

**DISTRIBUTION GUIDE**

Name of Insurance Product: Emergency Medical Coverage  
Type of Insurance Product: Individual Travel Insurance

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***The Autorité des Marchés Financiers does not express an opinion on the quality of the products offered in this guide. The insurer alone is responsible for any discrepancies between the wording of the guide and the policy.***

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## **INTRODUCTION**

CUMIS General Insurance Company is referred to in this guide as *we*, *us*, and *our*. *Allianz Global Assistance* is the registered business name for AZGA Insurance Agency Canada Ltd., and AZGA Service Canada Inc.

In this guide, *you* and *your* refer to the person(s) listed on *your* Declaration Page, when the required insurance premium has been paid for that person before the *effective date*.

This Distribution Guide will provide *you* with information concerning the Emergency Medical Coverage. The guide will inform *you* as to the nature of coverage, as well as to the exclusions and limitations that apply. The guide will allow *you* to determine if the product is right for *you* and corresponds to *your* needs, without the necessity of the advice of an insurance advisor.

Please refer to *your* Declaration Page to determine which coverage *you* purchased and the corresponding maximum amounts of coverage.

The terms indicated in *italics* in this guide are defined in the “Definitions” section.

## **DESCRIPTION OF PRODUCTS OFFERED**

### **(A) Nature of Coverage**

Under Emergency Medical Coverage *we* will reimburse *you* for eligible expenses related to a medical *emergency*, namely:

- Emergency Medical Treatment;
- Emergency Dental Treatment;
- Emergency Medical Transportation.

This insurance also includes medical assistance services and *emergency* travel assistance services.

This coverage protects *you* against situations or losses that result from **sudden and unexpected conditions or events**.

#### **CAUTION**

**The *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.**

### **(B) Summary of Specific Features**

#### **(I) Eligibility**

To be eligible for coverage *you* must meet **all of the following requirements**:

- be a Canadian citizen or be a permanent or temporary resident of Canada;
- be covered under *your government health insurance plan* for the full duration of *your coverage period*;
- be **age 64 or younger** at the time this insurance is purchased, as indicated on *your* Declaration Page; **and**
- be travelling no longer than the maximum number of days allowed under *your government insurance health plan* for travel outside of *your* province or territory of residence , including *your departure date* and *your return date to your departure point*.

References to *your* age refer to *your* age on the date *you* applied for insurance.

**CAUTION**

**The application for insurance must be completed fully and correctly, failing which we may, at our option, void all your coverage.**

**(II) Commencement of Insurance**

*Your* insurance starts on the *effective date* if:

- *you* are named on *your* completed insurance application and named on *your* Declaration Page; **and**
- *you* pay the full required premium on or before the *effective date*.

**(III) Confirmation of Insurance**

*Your* Declaration Page constitutes *your* confirmation of insurance.

**(IV) Insurance Benefits Package**

Under *Emergency* Medical and Dental Coverage *we* will reimburse *you* for eligible expenses if *you* require *emergency medical* and/or *dental care* during *your trip*.

The expenses must:

- be *medically necessary*; **and**
- be incurred once *you* have left *your* province of residence.

The *medical condition* must:

- occur while *you* are travelling outside of *your* province of residence; **and**
- arise as a result of sudden and unexpected conditions or events.

**CAUTION**

**This insurance does not cover conditions or events that, on the date of purchase, are either:**

- **known to you; or**
- **likely to occur.**

*We* will also cover expenses for *emergency* medical transportation back to *your* province of normal residence.

*We* provide coverage up to the policy maximum of **\$5,000,000 in total**.

Please refer to *your* Declaration Page to determine which insurance(s) *you* have purchased and which maximum amounts are associated with each insurance.

The following maximums are all listed in Canadian dollars, except where otherwise indicated.

**(a) Emergency Medical Expenses**

*We* reimburse *you* for *reasonable and customary charges* for the following *medically necessary* expenses:

**(i) Emergency Medical Treatment**

We cover *emergency medical care or treatment* of any medical condition:

- that is acute, with a sudden and unexpected onset; **and**
- that is considered life threatening; **or**
- that could result in serious and irreparable harm if left unattended.

This coverage includes necessary X-ray and laboratory fees.

**(ii) Emergency Dental Treatment**

We cover dental expenses when:

- *you need dental treatment* to repair or replace *your* natural or permanently attached artificial teeth **because of an accidental blow to your face**; in this case, covered expenses are:
  - *emergency dental expenses you incur during your trip*; **and**
  - the fees to continue necessary *treatment* after *your* return to Canada, up to a maximum of **\$1,000 per person**. This *treatment* must be completed within **90 days** after the *accident*;
- or**
- if *you need emergency treatment* to **relieve dental pain**; in this case, covered expenses are:
  - *emergency dental expenses you incur during your trip*, up to a maximum of **\$250 per person**; **and**
  - the complete cost of *prescription drugs*.

This coverage includes necessary X-ray and laboratory fees.

All *treatment* must be required as *emergency treatment* as ordered by or received from a licensed dentist.

