Trip dates and the summons or subpoena is received after the travel arrangements were purchased. This must be substantiated by court documents.
16. **Vehicle Return:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits if neither You, nor someone travelling with You, are able to operate Your Vehicle, whether owned or rented, during Your Trip due to Sickness and/or Injury. Arrangements and payment will be made for the return of the Vehicle to Your home in Your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the Vehicle when approved and/or arranged in advance by Global Excel. This benefit does not cover wages lost by the person driving Your Vehicle. The Insurer will only reimburse covered expenses evidenced by original receipts.
17. **Return of Deceased:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits towards the cost of preparation and transportation of the deceased Insured Person to their province or territory of residence in the event of death due to Sickness and/or Injury.

In the case of cremation and/or burial at the place of death of the Insured Person, this benefit is limited to \$2,500.

The cost of the casket or urn is not covered.

18. **Incidental Expenses:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits for Your out-of-pocket expenses such as telephone charges, television rental and parking while You are hospitalized for an Emergency and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.

SECTION III — EXCLUSIONS

The Policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a Government Health Insurance Plan or under other insurance You might have.
2. A Trip cancelled due to quarantine, death or hospitalization for a pre-existing medical condition if at any time in the ninety (90) days prior to the purchase of the travel arrangements the medical condition was not Stable.
3. Any Trip booked or commenced contrary to medical advice or after You are diagnosed with Terminal Illness.
4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.
5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that You elect to have provided outside Your province or territory 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.
6. 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.
7. 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 Hospital.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.
9. 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 or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute Sickness and/or Injury after the initial Emergency has ended (as determined by the Insurer).
10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless hospitalized.
11. Emergency air transportation and/or car rental unless approved and arranged in advance by Global Excel.

12. Treatment not performed by or under the supervision of a Physician or licensed dentist.
13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four (4) weeks before or after the expected delivery date.
14. 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.
15. Committing or attempting to commit an illegal act or a criminal act.
16. Suicide (including any attempt thereat) or self-inflicted injury, whether or not You are sane.
17. Participation in any sport as a professional athlete (for which You are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).
18. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
19. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in the Policy, 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.
20. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by Global Excel.
21. The cost of any airline ticket covered under the Policy where Your ticket may be exchanged or used for the same purpose.
22. Crowns and root canals.
23. Treatment or services received in the province where You attend school or work on a full-time basis or in Your home country, if You are a foreign student studying in Canada or a non-resident working in Canada.

SECTION IV — GENERAL PROVISIONS AND LIMITATIONS

1. **Notice to Global Excel:** In the event of a Sickness and/or Injury likely to give rise to an Emergency, You must give immediate notice to Global Excel. Failure to do so may limit the benefits payable under the Policy. If You incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the Policy expressly requires the prior approval or authorization of Global Excel, on the basis of the Reasonable and Customary Costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the Policy. Such expenses may be higher than this amount, therefore You will be responsible for paying any difference between the amount You incur and the Reasonable and Customary Costs reimbursed by the Insurer.
2. **Transfer or Medical Repatriation:** During an Emergency (whether prior to admission or during a covered hospitalization), the Insurer reserves the right to:
 - a) transfer You to one of Global Excel's preferred health care providers, and/or
 - b) return You to Your province or territory of residence

for the medical treatment of Your Sickness and/or Injury where this poses no 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

and/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.

3. **Limitation of Benefits:** Once You are deemed medically stable to return to Canada (with or without medical escort) either in the opinion of the Insurer or by virtue of discharge from a medical facility, Your Emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the Emergency will no longer be eligible for coverage under the Policy.
4. **Misrepresentation and Non-Disclosure:** Your entire coverage under the Policy shall be voidable if the Insurer determines, whether before or after loss, that You or the Policyholder have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the Policy or Your interest therein, or if You or the Policyholder refuse to disclose information or to permit the use of such information, pertaining to any of the Insured Persons under the Policy. Consequently and following a loss, no claim shall be payable by the Insurer and You shall be solely responsible for all expenses relating to Your claim, including medical repatriation costs.
5. **Subrogation:** If You suffer a loss covered under the Policy, the Insurer is granted the right from You to take action to enforce all Your rights, powers, privileges, and remedies, to the extent of benefits paid under the Policy, against any person, legal person or entity which caused such loss. Additionally, if "no fault" benefits or other collateral sources of payment of medical expenses are available to You, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expense, in Your name, and You will attend at the place of loss to assist in the action, in addition to providing the Insurer all information, cooperation and assistance the Insurer may reasonably require. If You institute a demand or action for a covered loss, You shall immediately notify the Insurer so that the Insurer may safeguard its rights.

