

## DISTRIBUTION GUIDE

**Name of the insurance product:** Emergency Medical Coverage  
**Type of insurance product:** Individual Travel Insurance

**Insurer's Contact Information**  
**Name:** CUMIS General Insurance Company  
**Address:** 151 N Service Road, Burlington, ON L7R 4C2  
**Telephone:** 1-800-263-9120  
**Fax:** 1-888-770-7951

**Administrator's Contact Information**  
**Name:** AZGA Service Canada Inc. o/a Allianz Global Assistance  
**Address:** P.O. Box 277, Waterloo, ON N2J 4A4  
**Telephone:** 1-866-520-8823  
**Fax:** 1-519-742-2581

**Distributor's contact information:**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

***L'Autorité des marchés financiers (AMF) does not express an opinion on the quality of the product offered in this guide. The insurer alone is responsible for any discrepancies between the wording in the guide and the policy.***

## INTRODUCTION

This Distribution Guide will provide you with key information concerning the **Emergency Medical Coverage** plan. This guide will inform you on the nature of coverage, as well as 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 advice of an insurance advisor.

For your ease, this guide has been organized in two parts:

- **Summary:** Provides an overview of the coverage, including the key benefits, exclusions and limitations.
- **Policy Specimen (Appendix A):** Provides the full terms and conditions of the coverage.

**CAUTION:** It is important that you read both parts of the guide carefully prior to making your purchase decision. When reading the guide, you will notice that some words are printed in *bold italics*. These words are defined in the **Definitions** section of the *Policy Specimen*.

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**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the *Policy Specimen (Appendix A)*, which attaches to and forms part of this Distribution Guide.\*\*\***

## **DESCRIPTION OF THE PRODUCT OFFERED**

### **(A) NATURE OF THE COVERAGE AND SUMMARY OF BENEFITS**

The Emergency Medical Coverage plan provides worldwide coverage for Canadian residents who are travelling outside their province or territory of residence.

Coverage starts on the **effective date** and ends on the **expiry date**. For the full details of these defined terms, please refer to the [Definitions section in the Policy Specimen](#).

Coverage will be automatically extended for the following: being medically unfit to travel, or hospitalization. For full details, please refer to [What Do You Need to Know? –When will your coverage be automatically extended? section in the Policy Specimen](#).

The Right to Examine period gives the opportunity to review the policy to ensure that it meets your needs. This allows a 10-day period in which the policy can be returned after purchase for a full refund provided have not departed on your **trip** and a claim has not been incurred.

**CAUTION:** A summary of the key benefits of each coverage is presented below. For full benefit details, please refer to the [Covered Benefits section in the Policy Specimen](#).

**\*\*\*The limit presented below identifies the maximum amount payable for eligible expenses during the policy period\*\*\*.**

<b>COVERAGE</b>	<b>DESCRIPTION</b>	<b>MAXIMUM LIMIT</b>
<b>Emergency Medical and Dental Coverage</b>	<p>Benefits are payable for eligible costs resulting from an unexpected <b>emergency illness</b> or <b>injury</b> occurring during the <b>trip</b>. Benefits include:</p> <ul style="list-style-type: none"> <li>• Emergency Medical Expenses <ul style="list-style-type: none"> <li>○ Emergency Medical Treatment</li> <li>○ Emergency Dental Treatment</li> <li>○ Professional Fees</li> <li>○ Licensed Private Duty Nurse</li> <li>○ Prescription Drugs</li> <li>○ Medical Appliances</li> <li>○ Ambulance/Ground Transport</li> </ul> </li> <li>• Medical Assistance Services <ul style="list-style-type: none"> <li>○ Medical Assistance</li> <li>○ Medical Consultation and Monitoring</li> </ul> </li> <li>• Emergency Medical Transportation <ul style="list-style-type: none"> <li>○ Transportation to an Appropriate Medical Facility</li> <li>○ Return to your Province of Residence</li> <li>○ Accommodation &amp; Meals</li> <li>○ Bedside Visits</li> <li>○ Repatriation of Remains</li> <li>○ Return of Travelling Companion</li> <li>○ Return of Children and Escort for Children to their Departure Point</li> <li>○ Vehicle Return</li> </ul> </li> </ul>	\$5 million for <b>reasonable and customary</b> costs

**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the [Policy Specimen \(Appendix A\)](#), which attaches to and forms part of this Distribution Guide.\*\*\***

**(B) ELIGIBILITY**

As of the application date and the **effective date**, eligible insureds must:

- a) be a Canadian citizen or be a permanent or temporary resident of Canada;
- b) be covered under **your government health insurance plan** for the full duration of **your coverage period**;
- c) at the time this insurance is purchased, be age 64 or younger; **and**
- d) be travelling no longer than the maximum number of days allowed under **your government health insurance plan** for travel outside of **your** province or territory of residence.