**(iii) Professional Fees**

Fees for *emergency treatment* by a licensed:

- physiotherapist;
- chiropractor;
- chiropodist;
- podiatrist; **or**
- osteopath,

up to a maximum of **\$250 per profession per person**.

**(iv) Licensed Private Duty Nurse**

We cover the cost of licensed private duty nursing services to a maximum of **\$5,000** while *you* are an *inpatient*.

These fees must be **pre-approved** by *Allianz Global Assistance*.

**(v) Prescription Drugs**

We cover the cost of *prescription drugs*, limited to a supply of **30 days**, if prescribed because of an *emergency* condition.

**(vi) Medical Appliances**

This insurance covers the cost of medical appliances including:

- wheelchairs;
- walkers;
- braces;
- crutches; **or**
- *hospital-type* beds

if ordered by a licensed *physician*.

We will pay the lesser of the rental or the purchase price.

**(vii) Ambulance/Ground Transport**

This insurance covers the cost of local ground transport to a medical service provider in an *emergency*.

**(b) Medical Assistance Services**

**(i) Medical Assistance**

**If you have a medical problem or emergency, you must contact Allianz Global Assistance.**

If necessary, *Allianz Global Assistance* will refer you to a local:

- a *physician*;
- a dentist;
- a *hospital*;
- a local medical facility; **or**
- other appropriate resource.

**(ii) Medical Consultation and Monitoring**

If you are hospitalized, *Allianz Global Assistance*'s medical staff will keep in contact with you and your treating *physician* to:

- get information on the care you are receiving; **and**
- determine the need for further assistance.

*Allianz Global Assistance* will also contact your personal *physician* and family at home, if necessary.

**(c) Emergency Medical Transportation**

We will arrange and pay for medical transportation services:

- which are required by you as a result of an *injury* or *illness* that occurs during the *coverage period*;

**and**

- which requires:
  - transportation to an appropriate medical facility; **or**
  - return to *your* province of residence.

All *emergency* medical transportation services must be authorized **in advance** and organized by *Allianz Global Assistance*. Transportation services that are not pre-authorized by *Allianz Global Assistance* shall not be covered.

**(i) Transportation to an Appropriate Medical Facility**

You will be transported to the nearest appropriate medical facility if *our* consulting *physician* and the local attending *physician* determine:

- that adequate *treatment* is not available locally; **and**
- that *treatment* is *medically necessary*.

**(ii) Return to Your Province of Residence**

We will arrange for *you* to return to *your* province of residence if *our* consulting *physician*:

- determines *you* are able to return home after having received *emergency treatment*; **and**
- recommends *you* return home.

We will arrange and pay, up to the **amount included in the overall policy maximum**, for the following services and expenses to evacuate *you* to *your* province of residence:

- the following difference:
  - the cost of an economy class *one-way* ticket on a commercial flight via the most cost-effective route; **minus**
  - any refunds from any unused return trip tickets;
- the expenses for a qualified medical attendant to accompany *you* if:
  - determined to be *medically necessary*; **or**
  - required by the airline;
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to *your* province of residence, if a stretcher is *medically necessary*;
- the cost of air ambulance transportation to the most appropriate facility in *your* province of residence, if the use of an air ambulance is required and *medically necessary*.

**(iii) Accommodation and Meals**

We cover:

- hotel expenses;
- meal expenses; **and**
- taxi fares,

if *you* or *your travelling companion*, because of receiving a covered *emergency treatment*:

- are delayed beyond the initial *return date*; **or**
- have to relocate to receive the medical attention.

The maximum benefit for accommodation, meals and taxi is **up to \$150 per day (up to a total of 10 days)**.

**(iv) Bedside Visits**

We cover certain costs allowing for a close personal friend or *family member* to come to *your* bedside if:

- *you* are travelling alone; **and**
- *you* will be hospitalized during *your trip* as an *inpatient* for **more than 3 consecutive days**.

The covered expenses are:

- the cost of a round-trip economy fare on a commercial flight via the most cost-effective route;

**and**

*we* will pay up to **\$150 per day** up to a **maximum of 10 days**, for.

- the cost of reasonable accommodation for that person;
- taxi fares for that person; **and**
- the cost of meals for that person.

This benefit must be **pre-authorized** and arranged by *Allianz Global Assistance*.

Verification from the attending *physician* that the situation is serious enough to warrant the visit will be required.

**(v) Repatriation of Remains**

In the event of *your* death during *your trip* from a *medical condition* covered under this insurance, the following expenses are covered:

- the cost for reasonable and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence; **or**
- the burial or the cremation of *your* remains where *your* death occurred, excluding the cost of a burial coffin or urn;

**and**

- if someone is legally required to identify *your* remains:
  - the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for that person;
  - accommodations for that person; **and**
  - meals for that person.

Meals and accommodations for that person are covered up to a maximum of **\$150 per day** up to a maximum of **3 days**.



The maximum benefit for repatriation of remains up to **\$5000 in total**.

**(vi) Return of Travelling Companion**

We cover *your travelling companion* for the extra cost of the transfer fees of a one - way economy air fare on a commercial flight via the most cost-effective route to their *departure point* if:

- *you* must return to Canada because of a *medical condition* covered under this insurance; **and**
- *you* are travelling with a *travelling companion*.

