Notice to all employees/members of the Ryerson Students’ Union covered under Viator Group Out-of-Province/Canada Travel Medical Emergency Insurance Policy

Please note that your coverage is amended as follows:

The Schedule of Benefits is amended to include Class A and Class B as follows:

- **Class A:** All eligible full-time Canadian domestic students
- **Class B:** All eligible full-time International students

The following wording is added and replaces any previous wording contained in the Important Notice section of the benefit booklet advising of a restriction on the right to designate a beneficiary:

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

Section I - Individual Coverage – Eligibility, Effective Date and Termination of the benefit booklet is replaced as follows:

**CLASS A**

*Participant Coverage*

To be covered under the *policy* as a *participant* of Class A, you must meet the following eligibility requirements:

1. be covered under the *government health insurance plan* of your province or territory of residence; and
2. have your permanent residence in Canada; and
3. be enrolled as a *participant* of the *policyholder* and attending a *program* at Ryerson University on a full-time basis.

*Participant coverage will become effective on the policy effective date.*

*Participant coverage will terminate immediately on the earliest of:*

1. the date the *participant* ceases to meet any of the eligibility requirements for the *participant* coverage; or
2. the date the *participant* is no longer a *participant* of Ryerson Students’ Union and attending a *program* at Ryerson University on a full-time basis; or
3. the date following the 31st day after the premium is due, if the *policyholder* does not remit the *participant*’s premium to the *insurer*, except where this is a result of a clerical error; or
4. the date the *policy* is terminated.
Dependent Coverage

To be covered under the policy as a dependent of Class A, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence; and
2. meet the definition of dependent in the policy.

Dependent coverage will become effective on the policy effective date.

Dependent coverage will terminate immediately on the earliest of:

1. the date the dependent ceases to meet any of the above eligibility requirements for dependent coverage; or
2. the date the participant’s coverage terminates; or
3. the date the policy is terminated.

CLASS B

Participant Coverage

To be covered under the policy as a participant of Class B, you must meet the following eligibility requirements:

1. be covered under the Health Insurance Plan provided by the policyholder; and
2. be enrolled as a participant of the policyholder and attending a program at Ryerson University on a full-time basis; and
3. reside in Canada.

Participant coverage will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the participant arrives in Canada; or
3. the effective date of coverage under the policyholder’s Health Insurance Plan. In no event will this coverage become effective prior to the effective date of coverage under the participant’s Health Insurance Plan.

Participant coverage will terminate immediately on the earliest of:

1. the date the participant ceases to meet any of the eligibility requirements for the participant coverage; or
2. the date the participant is no longer a participant of Ryerson Students’ Union and attending a program at Ryerson University on a full-time basis; or
3. the date the participant permanently returns to his country of origin; or
4. the date following the 31st day after the premium is due, if the policyholder does not remit the participant’s premium to the insurer, except where this is a result of a clerical error; or
5. the date the policy is terminated.

Dependent Coverage

To be covered under the policy as a dependent of Class B, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence; or
2. be covered under the Health Insurance Plan provided by the policyholder; and
3. meet the definition of dependent in the policy.
Dependent coverage will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the dependent’s coverage becomes effective under the Health Insurance Plan provided by the policyholder, if the dependent is not covered under a Canadian government health insurance plan. In no event will this dependent coverage become effective prior to the date the participant’s insurance under this policy becomes effective.

Dependent coverage will terminate immediately on the earliest of:

1. the date the dependent ceases to meet any of the above eligibility requirements for dependent coverage; or
2. the date the participant’s coverage terminates; or
3. the date the dependent returns to his country of origin permanently; or
4. the date the policy is terminated.

Section II – Benefits of the benefit booklet are amended as follows:

9. Emergency Air Transportation: When approved and arranged in advance by Global Excel:
   a) air ambulance to return you to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment; or
   b) transport on a licensed airline with an attendant (when required) to return you to your province or territory of residence for immediate emergency treatment; or
   c) For Class B participants only: reasonable and customary costs to return the participant to his country of origin in the event that the participant is unable to resume his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes reasonable and customary costs for transportation to return the participant’s dependents to accompany him back to their country of origin.