**(C) EXCLUSIONS**

**CAUTION:** A summary of the exclusions of coverage is provided in the table below and may not necessarily identify all exclusions contained in the *Policy Specimen*.

**\*\*It is important that you read and understand the full exclusions as outlined in the *Policy Specimen* as these could cause a claim to be denied.\*\***

COVERAGE	DESCRIPTION
<p><b>General (applicable to all coverage, except where noted)</b></p> <p><i>Refer to the Pre-Existing Exclusion and General Exclusions of the General Conditions, Limitations and Exclusions section in the Policy Specimen.</i></p>	<p><b>Benefits may not be payable for losses arising from/related to:</b></p> <ul style="list-style-type: none"><li>• <b>CAUTION - Any heart, lung or medical condition which was not stable in the 90 days prior to your effective date. Refer to Pre-existing Conditions Exclusion in the General Conditions, Limitations and Exclusions Section of the Policy Specimen for details.</b></li><li>• Coverage is not provided for <b>(1)</b>:<ul style="list-style-type: none"><li>○ Non-emergent services and charges which can be delayed until your return.</li><li>○ Treatment received in unlicensed facilities, by unlicensed health care providers, family members or travelling companions.</li><li>○ Regular care for a chronic condition.</li><li>○ Travel to seek medical treatment.</li><li>○ Treatment for conditions which you would have reasonably expected treatment during your trip.</li><li>○ Any condition for which you had symptoms before your effective date.</li><li>○ Travelling against the advice of a physician or complications arising from travel to regions where a travel warning has been issued for Canadians to avoid.</li></ul></li><li>• Acts of self-inflicted harm. <b>(2)</b></li><li>• Certain matters related to pregnancy. <b>(3)</b></li><li>• Certain matters related to mental and emotional disorders. <b>(4)</b></li><li>• Abuse of alcohol or drugs, including misuse of medication. <b>(5, 6)</b></li><li>• Acts of war and terrorism or any nuclear occurrence. <b>(7, 10)</b></li><li>• Amateur or professional sports, and certain scuba diving activities. <b>(8, 9)</b></li><li>• Biological, chemical, seepage, or pollution contamination. <b>(11, 12)</b></li><li>• Epidemic or pandemic. <b>(13)</b></li><li>• Default of a travel supplier. <b>(14)</b></li><li>• Illegal acts. <b>(15)</b></li><li>• Cosmetic, any elective or organ harvesting surgery. <b>(16, 17)</b></li><li>• Travel to regions where an advisory has been issued by the Canadian government. <b>(20)</b></li></ul>

**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the *Policy Specimen (Appendix A)*, which attaches to and forms part of this Distribution Guide.\*\*\***

## (D) RESTRICTIONS AND LIMITATIONS

**CAUTION:** A summary of the restrictions and limitations of the coverage is provided in the table below and may not necessarily identify all restrictions and limitations contained in the *Policy Specimen*.

**\*\*It is important that you read and understand the full limitations as outlined in the *Policy Specimen* as these could cause a claim to be restricted and/or denied.\*\***

COVERAGE	DESCRIPTION
<b>General (applicable to all coverage, except where noted)</b> <i>Refer to the General Conditions, Limitations and Exclusions section in the Policy Specimen.</i>	<b>Limitations Associated with all Coverage include:</b> <ul style="list-style-type: none"><li>You or someone on your behalf must contact Allianz Global Assistance prior to seeking care, or as soon as medically possible. Failure to do so may result in you being personally responsible for 30% of the claim payment.</li><li>Medical staff of Allianz Global Assistance must approve all cardiac procedures in advance.</li><li>Amounts payable are in excess of any amounts available under an extended health insurance plan provided by your employer or former employer.</li><li>Amounts payable are in excess of any amounts available or collectible under your government health insurance plan or other travel insurance plan.</li></ul>

## (E) OTHER INFORMATION

### I. EXTENDING COVERAGE

- Prior to Departure:** If **you** travel dates change before **you** leave **your** province or territory of residence contact **your** travel insurance representative where coverage was originally purchased to change **your** coverage dates.
- After Departure:** If **you** decide to apply for additional coverage after **you** have left **your** place of ordinary residence, **you** may apply for an extension of coverage if:
  - the total duration of **your trip** may not exceed the maximum number of days allowed under **your government health insurance plan** for travel outside of **your** province or territory of residence; **and**
  - you** are covered by **your government health insurance plan** for the entire duration of the **trip**; **and**
  - you** paid the required premium on or before **your** original scheduled **return date**.