This benefit is subject to **pre-authorization** and must be arranged by *Allianz Global Assistance*.

**(vii) Return of Children and Escort for Children to their Departure Point**

We cover:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those *children* to their *departure point*; **and**
- the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted

when:

- *children* insured under one of *our emergency medical insurances* travel with *you* or join *you* during *your trip*;

**and**

- *you* are hospitalized for **more than 24 hours**; **or**
- *you* must return to Canada

because of *your emergency medical condition* covered under this insurance.

**(viii) Vehicle Return**

We cover the reasonable costs to return the vehicle:

- to *your* residence; **or**
- the rental agency

if *you* are unable to return a vehicle:

- that *you* own; **or**
- that *you* rented, to its point of origin

as a result of a covered medical *emergency*.

The maximum benefit for vehicle return is **up to \$2,000 in total**.

This benefit is subject to **pre-authorization** and must be arranged by *Allianz Global Assistance*.

## **(V) 24-Hour Emergency Travel Assistance Services**

### **(a) Travel Document and Ticket Replacement Assistance**

We will provide *you* with information and assistance to obtain replacement travel documents that are lost or stolen, such as:

- *your* passport;
- airline tickets;
- other travel documents.

We will also assist *you* in obtaining money for this purpose. These funds will come from *you*, *your* family or friends.

We will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

### **(b) Legal Assistance**

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor.

We will help arrange a cash transfer from *your* family or friends if:

- *you* require the posting of bail; **or**
- *you* require immediate payment of legal fees.

### **(c) Emergency Cash Transfer**

We will help arrange for *emergency* cash if:

- *your* cash or traveller's cheques are lost or stolen; **or**
- *you* need funds for the immediate payment of unexpected expenses.

These funds can be provided in currency, traveller's cheques or any other form acceptable to *us*, and will be transmitted to *you* in a timely fashion.

These funds will come from *you*, *your* family or friends.

*Our* assistance coordinators will make all the necessary arrangements for *you*.

### **(d) Emergency Message Center**

In an *emergency*, call *Allianz Global Assistance*, identify *yourself* by name and *your Policy* number, and give the assistance coordinator *your* message.

We will make at least **3 attempts in 24 hours** to reach *your* requested party, and *we* will provide *you* with an update on the results of *our* efforts to deliver the message.

We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for *trips* anywhere in the world.

**(VI) In Case of a Medical Emergency**

**You must contact Allianz Global Assistance before seeking treatment.**

**CAUTION**

**You may be responsible for 30% of your medical expenses under this insurance if:**

- **you do not notify Allianz Global Assistance; or**
- **you choose to receive treatment from a service provider other than that suggested by Allianz Global Assistance.**

**If your medical condition prevents you from calling Allianz Global Assistance before seeking emergency treatment, you must call as soon as medically possible.** As an alternative, someone else (*family member, friend, hospital or physician's office staff, etc.*) may call on your behalf.

The medical staff of Allianz Global Assistance must approve all cardiac procedures, including cardiac catheterization, **in advance**. Cardiac procedures that Allianz Global Assistance does not approve are not covered.

**(VII) Automatic Extension of Your Coverage**

Regardless of your expiry date, coverage will be extended provided:

- your entire trip falls within the coverage period; and
- your return is delayed by unforeseeable circumstances beyond your control; including:
  - the hospitalization as an inpatient; or
  - medical condition

of you or your travelling companion; and

- you provide us with documentation of your reason for the delay that is satisfactory to us.

If coverage is extended for the above reasons, coverage will end on **the earliest of either:**

- your arrival at:
  - your province of residence; or
  - return destination based on your travel itinerary;

or

- **5 days** after your scheduled return date.

However, if you are hospitalized as an inpatient, if medically necessary, we will extend your insurance:

- for up to **72 hours** from the time you are discharged; but
- under no circumstances for more than **3 months** from your scheduled return date.

**(VIII) Trip Extension**

You may purchase an extension of your coverage by contacting your travel supplier or Allianz Global Assistance.

You can extend your insurance if:

- *you* have not already departed on *your trip*; **or**
- *you* have already departed on *your trip*, **but**:
  - *you* have not had a *medical condition* during *your trip*; **and**
  - *you* call **before** *your* scheduled *return date*.

If *you* have already left on *your trip* **and** have had a *medical condition* during *your trip*, *you* may still be eligible for an extension of *your* coverage by contacting *Allianz Global Assistance* **before** *your* scheduled *return date*. **The granting of an extension in this situation is subject to the approval of Allianz Global Assistance.**

Any extension of coverage is subject to the following conditions:

- the total duration of *your trip* may not exceed the maximum number of days allowed under *your government insurance health plan* for travel outside of *your* province or territory of residence;
- *you* are covered by *your government health insurance plan* for the entire duration of the *trip*; **and**
- *you* must pay the required premium **on or before** *your* original scheduled *return date*.

**(IX) Premiums**

The required premium is indicated on *your* application form or online during *your* online application process if *you* are purchasing *your* coverage online. Provincial sales tax will be added to the premium rate.