   If the insured person refuses the decision of the insurer to repatriate him back to his country of origin, the insurer will be released from any liability for expenses incurred for such injury or sickness after the proposed date of repatriation.

10. Transportation to Bedside: When approved in advance by Global Excel, a single round-trip economy airfare from Canada or from your country of origin, plus up to $150 per day to a maximum of $3,000 for the cost of meals and commercial accommodation for one of the following: spouse, parent, child, brother or sister, to:
   a) be with you if you are travelling alone and have been hospitalized as the result of an emergency. To be payable, this benefit requires that you eventually be hospitalized as an in-patient for at least three consecutive days outside your province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit; or
   b) identify the deceased insured person prior to the release of the body, where necessary.

   The insurer will only reimburse covered expenses evidenced by original receipts.

11. Return of Travel Companion: If the participant is returned to his province or territory of residence or his country of origin under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada or the country of origin, when approved in advance by Global Excel.
15. **Return of Deceased**: Up to a maximum of $5,000 towards the cost of preparation and transportation of the deceased **insured person** to his province or territory of residence or his **country of origin**, in the event of death due to **sickness** and/or **injury**.

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

The cost of the casket or urn is not covered.

**Trip Cancellation and Trip Interruption Benefits**
At the time you purchase your travel arrangements, you must not know of nor be aware of any reason, circumstance, event, activity or medical condition affecting you, an **immediate family member**, a **travel companion**, a travel companion’s **immediate family member**, a **caregiver**, or a host at trip destination, which may eventually prevent you from starting and/or completing your covered trip as booked.

You must report the cancellation or interruption of your covered trip immediately. See Section VIII – Claims, for instructions.

17. **Trip Cancellation**: Coverage includes the cost of trip cancellation up to a maximum of $5,000 per **insured person** per trip for any of the following occurrences that prevents an **insured person** from departing on a scheduled trip. To be payable, the prepaid travel arrangements must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of the event forcing cancellation shall be considered for the purpose of the claim. The **insured person** must contact **Global Excel** and the supplier of travel services on the day the event occurs or the next business day to advise of the cancellation, failure to notify **Global Excel** may limit the benefits payable.

   a) Quarantine, death, **injury** or sickness of an **insured person**, a **travel companion**, an **immediate family member**, a **travel companion’s immediate family member**, a **caregiver** or the host at trip destination. To file a claim, the **insured person** must supply a claim form and supporting medical records, or a death certificate and proof of cancellation of travel arrangements.
   
   b) A formal travel warning issued by Foreign Affairs, Trade and Development Canada of the Canadian government after the purchase of your trip and prior to your departure, advising Canadians not to travel to a country, region or city that is part of your trip.
   
   c) The **insured person** is summoned to jury duty or subpoenaed as a witness in a case. This applies only when the trial is scheduled to be heard during the scheduled trip dates and the summons or subpoena is received after the travel arrangements were purchased.

   This must be substantiated by court documents.

The following exclusion in Section III - Exclusions of the benefit booklet is removed as follows:

2. For **actively at work employees** and their **dependents**: Any **sickness**, **injury** or medical condition (other than a **minor ailment**) that was not **stable** at any time during the 90 days prior to each departure date.

The following exclusions in Section III - Exclusions of the benefit booklet are amended as follows:

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

   1. Treatment or services normally covered or reimbursable under a **government health insurance plan** (for an **insured person** under Class A) or under the **Health Insurance Plan** provided by the **policyholder** (for an **insured person** under Class B), or under any other group, individual, private insurance plan you may have.

   17. Suicide (including any attempt thereat) or self-inflicted **injury**.
25. Treatment or services you received in the province where you attend school on a full-time basis or in your country of origin.