To purchase additional coverage after **you** have left **your** place of ordinary residence, please call **Allianz Global Assistance**.

For full details, please refer to the *What must you do if you decide to extend your trip? provisions of the What Do You Need to Know? section of the Policy Specimen.*

### II. REFUNDS

The Right to Examine period gives **you** the opportunity to review the coverage to ensure that it meets **your** needs. This allows you a 10-day period in which to return the policies **you** have purchased for a full refund provided **you** have not departed on **your trip** and a claim has not been incurred.

After the expiry of the 10-day delay, **you** may rescind the insurance at any time; however, premiums are **not** refundable after the **departure date**. For full details, please refer to the *Can you obtain a refund? provision of the What Do You Need to Know? section of the Policy Specimen*

## PROOF OF LOSS OR CLAIM

### (A) SUBMISSION OF A CLAIM

#### I. IN THE EVENT OF AN EMERGENCY

In the event of a medical **emergency**, **you** or someone on **your** behalf must notify **Allianz Global Assistance** before seeking **emergency treatment**.

**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the *Policy Specimen (Appendix A)*, which attaches to and forms part of this Distribution Guide.\*\*\***

## **II. DOCUMENTATION REQUIRED TO FILE A CLAIM**

The claim procedures for the plan coverage are outlined in the *Claim Filing Procedures section of the Policy Specimen*.

Any costs incurred for documentation or required reports are **your** or the claimant's responsibility.

To submit **your** claim, fill out the claim form provided by **Allianz Global Assistance** and include all original bills.

## **III. FILING A CLAIM**

To ensure prompt processing of **your** claim, please:

- Report claims to **Allianz Global Assistance** within **30 days** of the occurrence; **and**
- Submit written proof of claim within **90 days** of the occurrence.

## **(B) ASSESSMENT OF YOUR CLAIM**

### **I. INSURER'S RESPONSE**

**Allianz Global Assistance**, on behalf of the insurer, will notify **you** of a decision to approve or decline **your** claim. The objective is to inform **you** of this decision within **10 business days** after having received all the documents required to form a decision.

All benefits will be paid within **60 days** of receiving written proof of the claim inclusive of all required supporting documentation, in Canadian dollars unless otherwise stated. If currency conversion is necessary, **Allianz Global Assistance** will use the exchange rate on the date the service was rendered to **you**. At the option of **Allianz Global Assistance**, benefits may be paid in the currency of the country where the loss occurred.

### **II. APPEALING THE INSURER'S DECISION**

In the event that **you** are dissatisfied with the decision, **you** may present **your** claim to **Allianz Global Assistance's** Appeals Committee. **You** should submit **your** appeals in writing to **Allianz Global Assistance** with new and additional supporting documentation in accordance with the prescriptive period set out in the *Quebec Civil Code*.

If **you** are not satisfied with how **your** claim was handled, **you** have the right to request, in writing, that a copy of **your** file be transferred to the Autorité des marchés financiers (AMF) for review. **You** may also contact the Autorité des marchés financiers or **your** legal advisor at any time concerning **your** claim.

### **III. THIRD PARTY LIABILITY**

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

## **QUESTIONS?**

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

Toll Free: 1-866-520-8823

Collect: (519) 742-9013

## **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.

**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the *Policy Specimen (Appendix A)*, which attaches to and forms part of this Distribution Guide.\*\*\***

## **REFERRAL 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, boulevard Laurier, 4e étage  
Québec (Québec) G1V 5C1

Toll-Free: 1-877-525-0337

Québec: 418-525-0337

Montréal: 514-395-0337

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

## **NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

### **NOTICE GIVEN BY A DISTRIBUTOR**

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 rescind 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 may use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force.
- **It is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.**
- After the expiry of the 10-day delay, you may rescind the insurance at any time; however, penalties may apply.
- Section 441 does not apply when the travel contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the Trip Cancellation Insurance.
- Section 441 does not apply when the Trip Cancellation Insurance contract is purchased within 11 days prior to the trip.