All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified.

*You must pay* the full required premium before the *effective date*.

**(X) Beneficiary**

*Allianz Global Assistance* may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to *us* instead of to *you*.

**(C) Exclusions, Limitations and Reduction of Coverage**

**CAUTION**

**(I) Pre-Existing Conditions**

**This insurance does not pay for any expenses incurred directly or indirectly as a result of:**

- ***your medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*;**
- ***your heart condition*, if at any time in the 90 days before *you* depart on *your trip*:**
  - **it has not been *stable*; **or****
  - ***you* have taken nitro-glycerine more than once per week specifically for the relief of angina pain;**
- ***your lung condition*, if at any time in the 90 days before *you* depart on *your trip*:**
  - **it has not been *stable*; **or****

**CAUTION (continued)**

- *you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition;*
  - **any *medical condition* for which:**
    - *future investigation was planned before the **effective date**; **or***
    - *treatment was planned before the **effective date***
- other than routine monitoring.**

**(II) General Exclusions**

**Coverage is not provided for:**

- **any *treatments, services, supplies, or charges:***
  - *we determine are not required as a result of a **medical emergency**; **or***
  - *can be reasonably delayed until **your** return to **your** province or territory of residence;*
- **any *treatment:***
  - *received in unlicensed facilities; **or***
  - *given by unlicensed health care providers;*
- **any *treatment* given by a *family member* or a *travelling companion*, whether or not a licensed provider;**
- **regular care of a chronic condition;**
- **any cardiac procedures including cardiac catheterization unless approved in advance by *Allianz Global Assistance's* medical staff;**
- **any *treatment* received if the purpose of the travel is to receive medical care, medication or *treatment*;**
- **any *medical condition* for which it was reasonable to expect *treatment* or hospitalization during *your trip*;**
- **any condition:**
  - *for which **you** had symptoms before **your effective date**; **and***  
*that would have caused a prudent person to seek diagnosis or *treatment*, including *emergency treatment*;*
- **any recurrence or complication of any *medical condition* if:**
  - *it occurs following *medical treatment* during *your trip*;*
  - **Allianz Global Assistance* determined and recommended **you** should return home; **and***
  - ***you** chose not to do so;*
- ***treatment* or surgery for a specific condition, or a related condition, which had caused *your physician* to advise **you** not to travel;**
- ***treatment* or surgery for a specific condition, or a related condition which **you** contracted in a country during *your trip* when, before **your effective date**, a *travel advisory* was issued advising Canadians not to travel to that country, region, or city.**

**This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:**

**CAUTION (continued)**

- intentionally self-inflicted harm, suicide or attempted suicide (whether sane or insane);
- the costs of:
  - routine pre-natal care;
  - fertility *treatments*;
  - elective abortion;
  - a child born during *your trip*;
  - complications of *your pregnancy* when they occur in the 9 weeks before  or after the expected date of delivery;
- mental, nervous or emotional disorders that do not require immediate hospitalization;
- abuse of any medication or non-compliance with prescribed medical *treatment* or therapy;
- any *injury* or *accident* occurring while *you*:
  - are under the influence of illicit drugs;
  - are under the influence of alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood);  or
  - illustrate a visible impairment due to alcohol or illicit drugs;
- any chronic *illness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
- war (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism*;
- amateur or *professional* sports, or other athletic activities, which are:
  - organized;
  - sanctioned;  or
  - organized  and sanctioned;

**Full-contact bodily sports:**

- skydiving;
- hang gliding;
- bungee jumping;
- parachuting;
- *mountain climbing* (where ropes or guides are normally used);
- caving;
- heli-skiing;
- any skiing or snowboarding outside marked trails;  and
- any motorized race or motorized speed contest.

**this exclusion does not include amateur athletic activities which are:**

- non-contact;  and
- engaged in for the purpose of:
  - leisure;
  - recreation;
  - entertainment;  or
  - fitness;
- scuba diving, unless:

**CAUTION (continued)**

- *you* hold a basic SCUBA designation from a certified school or other licensing body;
- *you* are accompanied by a dive master;
- are diving in water not deeper than 10 meters;
  
- nuclear reaction, radiation or radioactive *contamination*;
  
- biological or chemical *contamination*;
  
- seepage, pollution or *contamination*;
  
- epidemic or pandemic;
  
- financial collapse or default of any transport, tour or accommodation provider and/or any other service providers;
  
- any unlawful acts committed by *you, family members, or travelling companions*, whether they are insured or not;
  
- cosmetic or any other elective surgery;
  
- organ harvesting surgery;
  
- air travel except while *you* are riding, boarding or alighting as a ticketed passenger on:
  - a certified passenger aircraft;
  - on a regularly scheduled airline;
  - on a regularly scheduled trip or charter;
  
- any *medical condition* or related condition when *you* knew prior to *your trip* that *you* would require or seek *treatment* or surgery for that condition;
  
- *your* travel to a country, region or city for which the Canadian government has issued a *travel advisory* in writing prior to *your departure date*;
  
- *your* travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.