Notwithstanding any provisions in the Policy to the contrary, the Insurer's rights under this paragraph shall be governed by the laws of the state, province, or district where the loss occurs, or where benefits under the Policy are paid.

You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

6. **Arbitration:** Notwithstanding any clause in the 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 the arbitration law in force in the Canadian province or territory of residence of the Participant. The parties agree that any action will be referred to arbitration.

7. **Applicable Law:** The Policy is governed by the law of the Canadian province or territory of residence of the Participant. Any legal proceeding by the Insured Person, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the Participant.
8. **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 can or less.

9. **Co-ordination and Order of Benefits:** If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:

Participant and Dependent Spouse

The plan insuring the Participant or the Participant's dependent Spouse as an employee/member pays benefits before the plan insuring the Participant or the Participant's Spouse as a Dependent.

Dependent Child

If the dependent child is insured as a Dependent under the Participant's and the Spouse's plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names.

When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.

10. **Rights of Examination:** To be entitled to payment of benefits provided under the Policy, the Participant, on his own behalf and on behalf of his Dependents hereby authorizes any physician, health professional, hospital, institution and any other organization to forward to the Insurer or its representatives, all information, reports or documents that they may require.

The Participant hereby authorizes the Insurer to communicate directly with any physician, health professional, hospital, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information.

In the event of death, the Insurer will require that a death certificate be filed with the claim. Furthermore, the Insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.

11. **Limitation of Actions:** An action or proceeding against the Insurer for the recovery of a claim under the Policy shall not be commenced more than one (1) year (two (2) years in the Northwest Territories, three (3) years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim.
12. **Availability and Quality of Care:** Neither the Insurer nor Global Excel shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or Your failure to obtain medical treatment during the Coverage Period.
13. **Evidence of Age:** The Insurer reserves the right to request proof of age of any Insured Person.
14. **Assignment:** Benefits under the Policy may not be assigned
15. **When Money Payable:** All money payable under the Policy shall be paid by the Insurer within sixty (60) days after it has received due proof of claim.

16. **Continuance of Individual Coverage During Absence from Work:** If a Participant is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, the insurance will be continued as long as the Participant remains covered under the Policyholder's basic group extended health care plan.
17. **Examination of the Policy:** The Policy, including any endorsements, will be kept at the office of the Policyholder. You may consult the Policy during the regular business hours of the Policyholder.

SECTION V — AUTOMATIC EXTENSION OF COVERAGE PERIOD

The Coverage Period per Trip will automatically be extended up to 72 hours, provided the Participant has not reached the Termination Age, if:

- a) You are hospitalized due to an Emergency on the last day of coverage. Your coverage will remain in force for as long as You are hospitalized and the 72-hour extension commences upon release from Hospital;
- b) a late train, boat, bus, plane, or other Vehicle in which You are a passenger causes You to miss Your scheduled return to Your province or territory of residence (including by reason of weather);
- c) the vehicle in which You are travelling is involved in a traffic accident or mechanical breakdown that prevents You from returning to Your province or territory of residence on or before Your return date;
- d) You must delay Your scheduled return to Your province or territory of residence due to an Emergency.

All claims incurred after Your original scheduled return date must be supported by documented proof of the event resulting in Your delayed return.

SECTION VI — INTERNATIONAL ASSISTANCE SERVICE

Global Excel is available to take Your calls 24 hours a day, 7 days a week.

Emergency Call Centre — No matter where You travel, professional assistance personnel are ready to take Your call. Global Excel can also provide You with Canada Direct instructions and codes so that You only deal with Canadian telephone operators.