For further information, contact the Autorité des marchés financiers at (418) 525-0337 for the region of Quebec, (514) 395-0337 for the region of Montreal or toll-free at 1-877-525-0337.

**\*\*\*For full terms and conditions of the Emergency Medical Coverage, please refer to the *Policy Specimen (Appendix A)*, which attaches to and forms part of this Distribution Guide.\*\*\***

**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

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

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

\_\_\_\_\_  
(policy number)

Entered into on: \_\_\_\_\_  
(date of signature on contract)

In: \_\_\_\_\_  
(place of signature of contract)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)

The distributor must first complete this section.  
This document must be sent by registered mail.  
Sections 439, 440, 441, 442 and 443 of the *Act* must be reproduced on the back of this notice

**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 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.

**APPENDIX A:**

**POLICY SPECIMEN DOCUMENT (FULL TERMS & CONDITIONS)**

## Emergency Medical Coverage

This Emergency Medical Coverage provides reimbursement for costs associated with medical and dental emergencies, and for transportation expenses needed to obtain adequate care if *you* are faced with a medical *emergency* while travelling outside of *your* province or territory of residence for the full length of *your trip* which may be up to the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence.

Benefits per Insured	Benefit Maximums
Emergency Medical and Dental Coverage	Up to \$5,000,000 Canadian (overall policy maximum)
Emergency Medical Transportation	Included in overall policy maximum
Vehicle Return	\$2,000 Canadian
Repatriation of Remains	\$5,000 Canadian
Accommodations and Meals	\$150 Canadian/Day – Maximum 10 days
24-Hour Emergency Travel Assistance	Included

**Coverage is for travellers who are age 64 or younger at the time the coverage is purchased.**

For complete information, please read the *Policy* of Insurance below.

### Policy of Insurance

This product is underwritten by CUMIS General Insurance Company (herein called “we”, “us”, “our”), a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc.

#### IMPORTANT NOTICE – PLEASE READ CAREFULLY

We have issued this *Policy* of insurance to the person(s) named on the Declaration Page (herein called “*you*” or “*your*”). If *you* believe that the Declaration Page we sent *you* is incorrect, please contact *Allianz Global Assistance* immediately at the phone number(s) listed on *your* Declaration Page.

This *Policy* and *your* Declaration Page describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the *Policy* carefully to understand the conditions of all coverage for which *you* have paid a premium.

Be sure to take this document and *your* Declaration Page with *you* on *your trip*.

**This *Policy* contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

**This *Policy* contains a number of exclusions and limitations, including a Pre-Existing Condition Exclusion, which may apply to a *medical condition* and/or symptoms that existed prior to *your trip*.**

**PLEASE READ *YOUR POLICY* CAREFULLY BEFORE *YOU* TRAVEL**

**IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL ALLIANZ GLOBAL ASSISTANCE AT ONE OF THE PHONE NUMBERS LISTED ON YOUR DECLARATION PAGE BEFORE SEEKING TREATMENT.**

*Allianz Global Assistance* is here to help you 24 hours a day, 365 days a year.

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

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

Please note that Emergency Medical insurance provides for a reduction of benefits if you do not call before seeking 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.

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### **Right to Examine this Insurance**

If you notify us that you are not completely satisfied with your purchased plan within 10 days of the date of issue of this *Policy* of Insurance as indicated on your Declaration Page, we will provide a full refund if you have not already departed on your trip or filed a claim. Refunds are only available when *Allianz Global Assistance* receives your request for a refund before your departure date.

### **Insured benefits under this *Policy* of Insurance include:**

- Emergency Medical Transportation
- Emergency Medical Expenses
- Emergency Dental Treatment

Coverage is provided for travellers who are age 64 or younger at the time the coverage is purchased.

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

### **What risks are insured?**

This insurance covers the *reasonable and customary, medically necessary* expenses for medical care or surgery that is required as part of the *emergency treatment* arising from a *medical condition* that occurs while you are travelling outside of your province of residence and protects you against situations or losses that result from sudden and unexpected conditions or events. We reserve the right, in our sole discretion, to reject applications for coverage.