**We may void the *Policy*:**

- in the case of fraud or attempted fraud by *you*;
- if *you* misrepresent any circumstance or fact that is material;
- if *you* conceal any circumstance or fact that is material.

The application for insurance must be completed fully and correctly, failing which *we* may, at *our* option, void all *your* coverage.

**(III) Coordination of Benefits**

**When:**

- *your* employer provides an extended health insurance plan;
- *you* are retired and *your* former employer provides an extended health insurance plan;

*we*

- will not co-ordinate payment if *your* lifetime maximum coverage is less than \$50,000;

**CAUTION (continued)**

- **will co-ordinate payment only in excess of \$50,000 if *your* lifetime maximum coverage is more than \$50,000, in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.**

**(IV) Conditions and Limitations**

- **You may be responsible for 30% of *your* medical expenses under this insurance if:**
  - ***you* do not notify *Allianz Global Assistance*; **or****
  - ***you* choose to receive *treatment* from a service provider other than that suggested by *Allianz Global Assistance*.**

**If *your* medical condition prevents *you* from calling *Allianz Global Assistance* before seeking *emergency treatment*, *you* must call as soon as medically possible. As an alternative, someone else (*family member, friend, hospital or physician's office staff, etc.*) may call *us* on *your* behalf.**

- **This insurance covers only the expenses in excess of those covered under *your* government health insurance plan.**
- **All benefit payments under the *Policy* are in excess of similar insurance benefits payable by another insurer.**
- **If *you* are eligible under more than one insurance plan for benefits, which are similar to those for which *you* are insured hereunder, the total benefits paid to *you* by all insurers cannot exceed *your* actual covered losses.**
- ***You* must repay to *us* amounts paid or authorized for payment on *your* behalf, if *we* determine the amount is not payable under this insurance.**
- ***We, Allianz Global Assistance* and *our* agents are not responsible for the availability, quality or outcome of any medical *treatment* or of any medical transportation, or *your* failure to obtain medical *treatment*.**
- **No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of the *Policy*.**
- **This insurance will not pay for any interest.**

**(D) End of Insurance Coverage**

*Your* coverage under this *policy* ends on the earliest of:

- the date *your trip* is cancelled when *your trip* is cancelled **prior** to *your departure date*;
- 23:59 on *your return date*; **or**
- upon *your* return to *your* province or territory of residence, except in the circumstances outlined under "Automatic Extension of Your Coverage" on page 9.

**(E) Cancellation**

This insurance can be cancelled by:

- *you* / the insured; **or**
- *us* / the insurer.



**(I) Cancellation by You / the Insured**

You can cancel this insurance without penalty:

- within **10 days** of the date of issue of the *Policy of insurance*; **and**
- before *your departure date*.

The date of issue of *your Policy* is indicated on *your Declaration Page*.

**Refunds are only available when Allianz Global Assistance receives your request for a refund before your departure date.**

No refund will be issued if:

- the notice of cancellation is received by *Allianz Global Assistance* after these dates; **or**
- *you* have filed a claim.

**(II) Cancellation by Us / the Insurer**

We may void *your Policy* if:

- *you* commit fraud or attempt to commit fraud;
- *you* misrepresent any circumstance or fact that is material; **or**
- *you* conceal any circumstance or fact that is material.

We may also, at *our* option, void all *your* coverage if the application for insurance is not completed fully and correctly.

**(F) Other Information**

For more information regarding this insurance, please contact *Allianz Global Assistance* toll-free at 1-866-520-8823 or call collect at 1-519-742-9013.

You can also reach us by e-mail at the following address: [contact@allianz-assistance.ca](mailto:contact@allianz-assistance.ca).

## **PROOF OF LOSS OR CLAIM**

### **(A) Filing a Claim**

#### **(I) In the Event of an Emergency**

You must call *Allianz Global Assistance* at one of the following numbers **before** seeking *treatment*:

1-866-520-8823 toll-free from the U.S., Canada, Puerto Rico and U.S. Virgin Islands  
1-519-742-9013 collect from anywhere else in the world.

Please note that Emergency Medical coverage provides for a reduction of benefits if *you* do not call before seeking *emergency treatment*. If *your medical condition* prevents *you* from calling before seeking *emergency treatment*, *you* must call *Allianz Global Assistance* as soon as medically possible. As an alternative, someone else may call on *your* behalf.

Please have the following information ready for the *Allianz Global Assistance* representative when *you* call:

- *your* name and *Policy* number (per *your* Declaration Page);
- *your* location; **and**
- *your* local phone number.

When *you* contact *Allianz Global Assistance*, *you* will be referred to a medically appropriate and accredited medical service provider. *Allianz Global Assistance* may also arrange for the medical expenses covered under this insurance to be billed directly to *us* instead of to *you*.

*We* will guarantee payments up to the amount provided under the *Policy* of insurance, if needed, to secure *your medically necessary* admission to a *hospital*.

#### **(II) Documentation Requirements to File a Claim**

Please contact *Allianz Global Assistance* at 1-866-520-8823 or visit [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca) to obtain a claim form.

If *you* have any questions about *your* claim, please contact [Claims@allianz-assistance.ca](mailto:Claims@allianz-assistance.ca).

