

EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS



RIGHT TO EXAMINE POLICY

Please review this policy before you travel to ensure it meets your needs. You have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

Please read your policy carefully before you travel.

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled 'Benefits' under the name of the plan(s) you have purchased. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

Travel insurance does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy before you travel. Pre-existing medical conditions may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC (during business hours) prior to the expiry of your policy. You must be in good health and not have incurred any losses during the *period of coverage*. Fees will be charged.

Travel Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

Extended Absence from Canada

Each provincial and territorial government health insurance plan has limitations on how long you can be out of the country and still remain eligible for coverage. Check your health plan for details.

Note: Words in italics indicate they are defined on pages 3 to 4.

EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS POLICY

- U.S.A. and Non-U.S.A. Plans
- Group Sports Plan

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- e) not require assistance with daily living activities.

Coverage Begins

When an application has been made and the premium has been paid for a specific plan of insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their province or territory of residence.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the *insured* returns to their province or territory of residence; or
- b) indicated as the *expiry date* on the confirmation of coverage.

DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to \$2 million for *reasonable and customary* costs incurred unexpectedly by an insured *Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital*, *emergency medical*, or other covered costs as provided in the 'Benefits' section, due to *sickness or injury* occurring during the *period of coverage*.
2. For *Canadian residents* not insured under a government health insurance plan, the maximum sum insured is \$3,000.
3. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which the *insured* is covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to 'General Provisions' on page 4.
4. Coverage is world-wide, except under Non-U.S.A. plans, which limit *trips* to the U.S.A. to 5 days while in transit.

BENEFITS

Benefits are payable for the following costs:

1. **Emergency Hospital**
The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the *emergency care* of the *insured* during confinement as a resident in-patient.
2. **Emergency Medical**
The *insurer* agrees to pay for:
 - a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).

- b) The services of a legally licensed physiotherapist (who is not related by blood or marriage to the *insured*) when ordered by the attending *physician* as treatment for a covered *injury*. Not to exceed \$500 for out-patient treatment.
 - c) The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the *insured*) for treatment of a covered *injury*. Not to exceed \$500.
 - d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
 - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
 - f) Rental of crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
 - g) *Emergency* out-patient services provided by a *hospital*.
 - h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply, to a maximum \$500 per *insured* unless hospitalized as an in-patient.
3. **Meals and Accommodation**
Up to a maximum of \$3,000 will be reimbursed for additional reasonable living costs, child care costs (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), essential telephone calls and taxi fares incurred by the *insured* or any *insured* persons remaining with the *insured* while hospitalized as an inpatient during the *period of coverage*.
4. **Transportation of Family or Friend**
Reimbursement of up to \$3,000 for one round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:
- a) The *insured* is hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the necessary attendance by such persons.
 - b) The local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness* or *injury*.
5. **Return of Travelling Companion**
Pays the extra cost of a one-way economy class airfare, to return the *insured's travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance) and one of the *insured's* accompanying *family members* to their province or territory of residence, when an *insured* is transported to Canada by air ambulance or commercial stretcher, as a result of a covered *emergency sickness* or *injury* that necessitates immediate ongoing care. Must be pre-approved by TIC.
6. **Return of Vehicle or Watercraft**
Up to \$3,000 will be reimbursed for a commercial agency to return the vehicle or watercraft used for the journey, to the *insured's* home or to the rental agency, if the *insured* is unable to return to Canada with that vehicle or watercraft, due to a covered *sickness* or *injury*.
7. **Pet Return**
Up to \$300 will be reimbursed for the cost of returning the *insured's* accompanying dog or cat to Canada, if the *insured* is returned to Canada under the 'Emergency Transportation' benefit or hospitalized due to a covered *sickness* or *injury*.
8. **Return of Deceased**
In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for the costs incurred to return the *insured* in a standard transportation container, to their permanent residence in Canada; or up to \$4,000 for cremation or burial at the place of death.
9. **Accidental Dental**
Up to \$3,000 will be reimbursed for *emergency* treatment or services to whole or sound natural teeth (including capped or crowned teeth) caused by an accidental blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where the *insured* resides.

10. **Dental Emergencies**

Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received treatment or advice are not covered.

Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to the *insured's* return to their province or territory of residence.

11. **Emergency Transportation**

The *insurer* agrees to transport the *insured* to the nearest appropriate medical facility or to a Canadian *hospital* following a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant, must be pre-approved and arranged by TIC.

12. **Attendant**

Pays the cost of an attendant (not related to the *insured* by blood or marriage) plus the attendant's return economy class airfare, to travel with the *insured's* accompanying *insured travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), to their province or territory of residence if an *insured* has been returned to Canada under the 'Emergency Transportation' benefit. This benefit is payable only when approved in advance and arranged by TIC.

13. **Act of Terrorism**

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

14. **Return to Original Trip Destination**

If the *insured* is returned to their province or territory of residence under the 'Emergency Transportation' benefit, and the attending *physician* determines that the treatment received in Canada resolved the *emergency*, a maximum *aggregate limit* of \$5,000 will be paid, only when pre-approved and arranged by TIC, for a one-way economy flight to return the *insured* and one *insured travelling companion* to the original *trip destination*. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent recurrence or complication of the condition that resulted in the *insured* being returned home is excluded under this policy.