27. A trip cancelled due to quarantine, death or any sickness, injury or medical condition that was not stable at any time in the 90 days prior to the date of purchase of the travel arrangements. This exclusion applies to each insured person and the following persons who are age 60 or over: an immediate family member, a travel companion, a travel companion’s immediate family member, a caregiver at the destination and a host at the trip destination.

The following wording is amended in Section IV - General Provisions and Limitations of the benefit booklet:

2. Transfer or Medical Repatriation: During an emergency (whether prior to admission or during a covered hospitalization), the insurer reserves the right to:
   a) transfer you to one of Global Excel’s preferred health care providers; and/or
   b) return you to Canada; or
   c) return the participant and dependents to their country of origin, when the participant is unable to resume his studies in Canada
   for the medical treatment of your sickness and/or injury where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically stable by the Medical Director of Global Excel, the insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. Global Excel will make every provision for your medical condition when choosing and arranging the mode of the transfer or return and, in the case of a transfer, when choosing the hospital.

3. Limitation Of Benefits: Once you are deemed medically stable to return to Canada or your country of origin (with or without medical escort) either in the opinion of the Medical Director of Global Excel or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under the policy.

11. Limitation Periods: 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

The following wording is removed from Section IV - General Provisions and Limitations of the benefit booklet:

16. Continuance of Participant Coverage during Absence from School or Work:
   a) If you are a covered student who is absent from attendance at a participating school due to disability, authorized leave of absence, strike or any other program stoppage at the participant’s school; or
   b) If you are a covered employee who is absent from work due to disability, temporary lay-off, authorized leave of absence, strike, or any other work stoppage; the insurance will be continued as long as the participant remains covered under the policyholder’s basic group extended health care plan.

The following definitions are added to Section VII - Definitions of the benefit booklet:

“Country of Origin” means Canada for an insured person under Class A of the policy or the country of permanent residence for an insured person under Class B of the policy.

“Program” means a course load which consists of five to six courses per semester (and is equivalent to 15-20 hours per week), for a time period of one to four academic years in duration (depending on the program chosen), which leads to a certificate, diploma or degree.
The following definitions are removed from Section VII – Definitions of your benefit booklet:

“Active Student” means a student enrolled and attending a program at a participating school of the policyholder.

“Actively at Work” means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of a minimum of 20 hours worked per week. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee’s normal duties at the employee’s normal place of employment on the same basis as the employee who is actively at work.

“Key Employee” means an employee whose continued presence is critical to the ongoing affairs of the business during the insured person’s absence.

The following definitions are amended in Section VII – Definitions of your benefit booklet:

“Coverage Period” means up to the number of consecutive days specified in the Schedule of Benefits during which you are covered under this policy when travelling on a trip.

“Dependent” means the spouse and the unmarried child(ren) of the participant or his spouse, who are dependent on the participant for support and are not employed on a full-time basis. Maximum age limit for dependent child(ren) is under age 25, as specified in the Schedule of Benefits. Coverage will not continue beyond attainment of age 25, except for a covered dependent child who is physically or mentally disabled and totally dependent on the participant for support on the date he reached the age when insurance would normally terminate.

“Health Insurance Plan” means the health care coverage provided by the policyholder in Canada to their participants of Class B who are not eligible for coverage under a Canadian government health insurance plan.

“Participant” means a full-time student enrolled and attending a program at Ryerson University under Class A or B of this policy whom the policyholder identifies as being entitled for coverage under this policy and for whom the policyholder has paid the required premium. Full-time status is considered as taking 60 percent or more of a program course load. Class A means all eligible full-time students who are covered under a Canadian government health insurance plan and Class B means all eligible full-time international students who are covered under the Health Insurance Plan provided by the policyholder.

“This notice is intended to provide information on the changes brought to your plan but it does not list all the conditions and exclusions that apply. The actual wording of the policy and any endorsements govern all situations.”