

Annual Plan

This Annual Plan 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 *your* province or territory of residence.

Coverage is active for an unlimited number of *trips* within a year from the date of purchase, with the option of either a 10-day or 30-day limit per *trip*. Please see *your* Declaration Page to confirm the Per-Trip Day Limit of the Annual Plan *you* have purchased.

Benefits per Insured	Benefit Maximums
Emergency Medical and Dental Coverage	Unlimited
Emergency Medical Transportation	Included
Vehicle Return	Please refer to <i>your</i> Declaration Page
Repatriation of Remains	Please refer to <i>your</i> Declaration Page
Accommodations and Meals	Please refer to <i>your</i> Declaration Page
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 *Certificate* of Insurance below.

Certificate of Insurance

Exclusively underwritten by Allianz Global Risks US Insurance Company (Canadian Branch) (herein called “*we*”, “*us*”, “*our*”), which is owned by Allianz Group. Allianz Group has an ownership interest in *Allianz Global Assistance*, Allianz’s administrator for claims and assistance services under this *Certificate*. *Allianz Global Assistance* is the registered business name for AZGA Insurance Agency Canada Ltd., and AZGA Service Canada Inc. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Allianz Global Risks US Insurance Company’s insurance business in Canada.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

We have issued this *Certificate* 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 *Certificate* and *your* Declaration Page describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the *Certificate* 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 *Certificate* 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 take time to read it before leaving on *your trip*.

PLEASE READ YOUR CERTIFICATE 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 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 *Certificate* Number (per your Declaration Page) and
- your location and local phone number.

Please note that Emergency Travel Medical coverage 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.

Right to Examine this Insurance

If you notify us that you are not completely satisfied with your purchased plan within ten (10) days of the date of issue of this *Certificate 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 startup date.

Insured benefits under this *Certificate of Insurance* include:

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

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

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 *Certificate*.

What must you do in a medical emergency?

You 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 *Certificate of Insurance*, if needed, to secure your *medically necessary* admission to a *hospital*.

In this *Certificate*, 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 *Certificate* 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 *Certificate*.

Certificate - the entire Certificate of Insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

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 handicapped 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 leave *your* province or territory of residence.

Departure Point - the city within Canada, from which *you* depart on *your trip*.

Effective Date - the date on which *you* are scheduled to leave *your departure point*.

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, chiropodist, 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 final travel date shown on *your* Declaration Page, after which *your* coverage under this Certificate of Insurance expires..

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.

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).

Spouse - is 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 one 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.

Start-up Date - later of the date of *your* insurance application and the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your* Declaration Page (which cannot be more than 60 days from the date of *your* insurance application).

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.

Top-up - the coverage *you* purchase:

- to extend *your* insurance benefits beyond the duration covered under *your* Annual Plan.

Top-up coverage will be deemed effective, 00:01 a.m. on the day following the scheduled *return date* of the *trip* being topped-up.

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* accommodation.

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 period of round trip travel to a destination outside of *your* province of residence that is not for the purpose of obtaining health care or *treatment* of any kind.

We, Us and Our - refer to Allianz Global Risks US Insurance Company (Canadian Branch).

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*;
- at the time the coverage is purchased, be age 64 or younger;
- depending on which Annual Plan *you* purchased, travelling for a maximum of 10 or 30 consecutive days per *trip*.

The consecutive days include *your* date of departure from and *return date* to *your departure point*.

If *you* are travelling for more than 10 consecutive days under the 10-Day plan or 30 consecutive days under the 30-Day plan, *you* must *top-up* this coverage as outlined in this *Certificate*. If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 10-Day or 30-Day plan or meet all of the eligibility requirements, *you* will not have coverage for any claim during that *trip*.

If *you* are age 59 or younger *you* may *top-up your trip* for an additional 30 days.

If *you* are between age 60 – 64 inclusive *you* may *top-up your trip* for an additional 10 days.

How do *you* become insured?

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

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

When does *your* insurance start?

Your insurance starts on *your startup date*, which under the Annual Plan is the later of:

- the date of *your* insurance application; or
- the date *you* designate as the date of *your* departure on *your first trip* under this insurance, as entered on *your* insurance application, which cannot be more than 60 days from the date of *your* insurance application.