**These insurance benefits do not cover conditions or events that, on the date of purchase, are either known to you or are likely to occur.**

The Emergency Medical and Dental insurance covers only the *medically necessary* expenses you incur once you have left your province of residence. In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under your *government health insurance plan* and by any other insurance or benefit plan under which you are covered.

For more information, please see the terms and conditions within this *Policy*.

### **What must you do in a medical emergency?**

You or someone on your behalf must contact *Allianz Global Assistance* before seeking *emergency treatment*. Failure to call *Allianz Global Assistance* may result in a reduction to the amount reimbursed, or no reimbursement, for the expenses you have incurred. In addition, the medical advisors of *Allianz Global Assistance* must approve all medical procedures (including cardiac procedures and cardiac catheterisation) in advance.

When you contact *Allianz Global Assistance*, they will refer you or may transfer your call, when medically appropriate, to an accredited medical service provider within a network.

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

In this *Policy*, certain terms have defined meanings. Those defined terms are as indicated on *your Declaration Page*, or as below in the section titled “Definitions”, and appear throughout this *Policy* in italics.

## Definitions

**Accident/Accidental** - a sudden, unexpected, unintended, unforeseeable external event, occurring during an insured *trip*, arising wholly from accidental means which, independently of any other cause, causes *injury*.

**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 this *Policy*.

**Children** - unmarried persons who are dependent on *you* for support and are:

- under 21 years of age; or
- 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 and/or 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 (licensed physiotherapist, chiropractor, chiropractor, podiatrist or osteopath) that are *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 *your spouse*; parents; *children*, including *children* who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; step-*children*; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with *you*.

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

**Medical Condition** - an *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including 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, a 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 in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

**Return Date** - the date on which *you* are scheduled to return to *your departure point* (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
- 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, including 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, and 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 program purchased when the required insurance premium has been paid, for that person, before the *effective date*.

## What Do You Need to Know?

### Are you eligible for coverage?

To be eligible for any insurance coverage *you* must:

- 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 the coverage is purchased; and
- not be travelling for more than the maximum number of days allowed under *your government health insurance plan* for travel outside of *your* province or territory of residence.

PLEASE NOTE: *You* must meet all of the above eligibility requirements to be insured under this *Policy*.

### How do you become insured?

*You* become insured and this *Policy* becomes an insurance contract :

- when *you* are named on *your* completed insurance application and named on *your* Declaration Page; and
- upon payment of the required premium on or before *your effective date*.

## When does *your* insurance start?

*Your* insurance coverage under this *Policy* begins on *your* effective date, which is:

- the time and date on which *you* leave from *your* departure point, on or after *your* scheduled departure date.

## When does *your* insurance end?

*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 "When will *your* coverage be automatically extended?"

## When will *your* coverage be automatically extended?

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, of medical necessity, 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.

## What must *you* do if *you* decide to extend *your* trip?

If *you* decide to extend *your* trip *you* may purchase an extension of *your* coverage by contacting *your* travel insurance representative or Allianz Global Assistance:

- if *you* have not already departed on *your* trip; or
- if *you* have already departed on *your* trip, *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 health insurance 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,
- *you* must pay the required premium on or before *your* original scheduled return date.

## Can *you* obtain a refund?

If *you* notify *us* that *you* are not completely satisfied with *your* purchased plan within 10 days of the date of issue of this *Policy* as indicated on *your* Declaration Page, we will provide a full refund if *you* have not already departed on *your* trip or filed a claim.

Refunds are only available before *your* departure date and Allianz Global Assistance must receive *your* request for a refund before *your* departure date.

## Description of Coverage

### Emergency Medical and Dental Coverage

#### COVERED BENEFITS

Emergency Medical and Dental Coverage reimburses *you* for eligible expenses if *you* require emergency medical and/or dental care during *your* trip. This coverage will also cover expenses for emergency medical transportation back to *your* province of normal residence. In the event of injury or illness while on a trip, during the coverage period, we reimburse *you* for reasonable and customary charges for the following medically necessary expenses required by *you*.

#### Emergency Medical Expenses

We provide coverage up to the policy maximum of \$5,000,000 in total, for the following:

##### Emergency Medical Treatment (including X-rays and lab)

This insurance covers emergency medical care or treatment of any medical condition that is acute (onset is sudden and unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

##### Emergency Dental Treatment (including x-rays and lab)

This insurance covers the following dental expenses when required as emergency treatment and ordered by or received from a licensed dentist:

- If *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the emergency dental expenses *you* incur during *your* trip. *You* are also covered up to a maximum of \$1,000 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 90 days after the accident.