SPECIFIC CONDITIONS

- 1. TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible amounts payable by 20%.
- 2. TIC reserves the right, as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to Canada following an *emergency*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
- 3. 'General Provisions' apply. Refer to page 4.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

EHM1 Any *sickness, injury* or medical condition, that exhibited symptoms for which a diagnosis need not have been made or required any or all of, *medical consultation*, prescription medication, medical treatment or hospitalization, within the 180 days immediately prior to the *effective date*. This exclusion applies to persons up to age 70 on the *effective date*, travelling for periods of 36 days or longer and persons age 71 and over for *trips* of any duration.

EHM2 Any *sickness, injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* of coverage, was such as to render *expected medical treatment* or hospitalization.

EHM3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted injury.

EHM4 *Act of war*, kidnapping, *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

EHM5 Any *sickness, injury* or medical condition for which a diagnosis need not have been made where a *trip* is undertaken for the purpose of securing medical treatment or advice.

EHM6 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with prescribed treatment or medical therapy; or the misuse of medication.

EHM7 Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.

EHM8 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

EHM9 Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, *emergency* treatment of a *sickness* or *injury*, or treatment which can be reasonably delayed until the *insured* returns to Canada (whether or not they intend to return) by the next available means of transportation, unless approved in advance by TIC.

EHM10 A recurrence or complication of the *sickness, injury* or medical condition that resulted in the *insured* being returned home if the *insured* elects to resume their *trip* after being returned to Canada.

EHM11 Any rehabilitation or convalescent care.

EHM12 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

EHM13 Routine or elective treatment for pregnancy within the first 32 weeks of the pregnancy.

EHM14 Pregnancy within 8 weeks of the expected delivery date.

EHM15 *Sickness* or *injury* resulting from a motor vehicle accident where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

EHM16 Dental or cosmetic surgery unless such *emergency* surgery is a result of a covered *injury*.

EHM17 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

EHM18 Naturopathic, holistic or acupuncture treatment.

EHM19 Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.

EHM20 Any nuclear occurrence, however caused.

EHM21 Any loss resulting from an *act of terrorism* on a *trip* while at a destination where, prior to the *insured's* departure to that destination, a statement regarding terrorism is made in the 'Travel Report'

issued by the Canadian Department of Foreign Affairs advising or recommending that Canadians should not travel to that destination during the *period of coverage*.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one accident or event causing loss.

Canadian resident means a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which they will return after their *trip*.

Effective date means the date and time coverage begins as provided for in the section titled 'Coverage Begins' for the specific plan purchased.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that the *insured* is able to continue the *trip* or return to their place of ordinary residence in Canada.

Expected medical treatment means *medical consultation* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'Coverage Ends' for the specific plan purchased.

Family member means the *insured's* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means sudden bodily harm, which is directly caused by or resulting from an accident, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insured means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured* who earns the majority of their income from such activity.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable treatment, services or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Travelling companion means a person who has prepaid shared accommodation or transportation with the *insured*. (Maximum of 5 persons including the *insured*.)

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured*.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage* is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that the *insured* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If an *insured* is hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, this coverage will be extended to the *insured* and an *insured travelling companion* remaining with the *insured* when reasonable and necessary, during the period of *hospital* confinement, plus 72 hours after release to travel home.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*. Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time, benefits will only be paid

under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* or the claimant, if other than the *insured*, shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by a provincial or territorial hospital/medical plan, or, if the *insured* is not covered or is not eligible for coverage, verification of any payment that would have been made.
3. Any payment made by any other insurance plan or contract.
4. Providing substantiating medical documentation from their province, territory or country of residence, at the request of TIC. Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any insurance act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured* may not claim or receive in total, more than 100% of the loss caused by the insured event.

If the *insured* named in this policy is retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, TIC will not coordinate benefits with that provider.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which the *insured* normally resides.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* is in good health and knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for the *insured's* age on the *effective date*.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, TIC shall be subrogated to all the rights of the *insured* including without limitation, the right to proceed in the *insured's* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

PREMIUM REFUNDS

Refunds are payable when:

1. The entire *trip* is cancelled prior to the *effective date*.
2. The *insured* returns to their province or territory of residence 15 days or more prior to the *expiry date*.

Premium refunds must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC. There will be no refund of premium if any losses have been incurred whether or not a claim has been made. Premiums, which are 100% refundable, are subject to a \$10 administration fee, except when cancelled during the 10-day examination period. Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net premium to be refunded. Premiums less than \$10 will not be refunded.

CLAIMS PROCEDURES

Important Notes

1. In the event of a medical *emergency*, TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 60 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A fully completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Completed appropriate provincial government health insurance plan forms; see claim form for details.
5. Any other documentation that may be required and/or requested by TIC.

All claims forms are available online at: www.travelinsurance.ca or by calling TIC Claims Department.

SUBMIT CLAIMS TO:

For Provinces Manitoba and West

TIC Claims Department
125 – 4400 Dominion Street
Burnaby, BC, Canada V5G 4G3
Collect worldwide: 604-639-8849
Toll free Canada/U.S.A.: 1-800-882-5246

For Provinces Ontario and East

TIC Claims Department
1200 – 438 University Avenue
Toronto, ON, Canada M5G 2K8
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President

Administered by:

TIC Travel Insurance Coordinators Ltd.
300 – 2609 Westview Drive
North Vancouver, BC
Canada V7N 4M2

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan
Canada S4P 1C4

EMERGENCY PROCEDURES

In the event of a medical emergency, TIC Emergency Assistance must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *trip*.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide: 800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers
call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim
and we will contact you.