Referrals — Global Excel can refer You to the preferred medical providers (Hospitals, clinics and Physicians) that are closest to where You are staying. With a referral, it is less likely that You will have to pay for services out of pocket.

Benefit Information — Explanation of Your coverage is available to You and to the medical providers who are treating You.

Medical Consultants — Global Excel's team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious Emergency. If necessary, Global Excel will help You return to Canada for the care You need.

Urgent Message Relay — In the event of a medical Emergency, Global Excel will contact Your Travel Companion to keep him/her advised of Your medical situation and will help You exchange important messages with Your family.

Interpretation Service — Global Excel can connect You to a foreign language interpreter when required for Emergency services in foreign countries.

Direct Billing — Whenever possible, Global Excel will instruct the Hospital or clinic to bill the Insurer directly.

Claims Information — Global Excel will answer any questions You have about the eligibility of Your claim, standard verification procedures and the way that the benefits under the Policy are administered.

SECTION VII — DEFINITIONS

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

"Actively at Work" means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified in Your extended health care group benefits policy. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave or a leave approved by the employer, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

"Coverage Period" means the number of consecutive days specified in the Schedule of Benefits during which You are covered under the Policy when You take a Trip and which is calculated as of the commencement date of Your Trip.

"Dependent" means the Spouse and the unmarried child of the Participant or Spouse, who is under the age limit specified in the Schedule of Benefits, is dependent on the Participant for support and is not employed on a full-time basis. A dependent child who is physically or mentally disabled and totally dependent on the Participant for support will continue to be eligible provided he/she was covered as a Dependent under the Policy before attaining such age limit.

"Emergency" means the occurrence of a Sickness and/or Injury during the Coverage Period that requires immediate Medically Necessary treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until Your return to Canada.

"Global Excel" and **"Global Excel Management Inc."** mean the company appointed by the Insurer to provide medical assistance and claims services under the Policy.

"Government Health Insurance Plan" means the health care coverage provided by Canadian provincial and territorial governments to their residents.

"Hospital" means an institution which is designated as a hospital by law; which is continuously staffed by one or more Physicians available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a Sickness and/or Injury in the acute phase, or active treatment of a chronic condition; 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, or drug or alcohol abusers.

"Immediate Family Member" means Your Spouse, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother.

"Injury" means any unexpected and unforeseen harm to the body that is caused by an Accident, that You sustained during the Coverage Period and that requires Emergency treatment that is covered by the Policy.

"In-patient" means a patient who occupies a Hospital bed for more than twenty-four (24) hours for medical treatment and for which admission was recommended by a Physician when Medically Necessary .

"Insurer" means Royal & Sun Alliance Insurance Company of Canada.

"Medical Assistance Card" means the card provided to the Participant and on which the following information is shown: name of the Policyholder, Policy Number and Emergency telephone numbers.

"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 the condition of the Insured Person or quality of medical care;
- d) cannot be delayed until the Insured Person returns to his province or territory of residence.

"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.

"Participant" means an employee or a member whom the Policyholder identifies as being entitled to coverage under the Policy and for whom the Policyholder has paid the required premium.

"Physician" means a medical practitioner whose legal and professional standing within his or 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 or she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his or her licensed authority. A Physician must be a person other than You or Your Immediate Family Member.

"Policy" means the group travel emergency medical insurance contract issued to, and on file with, the Policyholder, bearing the policy number specified in the Schedule of Benefits.

"Policyholder" means the company or organization specified in the Schedule of Benefits and to which the Policy is issued.

"Reasonable and Customary Costs" means costs that are incurred for approved, covered 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 and/or Injury.

"Sickness" means a disease or disorder of the body that 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 the Participant is legally married or with whom he has been residing for the cohabitation period specified in the Schedule of Benefits.

"Stable" means a medical condition for which:

- a) There has been no new diagnosis, treatment or prescribed medication;
- b) There has been no change in treatment or change in medication, including the amount of medication to be taken or how often it is taken;
- c) There have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) There have been no test results showing deterioration;

- e) There has been no hospitalization or referral to a specialist (made or recommended) and test results or further investigations for the medical condition must not be pending.

Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic medication (provided that the dosage is not modified).