As a condition to the payment of benefits under this insurance, *we* will require certain information from *you* if *you* need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

- original receipts, invoices and itemized bills for all expenses;
- the fully completed claim form supplied to *you* by *Allianz Global Assistance*;
- for *accidental* dental expenses, *we* require proof of the *accident*;
- proof of departure from *your* province of residence.

To process *your* claim, *we* may require:

- a *physician(s)* of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending; **and**
- an autopsy in the case of death, where law does not forbid it.

*We* will bear all necessary costs for this autopsy.

### **(III) Deadline to File a Claim.**

You must submit claims to *Allianz Global Assistance* within:

- **90 days** from date of loss; **or**
- within the longer period provided by law if applicable law provides for a longer period.

#### **CAUTION**

**Failure to complete the required claim and authorization form in full will delay the assessment of *your* claim.**

### **(B) Insurer's Response**

The insurer will notify *you* in writing of a decision to approve or decline *your* claim. Such notices will be provided within **10 days** after the insurer receives all information required upon which to make a decision. Payments will be issued within **5 days** after *your* claim has been approved.

The insurer will inform *you* of a denied claim and the reasons for denial within **5 to 10 days** after having received all of the documents required to form a decision.

All benefits will be paid in Canadian dollars unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. At *our* option, *we* may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.

If *you* are covered under another *Policy* issued by *us* that provides the same or similar coverage, *we* will adjust *your* claim by applying the terms and conditions of the coverage that pays the most. The amount *we* pay will not exceed *your* total monetary loss.

#### **CAUTION**

**This insurance will not pay for any interest.**

### **(C) Appealing the Insurer's Decision**

All disputes, controversies or claims arising under the *Policy* or otherwise in connection with the *Policy* shall be decided by arbitration which shall be binding and without recourse to the courts or to an appeal.

This arbitration shall be before a single arbitrator in the Canadian province or territory in which the *Policy* was issued under the rules embodied in the arbitration legislation of that province or territory. In the absence of such legislation, the Commercial Arbitration Act R.S.C. 1998, C.17 (second supp.), as amended shall apply.

Any action or arbitration proceeding against *us* for the recovery of a claim under the *Policy* shall not be commenced more than **one year** after the occurrence, which gives rise to the claim.

If, however, this limitation is invalid according to the laws of the province or territory where the *Policy* was issued, *you* must commence *your* action or arbitration proceeding within the shortest time permitted by the laws of that province or territory.

*You* may also consult the *Autorité des marchés financiers* or *your* own lawyer.

## **(D) Third Party Liability**

If *you* incur losses covered by this insurance because of a third party, *we* may take legal action against that party at *our* expense. *We* have full rights of subrogation. *You* agree to allow *us* to fully assert *our* right to subrogation and to cooperate fully with *us* by delivering such documents. *You* agree to do nothing that would prejudice *our* rights to recover funds from any source.

## **CLAIMS APPEAL PROCESS**

### **A. Let Us Know**

If *you* are not satisfied with the outcome of *your* claim, please submit a written appeal with any new information or new documentation that *you* would like *us* to consider.

Contact Details:

By Mail: Appeals Department  
P.O. Box 277  
Waterloo, ON  
N2J 4A4

Email: Appeals@allianz-assistance.ca  
Fax: 1-519-742-9471  
Attention: Appeals Department

### **B. Contact the Ombuds Office**

If *you* are not satisfied with the outcomes of the previous steps, *you* may request additional consideration of *your* concern in writing to the Ombuds Office. Please note, the Ombuds Office will only review concerns that have gone through the appropriate steps above so *you* will want to indicate with whom *you* have already spoken with.

By mail: Ombuds Office  
The Co-operators Group Limited  
130 Macdonell Street, Box 3608  
Guelph, ON N1H 6P8

E-mail: [Ombuds@cooperators.ca](mailto:Ombuds@cooperators.ca)  
Phone: 1-877-720-6733  
Fax: 1-519-823-9944

After the Ombuds Office's review, *you* will receive a written response, except in the case where a simple concern can be resolved over the phone. Most investigations are completed within 30 business days of receiving *your* complaint and all supporting documentation. If this deadline cannot be met, *you* will be contacted as to why extra time is required and when *you* can expect a response.

The written response from the Ombuds Office is considered the company's final position. Unless *you* present any new and relevant information that was not previously reviewed, *your* concern will not be reopened.

### **C. External Recourse Options**

If *we* have not been able to resolve *your* concerns to *your* satisfaction, and *you* wish to pursue the matter further, you may contact the General Insurance OmbudsService (GIO). GIO is an independent service that offers recourse to consumers who have not been able to resolve their complaint by dealing with their insurance company. The OmbudService may be reached at 1-888-295-8112 or through their website at [www.giocanada.org](http://www.giocanada.org).

**Note: You must follow the company's Complaint Resolution Process before GIO will become involved.**

**For Quebec clients:** if *you* are not satisfied with how *your* concern was handled, or the results of our investigation, the law gives *you* the right to request, in writing, that a copy of *your* concern file be transferred to the Autorité des marchés financiers (AMF). *You* can reach the AMF by calling 1-877-525-0337 or by email at [renseignement-consommateur@lautorite.qc.ca](mailto:renseignement-consommateur@lautorite.qc.ca)

### **D. The Financial Consumer Agency of Canada**

The Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies.