- If you need *emergency treatment* to relieve dental pain, you are covered for the *emergency* dental expenses you incur during *your trip*, up to a maximum of \$250, and the complete cost of *prescription drugs*.

### Professional Fees

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, to a maximum of \$250 per profession.

### Licensed private duty nurse

This insurance covers the cost of licensed private duty nursing services to a maximum of \$5,000 while you are an *inpatient*, when pre-approved by *Allianz Global Assistance*.

### Prescription Drugs

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

### Medical Appliances

This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or *hospital-type* beds, if ordered by a licensed *physician*. We will pay the lesser of the rental or the purchase price.

### Ambulance/Ground Transport

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

## Medical Assistance Services

### Medical Assistance

If you have a medical problem or *emergency*, you or someone on *your* behalf must contact *Allianz Global Assistance*, who will refer you to a local *physician*, dentist, *hospital*, medical facility, or other appropriate resource.

### 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.

## Emergency Medical Transportation

We will arrange and pay for medical transportation services as specified below, which are required by you as a result of an *injury* or *illness* that occurs during the *coverage period* that 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*. Such transportation services that we have not pre-authorized shall not be covered.

## Transportation to an 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*, you will be transported to the nearest appropriate medical facility.

## Return to your Province of Residence

Once you have received *emergency medical care* and our consulting *physician* determines you are able to and recommends that you return home, we will arrange for you to return to your province of residence.

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 cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return-trip tickets. If *medically necessary* or required by the airline, we will also pay the expenses for a qualified medical attendant to accompany you.
- 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*.

## Accommodation & Meals

A maximum benefit of up to \$150 per day (up to a total of 10 days) is provided to cover hotel expenses, meals 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.

## Bedside Visits

If you are travelling alone and will be hospitalized during your trip as an *inpatient* for more than 3 consecutive days, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a *family member* or a close personal friend to your bedside. We will also pay up to \$150 per day (up to a total of 10 days) for that person's reasonable accommodation, taxi fares and meals. Verification from the attending *physician* that the situation is serious enough to warrant the visit will be required.

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

## Repatriation of Remains

In the event of your death during your trip from a *medical condition* covered under this insurance, the insurance covers a maximum benefit of up to \$5000 in total for:

- 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. The cost of a burial coffin or urn is not a covered expense.
- If someone is legally required to identify *your* remains, this *Policy* covers the cost of a round-trip economy fare on a commercial flight via the most cost-effective route 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.

### Return of Travelling Companion

If *you* are travelling with a *travelling companion*, this insurance covers him or her for the extra cost of the transfer fees of a one-way return 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.

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

### Return of Children and Escort for Children to their Departure Point

If *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, this insurance covers:

- 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.

### Vehicle Return

If, as a result of a covered medical *emergency*, *you* are unable to return *your* vehicle or *your* rented vehicle to its point of origin, this insurance covers the reasonable costs up to \$2,000 in total to return the vehicle to *your* residence or to the rental agency, when pre-authorized by *Allianz Global Assistance*.

## 24-Hour Emergency Travel Assistance Services

### Travel Document and Ticket Replacement Assistance

If *your* passport or other travel documents are lost or stolen, *we* will provide *you* with information and assistance to obtain replacing documents. *We* will also help *you* to replace lost airline and other travel tickets and 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.

### Legal Assistance

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor. If *you* require the posting of bail or immediate payment of legal fees, *we* will help arrange a cash transfer from *your* family or friends.

### Emergency Cash Transfer

If *your* cash or traveller's cheques are lost or stolen, or if *you* need funds for the immediate payment of unexpected expenses, *we* will help arrange for emergency cash (in currency, traveller's cheques or any other form acceptable to *us*) to 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*.

### 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.

## General Conditions, Limitations and Exclusions

*Your* insurance coverage is subject to the terms set out as follows in this document.

### GENERAL CONDITIONS

1. All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified. At *our* option, *we* may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.
2. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), The *Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.
3. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this *Policy*.
4. *You* must submit claims to *Allianz Global Assistance* within 90 days from date of loss. If applicable law provides for a longer period, *you* must submit *your* claim within the longer period provided for by law. For *your* claim to be valid, *you* must provide all of the documents *we* require to support *your* claim.
5. *We* may void this *Policy* in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent 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.
6. *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.