"Terminal Illness" means You have a condition that is cause for the Physician to estimate that You have less than six (6) months to live.

"Termination Age" means the age specified in the Schedule of Benefits at which the Participant's coverage terminates. Dependents beyond the Termination Age may be covered provided that the Participant has not yet reached the Termination Age.

"Travel Companion" means any person who accompanies the Insured Person on the Trip, who shares accommodation or transportation with the Insured Person and who has paid such accommodation and transportation in advance of departure.

"Trip" means a journey that You undertake which commences on the date of Your departure from Your province or territory of residence and ends when You return to Your province or territory of residence.

"Vehicle" means any automobile, 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 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which the Insured Person is a passenger or driver during the Trip.

"You", "Your" and "Insured Person" mean any one of the Participant or the Participant's Dependents covered under the Policy.

Notice and Proof of Claim

In the event that Global Excel is not contacted immediately, the Insured Person, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to Global Excel not later than thirty (30) days from the date the claim arises under the Policy;
- b) within ninety (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 and the duration of the disability, if applicable.

Failure to Give Notice of 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 (1) year from the date of Injury or the date a claim arises under the Policy on account of Sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms For Proof of Claim

Global Excel, on behalf of the Insurer, shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the Emergency giving rise to the claim.

Claims Procedures

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, You must:

- a) include the Policy number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial Government Health Insurance Plan number with its expiry date or version code (if applicable);
- b) submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or Physician;
- c) provide the original prescription drug receipts (not cash receipts) from the pharmacist, Physician or Hospital showing the name of the prescribing Physician, prescription number, name of preparation, date, quantity and total cost;
- d) provide proof of the departure date(s) and return date(s);
- e) provide written proof of claim within ninety (90) days of the date of receipt of services covered under the Policy;
- f) provide additional information pertinent to Your claim, as may be required by Global Excel after receipt of Your claim;

- g) sign and return the authorization form, provided by Global Excel, allowing the Insurer to recover payment from the Canadian provincial or territorial Government Health Insurance Plan. The Insurer will coordinate and pay Your claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial Government Health Insurance Plan on Your behalf; and
- h) for trip cancellation claims, provide the original airline tickets, electronic copy of the airline booking, if applicable, and/or proof of all requested applicable refunds;
- i) return the unused portion of Your air ticket to Global Excel if the Emergency Air Transportation benefit is used.

All sums in the plan are in Canadian currency unless otherwise indicated. If You have paid a covered expense in a currency other than Canadian currency, You will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing Your claim.

SECTION IX — CONTACT INFORMATION

In the event of an emergency, call:

Canada/USA, toll free1-866-870-1898
 Collect+819-566-1898

Trip Cancellation Insurance Desk, call:

Canada/USA, toll free1-877-644-4215
 Collect+819-566-4215

To purchase Top-Up coverage, call:

Canada/USA, toll free1-866-254-8573
 Collect+819-566-8573

Note: Your policy number is required to waive the top-up administration fee.

For claims, submit documentation to:



Global Excel Management Inc.
 73 Queen Street
 Sherbrooke, Quebec
 J1M 0C9

For verification of claim status, call during regular business hours:

Canada, toll free1-866-870-1898
 Collect+819-566-1898

All other inquiries should be directed to your plan administrator.

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IDENTIFICATION OF INSURER

Underwritten by:



Administered by:



Cowan Insurance Group Ltd. Out-of-Province/Canada Group Travel Medical Emergency Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc.

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PROTECTING YOUR PRIVACY

For privacy information, please see www.rsagroup.ca, or call **1-800-716-4339**.

We at **etfs** recognize and respect every individual's right to privacy. When you apply for benefits, we establish a confidential file of your personal information. We use the information to administer the benefit plan under which you are covered. This includes many tasks, such as:

- Determining your eligibility for coverage under the plan;
- Assessing your claims and providing you with payment;
- Managing your claims;
- Verifying and auditing eligibility and claims; and
- Underwriting activities, such as determining the cost of the plan and analyzing the design options of the plan.

We limit access to information in your file to staff, to persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We may also exchange information, when necessary to administer the benefit plan, with your health care provider, other insurance and reinsurance companies, and your plan administrator.

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