## **PROTECTING YOUR PERSONAL INFORMATION**

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about you
- records that reflect your business dealings with and through us

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with you
- To consider any application for insurance
- If approved, to issue a Policy or *Policy* of insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- To investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may

decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at **privacy@allianz-assistance.ca**.

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at **privacy@allianz-assistance.ca** or by writing to:

Privacy Officer  
Allianz Global Assistance  
4273 King Street East  
Kitchener, ON  
N2P 2E9

For a complete copy of our Privacy Policy please visit **www.allianz-assistance.ca**.

## **QUESTIONS?**

If *you* have any questions or concerns about *our* products, services, *your Policy*, or claim please feel free to contact *Allianz Global Assistance* anytime:

Toll Free: 1-866-520-8823  
Collect: 1-519-742-9013  
Email: questions@allianz-assistance.ca

## **SIMILAR PRODUCTS**

There are other types of products on the market that provide similar coverage. *You* should check to ensure that *you* are not covered by another insurance offering the same coverage as the one described in this guide.

## **REFERALL TO THE AUTORITÉ DES MARCHÉS FINANCIERS**

To receive more information on the obligations of an insurer or distributor towards *you*, please contact:

Autorité des marchés financiers  
Place de la Cité, Tour Cominar  
2640 Laurier Blvd., 4<sup>th</sup> Floor  
Quebec, QC  
Canada  
G1V 5C1

### Telephone Numbers:

Toll-Free:	1-877-525-0337
Québec:	418-525-0337
Montréal:	514-395-0337

### Web Site

[www.lautorite.qc.ca](http://www.lautorite.qc.ca)



## **DEFINITIONS**

Defined terms are italicized in this guide.

- Accident/Accidental:** An event that is:
- external;
  - sudden;
  - unexpected;
  - unintended;
  - unforeseeable;
  - occurring during an insured *trip* arising wholly from *accidental* means; **and**
  - causes *injury* independently of any other cause.
- Accidental Bodily Injury:** A bodily *injury* caused by:
- an *accident* of external origin occurring during the period of insurance; **and**
  - being the direct and independent cause of the loss.
- Allianz Global Assistance:** Allianz Global Assistance, *our* administrator for assistance and claims services under the *Policy*.
- Children:** Unmarried persons who are dependent on *you* for support and are:
- **under 21 years of age;**
  - **under 26 years of age** if a **full-time student**; **or**
  - **mentally or physically** incapable of self-support, and became so as a dependent child, and **over 20 years of age**.
- Contamination:** The contamination or poisoning of people by:
- nuclear;
  - chemical; **and/or**
  - biological substances
- which causes *illness* and/or death.
- Coverage Period:** The time insurance is in effect, beginning on the *effective date* and ending on the *expiry date*.
- Covered Service:** A service or supply, specified herein, for which *we* provide benefits under this insurance.
- Departure Date:** The date on which *you* are scheduled to start *your trip* as shown on *your* Declaration Page (using the local time at *your* Canadian address).
- Departure Point:** The city within Canada from which *you* depart on *your trip* on *your departure date*.
- Effective Date:** The date and time on which *you* leave from *your departure point*, on or after *your* scheduled *departure date*.

**Emergency:** An unforeseen event that occurs during the period of insurance and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

**Emergency Dental Care/  
Treatment:** The services or supplies provided by a licensed:

- dentist;
- *hospital*; **or**
- other licensed provider

that are immediately and *medically necessary*.

**Emergency Medical Care/  
Treatment:** The services or supplies provided by a:

- licensed *physician*;
- *hospital*; **or**
- other licensed provider.

Other licensed providers include:

- physiotherapists;
- chiropractors;
- chiropractists;
- podiatrists; **or**
- osteopaths.

The services must:

- be *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected); **and**
- which cannot be reasonably delayed until *you* return to *your* home country without endangering your health.

**Expiry Date:** The date on which *your* coverage ends under this insurance as shown on *your* Declaration Page.

**Family Member:** Includes, whether or not they travel with *you*:

- *your spouse*;
- parents and step-parents;
- *children*, including those who are, or are in the process of becoming adopted; and *step-children*;
- siblings and step-siblings;
- grandparents or grandchildren;
- in-laws (parent, son, daughter, brother or sister, grandparents);
- aunts, uncles, nephews, nieces;
- legal guardian or ward.

**Government Health Insurance Plan:**

The health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital:**

An establishment that is licensed as a hospital and:

- is operated for the care and *treatment* of *inpatients*;
- has a registered nurse always on duty; **and**
- has a laboratory and an operating room on the premises or in facilities controlled by the hospital.

**Hospital does not mean any:**

- establishment used mainly as a clinic;
- extended or palliative care facility;
- rehabilitation facility;
- addiction *treatment* centre;
- convalescent, rest or nursing home;
- home for the aged; **or**
- health spa.