When does *your* insurance end?

Your insurance ends on the earliest of:

- for each *trip* the date *you* return to *your* province or territory of residence, except in the circumstances outlined under “When will *your* coverage be automatically extended?”; or
- 00:01 of *your expiry date*, which is the one-year anniversary of *your start-up date* under the Annual Plan.

What must *you* do if *you* want to *top-up your Annual Plan*?

If *you* are travelling for more than 10 consecutive days under the 10-Day plan or 30 consecutive days under the 30-Day plan, *you* must *top-up* this coverage as outlined below.

- Before *your departure date*, *you* may contact *your* travel

supplier to purchase *top-up* coverage;

- After *your departure date* and if *you* have not had a *medical condition* during *your trip*, *you* must contact *your* travel supplier before *your* scheduled *return date* to purchase *top-up* coverage;
- After *your departure date* and if *you* have had a *medical condition* during *your trip*, *you* must contact *Allianz Global Assistance* before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* policy is subject to the approval of *Allianz Global Assistance*.
- *You* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

The terms, conditions and exclusions of *your* new policy issued as *top-up* will apply once the *top-up* period begins.

If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 10-Day or 30-Day plan, *you* will not have coverage for any claim at any time during that *trip*.

What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- If *you* are covered under the Annual Plan, extensions are not available, except as outlined in “When will *your* coverage be automatically extended?” below. Instead, *you* may *top-up your* coverage as outlined under “What must *you* do if *you* want to *top-up your* Annual Plan”, above.

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* *you* selected of either a maximum of 10 or 30 days per *trip*; 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*).

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
- five (5) days after *your* scheduled *return date*; however, if *you* are hospitalized as an *inpatient*, if *medically necessary*, we will extend insurance for 72 hours from the time *you* are discharged but under no circumstances for more than three (3) months from *your* scheduled *return 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 maximum benefit amount listed in the Declaration Page, 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, chiropodist, 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

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* 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 services that *Allianz Global Assistance* does not pre-authorize 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 indicated on *your* Declaration Page, 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 the amount listed on *your* Declaration Page 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 three (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 the amount listed on *your* Declaration Page 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 *Certificate* 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 (i.e. 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.

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 the maximum benefit amount listed on *your* Declaration Page 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 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 *Certificate* number, and give the assistance coordinator *your* message. We will make at least three 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. *You* and *we* agree that all disputes, controversies or claims arising under this *Certificate* or otherwise in connection with this *Certificate*, whether of law or fact and of any nature whatsoever (including but not limited to all disputes or controversies related to determinations made under the *Certificate*) 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 this *Certificate* 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. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this *Certificate* 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 this *Certificate* was issued, *you* must commence *your* action or arbitration proceeding within the shortest time permitted by the laws of that province or territory. In addition *you*, *your* heirs and assigns consent to the venue of any action or arbitration being only in the province or territory where the *Certificate* was issued and at a venue *we* and/or *Allianz Global Assistance* choose.
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 *Certificate*.
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 *Certificate* 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 *Certificate* 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.
13. This policy does not provide any cover for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.

LIMITATIONS

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

If you are age 59 or younger 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*:
 - any heart condition 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*:
 - any lung condition 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).

If you are between age 60-64 inclusive 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 180 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 180 days before you depart on *your trip*:
 - any heart condition 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 180 days before you depart on *your trip*:
 - any lung condition 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 (whether sane or insane);
3. Routine pre-natal care, fertility *treatments*, elective abortion, a child born during *your trip*, complications of *your* pregnancy when they occur in the nine (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 eighty (80) milligrams of alcohol in one hundred (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. Any unlawful acts committed by *you*, *family members*, or *travelling companions*, whether they are insured or not;
13. Cosmetic or any other elective surgery;
14. Organ harvesting surgery;
15. 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;
16. 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; or
17. *Your* travel to a country for which the Canadian government has issued a *travel advisory* in writing.

Claim Filing Procedures

You 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 the provider 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 *Certificate* 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 to obtain a claim form.

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 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:

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 & authorization form in full will delay the assessment of your claim.

Privacy Information Notice

Allianz Global Risks US Insurance Company, Canadian Branch (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 Certificate 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 **PIPEDA@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 **PIPEDA@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**.