7. We may require a *physician(s)* of our choice to physically examine you as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it. We will bear all necessary costs.
8. References to *your* age refer to *your* age on the date you applied for insurance.
9. 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.
10. 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*.
11. All benefit payments under this *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.
12. Notice of Statutory Conditions - Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance. This condition does not apply to the province of Quebec.

#### LIMITATIONS

1. You or someone on **your** behalf must contact Allianz Global Assistance before seeking care. If you do not notify Allianz Global Assistance or if you choose to receive *treatment* from a service provider other than that suggested by Allianz Global Assistance, you may be responsible for 30% of your medical expenses under this insurance.
2. 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.
3. 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.
4. If your employer (or former employer if you are retired) provides an extended health insurance plan and:
  - if your lifetime maximum coverage is less than \$50,000, we will not co-ordinate payment;
  - if your lifetime maximum coverage is more than \$50,000, we will co-ordinate payment only in excess of \$50,000 in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

#### PRE-EXISTING CONDITIONS EXCLUSION

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

1. 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*.
2. Your heart condition, if at any time in the 90 days before you depart on your *trip*:
  - has not been *stable*; or
  - you have taken nitro-glycerine more than once per week specifically for the relief of angina pain.
3. Your lung condition, if at any time in the 90 days before you depart on your *trip*:
  - has not been *stable*; or
  - you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

#### GENERAL EXCLUSIONS

These exclusions apply to all program benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Coverage is not provided for:
  - any *treatments*, services, supplies, or charges we determine are non-emergent 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, or given by a *family member* or a *travelling companion*, whether or not a licensed provider;
  - regular care of a chronic condition;
  - 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* that would have caused a prudent person to seek diagnosis or *treatment* (including *emergency treatment*), recurrence or complication of any *medical condition* following medical *treatment* during your *trip* where 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; or
  - *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.
2. Intentionally self-inflicted harm, suicide or attempted suicide;
  3. 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;
  4. Mental, nervous or emotional disorders that do not require immediate hospitalization;
  5. Abuse of any medication or non-compliance with prescribed medical *treatment* or therapy;
  6. Any *injury* or *accident* occurring while *you* are under the influence of illicit drugs or alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when *you* illustrate a visible impairment due to alcohol or illicit drugs and any chronic illness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
  7. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism*;
  8. Amateur or *professional* sports, or other athletic activities, which are organized and/or 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, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an insured person solely for leisure, recreational, entertainment or fitness purposes;
  9. Scuba diving, unless *you* hold a basic SCUBA designation from a certified school or other licensing body or *you* are accompanied by a dive master or are diving in water not deeper than 10 metres;
  10. Nuclear reaction, radiation or radioactive *contamination*;
  11. Biological or chemical *contamination*;
  12. Seepage, pollution or *contamination*;
  13. Epidemic or pandemic;
  14. Financial collapse or default of any transport, tour or accommodation provider and/or any other service providers;
  15. Any unlawful acts committed by *you*, *family members*, or *travelling companions*, whether they are insured or not;
  16. Cosmetic or any other elective surgery;
  17. Organ harvesting surgery;
  18. Air travel except while *you* are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled trip or charter;

19. 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;
20. *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*; or
21. *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.

## Claim Filing Procedures

*You* or someone on ***your*** behalf must contact *Allianz Global Assistance* before seeking *emergency treatment*.

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*.

Failure to call *Allianz Global Assistance* may result in a reduction to the amount reimbursed or no reimbursement for the expenses *you* have incurred. In addition, the medical advisors of *Allianz Global Assistance* must approve all cardiac procedures, including cardiac catheterization, in advance.

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

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 contact *Allianz Global Assistance* at the phone number listed on *your* Declaration Page 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).

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*. This insurance will not pay for any interest.

### Information to Submit When Filing a Claim

As a condition to the payment of benefits under this insurance, we will need 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:

1. Original receipts, invoices and itemized bills for all expenses.
2. The fully completed claim form supplied to *you* by *Allianz Global Assistance*.
3. For *accidental* dental expenses, we require proof of the *accident*.

4. Proof of departure from *your* province of residence.

**You must submit all claims to *Allianz Global Assistance* within 90 days from date of loss. Failure to complete the required claim and authorization form in full will delay the assessment of *your* claim.**

## Privacy Information Notice

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 Certificate 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](mailto: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](mailto: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](http://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](mailto:questions@allianz-assistance.ca)