**Illness:**

A sickness, infirmity or disease occurring during the insured *trip* that:

- requires *emergency medical care*; **and**
- did **not** occur prior to the *effective date*.

**Injury:**

Bodily injury occurring during an insured *trip*, resulting directly and independently of all other causes, from an *accident*.

**Inpatient:**

A person treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.

**Medical Condition:**

Includes:

- *accidental bodily injury*;
- sickness;
- conditions related to that *accidental bodily injury* or sickness;
- disease;
- acute psychosis; **and**
- complications of pregnancy occurring within the **first 31 weeks** of pregnancy.

**Medically Necessary or Medical Necessity:**

The services or supplies provided by a *hospital*, *physician*, dentist, or other licensed provider that are required to identify or treat *your illness* or *injury* and that *we* determine are:

- consistent with the symptoms or diagnosis and *treatment* of *your* condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;

- not solely for the convenience of *you*, a *physician* or other provider;
- the most appropriate supply or level of service that can be safely provided to *you*.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or condition requires that the services cannot be safely provided to *you* as an *outpatient*.

**Mountain Climbing:** The ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead or top-rope anchoring equipment.

**Outpatient:** Someone who receives a *covered service* while not an *inpatient*.

**Physician:** A person (other than an insured) who is not related to the insured by blood or marriage who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided.

**A physician does not include:**

- a naturopath;
- an herbalist; **or**
- a homeopath.

**Policy:** The entire Policy of insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

**Prepaid:** Paid prior to *your departure date*.

**Prescription Drug:** A drug or medicine that can only be issued upon the prescription of a *physician* or licensed dentist and is dispensed by a licensed pharmacist.

**Professional:** Engaged in a specified activity as *your* main paid occupation.

**Reasonable and Customary Charge:** A charge that:

- is consistently made by other vendors/providers for a given service in the same geographic area;
- reflects the complexity of the service taking into account availability of experienced personnel;
- reflects availability of services or parts.

**Return Date:** The date on which *you* are scheduled to return to *your departure point* as shown on *your* Declaration Page (using the local time at *your* Canadian address).

**Sanction:** Any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

**Spouse:**

The person who is:

- legally married or in a legal civil union with *you*; **or**
- is living with *you* in a conjugal relationship and is publicly represented as *your* spouse or *your* domestic partner in the community in which *you* reside.

*You* may only have 1 spouse for the purposes of this insurance.

**Stable:**

Any *medical condition* or related condition (including any heart condition or lung condition) for which **all the following statements for that *medical condition* or related condition** (including any heart or any lung condition) **are true:**

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

**Terrorism or Act of Terrorism:**

An act including, but not limited to:

- the use of force or violence and/or the threat thereof;
- hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends.

**This does not include any act of war (whether declared or not), act of foreign enemies or rebellion.**

**Travel Advisory:**

A formal written notice issued by the Canadian government to advise travellers not to enter a foreign country or a given region in that country. **It does not include travel information reports.**

**Travelling Companion:**

A person with whom *you* are sharing travel arrangements and *prepaid* accommodations.

**Travel Period:**

The period of time from *your* departure from *your departure point* up to and including *your return date*, as shown on *your* Declaration Page.

**Treatment:**

The medical advice, care and/or service provided by a *physician*. **This includes**, but is not limited to, diagnostic measures and *prescription drugs* (including pills and inhaled or injected medications).

**It does not include** check-ups or cases where *you* have no specific symptoms.

**Trip:**

A defined period of travel that is not for the purpose of obtaining health care or *treatment* of any kind.

**We, Us and Our:**

Refers to CUMIS General Insurance Company.

**You and Your:**

Refer to all persons listed on your Declaration Page under the plan purchased when the required insurance premium has been paid, for that person, before the *effective date*.

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISRIBUTOR

Section 440 of the *Act respecting the distribution of financial products and services*

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.**

- The Act allows *you* to cancel an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature.** To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day delay, *you* may cancel the insurance at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1 877 525-0337.

**NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

**To:** CUMIS General Insurance Company  
C/O: Allianz Global Assistance  
P.O. Box 277  
Waterloo, ON  
N2J 4A4

Fax: (519) 742-2581

Date: \_\_\_\_\_  
(Date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby cancel insurance contract no.:

\_\_\_\_\_  
(Number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(Date of formation of contract)

In: \_\_\_\_\_  
(Place of formation of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

**This document must be sent by registered mail.**



**(BACK)**

**Sections of the Act representing the distribution of financial products and services**

**439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

**440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

**441.** A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

**442.** No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

**443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

**ACKNOWLEDGEMENT OF RECEIPT**

You acknowledge receipt of this Distribution Guide upon purchasing the Emergency Medical Coverage.

Date: \_\_\_\_\_  
(Date of Acknowledgement of Delivery)

Distributor: \_\_\_\_\_  
(Name of Distributor)

Client: \_\_\_\_\_  
(Client's Signature)

\_\_\_\_\_  
(Client's Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Client's Address)

**This Acknowledgement of Receipt must be kept on record by the Distributor as proof that the client has received a copy of the distribution guide.**